



**BOYS & GIRLS CLUB
OF PAWTUCKET**

Kids' Konnection Enrollment Form

Name of Child (last name, first name) _____ Date of Birth _____

Parent or Guardian's Name _____ Home Address _____ Home Phone # / Cell Phone # * _____

Employer _____ Work Address _____ Work Phone # * _____

Parent or Guardian's Name _____ Home Address _____ Home Phone # / Cell Phone # * _____

Employer _____ Work Address _____ Work Phone # * _____

I, _____ wish to enroll my child _____ in the
KIDS' KONNECTION child care program with the following schedule:

Please Check All That Apply:

Monday Tuesday Wednesday Thursday Friday

During these hours: Before care (6:30 – 8:30 am) and/or After care (3:00* – 6:30 pm).

**We will pick your child up when his/her school ends.*

One week's tuition and the yearly Membership Fee must be paid for enrollment to be complete. The first week's tuition and membership fee are non-refundable if my child is accepted by the program.

I understand that part of the KIDS' KONNECTION's programming includes homework assistance. I wish for my child _____ to attend the homework program on the following days:

Please check all that apply

Monday Tuesday Wednesday Thursday

Medical Information and History

Current Immunization and Physical Examination Record's must be provided before any child may be enrolled in the KIDS' KONNECTION's programs. *Please contact your child's doctor's office for these records.*

Emergency Medical Permission:

First Aid: I authorize the Program Staff to administer first aid treatment to my child.

Hospital: Should an emergency arise I understand that a conscientious effort will be made by the Boys & Girls Club of Pawtucket to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises: _____. I understand that choice of hospital may be limited by service of the local rescue squad.

Doctor: I authorize the Program Staff to contact _____ M.D. at (Phone #) _____ with questions the Program Staff may have regarding the health of my child.

Transportation Permission

I _____ give permission for my child _____ to be transported by the Boys & Girls Club of Pawtucket to and/or from _____ school, in order to attend the KIDS' KONNECTION program.

If my child will not be attending the KIDS' KONNECTION I understand that it is my responsibility to notify both the KIDS' KONNECTION and the school before 12 noon regarding this change. I understand that if I fail to inform the KIDS' KONNECTION or the school my child will be transported to the Boys & Girls Club of Pawtucket.

Authorized Pick-Up List

Authorized To Pick Up (*please include parent(s)/guardian(s)*): All authorized persons must be **18 years of age or older** and must have a photo ID. The KIDS' KONNECTION will not release a child without written authorization. Please inform all authorized persons to have photo ID ready and available at pick up. *Please note your emergency contacts listed on the membership form must also be authorized to pick-up below. Additionally, please designate any contact below who may be called in case of an emergency.*

I hereby authorize:

			Emergency Contact
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	
_____	_____	_____	<input type="checkbox"/>
Name	Phone #*	Relationship to Child	

to pick up my child _____ from the KIDS' KONNECTION program. If I wish to add or remove anyone from this list, I will provide advance written notice to the Boys & Girls Club of Pawtucket.

* Phone numbers will be verified before your child can begin the program.

Unauthorized persons:

A copy of legal documentation such as custody papers or restraining orders concerning your child's welfare must be kept on file at all times.

I have read and understand all the policy information that has been provided to me and agree to comply with these policies.

Parent/Guardian's Signature

Date

For Office Use Only

Membership Current & Verified: Y N

1st Page Completed: _____

First Week Tuition Amount: \$ _____

No Back Balance Due: _____

2nd Page Completed: _____

Verified By: _____

(for office use only)

**Boys & Girls Club of Pawtucket
Membership Application
Annual Fee: \$30.00 Resident* / \$50.00 Non-Resident
*Pawtucket or Central Falls**

- Teen
- Pre-Teen
- Pre-School (no fee)
- New Renewing

Processed by: _____
Date: _____

YOUTH INFORMATION

Member's Name: _____ Gender: M ___ F ___
 Address: _____ City: _____ State: ___ Zip: _____
 Home Phone: (___) _____ Date of Birth: ___/___/___ Age: _____
 School Attending: _____ Grade (in Sept.): _____
 Teacher's Name (elementary school only): _____

