The Boys & Girls Club of Plymouth, in partnership with Plymouth Public Schools, Remote Learning Program

A program for the children of Plymouth Public School teachers
Our program is an on-going, semester/school year program. Although payments are made weekly, it is not a week-to-week program. Enrollment determines staffing. Weekly payments must be made so that staff can be paid. This program is strictly for the families of Plymouth Public School teachers. While in the program, children will complete their remote learning assignments, with the assistance of Club Staff. Families may be asked to provide their children with their own devices, such as Chromebooks, tablets and headphones. We are not offering after school programming at this time, only full day remote learning.

Staffing, specialists and other resources are determined by the number of children registered in this Club’s remote learning program. Enrollment in the Boys & Girls Club of Plymouth’s remote learning program requires parents to pay the full fee each week, regardless of whether the child/children don’t attend the program for a day or the week. Your slot in the program is guaranteed each week and to keep that space, the Club needs weekly payments. Failure to pay each week will result in removal from the remote learning program. We reserve the right to refuse future registration to families that routinely drop out of the program and then re-register when services are needed.

MEMBERSHIP and MEMBER CARDS
All remote learning members are members of the Boys & Girls Club of Plymouth. As such, they are expected to carry their Membership Cards with them whenever they come to the Club. Membership cards have a bar code on them that is read by the computer at the front desk (which records the date and time that each member enters and leaves the building). It is very important that parents/guardians help the Club to enforce the responsibility to carry the membership card. Like a driver’s license or social security card in later life, the membership card not only gives each child a sense of belonging, but it also conveys a sense of competence for remembering to carry it. As children get used to carrying their cards, there will be some forgetting (and chewing). The first replacement card will be provided at no charge. Additional lost (chewed) cards will be replaced at a $1.00 charge. Please help us to enforce this card-carrying behavior; the cards add much to the safety and security of all children. Repeated arrival without cards will be charged. Please take a copy of our Parent Handbook to review rules and regulations. All members must abide by our club’s rules and policies a stated in our Parent Handbook. The Parent Handbook can be found at our Front Desk. Our Response Plan for COVID-19 can also be found at our Front Desk.

SICK DAYS, VACATION WEEKS, and SNOW DAYS – Report Absences
If your child/children will not be attending the program on a certain day, you must call the club (508-746-6070) BEFORE 1:00 PM to report their absence. The safety of your children is our first priority and we want to know if they should be at the club that day. Additional charges apply for late pick up. Vacation signups will be posted 2 weeks prior and are optional. The club is closed when schools are closed due to inclement weather.

Starting Sept. 16th, club hours will be from 7:00 A.M.-5:00 P.M. There will be no drop-in hours. Memberships are $25 and are good for the year. The weekly fee structure is below:

3 days- $175/sibling $165
2 days- $135/sibling $125

PAYMENTS:
Payments are due by the THURSDAY BEFORE services are provided. A $10 late fee will be charged for payments after FRIDAY. There is a $25.00 service fee for checks returned for insufficient funds.

NOTE: If payments fall one week behind, services will be discontinued on the following Monday. Youth memberships will be suspended and no family member will be allowed to attend or register for any club or camp program until past due amounts are paid in full.

Please read, sign, and return with application

Signature ___________________________ Date __________
BOYS & GIRLS CLUB OF PLYMOUTH
9 Resnik Rd. Plymouth, MA 02360

Child’s Information

Child’s Name: ___________________________ Date of Birth: ____________

Home Address: ___________________________ Date of Admission: ____________

City/ State: ___________________________ Age at Admission: ____________

Home Telephone: ___________________________

Name of school attending: ___________________________ Grade: ____________

Address: ___________________________ Teacher: ___________________________

Is there documentation of a physical exam, immunization record and lead screening on file at child’s school?

YES ______ NO _________

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions: (if none, please indicate by writing “none”). Health form should indicate these conditions also.

