

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUB
OF GARFIELD**

After-Care

2022-2023

**September 7th - June 16th
2:30PM – 6:30PM**

490 Midland Avenue
Garfield NJ 07026
973-478-7662

www.bgcgarfield.org
Questions: abanch@bgcgarfield.org

The Boys & Girls Club of Garfield (BGCG) is committed to providing a safe and positive environment for all staff. BGCG is committed to our core principles and is following all CDC, DCF, OSHA and local health official's guidance for operating childcare. For BGCG to carry out our objectives and goals it is critically important for everyone to review our updated policies, adhere to our updated policies and to continue practicing proper hygiene at home.

It is important for everyone to understand the policies and procedures that will be put into place. It is also vital for you to share with BGCG Management any underlying medical conditions you may have so we can develop a plan of action. These underlying conditions can be diabetes, lung disease, asthma, heart condition, immunocompromised, liver disease and/or kidney disease.

ABOUT CHILDCARE & AFTERCARE

The Boys & Girls Club of Garfield's childcare serves children ages 5-17. All 5-year-olds must be entering kindergarten. **At time of registration member's immunization records and birth certificate must be attached to application.** The Club accepts youth from the City of Garfield and surrounding communities without a Boys & Girls Club. All children must be potty trained to attend aftercare.

The hours of operation are Monday – Friday 2:30pm– 6:30pm.
Absolutely No Refunds! \$1 a minute late fee past 6:30pm.

SCHEDULE PROVIDED BELOW:

2:30pm- 3:30pm	Arrival - Snack
3:30pm-4:30	First Group Sessions
4:30pm-6:00pm	Scheduled group activities Groups rotate to various areas/activities
6:00pm-6:30pm	*Prepare for parent arrival

Mental Health & Wellness Initiative

Dear Family,

Hi! I'm Miss Nikkie and I'm proud to announce that I'm the newest team member of the Boys and Girls Clubs of Garfield. As the Director of Mental Health and Wellness, I am eager to share with you the exciting new initiatives that The Club is offering. As part of my work, I will lend support to the Social Emotional Learning (SEL) components that Garfield Schools are implementing. Similar new educational aspects are being added to our summer and afterschool programs. Your child will be learning about better expressing feelings, resolving conflicts, and being a well-rounded member of our community.

If your child has a school IEP or 504 learning plan, sees a therapist/counselor/behaviorist/psychiatrist, or receives any other mental or behavioral health services, we would like to know. We hope to communicate with those providers to learn about your child's progress so that we can work as a team to support your child's goals.

Please complete the attached consent form and provide contact information so that we can collaborate further. If you have multiple children who are members of The Club, they will each need their own form. Feel free to contact me at any time to address any questions or concerns. I can be reached at nrossetti@bgcgarfield.org. I look forward to working with you and your children to help them reach their highest potential. Thank you.

Warm Regards,

Nicole J. "Miss Nikkie" Rossetti, LCSW, LCADC

FEES & PAYMENTS

\$40 non-refundable annual membership fee.

After-care- **Absolutely No Refunds!**

Membership and Summer Camp Balances Must be Current

- Garfield Public Schools- \$190 monthly AUTOMATIC SERVICE (includes service charge)
- Garfield Public Schools- \$185 monthly CASH/CHECK/MONEY ORDER
- BASC Schools- \$155 monthly rate AUTOMATIC SERVICE (includes service charge)
- BASC Schools- \$145 monthly rate CASH/CHECK/MONEY ORDER for weekly payments
- Transportation (will be available on September 7th for CHARTER MEMBERS)
- Rates Subject to CHANGE at any TIME

OFFICE FOR CHILDREN & 4C'S SUBSIDY PROGRAMS

- OFC guidelines have been altered based on family size and income. Each case will be assessed individually
- **OFC AGREEMENT MUST BE IN BEFORE ANY CHILD WILL BE ACCEPTED INTO PROGRAM**
- If your contract is not in the portal at the time of registration you must pay the 1st month. If your contract backtracks to start date the payment can be utilized towards co-payments, full days or membership renewal.
- If not fully covered, you will be responsible for your co-pay amount weekly through AUTOMATIC SERVICE. Co-pay amount will be due 1 week in advance on Thursday.

No post-dated checks, secondary checks or phone payments will be accepted
Returned checks are subject to \$35 returned check fee and future payments must be cash or money order.

Important Dates

- First Day of After School Program September 7th
- Dates Club is **Closed 2022-2023** Sept 5th Labor Day, Sept 6th, November 24th & 25th, December 23rd-January 3rd, **January 16th (Staff Development), April 6th (Staff Development)** & May 29th.
- Last day of After School Program June 16th pending school calendar/snow days subject to change.
- Full days \$25/per day fee-October 10th, November 8th, 10th, and 11th, February 20th -24th and April 10th -14th -(Parent must provide lunch NO PEANUTS)
- ½ days- September 7th, 8th and 9th, October 7th , November 23rd , March 17th, April 6th & June 14th – June 16th
- ALL dates scheduled to change.

