



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Membership Application School Year 2022-23

Membership Materials take 24-48 hours to process and must be complete. You will receive a confirmation phone call/email to notify you when your child may begin attending.

For your child's well-being, the information you provide must be complete and accurate. This information is necessary for compliance with Wisc. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Club records.

BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with the Club Manager.

Please see the registration form for information regarding fee waivers. The inability to pay is not a barrier to participation in the program. Waivers are available for all program fees. No documentation is required to waive fees.

Please select preferred Boys & Girls Club to attend

- | | |
|--|--|
| <input type="checkbox"/> Daniels-Mardak (ages 4-18)
4834 N. 35th Street, Milwaukee, WI 53209
414-578-1228 | <input type="checkbox"/> Mary Ryan (ages 4-18)
3000 N. Sherman Boulevard, Milwaukee, WI 53210
414-447-5333 |
| <input type="checkbox"/> Don & Sallie Davis (ages 5-18)
1975 S. 24th Street, Milwaukee, WI 53204
414-383-2650 | <input type="checkbox"/> Pieper-Hillside (ages 4-18)
611 W. Cherry Street, Milwaukee, WI 53212
414-291-0347 |
| <input type="checkbox"/> Roger & Leona Fitzsimonds (ages 4-18)
3400 W. North Avenue, Milwaukee, WI 53208
414-874-0269 | |

Weekly Fee: \$185 per child, (sliding fee scale/waivers & scholarships available)

All forms must be completed, signed and checked off below before registration packet can be turned in.

- | | |
|---|---|
| <input type="checkbox"/> BGCGM Child Enrollment Form | <input type="checkbox"/> BGCGM Parent/Guardian Consent & Waiver Form |
| <input type="checkbox"/> Health History & Emergency Care Plan | <input type="checkbox"/> State Alternate Arrival/Release Agreement |
| <input type="checkbox"/> Am I Eligible for WI Shares Child Care | <input type="checkbox"/> BGCGM Alternate Arrival/Release Agreement |
| <input type="checkbox"/> CACFP Form | <input type="checkbox"/> Mentoring Program Parent Consent Form |
| <input type="checkbox"/> Child Care Immunization Record
<i>Please include a most recent copy of your child's immunization record (shot record) for a complete registration form. If you don't have access to your child's immunization records, please complete the Child Care Immunization Record that is included with this registration packet.</i> | <input type="checkbox"/> Parent/Guardian Technology Consent & Waiver Form |

Drop off your completed application at any Club listed above. Please check the website for location days and hours. Digital applications are also available on our website at bgcmilwaukee.org/registration. For additional information please email membership@bgcmilwaukee.org or call (414) 267-8174.



BOYS & GIRLS CLUBS OF GREATER MILWAUKEE 2022 SUMMER CHILD CARE ENROLLMENT

Name (Last, First, MI)				Birthdate (mm/dd/yyyy)	First Day of Attendance
Ethnicity	Gender	New BGCGM Member	Day School Attending	School ID	Email Address

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child		Cell Phone No.–Required	Email Address–Required: Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)		Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.	
b. Name and Relationship to Child		Cell Phone No.–Required	Email Address–Required: Where Reachable While Child is in Care	
Home Address (Street, City, State, Zip)		Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.	

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Cell Phone No.–Required	Email Address–Required: Where Reachable While Child is in Care	Place of Employment and Work Phone No.
b. Name and Relationship to Child	Cell Phone No.–Required	Email Address–Required: Where Reachable While Child is in Care	Place of Employment and Work Phone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child	Cell Phone No.–Required	Email Address–Required: Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian	Date Signed
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HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

 Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
 Food allergies – Specify food(s).

 Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

Boys & Girls Clubs Participation Rates

Payment Options to Meet Family Needs

The cost for Boys & Girls Clubs of Greater Milwaukee to provide high quality after school programming is \$125 per week per child. We recognize that this weekly expense for afterschool care is difficult for many Milwaukee families to afford, and for this reason, the Clubs fundraise to substantially offset this expense for our member families. In this way, the Clubs offer a sliding scale rate for families based on income level, which is provided below. It is important to note that ALL fees are waived (free attendance) for families that secure a childcare authorization through the Wisconsin Shares – Child Care Subsidy Program (information follows). Additional opportunities for full scholarships can be provided.

Boys & Girls Club Sliding Scale Rates (effective 8/2022)

Annual Family Income Level (self-reported)	School Year - Weekly Cost of Attendance per Child (after-school care)	Summer - Weekly Cost of Attendance per Child (all day care)
0-\$50,000	\$10/week	\$40/week
\$50,000-\$75,000	\$20/week	\$50/week
\$75,000-\$100,000	\$30/week	\$60/week
\$100,000 +	\$40/week	\$70/week

Multiple Children Discount

Families will only be asked to pay for a maximum of two children at a time. Additional children from one household are enrolled at no additional cost.

No Partial Attendance Discounts

The Clubs do not differentiate based on how many hours a week a child attends, or how many weeks they attend. All fees are flat rates - per child, per week.

Payment Dates

Weekly fees should be paid the Friday before programming (*Special arrangements will be considered on a case-by-case basis. Please talk with your Club Manager for more information*).

Payment Method

The Clubs offer two methods for fee payment at most locations. Please check with your Club Manager to determine which method is right for you. They include:

Checks or money orders (no cash please) must be made payable to:
Boys & Girls Club of Greater Milwaukee

[Late Fee Collection](#)

Failure to pay to the agreed upon payment schedule for your child(ren) may result in additional charges.

[Fee Reductions and Scholarship Opportunities](#)

BGCGM will never turn a child away for the inability to pay. The Boys & Girls Clubs want to ensure clear and open pathways for all children to attend regardless of payment history. Full scholarships can be provided upon request, please speak with your Club Manager for more information. All conversations with Boys & Girls Club staff regarding individual family payment arrangements will be handled in strict confidence.

[Member Fee Agreement](#)

Once a weekly fee rate is established between you and the Club Manager, we ask that a parent/guardian sign a customized Member Fee Agreement establishing the rate and payment schedule. Once this is complete, your child is welcome to begin attending the Clubs.

[WI Shares](#)

Please see the following page about getting your fees waived using WI Shares.

Weekly Fee **WAIVED** by securing Wisconsin Shares Program Authorization

For income eligible families, if you would like to avoid a weekly fee altogether (saving you hundreds or thousands of dollars annually), please work with your Club Manager OR call the BCGM Family Resource Center for assistance in securing a Wisconsin Shares authorization. By providing the information below, we will be able to better determine your potential eligibility for this wonderful childcare cost subsidy program provided by the State of Wisconsin:

Do you Currently Receive WI Shares Child Care or **W2**

Please complete the form below. Not completing this form in no way affects your child's ability to participate in the 21st Century CLC program.

Please Select One:

<input type="checkbox"/>	Yes, I have an Open WI Shares Child Care Case. My Case Number is: _____ . I will call MECA (1-888-947-6583) to update my Child Care Authorization.
<input type="checkbox"/>	Yes, I receive W2. My Case Number is: _____ . I will contact my FEP worker to update my Child Care Authorization.
<input type="checkbox"/>	No, I currently do not receive WI Shares Child Care or W2.
<input type="checkbox"/>	I choose not to complete this form.

Signature: _____ Date: _____ Phone Number: _____

IF you do not know whether you qualify for the FREE Wisconsin Shares childcare subsidy Program, complete the table below and a member of the Boys & Girls Clubs staff will assist you in exploring your eligibility (many Milwaukee families are eligible):

Please complete the following information.