On time grade progression? Yes No

PARENT INFORMATION

Father's Name: _____ Cell: (___) _____ Work phone: (___) _____
 (first & last name)
 Mother's Name: _____ Cell: (___) _____ Work phone: (___) _____
 (first & last name)
 Emergency Contact: _____ Phone/Cell: (___) _____ Relationship _____
 (other than parent / guardian and over 18 years old)
 Emergency Contact: _____ Phone/Cell: (___) _____ Relationship _____
 (other than parent / guardian and over 18 years old)
 Emergency Contact: _____ Phone/Cell: (___) _____ Relationship _____
 (other than parent / guardian and over 18 years old)
 Member lives with: Both Parents Mother Father Guardian Stepmother Stepfather Grandparents

MEDICAL INFORMATION

Please list any medical restrictions, allergies, or dietary restrictions your child may have: _____

 Any condition now requiring regular medication? Yes No Name of medication: _____
 Any restriction of activity for physical, emotional or psychological reasons? Yes No Explain: _____

 Does your family have health and/or accident insurance: Yes No
 Family Health Plan Name: _____ Policy #: _____ Group #: _____
 Permission for Treatment by Physician/Hospital: Yes / No
 Physician's Name: _____ Physician's Phone: (___) _____

HOUSEHOLD INFORMATION

NOTE: This information is collected for grant writing purposes ONLY

Ethnic/Racial Origin: Caucasian African American Hispanic Asian Native American
 Multi-Racial Other: _____ (please specify)
 Number in Household: _____ ♦ Current Head of Household: Female Male ♦ Single Parent Household: Yes No
 Estimated Yearly Household Income: _____ Military Family: _____
 (branch)

PARENT: PLEASE READ AND SIGN THE FOLLOWING:

I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Pawtucket. I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Pawtucket reserves the right to dismiss a youngster from the Club. Refunds will not be made due to dismissal. Permission is given to use photos or motion pictures for publicity purposes.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Pawtucket, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Pawtucket, shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for the above named camper.

Boys & Girls Club of Pawtucket Hours for Drop-In Pre-Teen Members: Monday – Friday 3:00 p.m. to 6:00 p.m. *(During the School Year)*

Boys & Girls Club of Pawtucket Hours for Teen Members: Monday – Friday 2:30 p.m to 9:00 p.m. *(During the School Year)*

Early & Late Fee Policy: There will be a \$10.00 fee per half hour that your child is left in the Boys & Girls Club before or after the hours of operation. Children will not be allowed back in until the fee has been paid.

The Boys & Girls Club of Pawtucket would like every member to have a positive day. Members will be held accountable for their actions to ensure a safe and fun environment for all. I understand the Boys & Girls Club of Pawtucket is not responsible for lost or stolen items. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give my permission to the Boys & Girls Club of Pawtucket to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by the Boys & Girls Club of Pawtucket, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

As a member of the Boys & Girls Club of Pawtucket, your child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of Pawtucket has rules and consequences for such behavior; however we will not be responsible for the consequences of such access. Your child's signature below indicates that they understand and agree to abide by the Club Member Technology Rules & Regulations.

Among the many services available during our after-school program, we provide a wide variety of homework help and academic support programs. In order for us to assess and monitor the academic needs of our members and provide appropriate tutoring and academic services, the Boys & Girls Club of Pawtucket would like to collect the report cards and NECAP scores for your child in addition to having them participate in a diagnostic online survey. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club of Pawtucket in writing.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to use and reproduce photographs taken of my child for publicity, advertising and marketing purposes of every description. Please check this box if you do not consent to this release.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

Member has permission to utilize the transportation offered: Yes No

Member may participate in all Club activities in or adjacent to the Club building: Yes No

Parent / Guardian Signature: _____ Date: _____

Member Signature: _____ Date: _____

MEAL BENEFIT FORM for Child Care

Discharge Date: _____

PART 1. CHILDREN IN DAY CARE

Names of all children in care (First, Middle Initial, Last)	<input checked="" type="checkbox"/> if Foster Child	<input checked="" type="checkbox"/> if Homeless, Migrant or Runaway	If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) or RIWorks, provide the name and full case number for the person who receives benefits. NAME: _____ CASE #: _____ - _____ - _____ If no one receives these benefits, skip to Part 2.