LATE FEES- Program concludes at 6:30pm. All youth must be picked up before or at 6:30pm - No Exceptions. A late fee of \$1 a minute will be assessed beginning at 6:31pm. Child(ren) will not be accepted back into the program if the late fee balance is not paid. We need to begin deep clean promptly.

SECURITY- All youth records will be kept confidential and must be fully completed before a youth will be accepted into the program. Youth records include application, parent release form, medical release form, and emergency numbers for use if the parent/guardian cannot be reached, health records and pertinent information on the Childs' progress.

SNACK- Is provided through Maschio's Food Service and there are NO substitutions. You will receive a lunch menu - we ask you look it over carefully.

CHILD ABUSE AND NEGLECT- New Jersey State Law requires that any instance of child abuse or neglect suspected by a child care worker must be reported to the Division of Youth and Family Services. The Boys & Girls Club of Garfield will follow this directive.

IN THE EVENT OF AN EMERGENCY- We will evacuate to the nearest safe shelter, library, recreation center and/or school. Emergency Contact numbers will be with counselors and every effort will be made to contact guardians. In the event that we are in Lockdown, **positively no one** will be allowed entrance, for any reason. Phones will be for emergency use only.

ELECTRONIC DEVICES- We follow school policy. The use of electronic communication and entertainment devices are not permitted. **We assume no responsibility for lost, damaged or stolen items.**

DRESS CODE- We follow school policy and require appropriate dress play. Sneakers are required for gym. Hooded clothes, hats, sunglasses, flip-flops, slippers, revealing clothing or improperly fitting clothes are not allowed.

GENERAL INFORMATION

The Boys & Girls Club of Garfield, Inc is a 501c3 non-profit organization dedicated to serving youth. We are a chartered member of The Boys & Girls Club of America. The Club is governed by a volunteer Board of Trustees and administrated by the professional staff. Various auxiliary groups support the organization. New members always welcome to join.

MISSION STATEMENT

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

The purpose of The Boys & Girls Club is to provide opportunities for social, educational, recreational, vocational and character development of youth. The Club is open to children ages 5 (in kindergarten) -18.

IMPORTANT CONTACTS

Shane Sudol, Chief Executive Officer	973-478-7662
Alejandina Banch (Sugar), Chief Operating Officer	973-478-7662 ext. 204
Laura Camarena, Program Director	973-478-7662
Yessenia Canepa, Front Desk Administrator	973-478-7662 ext. 202

BOYS & GIRLS CLUB POLICIES

AUTHORIZATION TO PICK UP CHILDREN – We require that you notify the Club in writing if someone other than the parent/guardian who will be picking up your child. Please advise such person to present identification upon entering the program/building.

POLICY ON THE RELEASE OF CHILDREN (10:122-6.5)

1. Child(ren) may be released only to the child's parent(s) or person(s) authorized by the parent(s), as specified in N.J.A.C. 10:122-6.8(a)3, to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached;

2. If a particular non-custodial parent has been denied access, or granted limited access, to the child by a court order, the center shall secure documentation to this effect, maintain a copy on file, and comply with the terms of the court order;

3. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s) as specified in (a) 1 above, fails to pick up a child at the time of the center's daily closing. The procedures shall require that:

- i. The child is supervised at all times;
- ii. Staff members attempt to contact the parent(s) or person(s) authorized by the parents;
- iii. An hour or more after closing time, and provided that other arrangements for releasing the child to his or her parents(s) or authorized person(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24-hour Child Abuse Hotline to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) are able to pick up the child;

4. Written procedures to be followed by staff member(s) if the parent(s) or person(s) authorized by the parent(s), as specified in (a) 1 above appear to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual. The procedures shall require that:

- i. The child shall not be released to such an impaired individual;
- ii. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
- iii. If the center is unable to make alternative arrangements, as noted in (a) 3ii above, a staff member shall call the Division's 24-hour Child Abuse Hotline to seek assistance in caring for the child.

(b) For School Age Child Care Programs, the following shall apply:

1. No child shall be released from the program unsupervised except upon written instruction from the child's parent.
- 2. No phone calls to facility asking for child to be sent outside.**

SICKNESS/ABSENTEEISM- We request that you do not send your child to the program if they are sick. If a child becomes ill at the program, parent(s) will be notified to pick the child up. Please refer to following health policy issued by the state licensing department for further information regarding illness, accidents and medications. **If your child is going to be absent, we request that you notify the Club at 973-478-7662.**

HEALTH REQUIREMENTS

ILLNESSES/ COMMUNICABLE DISEASES (10:122-7.1)

(a) A center that seeks to serve any children who have any of the illnesses, symptoms of illness or diseases specified in (c) and (d) below shall meet all applicable provisions of this subchapter and all provisions of N.J.A.C. 10:122-8.

