



## BOYS & GIRLS CLUBS OF DELAWARE

### Registration Packet

#### Smyrna School Sites Childcare Programs

2022/2023 School Year

Registration is Yearly, new pack needed each year

Member Name: \_\_\_\_\_ (one packet per child)

Please do not list more than one student on each packet.

#### Club Contact Information:

North Smyrna	302-893-9320	aleonard@bgclubs.org
Sunnyside	302-893-9319	adthomas@bgclubs.org
Clayton	302-893-9317	mdesmond@bgclubs.org
JBM	862-285-0619	Jthomas@bgclubs.org
Smyrna E	862-285-0619	glambert@bgclubs.org
CIS	862-285-0275	mdesmond@bgclubs.org

#### Hours of Operation:

7:00-8:15 AM and 3:00 to 6:00 PM School Days at each location.

Before Care \$80.00 After Care \$90.00 Both Before and After \$100.00

7:00AM to 6:00PM Inservice Days Extra fee, limited spots available those days. Registration for these days prior to each date.

Annual Membership Fee \$15.00 (POC exempt)

Purchase of Care (POC)/POC PLUS Site ID # See next page

*Weekly rates apply for all general pay members. Daily rates will apply for POC families and pro rated during weeks non-state holiday closings occur*

**\*\* No refunds are granted for child care fees\*\* We do not pro-rate weeks\*\***

---

#### Office Use Only

Person excepting application initials: \_\_\_\_\_

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

Administrative initials: \_\_\_\_\_

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

Program Director Initials: \_\_\_\_\_

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

Intake Team Initials: \_\_\_\_\_

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

\_\_\_\_MEMBERSHIP \_\_\_\_PHYSICAL/SHOTS \_\_\_\_1<sup>ST</sup> PAID WEEK \_\_\_\_P.O.C. PAPERWORK \_\_\_\_IEP/504 Plan

Please read each item carefully and place initials in the space below the statement. Signature confirms that parents/guardians have read and understand each policy and procedure.

### **PARENTS RIGHT TO KNOW NOTICE**

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Office of Child Care Licensing, 302-892-5800, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19810-4803 or Dover 302-739-5487, 821 Silver Lake Blvd, #103, Delaware 19904

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent Initials: \_\_\_\_\_

I understand the hours of operation are 6:30am or 7am – 6pm and late fees will apply to those members picked up after 6pm. Fees will start promptly at 6:01pm. The late fee is \$5 per child for the first 15 minutes you are late and \$1 per minute for each additional minute per child payable at the of pick up. I understand that I am responsible for paying the late fee BEFORE my child can return to the program. POC families can be charged a late pick up fee once hours of authorized care have been exhausted.

Parent Initials: \_\_\_\_\_

I further understand that payments (including POC co-payments) are due by 6pm the Friday prior to the start of the next session and failure to make a payment on time will result in my child no longer being able to attend the child care program.

Parent Initials: \_\_\_\_\_

I, the parent/guardian hereby give permission for my child to be transported by or travel with the Boys & Girls Clubs of DE for special events, trips or by bus to and from school (if applicable).

Parent Initials: \_\_\_\_\_

I acknowledge that cell phones may not be used, must be turned off while at the Boys & Girls Club, and must be out of sight. In addition, I understand that electronics and other computer devices are not permitted at the Boys & Girls Club. I understand that staff will confiscate any device that my child brings to the Club.

Parent Initials: \_\_\_\_\_

I acknowledge that my child is responsible for any personal belongings that are brought into the Boys & Girls Club. In addition, I understand and agree that Boys & Girls Club is not responsible for any personal items regardless of the value that may be lost, stolen, or destroyed even if item is confiscated while a member is attending the club.

Parent Initials: \_\_\_\_\_

I acknowledge that bullying and harassment are not permitted at Boys & Girls Club. I understand that bullying can entail verbal abuse, physical abuse and technological abuse (i.e. Facebook, etc.). I understand that Boys & Girls Club has **zero tolerance** when it comes to bullying and harassment.

Parent Initials: \_\_\_\_\_

I understand that members will spend a portion of the day outdoors; weather permitted, and understands that appropriate attire and enclosed toe shoe must be worn and that sunscreen is my responsibility.

Parent Initials: \_\_\_\_\_

### **Screen Time Permission**

Children over the age of two may have an educational video, movie (G or PG), or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent Initials: \_\_\_\_\_

I, the parent/guardian, hereby give permission for my child to swim while attending the Boys & Girls Club  
Parent Initials: \_\_\_\_\_

I understand that snack will be offered daily by the club and that if my child does not plan to eat what is being offered I will pack him/her a nutritious bag snack. I understand there will NOT be access to a microwave for food which needs to be heated. I also understand that no members will be able to order or receive "take out" or fast food at the club.

