



**BOYS & GIRLS CLUB  
OF MONTGOMERY COUNTY**

# PARENT HANDBOOK

## MISSION & PHILOSOPHY

*To enable all young people, especially  
those who need us most, to reach their  
full potential as productive, caring,  
responsible citizens.*

**Location:** 1001 Whitlock Ave

Crawfordsville IN 47933

**Website:** [bgcmoco.org](http://bgcmoco.org)

**Facebook:**

[facebook.com/bgcmontgomery](https://facebook.com/bgcmontgomery)

Our Goal at The **Boys & Girls Club of Montgomery County** is to prepare our members to be **LEADERS of TOMORROW**. We provide a safe place for them to learn and grow in an environment that is structured to meet their needs. We offer a variety of programs, opportunities, and experiences that are based on proven principles of youth development. These diversified individual and group services are carried out by a team of talented, trained Youth Development Professionals.

### OUR STAFF

Collectively, our staff has over 50 years of experience in Professional Youth Development. In addition, to providing all our staff with opportunities for continuing education via conferences, and workshops, ALL staff MUST pass an annual background screening. It is our passion to work with the children of our community and to watch them grow.

INTERIM EXECUTIVE DIRECTOR : *Erica Cummins*

EMAIL: [ecummins@bgcmoco.org](mailto:ecummins@bgcmoco.org)

PHONE: (765) 362-8912 ext. 408

FACILITY OPERATIONS & SAFETY DIRECTOR: *Heidi Swick*

EMAIL: [hswick@bgcmoco.org](mailto:hswick@bgcmoco.org)

PHONE: (765) 362-8912 ext. 406

OFFICE ADMINISTRATOR: *William Boyer*

EMAIL: [wboyer@bgcmoco.org](mailto:wboyer@bgcmoco.org)

PHONE: 362-8912 ext. 404

## **MEMBERSHIP & PROGRAM INFORMATION**

**Membership is open to all children ages 5-12, regardless of race, color, religion, or national origin.**

### **AFTER SCHOOL PROGRAM: MAIN CLUB SITE (1001 WHITLOCK AVE)**

#### **HOURS OF OPERATION:**

**AFTER SCHOOL Program hours:** 2:30pm – 6:00pm, Monday-Friday

**AFTER SCHOOL Office hours:** 11:00 am to 7:00 pm, Monday-Friday

**SUMMER Program hours:** 6:30 am to 5:30 pm, Monday-Friday

**SUMMER Office hours:** 10:00 am to 6:00 pm, Monday-Friday

*For the safety of all club members and staff, the **Boys & Girls Club of Montgomery County** will keep its doors locked to the public during all program hours.*

We ask that parents ensure their child(ren) do not arrive early or leave late. We understand that emergencies do happen, please notify us as soon as possible, with appropriate arrangements. Failure to do so may result in termination of service or call to DCS or any other relevant agency.

**DROP OFF PROCEDURE: (Summer)** For parents of children under the age of 9, we ask that you walk your children to the door. For parents of children ages 9 and older we ask that you not leave until your child is inside the building.

**PICK UP PROCEDURE: (After school and Summer)** When you arrive to pick up your child(ren), you will need to come into our vestibule, state your name and the name of your child(ren). Please be prepared to show ID to our front desk staff if you are (a) picking up the child or children for the first time or (b) if we are training new staff or are in a new program session and our staff may need time to recognize faces/names.

### **AFTER SCHOOL PROGRAM: LAURA HOSE ELEMENTARY LOCATION (Open to Crawfordsville students ages 5-12 only)**

#### **HOURS OF OPERATION:**

**AFTER SCHOOL Program hours:** 2:30pm – 6:30pm, Monday-Friday

**AFTER SCHOOL Office hours:** For all inquiries please contact the main club site (765-362-8912) at the business hours listed above.

**PICK UP PROCEDURE:** Pick up for the Laura Hose After school program will be at the back of the school. When you arrive to pick up your child(ren) state your name and the name of your child(ren). Please be prepared to show ID to our staff if you are (a) picking up the child or children for the first time or (b) if we are training new staff or are in a new program session and our staff may need time to recognize faces/names.