List all Adults in Household		
First Name	Current Health Insurance?	Currently Working?
	Yes	Yes
	Yes	Yes
List all Children in Household		
(Continue list on back of sheet if needed.)		
First Name	Child's Age	Current Health Insurance?
		Yes
		Yes
		Yes
		Yes
		Yes

Monthly Income Information	
Total Monthly Gross Income for your Household from Job(s):	\$ _____
OR	
Hours Worked Per Week	
Amount Earned Per Hour:	\$ _____
Do you receive any Additional Income? Circle all that apply:	
Child Support W2 Payments Social Security / SSI Unemployment Other: _____	
Total Additional Monthly Income Received:	\$ _____

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren)	Center
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PART 1: BENEFITS

If no one receives these benefits, skip to PART 2.

If any member of your household currently receives benefits from:	Check the box for the benefit received AND list the case number	<ul style="list-style-type: none"> • DO NOT list a 16 digit Quest Card number for FoodShare • Wisconsin Shares Child Care Subsidy benefits is NOT W-2 Cash Assistance.
FoodShare Wisconsin (10 digit #) _____	_____	
Wisconsin Works (W-2) Cash Assistance (10 digit #) _____	_____	
FDPIR (9 digit #) _____	_____	

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME (Complete a, b, and c)

If you completed PART 1, you do not need to list household and income information below.

a) List full names of all household members below, including yourself and all children. Household Member: anyone who is living with you and shares income and expenses, even if not related.	b) List all income on the same line as the person who receives it. <ul style="list-style-type: none"> • Record each income source only once. • Check the box for how often each income source is received. 																				
Household Members	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Pensions, Retirement Social Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
				\$						\$						\$					
c) Record total # of household members: _____																					

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – Completion is optional
 This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):
 American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)
 If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# OR check "None" if he/she does not have a SS#.

I CERTIFY (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**-____ None
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FOR CENTER USE ONLY – Complete all 3 sections and the Effective Month of Determination

Section 1: Basis of Determining Eligibility (A or B)	Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	Free Reduced Non-Needy	_____ **Effective Month of Determination _____ Month/Year
B. Benefits/Foster FoodShare WI W-2 Cash Assistance FDPIR Foster Child(ren)		

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the Effective Month of Determination.

Dear Parent or Guardian:

Boys & Girls Clubs of Greater Milwaukee

(Name of Agency)

is enrolled in the CACFP, a USDA program which

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

• You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), or the W-2 (Wisconsin Works) Cash Assistance Program and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or W-2 Cash Assistance.

W-2 Cash Assistance is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the Wisconsin Shares Child Care Subsidy Program.** W-2 Cash Assistance Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2 T), Custodial Parent of an Infant (CMC), and At Risk Pregnancy (ARP).

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, W-2 Cash Assistance:

- (a) The names of your enrolled children;
 - (b) Checked box for the benefit your household receives and its case number; and
 - (c) The signature of an adult member in the household & signature date
- **DO NOT list case numbers for:** Medicaid, SSI, OR Wisconsin Shares Child Care Subsidy program AND
 - **DO NOT list the 16 digit Quest Card number for FoodShare WI**

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2018 to June 30, 2019)

Household Size	Annual Income Level (at or below)
1	\$ 22,459
2	\$ 30,451
3	\$ 38,443
4	\$ 46,435
5	\$ 54,427
6	\$ 62,419
7	\$ 70,411
8	\$ 78,403
For each additional Household Member, add:	+\$ 7,992

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below.

• Please note: These children's **eligibility for Free meals does not extend to other children in your household.**

The respective documentation is required for these children to be eligible for Free Meals:

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, the W-2 Cash Assistance Program, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.