PART 2. TOTAL HOUSEHOLD GROSS INCOME YOU MUST TELL US HOW MUCH AND HOW OFTEN

1. Name (List everyone in household, including foster children)	2. <u>Gross income</u> and how often it was received <i>Examples: \$250/monthly \$400/twice a month \$125 every other week 190/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, Alimony, Child Support	Pensions, Retirement, social security	Other	
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>

PART 3. SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last four numbers of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this form.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the childcare program will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number (last 4 numbers only): * * * - * * - _____ I do not have a Social Security Number

PART 4. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (OPTIONAL)

Choose one ethnicity:

Hispanic or Latino Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

Asian Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander White

DON'T FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Income Conversion: Weekly X 52, Every 2 Weeks (bi-weekly) X 26, Twice A Month X 24, Monthly X 12

Total Income: _____ Per: Week, Every 2 weeks, Twice a Month, Month, Year
 Household size: _____ Categorical Eligibility: SNAP/RIWorks _____ Foster Child: _____ Homeless _____ Migrant _____ Runaway _____

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____

Determining Official's Signature: _____ Approval Date: _____

Instructions for Completing Meal Benefit Form

Foster children are eligible for free meals regardless of household income. If all the children you are applying for are foster children, follow these instructions:

Part 1: List all foster children enrolled in care. Check the box indicating the child is legally recognized as a foster child.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 4: Answer this question if you choose to.

If some of the children in the household are foster children and others are not, follow the instructions for “ALL OTHER HOUSEHOLDS”.

If your household gets SNAP OR RIWorks benefits, follow these instructions:

Part 1: List each child's name. Indicate the name and SNAP or RIWorks case number of a household member.

Part 2: Skip this part.

Part 3: Sign the form. A Social Security Number is not necessary.

Part 4: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, follow these instructions (include all foster children in addition to family members):

Part 1: List each child's name attending this day care center. Check off if child is a foster child, homeless, migrant or runaway. If any household member receives SNAP or RIWorks benefits, list name and full case number.

Part 2: Follow these instructions to report total household income from last month.

Column 1- Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, foster children, other relatives, or friends). You must include yourself. Attach another sheet of paper if you need to.

Column 2- Gross income and how often it was received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the **gross income**, not the take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Column 3- Check if no income: If the person does not have any income, check the box.

Part 3: An adult household member must sign the form and list the last four numbers of his/her Social Security Number, or mark the box indicated if he or she doesn't have one.

Part 4: Answer this question if you choose to. We request this information solely for the purpose of determining compliance with Federal civil rights laws, and your response will not affect consideration of your application.

Privacy Statement Act: This explains how we will use the information you give us. The Richard E. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced price meals (if the daycare program has a separate charge for meals) or the day care center may not receive maximum federal funds for providing a meal program (if the daycare program provides meals at no charge). The Social Security Number is not required when you apply on behalf of a foster child or you list a SNAP or RIWorks case number or if the person signing the form indicates that they do not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced price meals, to run the program, and to enforce the rules of the program. .

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339,; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”

In addition, the RI Department of Education does not discriminate on the basis of sexual orientation or religion. To file a complaint of discrimination with the RI Department of Education, write RI Department of Education, Director, Office of Equity and Access, 255 Westminster Street, Providence, RI 02903 or call 401-222-4600.

Need low or no cost health insurance for your children? Call RiteCare at 462-5300 (462-3363 TTY) or www.dhs.ri.gov



**BOYS & GIRLS CLUB
OF PAWTUCKET**

Kids' Konnection Handbook

Tuition Policies & Procedures

Tuition Payment Days:

Monday thru Friday

(Cash is taken at the front desk only during office hours: 8:30 a.m.-6:00 p.m.)

Payment Methods:

Check, Cash, Money Orders, Visa/MC

Payment Due Dates:

All payments are due by Friday for the following week. Before your child's first day of attendance, the fee for the first week must be paid in full.

Late Payment Fee:

If payment in full is not received by 6 p.m. on Friday, a late payment fee of \$5.00 per child for the 1st week and \$10.00 per child for the 2nd week will be added to your account. After the second week of non-payment, your child will not be able to return until the bill is paid in full. The Club will notify the school that the child will not be picked up.

Responsible Parent/Guardian:

The person responsible for paying the bill is the parent/guardian who enrolled the child in the program and signed the enrollment form. We can provide itemized statements upon request.

Absence from the Program:

If your child is going to be absent from the Kids' Konnection program for one week or longer, it is your responsibility to notify us, in writing, of your child's absence at least two weeks prior to the absence. If we are not notified, you will be charged the weekly fee for that time period.