**If Crawfordsville schools are closed/canceled the Laura Hose Program will not operate.**



**BEFORE SCHOOL CARE (CRAWFORDSVILLE STUDENTS ONLY) LOCATED AT MAIN CLUB SITE**  
**1001 WHITLOCK AVE**

**BEFORE SCHOOL** Program hours 6:30 am - 8:30 am, Monday – Friday

(For 2-hour delays due to weather etc. Before school program will end when all students have been picked up for school)

**DROP OFF PROCEDURE:** For parents of children under the age of 9, we ask that you walk your children to the door. For parents of children ages 9 and older we ask that you not leave until your child is inside the building.

(Transportation to school is provided by the Crawfordsville Community School Corporation)

Please be advised that if Crawfordsville Schools are closed, the Before School Program will not operate.

**COST**

After school membership (both locations)  
\$30 per child

After school weekly fee (both locations)  
\$35 per week per child

Before school membership  
\$30 per child

Before school weekly fee  
\$25 per child/per week

Summer membership  
\$30 per child

Before school + After-school  
\$50 per child/per week

Summer weekly fee  
\$80 per week per child

***We will no longer accept cash payments as of 05/05/23***

Membership Fees are due upon registration and must be paid in full to secure a position in all Club programs. Weekly fees will be due **IN ADVANCE, EACH FRIDAY** prior to close of business and may be paid at pick up by credit/debit card, check, or money order only. We will also take credit/debit cards over the phone during the Club office hours. Failure to pay the weekly fee in advance may result in a suspension of services, until balance is paid IN FULL. Unpaid balances may be turned over to a collection agency. Should the services of an outside agency be required, you will be responsible for any accrued costs, including but not limited to attorney fees, collection agency fees, interests, and court costs.

## CLUB CLOSURES DURING SCHOOL YEAR

### INCLEMENT WEATHER

On days that schools release early for bad weather, the Club (both main and Hose sites) will be open for kids, but we will **ONLY** remain open for 3 hours **AFTER** dismissal time. We **WILL NOT** stay open until 6 main club) 6:30 (Hose site) on those days, so arrangements will need to be made for your child(ren). E.g.; schools dismiss at 1pm for weather, clubs will close at 4pm for weather.

On days **ALL** schools are closed, the Boys & Girls Club of Montgomery County will be **CLOSED** at both sites. If one or more schools are open, the club will operate as normal.

### SCHOOL CALENDAR CLOSURES

*WE WILL BE CLOSED ON THE FOLLOWING DATES FOR THE 2023-2024 SCHOOL YEAR.*

**LABOR DAY**-September 4, 2023

**FALL BREAK**-October 16<sup>th</sup> to October 20<sup>th</sup>, 2023

**THANKSGIVING BREAK**-November 22<sup>nd</sup> to November 24, 2023

**WINTER BREAK**-December 25<sup>th</sup> to January 5<sup>th</sup>, 2024

**MLK Jr DAY**-January 15<sup>th</sup>, 2023 (Unless Crawfordsville CS need snow make-up day)

**PRESIDENTS DAY**-February 19, 2024 (Unless Crawfordsville CS need snow make-up day)

**SPRING BREAK**-March 25<sup>th</sup> to March 29<sup>th</sup>, 2024

We will be open for the After School Program until **ALL** schools are finished for the school year. We understand that the last day of school may vary based on the school system calendar and snow make-up days, so our after-school program will continue until the *last* day for the *last* school.

### **SNACK:**

Each day our members are served a snack in compliance with the Child & Adult Care Food Program. All snacks will contain a proper serving of meat/meat alternative, grain, fruit, vegetable, and/or dairy. We do not get to pick the menu offered, the state puts it in place, but we do try to offer foods we know members like. We cannot deviate from serving the above items unless there is a medical reason. Any food allergy, illness or restriction **MUST** be documented by a **PHYSICIAN** and a copy of that documentation **MUST** be provided to us, for the member to receive an alternative snack.



