



BOYS & GIRLS CLUB
OF THE CAPITAL CITY

The Positive Place For Kids

Now enrolling for one of the “most affordable” After School Programs in the Jefferson City Area! Starts August 19th, 2009!



Boys & Girls Club of the Capital City – **Elm Street Site**
Days of Operation: Monday - Friday
Elementary School Kids
Hours: 3:00 P.M. - 7:00 P.M.

Boys & Girls Club of the Capital City – **Dorothy Pack Site**
Days of Operation: Monday - Friday
Middle & High School Kids
Hours: 3:00 P.M. - 7:00 P.M.

Boys & Girls Club of the Capital City- **East School**
Days of Operation: Monday-Friday
Hours: 3:30 P.M. – 6:30 P.M.

Boys & Girls Club of the Capital City – **South School**
Days of Operation: Monday - Friday
Hours: 3:30 P.M. - 6:30 P.M.

Boys & Girls Club of the Capital City – **Pioneer Trails School**
Days of Operation: Monday - Friday
Hours: Before School: 6:45 A.M. – School Opens
After School 3:30 P.M. - 6:30 P.M.

FEES

\$5 annual member ship fee (covers 2009-2010 school year)
\$40 per child monthly fee for after school programs
\$20 per child monthly fee for before school programs (Pioneer only)
PLEASE CONTACT THE CLUB TO DISCUSS OUR SLIDING SCALE AND OTHER PAYMENT OPTIONS

Program Includes: Mandatory Study Hour; Tutoring; Field Trips; Gym Activities; Educational Field Trips; Nutritional Snack; National Boys and Girls Club of America Programs

Main Site for Capital City:

727 East Elm
Jefferson City, MO
65101

P: 573.634.2582
F: 573.638.0350

Dorothy Pack Site
1306 Edmonds Street
Jefferson City, MO
65101

P: 573.634.5047

Mission Statement

To inspire and enable all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens.



School Year 2009-2010



**BOYS & GIRLS CLUB
OF THE CAPITAL CITY**

MEMBER INFORMATION-For School Year-2009-2010 (Please Print)

Date: _____

Circle one: New member Renewing member

Child's Name:	Age	Gender	Birth date	Race

Address (Street, City, State, Zip Code)	Home Telephone Number
	()

School	Grade

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Home Phone	Cell Phone
	()	()

Address (Same as child/or street, city, state, zip)

Employer	Hours of Employment	
	From	To

Address (Street, City, State, Zip)	Business Phone
	()

Other Parent/Guardian (if applicable)	Home Phone	Cell Phone
	()	()

Address (Same as child/or street, city, state, zip)

Employer	Hours of Employment	
	From	To

Address (Street, City, State, Zip)	Business Phone
	()

Emergency Contact

Name	Home Phone	Cell Phone
	()	()

Address (Street, City, State, Zip)	Relationship

List of Person(s) authorized to Pick-up Your Child(ren)

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

CHECK ONE: My Child IS _____ IS NOT _____ Allowed to Walk Home.

ABSOLUTELY NO PERSON OTHER THAN THOSE LISTED ABOVE WILL BE ALLOWED TO PICK-UP YOUR CHILD(REN).

MEDICAL INFORMATION

Physician's Name:

Phone #:

Insurance Company:

MC+ Coverage? Yes No

Preferred Hospital or Clinic:

Phone #:

Insurance Policy Number:

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Child's Medications:

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Medical History, Diagnoses, Diseases/Illnesses:

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****We must have a copy of child(ren) immunization records on file.**

Agreements:

- a) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior etc.
- b) When my child is ill, it is understood and agreed that s/he may not be accepted for care.
- c) I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- d) I have been informed that a copy of the Licensing Rules for Family Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers in Missouri is available at this facility for review.

Parent/Guardian Signature _____

Date _____

General Information:

Siblings/other children in the home who are Club members:

Comments: (Please include any special needs or accommodations, activities prohibited, special domestic/custody situations, behavior problems, academic issues, etc.)

The following information is necessary for our records and the funding our organization receives. All information you provide is kept strictly confidential. Your cooperation is appreciated.

Size of Household: _____ people

Annual Household Income: \$ _____

Please check all that apply:

- | | | | |
|--------------------------|------|--------------------------|----------------------|
| <input type="checkbox"/> | AFDC | <input type="checkbox"/> | FOOD STAMPS |
| <input type="checkbox"/> | SSDI | <input type="checkbox"/> | GENERAL ASSISTANCE |
| <input type="checkbox"/> | SSI | <input type="checkbox"/> | SCHOOL LUNCH PROGRAM |

Can your child swim? Yes No

I grant permission for my child to attend all Boys & Girls Club field trips. **(Optional)** Yes No

I authorize the Boys & Girls Club to contact a physician and/or send my child to the hospital in the event that I or an emergency contact cannot be reached. **(Optional)** Yes No

I authorize my child's school and the Boys and Girls Club to share information about my child's grades and behavior for the purpose of providing services to my child. **We need this information to obtain grants.** **(Optional)** Yes No

Parent/Guardian Signature

Date

Boys & Girls Club of Capital City Media Release Form

Throughout the year students attend programs, activities, field trips and events along with regular site activities that support their education, promote community service or encourage positive behavior.