Late Pickup Charges & Disenrollment:

In order to maintain the safety and quality of our program, Kids' Konnection staff will remain at the Club until every participant leaves. Due to this additional service provided, a Late Pickup Charge of \$10.00 incurs for each child who is picked up after 6:30 p.m. and will be added to the bill. An additional \$10.00 will be incurred for every 30 minutes after 7:00 p.m. This fee is calculated on the first minute of each half-hour block (e.g. 6:31, 7:01, etc.). We reserve the right to remove your child from the program after the THIRD occurrence of late pick-up.

Non-Sufficient Funds (NSF) Check Charge:

1. For the first NSF check: A \$10.00 charge will be added to your bill. This \$10.00 charge plus the amount of the NSF check must be paid in full with cash, money order or credit card within one week of receiving the NSF check. If this amount is not paid, we will follow the Late Payment Fee schedule.
2. For the second NSF check: A \$15.00 charge will be added to your bill. This \$15.00 charge plus the amount of the NSF check must be paid in full with cash, money order or credit card within one week of receiving the 2nd NSF check. If this amount is not paid, we will follow the Late Payment Fee schedule.

3. After the third NSF check, all bills must be paid with cash, money order or credit card for the remainder of the school year.

Discipline Policy

The Kids' Konnection staff use positive methods of discipline which encourage self-control, self-direction, self-esteem and cooperation.

The staff is prohibited from using the following means as punishment.

1. Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
2. Restricting a child's movement by binding or tying him or her.
3. Mental or emotional punishment such as humiliating, shaming or threatening a child.
4. Depriving a child of meals, snacks, rest or necessary toilet use.
5. Confining a child in an enclosed area such as a closet, locked room, box or similar cubicle. Non-severe discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming themselves, other persons, or property. Please see attached discipline policy form for more information.

Enrollment & Withdrawal

We welcome you to visit our program at any time. You will be given a tour of the facilities and have an opportunity to observe the Club programs. If at any time, after enrollment, we have concerns about a child, the parent/guardian will be asked to attend a conference. Parents/guardians may ask for a conference with Kids' Konnection staff at any time.

Enrollment:

- The first day your child attends the Kids' Konnection program, the following must be completed and on file in the office: the enrollment form, emergency information, up-to-date immunization record, completed physical form, payment for the first week of the program and membership dues.
- Before the end of the first full week of enrollment, the following must be returned: handbook acknowledgement, discipline policy, and meal eligibility form.

Withdrawal/Disenrollment from Program:

1. The person who enrolls the child must be the person who removes them from the program, giving the office one week's notice in writing.
2. According to DCYF regulations, the Boys & Girls Club of Pawtucket must adhere to a 1 to 13 adult-child ratio for all children, and we take this responsibility seriously. If one youngster's behavior continually prevents that from occurring, or if a child demonstrates repeated aggressive behavior toward others, the parent/guardian will be requested to withdraw the child, and will be given one week to do so.

3. Any child absent for two consecutive weeks, without notification to the office, will be considered withdrawn. If you would like to withdraw your child, please notify the office as soon as possible to avoid extra charges.
4. We assume children are potty trained when enrolled. We reserve the right to disenroll a child if there is repeated evidence the child is not potty trained.
5. We reserve the right to remove a child if the parents/guardians do not cooperate with Kids' Konnection policies and procedures. One week's notice will be given.
6. We reserve the right to remove a child after the THIRD occurrence of Late Pickup after 6:00 p.m.
7. We reserve the right to remove a child if payments are not made when due. Please see our payment policies.

Vacation Weeks

The Pawtucket School Department vacation weeks in February and April are considered part of the Kids' Konnection programming. If your child will not be attending during these weeks, you will need to notify us, in writing, of your child's absence at least two weeks prior to the absence. If we are not notified, you will be charged the weekly fee for that time period.

Food and Nutrition Program

Dinner served by the Kids' Konnection program is of sufficient quantity and quality to provide for the nutritional needs of each child as established by the Department of Education Child Care Food Program.

Our menus are planned in advance, dated and available for parents/guardians to see. All parents/guardians must complete a meal eligibility form for their children at the beginning of the program year.

Health and Safety Program Policies

Medical History/ Physical Exam:

Each child entering the program must provide a medical history and physical exam record, including immunization records. Medical history must be current within this year (one year from the day of program start). If the child's exam was conducted more than six months previous to beginning the Kids' Konnection program, an updated copy of his/her immunization record and physical exam must be given to the Club once conducted.