## SUMMER PROGRAM

Each day our members are served **breakfast, lunch** and a **snack**. This is in compliance with the **INDIANA DEPARTMENT OF EDUCATION-SUMMER FOOD SERVICE PROGRAM (S.F.S.P)**. All snacks will contain a proper serving of meat/meat alternative, grain, fruit, vegetable, and/or dairy. We do not get to pick the menu offered, the state puts it in place, but we do try to offer foods we know members like. We cannot deviate from serving the above items unless there is a medical reason. Any food allergy, illness or restriction **MUST** be documented by a **PHYSICIAN** and a copy of that documentation **MUST** be provided to us, for the member to receive an alternative meal or snack. Members are also permitted to bring their own meals/snacks. Please note: No refrigeration will be provided. Members will only be permitted to eat meals/snacks at designated meal times.

Due to allergies, we will not supply sunscreen to any members. We are not permitted to apply lotion or stick sunscreen to any child's body regardless of age. We can apply spray sunscreen products. For the face, we will apply spray or lotion sunscreen with a cosmetic sponge. We can also apply a stick sunscreen.

**FIELD TRIPS:** Field trips may be taken during the summer and some may be on a "first come, first serve" basis. We will notify parents in a timely manner and will post a sign-up list for those wishing to attend.

**SWIMMING:** (THURSDAYS each week) Swimming at the park pool will be available to members 9 years of age and older; members who are 8 and younger will be offered our water park activities.

If your child would like to purchase items for the concession stand, please place their money in a small plastic bag and write your child's first and last name on it. A staff member will collect the money prior to leaving for the pool and place it in a money bag to keep it safe. We permit members to have their money 1 hour after arrival. We do not permit members to share money or food items with other children unless they are family members.

---

### FIELDTRIPS AND SWIMMING PERMISSION SLIP

I give my child(ren) \_\_\_\_\_ permission to attend the Milligan Park Pool for swimming on Thursdays (weather permitting) for the duration of the summer program. I will provide my child(ren) swim attire, a towel(s) and sunscreen.

I give my child(ren) \_\_\_\_\_ permission to attend all field trips (signed up for), when weather permits, for the duration of the summer program. I will also provide appropriate clothing, sunscreen and sack lunch (if required).

X \_\_\_\_\_

Signature of parent or guardian

### HEALTH AND EMERGENCY PROCEDURES

It is important that parents understand our procedures for health. They are designed to protect the well-being of all members & staff. Should a member become ill at the Club, they must be picked up within 1 hour after contact has been made with the parent/guardian. If your child is ill or is symptomatic before leaving home, please DO NOT send them to the Club. Since the Boys & Girls Club of Montgomery County is NOT A DAYCARE FACILITY, we are not equipped with an area to isolate multiple ill members.

In case of an accident or injury that requires medical attention, the Club will provide proper first aid to the member. We will also notify parents of accidents that result in injury and the aid rendered in a prompt manner, so it is imperative we ALWAYS have the correct contact information on file.

Prescription medications that your child may need during their enrollment must first be discussed with the *FACILITY OPERATIONS AND SAFETY DIRECTOR*. All prescriptions will need to be in their original containers affixed with a current prescription label. They will be stored in a lock box kept in the office and only administered by the *Program Operations & Marketing Director, Facility Operations & Safety Director* or *Office Administrator*.

If you would like for your child to receive over the counter medications, please complete consent form included in this packet. Basic First Aid such as band aids, triple antibiotic, anti-itch cream, etc. will be given out on an as needed basis. It is **IMPERATIVE** that all medical allergy information be kept up to date.

### RULES, REGULATIONS & DISCIPLINARY POLICY

At the Boys & Girls Club of Montgomery County, we hold our members accountable for their actions. We ask that both parents and members be aware of The Club's rules, regulations, and disciplinary policies.

- Respect is a must, fighting, profanity, and other inappropriate behavior will not be tolerated.
- Respect of the Boys & Girls Club, its property and equipment are essential & necessary to our continual service of our members.
- Roughness/horseplay is not allowed by any member.
- Gum is not permitted by any member; outside food and beverages must be consumed in designated areas.

