

Compass Zone

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

2025-2026



BOYS & GIRLS CLUB
PLYMOUTH

9 Resnik Rd.

Plymouth, MA 02360

508-746-6070

www.bgcplymouth.org

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.

SICKDAYS, 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. Children must be picked up by 5:00PM during school vacations and summer camp. 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 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 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.

Child's Identifying Information:
Eye Color _____ Hair Color _____ Gender Identity _____
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:

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:

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

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 THEPROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE VAN

PROGRAM BUS/VAN

CONTRA.CTNAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRNATE/VAN

PROGRAM BUS/VAN

CONTRACTNAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

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PROGRAM BUS/VAN

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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



Compass Zone

FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION CONSENT FORM
102 C:MR 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, 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 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 (\v) _____
Celi/Pager _____ Emergency Contacts Phone (h) _____

(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

Compass Zone

Club and Off-Site Activities Permission Form
102 Cl1R 7.34(5)(c)

Child's Name: _____

Parent/Guardian Signature: _____

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

Parent/Guardian Signature

Date

(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 THEM 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 cannot be immediately located, I authorize a representative of the Boys & Girls Club of Plymouth to secure medical care for my child.

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
- Licensed Practitioner
- Program's Health Care Consultant

Plan is maintained by:

- Director
- Assistant Director Child's Educator

Other: _____

Older school age child {9+yrs. of age}

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: _____

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? _____

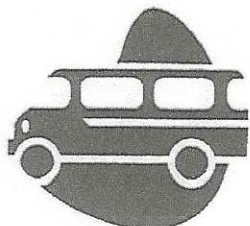
YES NO

Parent signature: _____

Date: _____

Administrator 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 _____

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 my child does not honor the behavior contract. I recognize that my child will be supervised by other club staff while they are 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 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 (name of school)
_____ By the Boys & Girls Club of Plymouth.

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

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 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 Marital Status of Guardian (you): Single Married

Free/Reduced Lunch Child lives with: _____

Amount to be paid
\$ _____ /week

Explanation for Household Total _____ Adult _____ Boys _____ Girls _____
Approval or Denial:

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 or NO

Grade: _____ School: _____

Grade: _____ School: _____

***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?**

Date:

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 _____