(b) Under no circumstances shall any center serve or admit any child who has any illness, symptom of illness or disease that a health care provider has determined requires the child to be:

1. Confined to a home under a health care provider's immediate care; or
2. Admitted to a hospital for medical care and treatment.

(c) The following provisions relate to illness and/or symptoms of illness:

1. A center serving well children shall not permit a child who has any of the illnesses or symptoms of illness specified in (c) li through xiii below to be admitted to the center on a given day unless medical diagnosis from a health care provider, which has been communicated to the center in writing, or verbally with a written follow-up, indicates that the child poses no serious health risk to himself or herself or to other children. Such illnesses or symptoms of illness shall include, but not be limited to any of the following:

- i. Severe pain or discomfort;
- ii. Acute diarrhea, characterized as twice the child's usual frequency of bowel movements with a change to a loose consistency within a period of 24 hours, or bloody diarrhea;
- iii. Two or more episodes of acute vomiting within a period of 24 hours;
- iv. Elevated oral temperature of 101.5 degrees Fahrenheit or over or axillary temperature of 100.5 degrees Fahrenheit or over in conjunction with behavior changes;
- v. Lethargy that is more than expected tiredness;
- vi. Yellow eyes or jaundiced skin;
- vii. Red eyes with discharge;
- viii. Infected, untreated skin patches;
- ix. Difficult rapid breathing or severe coughing;

- x. Skin rashes in conjunction with fever or behavior changes;
- xi. Weeping/bleeding skin lesions that have not been treated by a health care provider;
- xii. Mouth sores with drooling;
- xiii. Stiff neck.

2. Once the child is symptom-free, or a health care provider indicates that the child poses no serious health risk to himself or herself or to other children, the child may return to the center.

3. If a child who has already been admitted to the center manifests any of the illnesses or symptoms of illness specified in (c)1 above, the center shall remove the child from the group of well children to a separate room or area, as specified in N.J.A.C. 10;122-5.2(p)4, until:

- He or she can be taken from the center; or
- The director or his or her designee has communicated verbally with a health care provider, who indicates that the child poses no serious health risk to himself or herself or to other children, at which time the child may return to the group.

4. The center may exclude a child whose illness prevents the child from participating comfortably in activities, or results in a greater need for care than the staff can provide without compromising the health and safety of other children at the center.

(d) The following provisions relate to excludable communicable diseases:

1. The center shall not permit a child or staff member with an excludable communicable disease, as specified in the table below, to be admitted to or remain at the center, until:

- i. A note from the child’s or staff member’s health care provider states that the child or staff member, respectively, has been diagnosed and presents no risk to himself, herself, or to others;
- ii. The center has contacted the Communicable Disease Program in the State Department of Health and Senior Services, or the local health department pediatric health consultant, and is told the child or staff member poses no health risk to others; or
- iii. If the child or staff member has chicken pox, the center obtains a note from the parent or staff member stating that all sores have dried and crusted.

TABLE OF EXCLUDABLE COMMUNICABLE DISEASES

Respiratory Illnesses	Gastro-Intestinal Illnesses	Contact Illnesses
Chicken Pox	Campylobacter	Impetigo
German Measles	Escherichia Coli	Lice
Hemophilus Influenza	Giardia Lamblia	Scabies
Measles	Hepatitis A	Shingles

Meningococcal	Salmonella	Monkeypox
Mumps	Shigella	
Strep Throat		
Tuberculosis		
Whooping Cough		
COVID-19		

INJURY OR ILLNESS TO A CHILD

Parents are responsible for making arrangements for youth to be picked up by an adult 18yrs or older from the Club when notified.

Parents will be notified for:

- Broken Skin
- Falls from a height greater than the height of two feet
- Complaints of pain or discomfort
- Vomiting or diarrhea
- Flu symptoms- (fever, coughing, lethargy, runny nose)
- Head, neck or back injury
- Any injury requiring professional medical care

Boys & Girls Club of Garfield has arrangements with Hackensack Hospital. Youth will be transferred via ambulance to Hackensack Hospital at the discretion of the Club if:

- We are unable to contact parents/guardians
- Child is unable to be picked up when notified of illness or injury
- Emergency medical care is required
- Before returning to the club we require a note from the child's health care provider stating that the child has been diagnosed and present no risk to himself, herself, or to others

MEDICATION- In order to administer medication at the Club, we require:

- A note from the parent/guardian requesting that the medication be given to the child
- A doctor's note stating the name of the medication, purpose, dosage, route and time it is to be given.
- Medication in an original, labeled container.
- Signed copy of medication policy.

DISCIPLINE POLICY

It is the philosophy of this Club to help children grow emotionally as well as intellectually. To help children succeed, feel good about them and be able to express their feelings in a **positive and constructive** manner.

It is our policy that discipline be positive. **Discipline is not punishment.** It is a way of helping children learn to identify socially acceptable behavior.

Within our Club, limits and rules are clearly defined. We focus strongly upon the reinforcement of acceptable behavior and the prevention of undesirable behavior by being responsive to the needs of the children.