Respectful behavior is always expected. When disruptive or uncooperative behavior becomes a problem, the member is assigned a time out. If the behavior is repetitive or severe in nature, then a "Notice of Inappropriate Behavior" form will be filled out, explained to the member, and discussed with the parent/guardian. The parent/guardian will be required to sign the form and a copy will be provided to you. A copy of the form will also be kept on file.

If your child is given detention, suspension and/or expulsion from school due to bullying, intimidation or physical violence, the Club must be notified. This information is essential for the safety and protection of all Club members & staff.



*The Boys & Girls Club of Montgomery County reserves the right to suspend or expel members at the Club's discretion.*

**The following acts are cause for IMMEDIATE suspension and/or expulsion:**

- Possession of a weapon or any item that could cause bodily harm.
- Defacing or destruction of Club property.
- Theft of another member's belongings or any Club property.
- Excessive bullying, fighting and physical violence.
- Any threats to cause harm to the club, its staff or any of its members, in virtual, verbal, or written form

*Any member who is suspended or expelled will receive a "Notice of Inappropriate Behavior" form. The member, parent and Program & Operations Directors will meet to discuss the suspension and/or expulsion.*

#### **PERSONAL BELONGINGS & ELECTRONIC DEVICES**

We understand and encourage imaginative play with all our members, regardless of age. We ask that if a member brings a toy or other personal belonging with them, to the Club, that it be **clearly labeled** with their **first & last name**. Members are allowed school issued electronic devices, but they will only be allowed during homework or an approved electronic time. Members that bring their own belongings, assume their own risk. **THE BOYS & GIRLS CLUB OF MONTGOMERY COUNTY IS NOT RESPONSIBLE FOR DAMAGED, LOST OR STOLEN ITEMS.**

The use of electronic devices is a privilege within our facility. We will have approved times throughout the week that members MAY be able to use their own devices. Members will NOT have consistent access to their devices, so if you need to contact your child, you **MUST** contact the Club **FIRST**. Also, there is a ZERO-USE policy of social media within our facility, including but not limited to Tik-Tok, SnapChat, Twitter, Instagram, Facebook, etc. Personal social media posts can pose safety risks to our other members and will not be allowed at the Club or on its property. Inappropriate use will result in the suspension of electronic privileges and may result in those devices not being allowed inside the Club.

*We thank you for entrusting our organization with the care of your children. The safety of each club member we serve is of the utmost importance and the Club has several policies in place to ensure their protection. To view each policy please visit [bgcmoco.org](http://bgcmoco.org). Click on the "About" tab and scroll to the bottom of the page.*





**BOYS & GIRLS CLUB**  
OF MONTGOMERY COUNTY

## MEMBERSHIP APPLICATION FORM

MEMBER: First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_ Caucasian \_\_\_\_ African American \_\_\_\_ Hispanic American \_\_\_\_ American Indian

\_\_\_\_ Asian-American \_\_\_\_ Multi Racial \_\_\_\_ Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_ 2023/2024 School Year Grade: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Phone Number(\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

MEMBER LIVES WITH: \_\_\_\_ Mother and Father \_\_\_\_ Two Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only

\_\_\_\_ Aunt/Uncle \_\_\_\_ Grandparents \_\_\_\_ Guardian \_\_\_\_ Other: \_\_\_\_\_

If your child/children are Crawfordsville students and you wish for them to attend the Laura Hose Elementary Program please check here ☐

If your child/children are Crawfordsville students and you wish for them to attend the Before school Program please check here ☐

**CONFIDENTIAL:** The following information is REQUIRED for the Club to obtain funding as a Non-profit Agency. Names are never used, and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

TOTAL NUMBER OF INDIVIDUALS LIVING IN YOUR HOUSEHOLD: \_\_\_\_\_

ANNUAL HOUSEHOLD INCOME:

