



## DISCOVERY CLUB - SCHEDULE REQUEST FORM School Year 2020 - 2021

### Child's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### School & Days for Attendance (Please select school and all the days for your child's care schedule)

- |   |  |   |
|---|--|---|
| <input type="radio"/> Jaworek Elementary School | <input type="radio"/> Kane Elementary School     | <input type="radio"/> Goodnow Elementary School     |
| <input type="radio"/> Richer Elementary School  | <input type="radio"/> Whitcomb Elementary School | <input type="radio"/> 169 Pleasant Street (ALL DAY) |

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All Day</b>					

### Rates for Care

Questions about Rates or Schedules? Contact [Discovery@bgcmetrowest.org](mailto:Discovery@bgcmetrowest.org) or 508-485-4912

#### Every Week – Before School

5 Days	\$190/month
4 Days	\$159/month
3 Days	\$138/month
2 Days	\$118/month

#### Every Week – After School

5 Days	\$436/month
4 Days	\$390/month
3 Days	\$338/month
2 Days	\$242/month

#### Every Week – Before & After School

5 Days	\$600/month
4 Days	\$523/month
3 Days	\$446/month
2 Days	\$334/month

#### Every Other Week – Before School

5 Days	\$95/month
4 Days	\$80/month
3 Days	\$69/month
2 Days	\$59/month

#### Every Other Week – After School

5 Days	\$218/month
4 Days	\$195/month
3 Days	\$169/month
2 Days	\$121/month

#### Every Other Week – Before & After School

5 Days	\$300/month
4 Days	\$262/month
3 Days	\$223/month
2 Days	\$169/month

#### Pleasant Street – All Day Program

\$310/week

#### No School Days

Vacation/Holidays are not included in rate above

#### Registration Fee (Non-Refundable)

\$75/year

### Deposit Agreement

I understand the following:

- My registration fee is non-refundable.
- We require a fourteen (14) day written notice in the event that you need to withdraw from the program. Families who fail to comply with this requirement will be charged an additional \$150.
- Additions or changes to your child's schedule may be made at any time if space is available. You will be charged a \$25 change fee for each schedule change. Monthly rates will not be prorated during the change month, the higher rate will apply.

### Parent/Guardian Signature

Parent/Guardian Signature

Date (Valid for Current School Year)



## DISCOVERY CLUB - ENROLLMENT FORM

### Child's Information

Child's Name \_\_\_\_\_ Age at Admission \_\_\_\_\_  
Home Address \_\_\_\_\_ Date of Admission \_\_\_\_\_  
\_\_\_\_\_ Grade Current Schoolyear \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Primary Language \_\_\_\_\_

### Child's Additional Information

Identifying Marks \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_  
Allergies \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_  
Special Diet \_\_\_\_\_ Skin Color \_\_\_\_\_ Weight \_\_\_\_\_  
Physician/Clinic Name \_\_\_\_\_ Physician/Clinic Phone # \_\_\_\_\_  
Physician/Clinic Address \_\_\_\_\_

*If you answer yes to any of the following questions, please attach a copy of the proper documentation. Thank you*

Does your child have a chronic health condition? (medical, ADHD, ASD, dietary, auditory?)  Yes  No  
Does your child have an Individual Health Plan for the chronic health condition?  Yes  No  
Are there any custody agreements, court or restraining orders pertaining to the child?  Yes  No

Limitations/Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent / Guardian Information

	Parent / Guardian #1		Parent / Guardian #2
Name	_____	Name	_____
Relationship to Child	_____	Relationship to Child	_____
Home Address	_____	Home Address	_____
Home Phone #	_____	Home Phone #	_____
Cell #	_____	Cell #	_____
E-Mail Address	_____	E-Mail Address	_____
Business/Work Name	_____	Business/Work Name	_____
Business/Work Address	_____	Business/Work Address	_____
Business/Work Phone #	_____	Business/Work Phone #	_____
Hours at Work	_____	Hours at Work	_____

### Child's Physical Examination & Immunization Records

Current School \_\_\_\_\_ School Address \_\_\_\_\_  
*I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.* Initial Here \_\_\_\_\_

### Parent / Guardian Signature

Sign Here \_\_\_\_\_  
Parent / Guardian Signature \_\_\_\_\_ Date (Valid Current School Year) \_\_\_\_\_



## DISCOVERY CLUB - FIRST AID & EMERGENCY CONSENT FORM

### Summer Camp 2020 OR School Year 2020 - 2021

#### Child's Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Cronic Health Conditions \_\_\_\_\_

#### Child's Physician / Clinic Information

Physician / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

#### Emergency Contacts I Give Permission for my Child to be released to these contacts. (In Order to be Contacted)

Emergency Contact #1

Emergency Contact #2

Emergency Contact #3

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

#### Public Relations & Field Trip Consent

I give consent to have my child photographed or videotaped for public relations purposes.  Yes  No

I give permission for my child to participate in field trips by means of bus/van and that I will be notified in advance of any trips.  Yes  No

#### First Aid & Emergency Medical Care Consent

I authorize Discovery Club/BGCMW Staff who are trained in the basics of First Aid / CPR to give my child First Aid / CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I can not be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber of Policy \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Cell # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Cell # \_\_\_\_\_

#### Parent / Guardian Signature

Sign Here \_\_\_\_\_

Parent / Guardian Signature

Date (Valid Current School Year)



Print Form

## DISCOVERY CLUB - TRANSPORTATION PLAN/AUTHORIZATION FORM

**School Year 2020 - 2021**

### Child's Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### My Child will ARRIVE at the Program by:

	Mornings	After School	NO School Day
Parent/Authorized Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Bus Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Walk <i>(indicate by whom)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### My Child will DEPART the Program by:

	Mornings	After School	NO School Day
Parent/Authorized Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Bus Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Walk <i>(indicate by whom)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Transportation Contacts

Transportation Contact #1	Transportation Contact #2	Transportation Contact #3
Name _____	Name _____	Name _____
Home Phone # _____	Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____	Cell Phone # _____
Relationship to Child _____	Relationship to Child _____	Relationship to Child _____

### Transportation Authorization

I give permission for my child to be released from the program at the end of the day as stated above and/or give my permission to the above referenced people to receive my child at the end of the day.  
 This PERMISSION is valid for the current school year or summer camp. ANY OTHER TRANSPORTATION REQUESTS MUST BE MADE IN WRITING. This Form will be maintained in your child's file. *One time permissions will be with the daily attendance record or sent to your child's file.*  
 \*\*\* If NO ONE is authorized, please indicate by writing "NO ONE" above. \*\*\*

### Parent / Guardian Signature

Sign Here \_\_\_\_\_  
 Parent / Guardian Signature \_\_\_\_\_ Date (Valid Current School Year) \_\_\_\_\_

GREAT FUTURES START **HERE.**



## PARENTS/GUARDIANS

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

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

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

.....

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

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

---

Signature of Parent/Guardian

Date

---

Name of Parent/Guardian

Name of Club Participant(s)