There are certain behaviors the Club will not tolerate and a discipline plan will be developed for immediately. Physical/Emotional abuse (bullying), Threatening language or actions, racial/ all types of slurs and incentive language.

Methods of correcting inappropriate behavior within the Club consist of the following:

1. Re-direction of activities: to change the focus of a child's behavior.
2. Individualized attention: to help child to deal with a particular situation.
3. Time-out: the removal of a child from the area of activity, for a few minutes, so that he/she may gain self-control. Time-out shall be used as a last resort in disciplining any child that is misbehaving.
4. Attention to good behavior: to respond to and reinforce positive behavior, acknowledge or praise the child when behaving well to let him/her know that we approve of what he/she is doing.
5. Discipline will not involve isolating a child without supervision, or withholding food or attention. No child shall be subjected to corporal punishment, emotional neglect, abusive language, ridicule or any behavior that would intimidate, frighten or endanger a child or his/her self-image.

EXPULSION POLICY

Unfortunately, there are some situations in which we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this club.

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself

- Parent threatens physical or intimidating actions toward staff members
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments
- Failure to adhere to ALL Club policies
- Failure to complete required forms including the child's immunization records
- Habitual tardiness when picking up your child
- Verbal abuse to staff

A CHILD WILL NOT BE EXPELLED- If a child's parent(s):

- Make a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the Club
- Question the Club regarding policies and procedures.
- Not given the parent sufficient time by the Club to make other childcare arrangements.

The center shall provide the Information to Parents document to each child's parent(s) upon enrollment, and to every person upon becoming a staff member.

1. The center shall secure and maintain on file a record of each parents and staff member's signature attesting to receipt of the document.
2. The center shall maintain on file a copy of the Information to Parents document.

INFORMATION TO PARENTS DOCUMENT (10:122-3.6)

The center shall give to the parent(s) of every enrolled child and to every staff member written information to Parents document designated by the Bureau of Licensing and indicating that the center is required to:

1. Be licensed by the Bureau of Licensing, Division of Youth and Family Services;
2. Comply with all applicable provisions of the Manual of Requirements for Child Care Centers;
3. Post its license in a prominent location within the center;
4. Retain a current copy of the manual and make it available for parents' review;
5. Indicate how parents can secure a copy of the manual and obtain information about the licensing process from the Bureau;
6. Make available to parents, upon request, the Bureau's Life/Safety and Program Inspection/Violation and Complaint Investigation Summary report(s) on the

- center, as well as any letters of enforcement or other actions taken against the center during the center's current licensing period;
7. Post a diagram of those rooms and/or areas that have been approved by the for children's use;
 8. Comply with the inspection/ Investigation functions of the Division, including the interviewing of staff members and children;
 9. Afford parents the opportunity and time to review and discuss with the center director or sponsor any questions or concerns about the policies and procedures of the center or whether the center is in compliance with all applicable provisions of the manual;
 10. Advise parents that if they believe or suspect that the center is violating any requirement of the manual, they may report such alleged violations to the center sponsor or director or to the Bureau;
 11. Afford parents of enrolled children an opportunity to participate in the center's operation and activities and to assist the center in complying with licensing requirements.
 12. Afford parents of enrolled children the opportunity to visit the center at any time during the center's hours of operation to observe its operation and program activities without having to secure prior approval;
 13. Provide parents with advance notice of any field trip, outing or special event involving the transportation of children away from the center, and, for each event, secure the written consent of the parent(s) before taking a child on such a field trip, outing or special event;
 14. Post a copy of the center's written statement of policy on the discipline of children by staff members in a prominent location within the center, and make a copy of it available to parents upon request.
 15. Indicate through this document that any person who has reasonable cause to believe that a child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule or harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect or exploitation by any adult, is required by State law to report such allegations to the Division's Office of Child

Abuse Control or any District Office immediately, and indicate that such reports may be made anonymously;

16. Indicate through this document how parents and staff members may secure information about child abuse and/or neglect from the division.

17. Inform parents of the center's policy on the release of children;

18. Inform parents of the center's policy on administering medication and health care procedures;

19. Provide parents with a copy of the center's policy on management of communicable diseases;

20. Provide parents with a copy of the center's policy on the expulsion of children from enrollment;

21. Inform parents that the center is required to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. §§12101 et seq.), and indicate that anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY uses may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 or (800) 514-0301, or (800) 514-0383 (TTY

PARENTAL CONSENT FOR SURVEY PARTICIPATION

BGCA requires Clubs to obtain parental consent for members taking the National Outcomes Survey every year. Each organization can choose the consent process (active or passive) that will work best for them. More information about consent is provided below.

Because the majority of member survey takers will be minors, parents/guardians must be given sufficient opportunity to consider whether they want their child to participate. BGCA has provided a number of supporting documents that will inform parents and guardians of the purpose and content of the survey, including informational flyers and consent templates in both English and Spanish. Clubs should determine which type of consent they will use (described below), personalize, and distribute these consent forms according to the guidelines below.