\_\_\_\_\_ \$0 - \$9,000      \_\_\_\_\_ \$9,001 - \$15,000      \_\_\_\_\_ \$15,001 - \$19,000  
\_\_\_\_\_ \$19,001 - \$23,000      \_\_\_\_\_ \$23,001 - \$28,000      \_\_\_\_\_ \$28,001 - \$32,700  
\_\_\_\_\_ \$32,701 - \$37,500      \_\_\_\_\_ \$37,501 - \$42,000      \_\_\_\_\_ \$42,000 - Above

CHECK ALL THAT APPLY:

\_\_\_\_\_ TANF    \_\_\_\_\_ Medicaid    \_\_\_\_\_ Free / Reduced Lunch    \_\_\_\_\_ Food Stamps    \_\_\_\_\_ SSI    \_\_\_\_\_ SSDI  
\_\_\_\_\_ Veteran's Compensation

HEALTH HISTORY AND PERMISSION FORM

Does your child have any medical diagnoses, allergies, food restrictions\*?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

If yes, please explain:

---

---

---

---

(\*Physician documentation must be provided for ALL food allergies, restrictions and related illnesses and diagnoses.)

Please list all medications your child is currently taking and the conditions for which they were prescribed:

---

---

---

Has your child been diagnosed with any of the following:

Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD) \_\_\_\_\_ Learning Disability \_\_\_\_\_

Other Disabilities, please specify: \_\_\_\_\_

---

---

Does your child have an I.E.P at school? \_\_\_\_\_

Does your child currently face any additional challenges regarding behavior or social interactions? Please specify:

---

---

**PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT**

I hereby give permission for my child, named below, to join the Boys & Girls Club of Montgomery County and permission for my child to participate in the Club's programs, activities, field trips, to visit and use the Club's facilities and to be photographed and/or videoed to be used at the Club's discretion.

I have explained the rules to my child and agree that the Boys & Girls Club of Montgomery County will not be responsible for any accident or injury to my child while on the Boys & Girls Club of Montgomery County premises or while engaged in any of its activities away from the Boys & Girls Club of Montgomery County. I give my consent for my child to be transported on the Boys & Girls Club of Montgomery County's bus.

By signing below, I have read the Parent Handbook, completed the Membership Registration Packet, understand the rules of the Boys & Girls Club of Montgomery County and request that my child be admitted into membership.

---

Printed Name of Child

---

Printed Name of Parent/Guardian

---

Member Signature

---

Parent/Guardian Signature

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



New \_\_\_\_\_

Renew \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
INDIANA ALLIANCE

**Indiana**  
**KIDS**



**Indiana Kids**  
**Intake Assessment Form 2023 - 2024**

Club/Unit Name: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Ex: Jr.) \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

\_\_\_\_\_ Gender (Please check one): ☐ Male ☐ Female ☐ Other  
Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Are you interested in receiving email messages/alerts/updates? ☐ Yes ☐ No

Race ☐ African American ☐ Asian ☐ American Indian/Alaskan  
☐ Caucasian ☐ Native Hawaiian/Pacific Island  
☐ Multi-Racial ☐ Other, please specify: \_\_\_\_\_

Ethnicity (Please check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Member lives with \_\_\_\_\_ Two Parents (2 biological parents, parent and step-parent or domestic partners)  
(please check one): ☐ Mother Only ☐ Aunt/Uncle ☐ Guardian  
(do not include ☐ Father Only ☐ Grandparents  
Siblings) ☐ Other, please specify: \_\_\_\_\_

**Education Information:**

Child's Grade on July 1, 2022 (please circle): 1 2 3 4 5 6 7 8 9 10 11 12

Name of School Child Attends: \_\_\_\_\_

Is your child enrolled in 21<sup>st</sup> Century Scholars? ☐ Yes ☐ No  
Does your child struggle or have problems in Reading/English? ☐ Yes ☐ No  
Does your child struggle or have problems in Math? ☐ Yes ☐ No  
Is your child enrolled in Special Education? ☐ Yes ☐ No

Has your child been diagnosed with any of the following:

☐ Attention Deficit/Hyperactivity (ADHD) or Attention Deficit (ADD)  
☐ Learning Disability ☐ Other Disabilities, please specify: \_\_\_\_\_

Do you have any current concerns regarding your child (behavior, education, social, etc.)? Explain: \_\_\_\_\_

Child's Name (first and last): \_\_\_\_\_

**Eligibility Determination:**

Do you or your child participate in any of the following? Please check all that apply.