Parent Initials: \_\_\_\_\_

I understand that the failure of my child to comply with the member code of conduct may result in suspension or removal from the program. **No refunds are granted should this occur.** No POC charges would apply.

Parent Initials: \_\_\_\_\_

I understand that all parents, guardians and person who enter the club with me must follow the Visitor Code of Conduct. If any of the above named act disrespectful or aggressive towards any staff member, they will be asked to leave the premises and the child's membership privileges may be **revoked. No refunds are granted should this occur.**

Parent Initials: \_\_\_\_\_

I understand that I or whomever is dropping off or picking up my child/ren must enter the building at drop off and pick up to sign members in/out. In addition, I understand that whomever is picking up may be asked for ID on any given day. (This is an Office of Childcare Licensing Regulation)

Parent Initials: \_\_\_\_\_

I understand that pictures may be taken while at the Boys & Girls Club or on a field trip to use in the program or in promotional materials for the club.

Parent Initials: \_\_\_\_\_

I have received and understand it is my responsibility to read the Boys & Girls Club Parent Handbook.

Parent Initials: \_\_\_\_\_

I understand that it is my responsibility to contact both school district transportation and my child's school to have his/her bus stop changed to the Boys & Girls Club stop or to let the school know my child will be getting on the Boys & Girls Club bus. (If applicable)

Parent Initials: \_\_\_\_\_

I understand that if my child is going to be absent from Boys & Girls Club, I must contact someone by 2:00pm. If your child uses our causal care we must be notified by 1:00pm on the day they are attending.

Parent Initials: \_\_\_\_\_

I understand that the Boys & Girls Club needs a copy of my child's report card for reporting and funding purposes. I give permission for them to make copies of all report cards.

Parent Initials: \_\_\_\_\_

I understand that prior to my child starting I must provide a copy of his/her IEP or 504 accommodation to the Boys & Girls Club in order to ensure academic and behavioral consistency and success.

Parent Initials: \_\_\_\_\_

My initials indicate that I have read and understand all policies and procedures in the registration packet:

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

## Positive Behavior Management Approach

The Boys & Girls Club approaches behavior management in a serious, but positive manner. Appropriate behavior will be rewarded with positive reinforcement. In the event that the child exhibits inappropriate or negative behavior, the staff will use positive redirection. Staff shall use positive age-appropriate methods of guidance of children which encourage self-control, self-discipline, self-esteem, & cooperation. The following behavior policy will be reinforced by staff throughout the school year. PARENTS please make sure that you discuss the behavior policy with your child. A more detailed explanation is in the Parent Handbook.

### Behavior Policy

**Minor Violations:** Those violations that relate to behavior and do not endanger the safety of themselves or others.

**Examples:** Using profanity around children or staff, not obeying counselors, etc.

- ☐ Verbal Warning
- ☐ Write up in file and phone call to parents
- ☐ Write up in file and parents conference
- ☐ Write up in file and sent home
- ☐ Write up in file and 1 day suspension

**Major Violations:** Those violations that endanger the safety or well-being of the child, other children or staff.

**Examples:** Pushing, shoving, kicking, hitting, throwing objects at others, theft, bullying, etc.

- ☐ Write up in file, conference with parents and one day suspension
- ☐ Write up in file, conference with parents and three day suspension
- ☐ Child removed from the program

The Boys & Girls Clubs reserves the right to determine suitability with or without a trial period, or at any time during a trial period. Based upon that determination, the Club may decide whether a particular child may continue in the program. If the Boys & Girls Clubs determine that continuing in the program is not a viable option, the Club will make recommendations for programs and services that best meet the needs of that youth.

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

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Note: Giving your child permission to hit someone back is a major violation and will be handled accordingly.

### **CODE OF CONDUCT**

*Continued membership is contingent upon the ability to abide by the Code of Conduct.* All stakeholders (i.e., Club members, parents, guardians, visitors, and groups using Club facilities, and/or participating in any Club activities in and out of the Club) are expected and thus required to abide by the following Code of Conduct. The Code of Conduct's principles are as follows:

1. Treat all Club members and staff with respect.
2. Respect and protect Club property and take pride in keeping it clean.
3. Respect and protect what belongs to others.
4. Participate in the activities offered at the Club and refrain from loitering in and around Club property.
5. Refrain from profanity, obscene gestures, racial, ethnic, religious slurs and disrespectful language or actions.
6. Refrain from bullying and harassment, including physical, sexual, psychological and technological (i.e. social media), fighting and violence of any kind. There is a Zero tolerance policy.
7. Refrain from any use, distribution or possession of cigarettes, alcohol or illegal substances.
8. Refrain from possessing or involving yourself in any way with dangerous weapons or other items that are intended to be used violently.
9. Refrain from leaving your assigned group and or the building without proper authorization and supervision.