There are two types of consent Clubs may choose to obtain from parents - Active Consent and Passive Consent.

ACTIVE CONSENT

- Active Consent requires that parents actively allow their child to participate in the survey by signing a form of agreement to participate. This type of consent may be preferred by Clubs that want to be assured that members taking the survey have explicit permission from their parents/guardians to do so. Active Consent forms must be distributed at least four (4) weeks prior to survey administration to allow enough time for forms return and organization.

BGCA provides supporting materials for both methods, and emphasizes that regardless of method used, parents and guardians must be well informed of the survey, its contents, and their right to choose whether their child participates. Templates for both passive and active consent can be found on the Survey Resources tab of the Survey Status Website (www.nyoisurvey.com). Clubs should keep a copy of the survey on file at the front desk for parents to review upon request. Parents should not be permitted to take a copy of the survey home.

PASSIVE CONSENT

- Passive Consent requires parents to opt their child out by signing a form that indicates their prohibition of their child's survey taking. This type of consent does due diligence in informing parents of school children taking risk behavior and other surveys across the country and is the standard for use in most school systems. Passive Consent forms should be distributed at least two (2) weeks prior to survey administration to allow enough time for parental notification.

USE OF COMPUTERS, INTERNET & ELECTRONIC MAIL PERMISSION FORM

Boys & Girls Club of Garfield is pleased to offer Members access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, all students must obtain parental permission as verified by the signatures on the form below. Should a parent prefer that a student not have e-mail and Internet access, use of the computers is still possible for more traditional purposes.

WHAT IS POSSIBLE?

Access to e-mail and the Internet will enable members to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the Club are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to members from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow

when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

WHAT IS EXPECTED?

Members are responsible for appropriate behavior on the Clubs computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General Club rules for behavior and communications apply. It is expected that users will comply with district standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the club's computer resources. The members are advised never to access, keep, or send anything that they would not want their parents or counselors to see.

WHAT ARE THE RULES?

- Privacy - Network storage areas may be treated like Club lockers. Network administrators may review communications to maintain system integrity and to insure that members are using the system responsibly.
- Storage Capacity - Users are expected to remain within allocated disk space and delete e-mail or other material, which take up excessive storage space.
- Illegal Copying - Members should never download or install any commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Network Administrator. Nor should members copy other people's work or intrude into other people's files.
- Inappropriate Materials or Language - Profane, abusive or impolite language should not be used to communicate nor should materials be accessed which are not in line with the rules of club behavior. A good rule to follow is never view, send, or access materials, which you would not want your counselors and parents to see. Should members encounter such material by accident, they should report it their counselor immediately.

SUCCINCT ADVICE

These are guidelines to follow to prevent the loss of network privileges at The Club.

- Do not use a computer to harm other people or their work
- Do not damage the computer or the network in any way
- Do not interfere with the operation of the network by installing illegal software, shareware, or freeware
- Do not violate copyright laws
- Do not view, send, or display offensive messages or pictures
- Do not share your password with another person
- Do not waste limited resources such as disk space or printing capacity
- Do not trespass in others folders, work, or files
- Do notify an adult immediately, if by accident, you encounter materials, which violate the miles of appropriate use
- Be prepared to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated

CODES

Announcements will be made via the 2-way radios when situations arise. The following are codes and procedures to be utilized.

(FIRE DRILL)

This code will be used in the event the alarm does not go off for fire drills, and/or the need to evacuate the building utilizing fire drill procedures. Follow Fire Drill procedure and exit from the nearest "EXIT" and clear the area surrounding the building for emergency vehicles.

(LOCKDOWN DRILL)

In the event of a lockdown, or harmful situation, all youth and counselors are to remain in their rooms away from doors and windows. Door is to remain closed and locked. A lockdown may last an indefinite length of time according to the nature of the threat. Remain in the rooms until an all clear is announced.

(WANDERING CHILD)

In the event of a lost child, counselors and youth are to remain where they are. Attendance and head counts are to be performed. Attendance is to be taken by asking each youth their name and checking them off your list. Report youth not on your attendance list.

(WEATHER EMERGENCY)

In the event of inclement weather, youth are to be taken to the ground floor. Safe areas are hallways, bathrooms, and inner rooms away from windows. Have youth sit on floor until danger passes and an all clear is given.

CHILDCARE & AFTERCARE BOOKLET AGREEMENT

The Boys and Girls Club of Garfield is a State of New Jersey Licensed After Care Facility for school age children. We are licensed by the Bureau of Licensing, Division of Youth and Family Services and comply with all applicable provisions of the Manual of Requirements for Child Care Centers.

Please initial that you have received, read, understand, agree and will follow each of the following components of our Childcare & Aftercare Booklet.

Please initial ALL areas that you have read and understand. Must return with Packet.