Special Needs:

In the case of a child with special needs, a determination shall be made prior to admission as to the extent those needs can be adequately met by the program. This review will be done by parents/guardians and Kids' Konnection staff, and may involve appropriate specialists. The Director of Pre-Teen Programs shall decide whether or not to admit the child on a trial basis.

Child Abuse/Neglect:

Suspected cases of child abuse and/or neglect will be reported to DCYF as required by law.

Fire Drills:

A fire drill and building evacuation will be conducted monthly during the hours of child care services.

Illness at the Club:

It is essential that every parent/guardian cooperate fully with the Kids' Konnection health program policies. When there are symptoms of illness or other indications that a child is not well enough for group activities, arrangements must be made for his/her care at home. The Boys & Girls Club of Pawtucket has no provisions for the care of children who are ill. We do not administer any medications.

Exposure to communicable diseases and any infectious illnesses of other family members should be promptly reported so that the Boys & Girls Club of Pawtucket may be alerted to early symptoms.

A child with a temperature of 99.9 degrees or higher, rashes, diarrhea, and/or vomiting will be sent home.

Returning after illness:

The following must be adhered to when returning from an illness:

1. Simple cold - When a child is absent for a simple cold, s/he may be readmitted to the Club as long as there is no temperature.
2. Temperature, diarrhea, vomiting - Following an illness accompanied by a rise in temperature, diarrhea and/or vomiting, a child must be excluded from the Club until 24 hours after the temperature has returned to normal and/or bouts of diarrhea and vomiting have stopped.
3. Unidentified rashes – A child may return to the Club when the office has received a doctor's note stating that s/he is not contagious and may return to the Club.
4. Chicken Pox - All scabs must be gone before a child returns to the Club.
5. Head Lice - After treatment, a child may return but will be checked by the Director or authorized personnel. During this head check, the parent/guardian will remain with their child. A child must be lice/nit free to remain at the Club and will be checked for the next 10 program days. If lice/nits are found, s/he will be sent home from the Club and the 10-day check period will start again.
6. Pink Eye - After treatment, a child must have a doctor's note stating that they are no longer contagious and may return to the Club on file in the office.

Outside Play:

Our policy is that if your child is well enough to attend the Club, s/he is well enough to join other children in the daily outside play.

Children go outside every day when the temperature is +45 degrees Fahrenheit or above. Please dress your child accordingly.

Drop Off & Pick Up Policy

Emergency Cards:

Children will be released only to those persons whose names are listed on the emergency card. Parents/guardians are to advise the office in writing in advance if a person not listed on the emergency form is to pick up the child; positive identification must be shown at the time of pickup.

Drop Off/Sign-In Sheets:

All children must be brought into the building before 7:45 a.m. and signed in with the program leader daily BY AN ADULT. For safety reasons we need to know where a child is at all times. Children may not be dropped off in the parking lot.

Weather

IMPORTANT: During freezing rain, icy road conditions, etc., the Kids' Konnection program will close when the Pawtucket School Department closes. Always phone ahead to see if the Club is open! The Boys & Girls Club of Pawtucket will also announce on all local media program cancellations. Parents/guardians, or a designated representative, must pick up their children upon announcement of program cancellations within 1 hour of said cancellation.

What to Bring, What Not to Bring & What to Wear

Clothing that is easy to manage encourages independence and self-help. Many toilet accidents are prevented if children can unbutton or unbuckle their pants and belts without a struggle.

All jackets, sweaters, coats, hats, boots, mittens, purses and umbrellas must be clearly marked with the child's name. Many children wear identical clothing and without a name in each garment, it is almost impossible for program staff to identify to whom it belongs.

A sweater or jacket at the Club is recommended since the temperature changes from morning to late afternoon.

What to bring to be left at the Club:

1. Kindercare participants should have a change of clothes: pants and shirt or dress, socks and underwear. The child's name must be on each item.
2. A plastic shoe box with a lid in which to keep the change of clothes.
3. Boots or rainwear - these items are optional. Our program is dependent on some outside time each day, even when the grass is wet from a recent rain (this does not mean we will be playing outside in a rain storm). If you do send boots, be sure the child's name is on them.

What not to bring to the Club:

1. Candy and other goodies - We do not recommend sending these items except on special occasions. If they are sent, prior arrangements must be made with the program staff.
2. No guns, knives, or any other kind of weapon will be allowed.