Signature of Agency Representative

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed



BOYS & GIRLS CLUBS
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Child's Legal Name: _____

PARENT/GUARDIAN CONSENT & WAIVER FORM

PERMISSION: I hereby grant permission for my child/myself to participate in Boys & Girls Clubs. In the event of any injury requiring medical attention, I hereby grant permission to Boys & Girls Clubs staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Boys & Girls Clubs activities that are not reasonably within the control of the BGC staff (including volunteers). I/we therefore agree to release and hold harmless the Boys & Girls Clubs Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

MEDIA/RELEASE: I understand, as parent/legal guardian of the above-named child, that there maybe times when the local news media, national news media and/or nonprofit organizations partnering with Boys & Girls Clubs request the opportunity to videotape, take photographs and/or interview children within Boys & Girls Clubs. By signing this, I understand that I am giving permission for Boys & Girls Clubs to allow media coverage with respect to my child. I also understand that by signing this release, I give permission to Boys & Girls Clubs and/or its agents to make or use pictures, slides, digital images, or other reproductions of me, of my minor child, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Boys & Girls Clubs. I understand that by signing this, I am, on behalf of myself and my child, releasing Boys & Girls Clubs and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid unless revoked in writing by me (parent/legal guardian) to the attention of BGCGM (Mardak Administration Center).

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND ALL OF THE ABOVE INFORMATION.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at _____ A.M. OR P.M.
(Time of arrival)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

at _____ A.M. OR P.M.
(Time of departure)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)



ALTERNATE ARRIVAL/RELEASE AGREEMENT

By completing and signing the attached Alternate Arrival/Release Agreement (hereinafter "Agreement") you are authorizing Boys & Girls Clubs of Greater Milwaukee (hereinafter "BGCGM") to release your minor child from BGCGM without a parent/legal guardian present. Please note, by signing the Alternative Arrival/Release Agreement you are acknowledging the following:

1. Safety is BGCGM's number one priority. Because BGCGM values safety, and due to a general presumption of maturity of most 13-year-olds or older, it is our position that members, 12-year-olds or younger should only be released directly to a parent/legal guardian or authorized person, and that person must be present and sign the member out.
2. You understand that BGCGM's policy is to only allow members 13-year-olds and older to sign him/herself out.
3. You are requesting that this policy be waived and that your child, who is 12-years-old or younger, be allowed to sign their self out.
4. You understand that once your child has signed themselves out from BGCGM:
 - a. They will not be allowed back to sign back into the Club site within the same day.
 - b. BGCGM will no longer be responsible for the safety of your child after they exit the building.
 - c. BGCGM staff will not monitor with whom or where your child goes after departing.
 - d. BGCGM will not make any special notations or phone calls to you, regarding your child signing out.
5. You agree to waive and hold BGCGM harmless from any damage, harm, misconduct, disappearance, or any other circumstance that may occur after your child exits BGCGM's building/site, which includes but is not limited to injury caused by others, self-inflicted, or traffic/motor vehicles.
6. You understand that this Agreement shall remain enforced and on file until revoked in writing.

By signing below, you (the legal guardian/parent with custodial rights to sign on behalf of the below named child), acknowledges your understanding and agreement of the above release and waiver, and voluntarily sign below.

Child's Full Legal Name

Child's Date of Birth

Legal Guardian's Name - Print

Best Phone Number

Legal Guardian's Signature

Date



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

MENTORING PROGRAM PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____.

(date)



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM

Acceptable Use Policy for Members

An **Acceptable Use Policy** defines appropriate use of computer equipment and the internet for both staff and members, as approved by the Board of Directors and signed by each staff member and placed in their membership file.

Responsible Computer Use Guidelines for Members:

Boys & Girls Clubs of Greater Milwaukee' ("Club" or "Clubs") computer network and internet access are available to members to enhance their educational experience and help them become literate in an increasingly technological world.

The purpose of this Acceptable Use Policy is to foster the appropriate use of that network, email and the internet. The following guidelines apply to all users, whenever they access any of the Clubs' network connections.

Educational Purpose:

The Clubs' network has been established for educational purposes limited to classroom activities, school-to-career development and scholastic research on appropriate subjects. The Clubs' network has not been established as a public access service or a public forum. The Club has the right to place reasonable restrictions on the material members access or post through the system. Members are expected to follow this Acceptable Use Policy (as well as other Club rules and policies applicable to members) when in the Technology Center or accessing the network.