_____ Information to Parents Document

_____ I Understand Pick Up is at 6:30PM and No Later

_____ Policy on the Discipline of Children

_____ Policy on the Release of Children and Photos

_____ Policy on the Administration of Medication and Health Care Procedures

_____ Policy on Expulsion of Children from Enrollment

_____ Policy on the Management of Communicable Diseases

_____ Policy on Swim

_____ Calendar/Emergency Procedures/Club Closure Dates

_____ Fees, Payments and Refund Policies (all subject to change)

_____ **We assume no responsibility for lost, damaged or stolen items/electronics**

_____ I understand only people listed on the membership **form** can pick up my child unless I call.

_____ Parental Consent for Survey Participation

_____ Permission to participate in any Boys & Girls Club of America Programs

_____ Policy on SEL & Mental Health

_____ Hipaa Authorization Form

CONSENT FOR MENTAL HEALTH SERVICES

At the Boys and Girls Club of Garfield (BGCG) our mission is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens. . In order to accomplish our mission we work hard to raise the standard of care by offering a strength-based approach in recognizing and responding to the unique mental and behavioral health needs of our Members. We do this through engaging our Members in groups that focus on social emotional development, meeting with our Members individually for therapy and supportive counseling to focus on specific challenges and to be a listening ear, and partnering with other community organizations and local schools. At BGCG, youth can find a safe environment that promotes resiliency and wellness.

Individuals, children, and families have the rights and responsibilities to:

- 1) Understand that services are free from discrimination based on race, color, religion, ethnic or national background, age, gender, physical or mental disability, health, and/or sexual orientation.
- 2) A copy of privacy and confidentiality of information outlined in the Notice of Privacy Practices.
- 3) Be informed that BGCG social emotional learning (SEL) programs and mental health (MH) services will be performed by Bachelors (BSW) and Masters (MSW) level social work interns practicing under the supervision of a NJ Licensed Clinical Social Worker (LCSW).
- 4) Understand that BGBG staff are NJ State mandated reporters. Interns and clinicians are mandated to report information disclosed regarding child abuse, abandonment, or neglect.
- 5) Understand that disclosure regarding harm to yourself or to others is taken seriously and may require the clinician to refer you to screening at the local hospital/screening office.
- 6) Provide feedback on your experience with the BGCG.

I, _____, undersign the rights and responsibilities
(Parent/ Guardian Name)
outlined above and give consent for

_____,
(Member Name & DOB) to participate in the services offered by BGCG.

Signature of Parent or Guardian

Date

Signature of Witness

Date

Boys & Girls Club of Garfield
Social Emotional Learning & Mental Health
HIPAA Privacy Authorization Form

Youth's Name: _____ Youth's Date of Birth: _____

Effective Date: ____ / ____ /20 ____

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance)

Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

1. Authorization. I authorize The Boys & Girls Club of Garfield to obtain, use, and disclose the protected

health information described below to a business entity known as:

Provider Name: _____ Provider phone: _____

Provider address: _____

Provider email: _____

2. Effective Period. This authorization for release of information covers all past, present, and future periods of health care.

3. Extent of Authorization. I authorize the release of my complete health record (including records relating to mental and behavioral healthcare and, if applicable, treatment of alcohol or drug abuse).

4. Use. This health information may be used by the authorized person to share and receive this information for treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. Termination. This authorization shall be in force and effect as long as the youth remains a Garfield Boys and Girls Club member.

6. Revocation Rights. I understand that I have the right to revoke this authorization, in writing, at anytime. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

7. Disclosure. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I, Parent or Guardian Printed Name: _____, agree to the above.

Parent or Guardian Signature: _____

Date: _____

BOYS & GIRLS CLUB OF GARFIELD

I, _____ do hereby give permission for _____ to attend and or participate in activities, including bus trip to the park, walking from schools in the case of no transportation, and other walking trips within and outside of the neighborhood, sponsored by The Boys & Girls Club of Garfield, its employees, associates and contributors. In further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Garfield, Inc., its agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation.

Furthermore, I hereby do authorize medical examination and treatment of my child by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's **photograph** or any reproductions of them, for editorial illustration, advertising or nonprofit promotional purposes. I also consent to the use of my child's name in connection therewith.

EMERGENCY MEDICAL RELEASE/PERMISSION TO PARTICIPATE IN BCGG PROGRAM ACTIVITIES

I _____ do hereby give my child _____ Permission to attend and/or participate in all activities sponsored by the Boys & Girls Club of Garfield, its employees, associates, and contributors. In further consideration of the benefits to be gained by our child we covenant that we will never institute any action at law against the Boys & Girls Club of Garfield, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation, furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parents/guardian have been exhausted.

STATEMENT OF GOOD HEALTH

I understand that my child is in good health and has **no restriction** placed upon him/her while participating in the summer program activities.

I have reviewed the Boys & Girls Club of Garfield Booklet with my child (ren).

CHILD'S NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

CHILD'S SIGNATURE _____

DATE SIGNED _____

BGCA requires Clubs to obtain parental consent for members taking the National Outcomes Survey every year.

