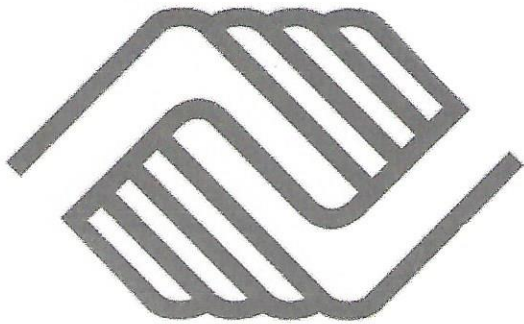


# Compass Zone

The structured learning program of the Boys & Girls Club of Plymouth

2024-2025



**BOYS & GIRLS CLUB**<sup>®</sup>  
PLYMOUTH

9 Resnik Rd.

Plymouth, MA 02360

508-746-6070

[www.bgcplymouth.org](http://www.bgcplymouth.org)

**NOTE: For Vouchers that need to be renewed, call Child Care Network (CCN) 508.778.9470**

## **PLEASE READ CAREFULLY & Sign Below**

Our Compass Zone after-school 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. Compass Zone is a state licensed School Aged Child Care (SACC) program regulated by the Dept. of Early Education and Care.

Staffing and other resources are determined by the number of children registered in this Club's after-school program. Enrollment in the Boys & Girls Club of Plymouth's after-school program requires parents to pay the full after-school fee each week, **regardless of whether the child/children don't attend the program for a day or the week**. Your slot in the after-school 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 Compass Zone program**. We reserve the right to refuse future Compass Zone registration to families that routinely drop out of the program and then re-register when services are needed or if your Compass Zone balance is past due by more than 2 weeks.

### **MEMBERSHIP and MEMBER CARDS**

**All Compass Zone 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.

### **SICK DAYS, VACATION WEEKS, and SNOW DAYS – Report Absences, Late Bus Riders**

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. Some vans leave by 2PM and drivers need to know who is absent.

During scheduled **school vacations or days off** from school the program hours are 7:30 a.m. to 5:00 p.m. Full days are \$65 per day, 5 days a week is \$225, 3 days a week is \$190 for Compass Zone. Children must be picked up by 5:00PM. Additional charges apply for late pick up. **The club is closed when schools are closed due to inclement weather. The Club operates on the Plymouth Public Schools schedule for snow days, early dismissal days and holidays.**

### **PAYMENTS:**

Compass Zone 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 more than 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

## Payment Reminder

Payments are due every Thursday for the following week. Regardless if your child attends, you must pay the balance for the days your child is signed up for attend. For example, if they attend 5 days of Compass Zone, your payment would be the 5-day rate (unless otherwise specified).

If you owe more than two weeks of your balance, we will suspend transportation and club programs until the balance is paid.

We can accept payments at the club, over the phone or via Procure for online payments.

If you would like to sign up for Procure, please notify Christine at [cyoung@bgcplymouth.org](mailto:cyoung@bgcplymouth.org) or call 508-746-6070.

If your child is going to be absent, please notify the club by 1:00 p.m.

Our policy states that we do not leave the school until we know where your child is. The vans keep a tight schedule and we ask that you notify us if your child does not need transportation or will not be attending the club. You may notify the club at 508-746-6070 or email Christine at [cyoung@bgcplymouth.org](mailto:cyoung@bgcplymouth.org) for absences.

# Compass Zone

## 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.

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## Child's Identifying Information:

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Gender \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Identifying Marks \_\_\_\_\_

## 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/ Page	_____
Work Schedule	_____	Work Schedule	_____

## ADDITIONAL INFORMATION:

Please circle the days of the week your child will be attending: Monday Tuesday Wednesday Thursday Friday

Please list any special interests your child may have:

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

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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**Small Group and Large Group Transportation Plan and Authorization**

CHILD'S NAME: \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

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CHILD'S NAME: \_\_\_\_\_

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION



BOYS & GIRLS CLUB OF PLYMOUTH  
9 Resnik Rd. Plymouth, MA 02360

## Compass Zone

### 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 Beth Israel Deaconess - Plymouth Hospital (f.k.a Jordan Hospital) Emergency Room 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

BOYS & GIRLS CLUB OF PLYMOUTH  
9 Resnik Road, Plymouth, MA 02360  
**Compass Zone**  
Club and Off-Site Activities Permission Form  
102 CMR 7.34(5)(c)

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   | Library-Homework Help, Reading, Quiet Study  |
| Games Room-Social Recreation   | Athletic Field and Play Area                 |
| Computer Lab   | Computer based math, science games in former |
| (Includes Internet Access  | Fitness Area                                 |
| Under "Acceptable Computer Use   | Play and Board games area                    |
| Guidelines")   |  |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Field Trips**

(Signed permission slips will be required for field trips)



