



## Before & After Care Application

### YOUTH INFORMATION

|            |           |     |              |
|------------|-----------|-----|--------------|
| First Name | Last Name | MI  | DOB          |
| Address    | City      | Zip | Phone Number |
| School     | Grade     | Age | Sex          |

### FAMILY INFORMATION

|  |              |
|--|--------------|
| Mother Name:   | Father Name: |
| Address:   | Address:     |
| E-mail   | E-mail       |
| Employer   | Employer     |
| Work Number  | Work Number  |
| Cell Number  | Cell Number  |
| Child live with: (please check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other |              |

### HEALTH INFORMATION

|                          |  |
|--------------------------|--|
| Doctors Name             | Phone Number   |
| Health Problems (if any) | Allergies  |
| Medications (if any)     | <i>**Any Medications to be administered at our facility must be accompanied by a completed Medication Consent Form**</i> |

### PICK UP AUTHORIZATION

*Persons authorized to pick up child in case of emergency - ALL sections MUST have complete address information*

|              |              |
|--------------|--------------|
| Name:        | Name:        |
| Address      | Address      |
| Phone Number | Phone Number |

### OTHER PERSONS ALLOWED TO PICK UP CHILD

*Any person not listed will **NOT** be able to pick up children from our facility*

|       |       |
|-------|-------|
| Name: | Name: |
| Name: | Name: |

Is there anyone legally **NOT** allowed to pick up your child? If so, we must have a copy of the legal paperwork on file.

### EMERGENCY MEDICAL CARE AUTHORIZATION

I, \_\_\_\_\_ hereby authorize Fun Land Before & After School program staff and/or other Boys & Girls Club staff to obtain emergency medical care for my child while under their care. I also have received, read, and understand the Fun Land brochure outlining the rules and regulations of the Day Care, which my child and I will abide by.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### FIELD TRIP PERMISSION SLIP

Yes, \_\_\_\_\_ has my permission to accompany the Boys & Girls Club on all field trips to parks and museums, amusement parks, etc., and to ride in the transportation provided to and from school. I will also discuss the safety rules for riding in club transportation with my child so that they fully understand what is expected of them. I also understand that there are consequences for bad behavior on the busses and that my child's privileges can be taken away.

Rules for field trips:            All children must be secured by seat belts while riding on bus  
   Children must keep their hands in the bus  
   Anyone caught throwing trash out windows will be suspended - 1 day  
   No screaming, bouncing on the bus or rough housing  
   3 behavior incidents will result in suspension, time deemed necessary

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

\_\_\_\_\_  
Date

### PICTURE/VIDEO AUTHORIZATION

*From time to time pictures are taken of the children attending our activities and on occasion are used in-house for promotional purposes.*

I give permission for my child(ren)'s picture to be taken and if selected, to be used by the Prince William Boys & Girls Clubs.

Photo: YES \_\_\_\_\_ (please initial)  
          NO \_\_\_\_\_ (please initial)

Video: YES \_\_\_\_\_ (please initial)  
          NO \_\_\_\_\_ (please initial)

### SUNSCREEN/REPELLENT PERMISSION

I give my child \_\_\_\_\_ permission to have sunscreen and or/bug repellent applied on any given day during our program. I understand that they will be using SPF-15 or higher.

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

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY IDENTITY VERIFICATION

Staff Initial: \_\_\_\_\_

Place of Birth

Date of Birth

Birth Certificate Number

Date Issues

Other Form of Proof

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (ie after school program) or the center transfers responsibility of the child directly to the school (ie before program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

**How did you hear about our program?**

# GREAT FUTURES START **HERE.**