The Clubs' network is considered a limited forum, similar to a school and, therefore, the Club reserves the right to regulate that forum for valid educational reasons. The Club will not restrict speech on the basis of a disagreement with opinions you, the members, are expressing.

You should expect only limited privacy with the content of your personal files on the Clubs' network. This situation is similar to the rights you have in the privacy of your locker at school.

The Club reserves the right to search your files, if there is a reasonable suspicion you violated this Acceptable Use Policy, Club rules and policies, or the law.

Unacceptable Uses and Personal Safety:

You must not post personal contact information about yourself or other people. Personal contact information includes (but is not limited to) home, school or work addresses; telephone numbers; and email addresses.

You must never agree to meet with someone you have met online without your parent's approval. A parent or guardian should always accompany you to such meetings.

You must promptly disclose to a Club staff member any message you receive that is inappropriate or makes you feel uncomfortable.



BOYS & GIRLS CLUBS
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PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM, *cont'd* **Acceptable Use Policy for Members**

Illegal Activities:

You must not attempt to gain unauthorized access to the Clubs' network, or to any other computer system through the Clubs' network. This includes attempting to log in through another person's account or accessing another person's files. These actions are illegal, even if only for the purpose of "browsing."

You must not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses.

You must not use the Clubs' network to engage in any illegal act, including, but not limited to, arranging for the purchase or sale of alcohol, tobacco or other drugs; engaging in criminal activity; or threatening the safety of another person.

System Security:

You are responsible for your individual user account and should take all reasonable precautions to prevent others from being able to use your account. Under no circumstances should you provide your password to another person.

You must immediately notify a Club staff member if you have identified or witnessed a possible security problem.

Do not look for security problems, because this may be construed as an illegal attempt to gain access.

Inappropriate Use:

Restrictions against inappropriate use apply to public message, private message and material posted on web pages. Within reason, freedom of speech and access to information will be honored.

The following are not permitted:

- Sending or displaying unkind or offensive messages or pictures, pornography or hate literature
- Using unkind or obscene language
- Harassing, insulting or attacking others
- Intentionally damaging computers, computer systems or computer networks
- Violating copyright law
- Using another person's password
- Trespassing into another person's folders, work or files
- Intentionally wasting limited resources (i.e., distributing mass email messages, participating in chain letters, creating or participating in unauthorized newsgroups, and storing files on file servers without proper authorization)
- Employing the network for commercial purposes, political activities or lobbying
- Installing additional software without prior approval
- Using portal or proxy websites

Violations may result in the loss of access, as well as other disciplinary or legal action.



BOYS & GIRLS CLUBS
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PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM, *cont'd* **Acceptable Use Policy for Members**

Respect for Privacy:

You must not re-post a message that was sent to you privately, without the permission of the person who sent the message.

You must not post private information about another person.

Plagiarism and Copyright Infringement:

You must not plagiarize works you find on the internet. Plagiarism is taking ideas, writing or pictures of others and presenting them as your own. It is dishonorable, and it is a prohibited use of this facility.

You must respect the rights of copyright owners. Copyright infringement occurs when you reproduce a work that is protected by a copyright without authorization. If a work contains language that specifies appropriate use of that work, you should follow the expressed requirements. Copyright law can be confusing; therefore, if you have any questions, please ask a teacher or Club staff member.

Disciplinary Actions:

Members who violate the Acceptable Use Policy may be denied future internet and/or network privileges for a defined period of time, and may be subject to other disciplinary measures as set forth by Club policies.

By signing below, I agree that I have read, understand and will abide by these regulations.

Member's Name _____ Date _____

As the parent/guardian, I acknowledge I have reviewed and read these rules and regulations with my child.

Parent/Guardian Signature _____ Date _____