With the Director's approval, occasionally, staff, parents and local media cover these events by taking photographs or video. This may include newspaper, television, the Boys & Girls Club website or other media production.

By signing below, you agree that you have been notified of the possibility that your son or daughter may be included in photographs or video and authorize the use for public print, display or broadcast.

_____ I give permission for my child's name or photograph to be used for the Boys & Girls Club related public media and the BGC website.

_____ I do not give permission for my child's name or photograph to be used for Boys & Girls Club related public media and the BGC website. (Student will still be allowed to attend the activity or program.)

Parent Signature

Date

Student Name

Transportation Plan

The Boys & Girls Club of Capital City provides transportation only for activities sponsored by the club during the normal program time, this includes field trips or other scheduled outings. Parents are responsible for transporting their child(ren) to and from the Club on a daily basis.

Code of Conduct for Transportation

A member of the Boys & Girls Club on a Boys & Girls Club Van/Bus is required to behave in an appropriate manner. A member of the Boys & Girls Club must obey all rules at all times while on the bus. If a member misbehaves or violates a rule, there will be one warning to the member. Another incident of misconduct or a gross violation of the code of conduct will result in suspension of the member's privilege to receive transportation or permanent withdrawal of transportation rights to the Boys & Girls Club of the Capital City.

I/We do hereby understand the Transportation Plan for the Boys & Girls Club of the Capital City.

I/We agree to obey all transportation rules of the Boys & Girls Club of the Capital City.

Signature of Member

Date

CLUB MEMBER RULES & GUIDELINES

1. All members will treat staff and each other with respect.
2. No member will tease, threaten, harass, badger, strike or throw items at staff or other members.
3. Absolutely **NO** foul language or fighting (verbal or physical) will be tolerated.
4. All members are expected to use facilities, games and equipment properly and with care.
5. All members are responsible for the placement and storage of their personal belongings in the designated areas.
6. Members must stay in designated program areas for the entire scheduled program time, except during free time.
7. All members should only be in program areas where a staff member is present. **AT NO TIME WILL PROGRAM AREA DOORS BE LOCKED DURING PROGRAMMING.**
8. No running or horseplay will be tolerated inside the club.
9. Snacks will be eaten only in designated areas.
10. No hats are to be worn inside the building.
11. The Club phone is to be used only for emergencies. Members will not receive phone calls during club hours except in emergencies.
12. All members are responsible for their transportation to and from the club (unless otherwise arranged through the Club van service - where available).
13. All members are required to sign-in and out of the club daily.
14. All members will be required to sign-out Club equipment/supplies. Members will be responsible for broken/misused/missing equipment and or supplies. No taking or borrowing Club property will be tolerated.
15. No member will be allowed to operate equipment (T.V., Computers, and/or Stereos) without staff permission.
16. Loitering is not permitted outside the Club at any time.
17. No intoxicants will be allowed on Club property. Any member that is or is suspected to be under the influence will be asked to leave and will be subject to further action.
18. Inappropriate clothing will not be permitted. This includes, but is not limited to, clothing that displays drug, alcohol or sexual messages, or clothing deemed unsafe for specific programs.
19. Boys & Girls Club is NOT responsible for any personal property or money brought to the club.

I have read, understood and accepted the Boys & Girls Club of the Capital City rules and disciplinary policy.

Parent Signature _____ Date _____

Member Signature _____ Date _____

CLUB DISCIPLINARY POLICY

Purpose: To insure that programs operate safely, prove enjoyable to participants as well as create a fun environment for all.

Basic Club Rules are **NON – NEGOTIABLE**.

The following are recommended consequences for members who do not adhere to the Club rules.

- 1st Offense Verbal Warning. Staff person will sit with child away from others and discuss the specific violation Staff will encourage member to redirect his/her behavior.
- 2nd Offense Age Appropriate time-outs.
6-9 years 5 minutes
10-13 years 10 minutes
14 and up 15 minutes
- 3rd Offense Staff/Child/Director conference is held (no parents) as a counseling session to discuss the appropriate course of action to correct the problem. An Individual Member Report (IMR) will be filled out and placed in the member's file.
- 4th Offense Director contacts parent/s and sets up a conference to review the member's behavior. Director informs parent that suspension may be necessary if behavior continues. Parent will be encouraged to emphasize Club rules and their importance.
- 5th Offense Suspension. The Director will determine the length of the suspension and informs the parent/s and staff. Documentation will be placed in the member's file.

* The Director reserves the right to select consequences appropriate for the misbehavior that may not follow the aforementioned order

I have read, understood and accepted the Boys & Girls Club of the Capital City disciplinary policy.

Parent Signature _____

Date _____

Member Signature _____

Date _____