Child’s Identifying Information:

Eye Color ___________________________ Hair Color ___________________________

Height ___________________________ Weight ___________________________

Identifying Marks ___________________________

Gender ___________________________ Ethnicity ___________________________

PARENTS/GUARDIANS’ INFORMATION: (All questions must be answered)

Parent/Guardian Name ___________________________ Parent/Guardian Name ___________________________

Relationship to child ___________________________ Relationship to child ___________________________

Home Address ___________________________ Home Address ___________________________

City, State, Zip ___________________________ City, State, Zip ___________________________

Home Telephone # ___________________________ Home Telephone # ___________________________

Business Name ___________________________ Business Name ___________________________

Business Telephone # ___________________________ Business Telephone # ___________________________

Cell Phone/ Pager ___________________________ Cell Phone/ Pager ___________________________

Work Schedule ___________________________ Work Schedule ___________________________

ADDITIONAL INFORMATION:

Please circle the days of the week your child will be attending: Your child may only attend the club on their learn from home days

GROUP A- MONDAY WEDNESDAY FRIDAY

GROUP B- MONDAY TUESDAY THURSDAY

Please list any special interests your child may have:

Is there any other information you would like us to know about your child?

______________________

Parent/Guardian Signature ___________________________ Date ___________________________
Additional Waiver & Agreements

I understand that I may have to provide technology (laptops, desktops, etc.) for program participants and that my child is expected to bring their own device (laptop, Chromebook, etc.) to the Club each day in order for my child to participate in remote learning.

Signature: __________________________ Date: __________________________

I give my consent for the Boys & Girls Club of Plymouth to communicate with my child's school and/or teacher listed on this form to support their success with remote learning.

Signature: __________________________ Date: __________________________

FOR PARENTS/GUARDIANS

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Plymouth has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent/Guardian __________________________ Date __________________________

Name of Parent/Guardian __________________________ Name of Club Participant(s) __________________________
BOYS & GIRLS CLUB OF PLYMOUTH
9 Resnik Rd. Plymouth, MA  02360
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM
102 CMR 7.09(3)

Child’s Name ___________________________________________ Date of Birth ______________________

I authorize staff of the Boys & Girls Club of Plymouth After School Program, who are trained in the basics of first
aid and CPR, to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention
for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest
medical care facility and/or to _________________ and to secure medical treatment for my child.

Child’s Physician’s Name: ___________________________________________
Address: ___________________________________________
Phone Number: ___________________________________________

Child’s Allergies: ___________________________________________
Chronic Health Conditions: ___________________________________________

Parent(s) Name: ___________________________ Phone (w) ___________________________
Cell/Pager ___________________________ Phone (h) ___________________________

Parent(s) Name: ___________________________ Phone (w) ___________________________
Cell/Pager ___________________________ Phone (h) ___________________________

Emergency Contacts (In order to be contacted):

Name: ___________________________________________ Address: ___________________________
Relationship to Child: ___________________________ Phone #: ___________________________
Do you give permission for child to be released to this person?  Yes____ No____

Name: ___________________________________________ Address: ___________________________
Relationship to Child: ___________________________ Phone #: ___________________________
Do you give permission for child to be released to this person?  Yes____ No____

Name: ___________________________________________ Address: ___________________________
Relationship to Child: ___________________________ Phone #: ___________________________
Do you give permission for child to be released to this person?  Yes____ No____

Health Insurance Coverage: ___________________________________________
Policy #: ___________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________
CHILD'S NAME:

I, ____________________________

Parent/Guardian's Name

Give permission for my child to participate in all of the regularly scheduled activities located in the following Boys & Girls Club areas:

- Multi-Purpose Room: Arts & Crafts Area, Snacks, Dramatics, Club Projects
- Gymnasium-Fitness Challenges
- Games Room-Social Recreation
- Computer Lab (Includes Internet Access Under “Acceptable Computer Use Guidelines”)
- Library-Homework Help, Reading, Quiet Study
- Athletic Field and Play Area
- Computer based math, science games in former Fitness Area
- Play and Board games area

Parent/Guardian Signature ____________________________ Date ____________
Name of Child: ____________________________________________________________

Name of Medications: _____________________________________________________

NOTE: All medications must be delivered by parents or guardians to First Aid trained Staff Members in the original container with the label intact. Under no circumstances should children deliver their medications to the Club. There are NO exceptions to this regulation.

Prescription: ___________________________ Non-Prescription: ______________________
Dosage: ___________________________________________________________________
Date(s) medication to be given: _______________________________________________
Times medication to be given: _________________________________________________
Reason for medication: _______________________________________________________

Note: If child has asthma, please complete the Special Care Plan form.

Possible side effects:
_________________________________________________________________________

Name and phone number of prescribing physician:
_________________________________________________________________________

Directions for storage: _______________________________________________________

I, ______________________________________, (parent or guardian) give permission to authorize First Aid trained staff member(s) to administer medication to my child as indicated above.

In case of emergency, or if I cannot be immediately located, I authorize a representative of the Boys & Girls Club of Plymouth to secure medical care for my son or daughter.