**BOYS & GIRLS CLUB OF PLYMOUTH**

**9 Resnik Road, Plymouth, MA 02360**

**Compass Zone**



**CONSENT FORM TO ADMINISTER MEDICATION**

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.**

**PLEASE BRING IN A MEDICATION ORDER WITH EACH MEDICATION=THE MED ORDER COMES FROM YOUR CHILD'S DOCTOR**

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 can not 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: \_\_\_\_\_

<b>Name of child:</b> _____	<b>Date:</b> _____
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: \_\_\_\_\_

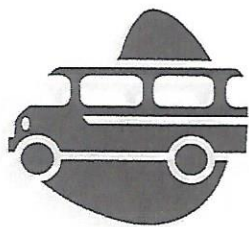
### For Older Children ONLY (9+ years of age)

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: \_\_\_\_\_



# Compass Zone Transportation Plan

CMR 11.05(9)(b)

Alternative Transportation Plan  
(Including Designated Adult) CMR 11.05(9)(b)

Child's Name: \_\_\_\_\_

My child will arrive at the program by:

- \_\_\_\_\_ Compass Zone Program Van (Please consult staff for availability)
- \_\_\_\_\_ Transportation provided by child's school
- \_\_\_\_\_ Unsupervised walk (to and/or from home)
- \_\_\_\_\_ School Bus
- \_\_\_\_\_ Parent Drop Off

My child will depart from the program by:

- \_\_\_\_\_ Parent Pick-up
- \_\_\_\_\_ Other (Describe \_\_\_\_\_ )

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE").

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CONSENT FOR CHILD TO LEAVE  
**Compass Zone**  
THE SCHOOL AGE CHILD CARE PROGRAM  
102 CMR 7.09(3)(b)

Program's Name: **Compass Zone**  
Address: 9 Resnik Rd., Plymouth, MA 02360

I, \_\_\_\_\_ authorize my child, \_\_\_\_\_  
(Parent/Guardian's Name) (child's name)

to leave the Compass Zone program to participate elsewhere in the Boys & Girls Club of Plymouth building in regular Boys & Girls Club programs.

This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**ACTIVITY / METHOD OF LEAVE / RETURN RESTRICTIONS**

(example: homework completed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the behavior contract. I recognize that my child will be supervised by other club staff while s/he is away from the Compass Zone program.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

BOYS & GIRLS CLUB OF PLYMOUTH  
9 Resnik Road, Plymouth, MA 02360  
Compass Zone  
Homework Help

The Boys & Girls Club of Plymouth offers homework help and tutoring in 45 minute sessions in the after-school program from 3:15 to 5:30 p.m. From 5:30 p.m.-7:00 p.m., members may join other club programs. Times are subject to change.

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)

TRANSPORTATION PERMISSION SLIP

I give permission for my child \_\_\_\_\_ to be transported  
from \_\_\_\_\_ by the Boys & Girls Club of Plymouth.

Name of child's school: \_\_\_\_\_

Transportation is provided by The Boys & Girls Club of Plymouth vans or by the Plymouth  
Public School's school bus unless otherwise stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT**

I acknowledge that I have received, read, and returned a copy of the Boys & Girls Club of Plymouth ("the Organization") Compass Zone 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**

The Boys & Girls Club of Plymouth's mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Holding true to our mission and values, we offer financial assistance to families who qualify based on need. We do this because it is our commitment to serve all young people regardless of age, race, ethnicity, ability or socio-economic status. Funding for this program is provided by our campership campaign, annual fundraising events, and private donors. The goal of our financial assistance is to ensure as many children as possible have an opportunity to participate in our licensed program, Compass Zone or our Smarter Fun Summer Camp. To meet this goal, we need your help as you apply. Remember, no two families are alike financially.

Financial assistance applications and all required paperwork are due prior to your child attending any club program.

Please provide: this completed financial aid request form and supporting proof of household income and related financial documents. This includes: copies of 4 most recent paystubs, or the first two pages of your most recent 1040 Federal Income Tax Form or W-2 or any supporting documents if you receive government assistance.

Please be aware that the non-refundable deposit is required with your enrollment request. This deposit is refundable if we cannot provide assistance.

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: \_\_\_\_\_

Amount to be paid  
\$ \_\_\_\_\_/week

Explanation for Approval or Denial: Household Total \_\_\_\_\_ Adult \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Parent/Guardian last 4 of SS# Relationship  
\_\_\_\_\_  
\_\_\_\_\_

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

Approved By: \_\_\_\_\_ Are you currently receiving any Government Support? Yes No  
If so, explain: \_\_\_\_\_

Is your child receiving free or reduced lunch? Yes No \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Did you remember to include last years IRS return and Free  
Reduced Lunch form (if applicable) and 4 most recent pay stubs?  
\*Have you applied for a child care voucher from Child Care Network?**

Review 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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_