The Code of Conduct listed above is not intended to be all-inclusive; each club site may have additional rules and regulations appropriate for that Club. Inability and/or refusal to adhere to the Code of Conduct may result in suspension or removal from the Boys & Girls Clubs program. All stakeholders are subject to this policy.

I understand that my child's membership privileges and my ability to enter the Club may be suspended or revoked if I do not honor this Code of Conduct

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parent/Visitor Signature

# Membership Information Form

Office Use Only

Did you hear about the Club?

- ☐ News Journal
- ☐ School
- ☐ Radio
- ☐ Mailer
- ☐ Flyer/Poster
- ☐ Friend/Family
- ☐ Staff/Club Member
- ☐ Attended a Club Event



Club:  
Address:  
Phone:

KidTrax ID	Member ID	Data Entry
<input type="text"/>	<input type="text"/>	Rec'd: <input type="text"/>
Member Status	Active	Entered: <input type="text"/>
<input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	ID Issued: <input type="text"/>
Comment: <input type="text"/>		Membership Dates
		Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

Member Information (Please Print)

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Adult(s) or Guardian(s) Member Lives with:	Home Phone Number:	Emergency Contact Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	Emergency Phone & Extension:	
<input type="text"/>	<input type="text"/>	
City:	State:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email Address:
		<input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: <input type="text"/>	Age: <input type="text"/>	Race (Please Circle):	Household Setting (Please Circle One):
School/District:	Grade: <input type="text"/>	<input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or More Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Apartment Rental <input type="checkbox"/> Home Owner <input type="checkbox"/> Group Home <input type="checkbox"/> Rental Home <input type="checkbox"/> Section 8 Housing
Family Totals- Sisters: <input type="text"/>	Brothers: <input type="text"/>	Household: <input type="text"/>	Family Setting (Please Circle):	
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	<input type="checkbox"/> Single Parent Family <input type="checkbox"/> Foster Care <input type="checkbox"/> Primarily Mother <input type="checkbox"/> Relative <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Primarily Father <input type="checkbox"/> Other		

Parent/Guardian

Father's First Name:	Father's Last Name:	Father's Work Phone & Ext:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Employer:	Father's Occupation:	Military Branch:
<input type="text"/>	<input type="text"/>	Live on Base: Yes No
Mother's First Name:	Mother's Last Name:	Status:
<input type="text"/>	<input type="text"/>	Start Date: End Date:
Mother's Employer:	Mother's Occupation:	Mother's Work Phone & Ext:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's First Name:	Guardian's Last Name:	Military Branch:
<input type="text"/>	<input type="text"/>	Live on Base: Yes No
Guardian's Employer:	Guardian's Occupation:	Status:
<input type="text"/>	<input type="text"/>	Start Date: End Date:
		Guardian's Work Phone & Ext:
		<input type="text"/>

Emergency:

Medical Problems/Allergies:

Medications:

Physician:

Physician Phone:

Preferred Hospital or Clinic:

Hospital Phone:

Insurance Company:

Insurance Policy Number:

Can Member Swim?

☐ Yes  
☐ No

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member.

1.) First and Last Name:

Phone Number:

2.) First and Last Name:

Phone Number:

Authorized Password:

Persons Not Authorized:

Notes:

Participation in other Youth Programs:

Hobbies:

Nickname:

Mother's Maiden Name:

**Confidential** The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.

Annual Family Income:

- ☐ Under 15,000
- ☐ 15,001-20,000
- ☐ 20,001-25,000
- ☐ 25,001-30,000
- ☐ 30,001-35,000
- ☐ 35,001-40,000
- ☐ 40,001-45,000
- ☐ 45,001-50,000
- ☐ Over 50,000
- ☐ Decline to Submit

Check all that Apply:

- ☐ SSDI
- ☐ SSI
- ☐ TANF
- ☐ Day Care Voucher
- ☐ Food Stamps
- ☐ General Assistance
- ☐ School Lunch
- ☐ Vet. Compensation

☐ Individual  
Education  
Plan (IEP)

Disabilities or other special circumstances:

I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Frain Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

Parent Signature

Member Signature

Date

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING

Family Child Care  
Large Family Child Care Home  
Day Care Center

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma	

Other \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

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

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature \_\_\_\_\_ ☐ M.D. ☐ P.N.P. Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



BOYS & GIRLS CLUBS  
OF DELAWARE

### Authorization & Release of Information Form

Dear \_\_\_\_\_:

(Name of school)

My child is participating in programs at the Boys & Girls Club. These Programs may include:

- \*Power Hour-daily homework assistance, including help with problems, homework getting checked and weekly incentives.
- \*Tutoring Sessions
- \*High Yield learning activities including team sports.