________________________________________________________________________
Parent/Guardian Signature ___________________________ Date ____________________
**Individual Health Care Plan Form**

Plan must be renewed annually or when child's condition changes

*Check all that apply....*

Plan was created by:
- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: ______________________

Plan is maintained by:
- Director
- Assistant Director
- Child's Educator
- Other: ______________________

### Name of child: ____________________________ Date: ________________

Any change to the child's Health Care Plan?

YES (indicate changes below) 

NO (updated physician/parental signatures required)

Name of chronic health care condition:

Description of chronic health care condition:

Symptoms:

Medical treatment necessary while at the program:

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Name of educators that received training addressing the medical condition:

Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):

Name of Licensed Health Care Practitioner (please print):

________________________________________

Licensed Health Care Practitioner authorization:

________________________________________ Date: ________________

Parental/Guardian consent: __________________________ Date: ________________

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**For Older Children ONLY (9+ years of age)**

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator. The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: ___________ Back-up medication received? YES NO

Parent signature: __________________________ Date: __________

Administrator's Signature: __________________________ Date: __________
The Boys & Girls Club of Plymouth is offering a remote learning program designed to support members as they adapt to distance learning. Club Staff will engage with members grouped by grade level to support remote learning.

The ability to assist your child may be increased with input from the school your child attends. In order to assist your child/children as much as possible, we need your permission to exchange information between the child's school and our teacher certified after-school program staff.

Please check one:

_____ YES, I want my child to participate in this program and YES to contact with my child’s teacher/school.

_____ YES, I want my child to participate in this program, but NO to any contact with my child’s teacher or school.

_____ NO, I do not want my child to participate in this program.

__________________________________________
Name of Child/Children

__________________________________________
School/Grade and/or Teacher

__________________________________________
Parent/Guardian Date

__________________________________________
Telephone Numbers (Home, Office or Mobile Phone)
ACKNOWLEDGMENT

I acknowledge that I have received, read, and returned a copy of the Boys & Girls Club of Plymouth ("the Organization") Compass Zone/Remote Learning for Teacher’s Children application, and I understand that I am responsible for reading the policies and procedures described on page one. I understand that the Organization has the right to revise, modify, change, disregard, suspend, add to or cancel at any time, without written or verbal notice, all or any part of the Handbook’s contents as it deems appropriate, and that this Handbook replaces any and all prior handbooks, policies and procedures of the Organization. I understand that the Handbook is for information and guidance only and is not a contract, and I understand that both the Organization and I have the right to terminate my child’s enrollment at any time at the end of the week without cause and without notice.

If I have questions regarding the content or interpretation of these policy statements, bring them to the attention of the Executive Director of the Organization.

__________________________
Name (please print)

__________________________
Signature of Parent/Guardian
REQUEST FOR FINANCIAL AID
CONFIDENTIAL

Date:

Club Member _____________________ Age ________________

Club Member _____________________ Age ________________

Approved/Denied

Address _________________________________________________________________

City ______________________ State ______ Zip ________________

[ ] Income Tax Form

Martial Status of Guardian (you): Single [ ] Married [ ]

[ ] Free/Reduced Lunch

Child lives with (check one):

Amount to be paid

Foster Family _______ Since (date) __________________________

Mother _______ Father _______ Both _______ Other _______

Total Family Income (including Child Support, AFDC, all other sources of income; prior to taxes & health care):

$ __________________ per [ ] week [ ] month [ ] year

[ ] Less than $12,901 [ ] $26,501-31,800
[ ] $12,901-20,600 [ ] $31,801-40,000
[ ] $20,601-26,500 [ ] over $40,000

Explanation for Approval or Denial:

Parent/Guardian last 4 of SS# Relationship

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Are you currently receiving any Government Support? Yes No

If so, explain: ______________________________________________________

Approved By:

______________________________

Is your child receiving free or reduced lunch? Yes No

Grade: _______ School: __________________________

Grade: _______ School: __________________________

*Did you remember to include last years IRS return and Free Reduced Lunch form (if applicable) and 5 most recent pay stubs?

*Have you applied for a child care voucher from Child Care Network?

Date:

______________________________

NOTE: We reserve the right to request additional proof of income. Parents/Guardians unwilling to provide requested documentation are not eligible for financial aid until all documentation is complete. Number of exemptions on IRS form must equal household size.

Review Date:

______________________________

I attest the above information to be true to the best of my knowledge.

Signature ______________________ Date ________________