	<u># of Family Members</u>	<u>Annual Income</u>
<input type="checkbox"/> TANF (Temporary Aid for Needy Families)	1	\$32,200
<input type="checkbox"/> Food Stamps	2	\$43,550
<input type="checkbox"/> Medicaid/Hoosier Healthwise	3	\$54,900
<input type="checkbox"/> Free/Reduced Lunch Program	4	\$66,250
<input type="checkbox"/> Anthem Insurance	5	\$77,600
<input type="checkbox"/> Reside in Public Housing (HUD or Section 8)	6	\$88,950
<input type="checkbox"/> Provisional School/Community Eligibility	7	\$100,300
<input type="checkbox"/> Income Eligibility – less than 250% - see chart	8	\$111,650
<input type="checkbox"/> None of the Above		

I authorize that the above information is accurate to the best of my knowledge. In addition, by signing below, I agree that Boys & Girls Clubs can share my child's information with Indiana Department of Education, Indiana Department of Child Services, ServeIndiana, Indiana Department of Workforce Development and Indiana Family Social Services Administration. By signing this form, I grant the school my student attends permission to disclose to the Boys & Girls Club the following information. I also grant permission to the Boys & Girls Club to re-disclose the following information to the re-disclosure parties.

1. Records Disclosure: Registration Information/Demographic Data, Assessment Data, Survey Data
2. Education Records: Report cards, IEPs, Assessment Scores such as NWEA, iREADY (or school specific tests), and attendance.
3. Disclosure Parties: Boys & Girls Club, Local School District/Schools
4. Boys & Girls Club Re-disclosure Parties:
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
  - d. Indiana Youth Institute (IYI)
  - e. Praxis Evaluation
  - f. IYI Contracted statewide evaluator
  - g. AmeriCorps
5. Purpose of Each Disclosure: Collect data to calculate the Impact Indiana Kids, 21<sup>st</sup> CCLC, HB 1008 Learning Recovery Grant Program, and AmeriCorps has on student performance, activity levels, and knowledge of program specific content.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the Boys & Girls Clubs and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization. This authorization, to receive services from the Boys & Girls Club and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the Boys & Girls Club, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the Boys & Girls Club has already acted in reliance upon this consent. Written revocations shall be sent to: Lana Taylor, Executive Director, Indiana Alliance of Boys & Girls Clubs, 6929 E 10<sup>th</sup> street, # 296, Indianapolis, IN 46219, Phone: (317) 356-2308 and Fax: (317) 356-2320, Email: [ltaylor@indianabgc.org](mailto:ltaylor@indianabgc.org). I understand the Boys & Girls Club program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name: (Please Print) \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Staff Signature

Staff Printed Name

Date

Indiana Kids Program  
Indiana Alliance of Boys & Girls Clubs





**BOYS & GIRLS CLUB**  
OF MONTGOMERY COUNTY

## Over-the-Counter Release Form

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Child Allergies: \_\_\_\_\_

MEDICATION	YES	NO
Acetaminophen (Tylenol)		
Ibuprofen (Advil or Motrin)		
Antacids (Tums) or Pepto Bismol		
Naproxen (Aleve)		
Pamprin, Midol or Excedrin (contains caffeine)		
Throat Lozenges, Spray or cough drops		
Antihistamine, Benedryl Topical & oral, Caladryl/Calamine lotion, sting/bite relief, hydrocortisone cream		
Burn gel or Aloe Vera		
Eye Wash, Eye drops or Contact Solution		
Hydrogen Peroxide, Saline Wound Cleaner, HibiClens Wound Wash		
Triple Antibiotic (Neosporin)		
Petroleum Jelly (Vaseline or Aquaphor)		
Insect Repellent		

I give permission for my child to receive the medications listed above on an as needed basis. To the best of my knowledge, my child is not allergic to any of the medications listed. Unless otherwise directed, the medications will be administered as directed by package labeling.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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





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

**AUTHORIZED PICK-UP LIST**

Children enrolled in the After School/Summer Program **MUST** be picked up by an authorized individual or an individual pre-approved by the parent/guardian.