Choose only **ONE** below:

ACTIVE CONSENT (OPTION 1) (Means Yes)

• Active consent requires that parents **actively allow their child** to participate in the survey by signing a form of agreement to participate. This type of consent may be preferred by Clubs that want to be assured that members taking the survey have explicit permission from their parents/guardians to do so. Active consent forms must be distributed at least four (4) weeks prior to survey administration to allow enough time for forms return and organization.

PARENT NAME (PRINT) _____ DATE: _____

PARENT SIGNATURE _____

PASSIVE CONSENT (OPTION 2) (Means NO)

• Passive consent requires parents to **opt their child out** by signing a form that indicates their prohibition of their child's survey taking. This type of consent does due diligence in informing parents of school children taking risk behavior and other surveys across the country and is the standard for use in most school systems. Passive consent forms should be distributed at least two (2) weeks prior to survey administration to allow enough time for parental notification.

PARENT NAME (PRINT) _____ DATE: _____

PARENT SIGNATURE _____

Please review the Use of Computers permission form with your child. This page must be signed by both a parent and the Club member before computer use will be allowed at the Boys & Girls Club of Garfield.

PARENT PERMISSION FORM & USER AGREEMENT

As a parent or guardian of a member at the Boys & Girls Club of Garfield, I have read the above information about the appropriate use of computers at the Club and I understand this agreement will be kept on file at the club. (Questions should be directed to the program director for clarification.)

Please initial below.

____ My child may use e-mail and the Internet while at the Club according to the rules outlined.

____ I would prefer that my child not use e-mail and the Internet while at the Club.

PARENT NAME (PRINT) _____ DATE: _____

PARENT SIGNATURE _____
PARENTS PERMISSION FOR PUBLICATION OF STUDENT WORK/PICTURES

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work on an Internet accessible World Wide Web server (WWW).

Please initial below.

____ My child's work can be published on the Internet and photographs of my child can be published

____ I would prefer that my child's work and picture not be published on the Internet

PARENT NAME (PRINT) _____ DATE: _____

PARENT SIGNATURE _____

As a user of the Club computer network, I agree to comply with the above stated rules and to use the network in a constructive manner.

STUDENT NAME (PRINT) _____ DATE: _____

STUDENT SIGNATURE _____

CHILD'S NAME _____ DOB _____

SCHOOL _____ GRADE AS OF 9/7/22 _____

Applicable for Girl Members ONLY Ages 8-18

SMART GIRLS is a program that educates girls about healthy attitudes and lifestyles. The program is designated for three separate age groups: 8 to 10, 11 to 13, and 14-18 years of age. Depending on the age of your daughter, the program may address the following issues:

- Physical and emotional change and growth, particularly as regards puberty
- Self-esteem and body image, and the influence of media on both
- Healthy eating, and eating disorders
- The importance of physical fitness and exercise
- Sexual and reproductive health, including STD-and pregnancy-preventative and the importance of regular health exams, as well as healthcare connections
- Personal values and social interaction, and social media
- Healthy relationships with friends and family, and dating responsibility

In addition, as part of the **SMART Girls** program, we will administer a pre- and post-test to assess girls' knowledge and understanding of some of these topics.

I _____ DO give permission for my daughter _____ to participate in the SMART Girls program.

I _____ DO NOT give permission for my daughter _____ to participate in the SMART Girls program.

PERMISSION SLIP

As the parent(s)/legal guardian(s) of , we (I) hereby grant permission for child to participate in all walking and bus field trips on September 7, 2022- June 16, 2023 at the expense of and under the sponsorship, auspices, direction, control and jurisdiction of **Boys & Girls Club of Garfield, Inc.** its agents, servants and employees. We (I) understand and acknowledge that participation in the activities involved inherent risks of injury to my child including risks associated with transportation by motor vehicle. We (I) agree to indemnify **Boys & Girls Club of Garfield, Inc.** for any costs or expensed arising out of our (my) child's participation in the activities including the cost of any medical care given our (my) child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by our (my) child in the course of his or her participation in the activity. We (I) further give my consent to that in our (my) absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. We (I) request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery is obtained prior to the performance of such surgery. The following information is needed by any hospital, physician or dentist not having access to the child's history:

ALLERGIES: _____

MEDICATIONS BEING TAKEN: _____

DATE OF LAST TETANUS SHOT: _____

PHYSICAL IMPAIRMENTS: _____

OTHER IMPORTANT MEDICAL PROBLEMS PHYSICIANS SHOULD BE AWARE OF:

If this agreement is signed by only one person, that person represents that he or she is the only person having custody of the minor child named herein and that no other person's agreement or authorization for the purposes hereof is required.

PARENT/GUARDIAN NAME (PRINT): _____

ADDRESS: _____

HOME PHONE/CELL PHONE: _____

WORK PHONE/OTHER: _____

PARENT SIGNATURE: _____ DATE: _____

MEMBERSHIP APPLICATION

Membership is valid 1 year from date joined. Fill out all information. Fees are \$40 for first child, \$30 each additional child.