3. Children may not bring cell phones, MP3 players, game boys etc...to the Club. We are not responsible for any item that may be lost, broken or stolen.

Birthdays:

A birthday is a special day. The program will always acknowledge each child's birthday. If the parent/guardian wishes to provide a special treat on this day, please make arrangements with the program staff.

Orientation and Staffing Guidelines

All childcare staff is required to comply with the DCYF regulations concerning Employment Background Checks, CANTS clearance, physical exams and TB test. These records are kept on permanent file with our personnel records.

Contact Information

Boys & Girls Club of Pawtucket
401-722-8840
www.bgcpawt.org

Director of Pre-Teen Programs
Samantha Brown- x27
sbrown@bgcpawt.org

Director of Program Services & Outreach
Joseph Tomchak- x24
jtomchak@bgcpawt.org



BOYS & GIRLS CLUB
OF PAWTUCKET

Kids' Konnection Policy & Procedure Handbook Acknowledgement

By signing below, you acknowledge that you have read, understand and agree to abide by the policies and procedures outlined in this manual by the Boys & Girls Club of Pawtucket.

Parent/Guardian Signature

Date

Child's Name



Discipline Policy & Procedures

The Kids' Konnection staff use positive methods of discipline which encourage self-control, self-direction, self-esteem and cooperation.

The staff is prohibited from using the following means as punishment.

1. Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
2. Restricting a child's movement by binding or tying him or her.
3. Mental or emotional punishment such as humiliating, shaming or threatening a child.
4. Depriving a child of meals, snacks, rest or necessary toilet use.
5. Confining a child in an enclosed area such as a closet, locked room, box or similar cubicle. Non-severe discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming themselves, other persons, or property. Please see attached discipline policy form for more information.

All staff members are expected to handle the discipline of the children in their charge. A child is sent to the Director of Pre-teen Programs (the Director) when:

1. The staff person has used all resources at his/ her disposal and the member still refuses to cooperate. Before a child is sent to the Director, it is expected that the staff member has made the following efforts to solve the problem:
 - a. Give the child an opportunity to explain their behavior.
 - b. Warn the child to correct his/ her behavior
 - c. Use fair judgment in deciding the consequence, ex. Removal from activity, formal discipline report to parent or guardian.
2. In the event that a child commits an act which calls for his/ her immediate removal from the activity, either to maintain control or to protect the safety of the group, the child is taken to or sent to the office of the Director. The Director, after considering the facts will take the appropriate action.
3. In the event of serious breaches of discipline policy, dismissal from any program or activity will be served with due process, but dismissal by the Director (pending the hearing) will be enforced where necessary. The Director will, in the final analysis, exercise the authority and assume the responsibility for the proper application of all rules.

The following are several simple rules and consequences to be followed by all children who are involved in any of the programs offered at the Boys & Girls Club of Pawtucket including those who are enrolled in the Kids' Konnection Program:

Swearing

Consequence: 1st time- warning

2nd time- 15 minute separation from activity

Abuse or misuse of games/ equipment

Consequence: 1st time- warning

2nd time- lose privilege of said game or equipment for one day

Disrespect to Counselor

Consequence: 1st time- warning

2nd time- report to the Director

Fighting

Consequence: 1st time- automatic dismissal from the activity

2nd time- written notice to parent or guardian and automatic suspension from the program for one day

Stealing

Consequence: 1st time- written notice to parent or guardian / automatic dismissal from activity

2nd time- written notice to parent or guardian / automatic suspension from the program for one day

- Repeated episodes of any of the above will be handled individually, keeping in mind that dismissal from a program will be applied only in extreme cases, where all efforts to improve behavior have failed.
- All suspensions will be reviewed by the Director of Pre-teen Programs and the Director of Program Services & Outreach.
- If a child is suspended for more than one day, parents or guardians must meet with the Director of Pre-Teen Programs.



BOYS & GIRLS CLUB
OF PAWTUCKET

Discipline Policy & Procedures

I have read the attached Discipline Policy & Procedures and understand they will apply to my child upon entering the Kids' Konnection program at the Boys & Girls Club of Pawtucket. I agree that my child and I will abide by the attached Discipline Policy & Procedures.

Please sign and date below and return this page to the Director of Pre-Teen Programs or the front office at the Boys & Girls Club of Pawtucket. Please retain the attached Discipline Policy & Procedures document for your records

Signature: _____ Date: _____

Name of Child: _____