List below ALL information requested for individuals authorized to pick up your child(ren), **INCLUDING YOURSELF**.

Primary emergency contact information should be #1 & #2.

1. \_\_\_\_\_  
**EMERGENCY CONTACT #1**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
RELATIONSHIP TO CHILD

2. \_\_\_\_\_  
**EMERGENCY CONTACT #2**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
RELATIONSHIP TO CHILD

3. \_\_\_\_\_  
**AUTHORIZED INDIVIDUAL**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
RELATIONSHIP TO CHILD

4. \_\_\_\_\_  
**AUTHORIZED INDIVIDUAL**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
RELATIONSHIP TO CHILD

5. \_\_\_\_\_  
**AUTHORIZED INDIVIDUAL**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
RELATIONSHIP TO CHILD



**BOYS & GIRLS CLUB**  
OF MONTGOMERY COUNTY

## **CLUB PROGRAMS - PARENT CHECKLIST**

***PARENTS/GUARDIANS:** Please read each item carefully before initialing & signing. If you have questions or concerns, you may contact a full-time staff member at (765)362-8912 during Club office hours of 11:00 am to 7:00 pm (After-school) - 10:00 am to 6:00 pm (Summer)- Monday through Friday.*

I have completed ALL paperwork & have paid the registration fee for my child(ren) to attend the Summer KidCare **OR** After-school Program at the Boys & Girls Club of Montgomery County.

\_\_\_\_\_ **INITIAL**

I have read and understand the **Parent Handbook** and the policies of the Boys & Girls Club of Montgomery County

\_\_\_\_\_ **INITIAL**

The Club's Summer KidCare Program begins at **6:30am** and closes at **5:30pm**. The Club's After-school program begins at **2:30 pm** and ends at **6:00 pm**. I will abide by program start and end times and understand that drop off/pick up cannot occur before or after designated program times. If this becomes an issue, I understand that I will be charged additional fees and that DCS and/or local law enforcement agencies may be notified. If my child has an appointment or emergency, I will notify staff of the arrangements.

\_\_\_\_\_ **INITIAL**

I understand that the Club is not responsible for damaged, lost or stolen personal belongings. These items include but are not limited to electronics, toys, clothing, etc. I will encourage my child to be responsible for his/her belongings, as well as to be considerate of the belongings of others.

\_\_\_\_\_ **INITIAL**

I understand the Club's Electronic Use Policy and will share this information with my child(ren) as well. I will ensure that my child is not using social media applications included but not limited to Tik-

Tok, Facebook, Messenger, Instagram, SnapChat, Twitter during their time at the Club. I will also ensure that my child does not take pictures of other club members without a teacher's permission.

If I must contact my child, I understand that I **MUST** call the club to speak with them and will **NOT** contact them on their personal phone or other electronic device.

\_\_\_\_\_ **INITIAL**

I will notify the Boys & Girls Club of Montgomery County of any personal and financial changes including address, phone number, custody arrangements, authorized pick up, and other information regarding my child.

\_\_\_\_\_ **INITIAL**

I understand I am responsible for all fees that apply for the membership and attendance of my child and that weekly payments are due each Friday (prior to the attendance of my child(ren)). Failure to pay the weekly fee will result in a suspension of services until payment is made. If my account remains in arrears, the services of an outside agency may be required for the collection of my account, I understand that I will be responsible for the costs of collections, including but not limited to collection agency fees, attorney fees, interests, and court costs.

\_\_\_\_\_ **INITIAL**

I understand that any questions, concerns, issues, or inquiries need to be directed to the Club's Program & Operations Director during the stated Club business hours.

\_\_\_\_\_ **INITIAL**

I have **READ & AGREE** to the policies and procedures listed on this parent checklist.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**                      **DATE** \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED FULL TIME STAFF SIGNATURE**                      **DATE** \_\_\_\_\_

\_\_\_\_\_  
**MEMBER NAME(S)**