FIRST NAME: _____ **MIDDLE:** _____ **LAST:** _____

ADDRESS: _____ **AT THIS ADDRESS SINCE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **IN AREA SINCE:** _____

PHONE: _____ **CELL #:** _____ **D.O.B.:** _____ **AGE:** _____

ETHNICITY: _____ **GENDER:** _____ **MEMBER'S SSN:** xxx-xx-_____

CURRENT SCHOOL: _____ **GRADE AS OF 9/7/22:** ____ **CURRENT GPA:** _____

CURRENT TEACHER: _____

FOOD PROGRAM: **FREE** **REDUCED** **N/A** Please submit proof of free or reduce lunch (this letter may be found on the parent portal)

SPECIAL CLASS **YES** **NO** (If yes, please explain.) _____

MEDICAL INFORMATION: REQUIRED **If not applicable to child please indicate N/A**

DOCTOR NAME: _____ **DOCTOR PHONE:** _____

HEALTH INSURANCE CARRIER: _____ **POLICY #:** _____

SERIOUS HEALTH PROBLEMS: **YES** **NO** (If yes, please explain.)

MEDICATIONS: _____ **ALLERGIES:** _____

ONLY PEOPLE LISTED ON THIS FORM BELOW CAN PICK UP CHILD LISTED ABOVE:

(WITH ID)

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

EMPLOYER: _____ **EMPLOYER:** _____

WORK PHONE: _____ **WORK PHONE:** _____

CELL: _____ **CELL:** _____

EMAIL: _____ **EMAIL:** _____

ANY FAMILY ISSUES WE NEED TO BE AWARE OF? _____

EMERGENCY CONTACTS: MUST SHOW ID AT ALL TIMES

NAME: _____ **PHONE:** _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

GENERAL INFORMATION

HAS EITHER PARENT EVER BEEN A MEMBER OF THE BCGG?	YOUTH EMPLOYED?
_____ MOTHER _____ FATHER _____ YEARS	_____ PART TIME _____ AFTER SCHOOL _____ SUMMER _____ WEEKENDS _____ FULL TIME

DOES YOUTH BELONG TO ANY OTHER YOUTH ORGANIZATION? (BOY/GIRL CHURCH GROUPS, ETC.) PLEASE SPECIFY BELOW.

HOW LONG A MEMBER IN YEARS: _____ CLUB MEMBER SINCE: _____

REASON(S) FOR JOINING: _____ FUN _____ LEARNING _____ SPORTS _____ OTHER: _____

ANNUAL GROSS HOUSEHOLD INCOME

-----# in household	\$0 - \$10,000 _____	\$10,001 - \$19,240 _____	\$19,241 - \$25,900 _____
	\$25,901 - \$32,560 _____	\$32,561 - \$39,220 _____	\$39,221 - \$45,880 _____
	\$45,881 - \$52,540 _____	\$52,541 - \$59,200 _____	\$59,201 - \$65,860 _____
	\$65,861 - \$70,000 _____	\$70,001 - \$80,000 _____	\$80,001 - \$90,000 _____
			Over \$90,001 _____

Do you live with your: _____ Mom _____ Step-Mom _____ Dad _____ Step-Dad _____ Grandparent _____ Other: _____

Is there a Member of the Household 65 years old or older: _____ Yes _____ No

Is there a Member of the Household Handicapped: _____ Yes _____ No

Current Head of Household: _____ Female _____ Male

Current Housing Area: _____

Current Single Parent: _____ Yes _____ No Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

PHYSICAL

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

PERMISSION

I, _____ do hereby give my son/daughter _____ permission to attend and or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the boys & girls club of Garfield, its employees, associates and contributors. In further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the boys & girls club of Garfield, including its agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or nonprofit promotional purposes. I also consent to the use of my name in connection therewith.

SIGNED: _____ MEMBER'S SIGNATURE: _____

PARENT(S) OR GUARDIAN

FOR OFFICE USE ONLY

MEMBERSHIP#: _____	PICTURE TAKEN: _____
ENTRY DATE: _____	EXPIRATION DATE: _____ STATUS: _____
TYPE: _____	NEW/RENEWAL MEMBER: _____ PROCESSED BY: _____

Office Use Only

Date Received: _____
 Date Entered: _____
 BY: _____

Office Use Only

Member Name(s):

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time, eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account, credit card or debit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize **Boys & Girls Club of Garfield** to charge my credit/debit card indicated below on **Thursday** for the payment of my child(ren)'s tuition.

MANDATORY INFORMATION

Billing Address _____ ***Phone#** _____

City, State, Zip _____ ***Email** _____

Boys & Girls Clubs of Garfield
 490 Midland Avenue
 Garfield, NJ 07026

Driver's License for all Payment Methods

State: _____

#: _____

Exp: _____

This section is required for all Transactions.

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ Sec. # _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Boys & Girls Club of Garfield**, in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Boys & Girls Club of Garfield** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/ debit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.