In an effort to strengthen these programs for my child, I hereby give Permission to the Boys & Girls Club Unit Director, Site Director, Program Director, Child Care director and Education Director to speak with and get information from my child's teacher(s)/guidance counselor regarding homework, academic reports (report cards, test scores, 504 plans, IEP's, Physical & Shot records etc.) and any extra assistance which may be helpful to my child's academic and personal success.

If you have any questions or need to reach the club, please contact them at phone# \_\_\_\_\_ or email: \_\_\_\_\_.

Sincerely,

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

(Please Print)

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

## "Getting to Know Your Child"

For YOUR CHILD to fill out

My name is: \_\_\_\_\_

My nickname is: \_\_\_\_\_

My favorite activity is: \_\_\_\_\_

My favorite food is: \_\_\_\_\_

My least favorite food is: \_\_\_\_\_

My favorite person is: \_\_\_\_\_

I am afraid of: \_\_\_\_\_

For YOU to fill out

Please list all the adults living in your child's household:

Name	Relationship	Name	Relationship
------	--------------	------	--------------

1. _____	2. _____
----------	----------

3. _____	4. _____
----------	----------

Please list all the children in the family along with ages and gender:

Name	Age	Gender	Name	Age	Gender
------	-----	--------	------	-----	--------

1. _____	2. _____
----------	----------

3. _____	4. _____
----------	----------

Does your child have a special diet? \_\_\_\_\_

Due to your child's tastes, allergies, reactions, and/or religious beliefs, are there any foods, which should not be served to your child (please list)?

Please list any personal habits, thumb sucking, nail biting, etc. \_\_\_\_\_

What are your main expectations of this program or things your child needs additional help with?

Please list anything else that you feel is important for us to know about your child or any recommendations so that your child is successful:

**"No refunds are granted for any Child Care Payments"**

### Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 6:30am or 7:00am (ask site), and close at 6:00 p.m.

- Each child will be assigned to a group of children the same age
- All counselors are screened and trained. All have received a background check conducted by the State of Delaware.
- Homework time along with high yield learning activities and gross motor play are incorporated into the program daily.
- Snack will be provided daily. On No School Days please have your children eat breakfast before coming to the club. Parents/Guardians will be responsible to provide lunch on those days unless otherwise notified.

### Purchase of Care Information:

Boys & Girls Club of Delaware accepts Purchase of Care, however, the proper steps must be taken before and throughout enrollment to ensure program placement

1. To see if you qualify under the new limits set by Delaware Division of Social Services, please call the DE Helpline at 211. The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
2. Purchase of Care approval forms **must be present and submitted at the time of registration**. We will only accept official forms from Delaware Division of Social Services. **Site ID#**
3. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
4. Please be sure your Purchase of Care approval sheet has the following information:
  - a) Location of the Boys & Girls Club must be named as the care provider
  - b) Dates must coincide with the school year program
  - c) If you plan on sending your child(ren) on no-school days, "Extended Care" must be marked yes

The following items are required at the time of enrollment for our Child Care Program:

- ☐ The first week of Before & After Care payment (including POC co-payments) must be paid
- ☐ All Purchase of Care documentation must be on file
- ☐ Read and sign the parent and member Code of Conduct
- ☐ Completed and signed registration packet
- ☐ Membership Form must be completed and signed each time your child is signed up for a program (i.e. childcare, summer camp, etc).
- ☐ Membership fee must be paid in full or current at the time of enrollment
- ☐ Current physical form and shot records (or an appointment scheduled. Physical needed in our hands within 30 days)
- ☐ Receipt of Parent Handbook signed
- ☐ IEP or 504 Plan

**\*\* No refunds are granted for any Child Care Payments\*\***

SITE ID#S AND SITE PHONE NUMBERS FOR POC CLIENTS:

[illegible]

**CHILD INFORMATION CARD**  
**State of Delaware**  
**Department of Services for Children, Youth, and Their Families**

<b>Child's Information</b>			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child		Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
<b>Additional Emergency Contacts and People Authorized to Pick-up Child</b>			
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Name:	Address:	Phone:	

☐ **Emergency Medical Care**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

☐ **Transportation**

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_, who is my minor child, hereby give permission for my child to be transported by the center.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date

<b>Medical Information</b>	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

*The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.*