

Membership Application



New members: Membership materials take 24-48 hours to process. You will receive a confirmation phone call/email to notify you when your child may begin attending. For your child's well-being, the information provided must be complete and accurate. This information is necessary for compliance with Wis. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Club records.

Please select your preferred Club location:

- | | | | |
|---|---|---|--|
| <input type="radio"/> 53rd Street School
3618 N. 53rd St. 53216 | <input type="radio"/> Escuela Vieau
823 S. 4th St. 53204 | <input type="radio"/> Mil. Academy of Science
2000 W. Kilbourn Ave. 53233 | <input type="radio"/> St. Roman
1810 W. Bolivar Ave. 53221 |
| <input type="radio"/> 81st Street School
2964 N 81st St. 53222 | <input type="radio"/> Gaenslen
1250 E. Burleigh St. 53212 | <input type="radio"/> Mitchell
1728 S. 23rd St. 53204 | <input type="radio"/> Townsend
3360 N. Sherman Blvd. 53216 |
| <input type="radio"/> Allen-Field
730 W. Lapham Blvd. 53204 | <input type="radio"/> Granville Lutheran
8242 N Granville Rd. 53224 | <input type="radio"/> North Division
1011 W. Center St. 53206 | <input type="radio"/> Washington High
2525 N Sherman Blvd. 53210 |
| <input type="radio"/> Audubon Tech
3300 S. 39th St. 53215 | <input type="radio"/> Greenfield
1711 S. 35th St. 53215 | <input type="radio"/> Northwest Catholic
7140 N. 41st St. 53209 | <input type="radio"/> Zablocki
1016 W. Oklahoma 53215 |
| <input type="radio"/> Barack Obama
5075 N. Sherman 53209 | <input type="radio"/> Hayes
971 W. Windlake Ave. 53204 | <input type="radio"/> Northwest Lutheran
4119 N 81st St. 53222 | |
| <input type="radio"/> Bay View High
2751 S. Lenox St. 53207 | <input type="radio"/> Howard Fuller
2212 N. Vel R Philips 53212 | <input type="radio"/> Notre Dame
1425 S. 26th St. 53204 | |
| <input type="radio"/> Bethune Academy
1535 N. 35th St. 53208 | <input type="radio"/> Kagel
1210 W. Mineral St. 53204 | <input type="radio"/> Pilgrim Lutheran
6717 W. Center St. 53210 | |
| <input type="radio"/> Bradley Tech
700 S. 4th St. 53204 | <input type="radio"/> Kluge
5760 N. 67th St. 53218 | <input type="radio"/> Prince of Peace
1646 S. 22nd St. 53204 | |
| <input type="radio"/> Carson Academy
4920 W. Capitol Dr. 53216 | <input type="radio"/> La Escuela Fratney
3255 N. Fratney St. 53212 | <input type="radio"/> Sherman
5110 W. Locust St. 53210 | |
| <input type="radio"/> Carver Academy
1900 N. 1st St. 53212 | <input type="radio"/> LaFollette
3239 N. 9th St. 53206 | <input type="radio"/> St. Anthony
1669 S. 5th St. 53204 | |
| <input type="radio"/> Cass Street
1647 N. Cass St. 53202 | <input type="radio"/> Lincoln
1817 W. Lincoln Ave. 53215 | <input type="radio"/> St. Augustine Prep
2531 S. 5th St. 53207 | |
| <input type="radio"/> Clarke Street
2816 W. Clarke St. 53210 | <input type="radio"/> Maple Tree
6644 N. 107th St. 53224 | <input type="radio"/> St. Rose
514 N. 31st St. 53208 | |
| <input type="radio"/> Engleburg
5100 N. 91st St. 53225 | <input type="radio"/> Marvin E. Pratt
5131 N. Green Bay 53209 | <input type="radio"/> St. Rafael
2251 S. 31st St. 53215 | |

BGC MKE Legacy Clubs

- | |
|---|
| <input type="radio"/> Daniels-Mardak
4834 N. Mother Daniels 53209 |
| <input type="radio"/> Don & Sallie Davis
1975 S. 24th St. 53204 |
| <input type="radio"/> Fitzsimonds
3400 W. North Ave. 53208 |
| <input type="radio"/> Mary Ryan
3000 N. Sherman Blvd. 53210 |
| <input type="radio"/> Pieper-Hillside
611 W. Cherry St. 53212 |

Completing this application packet

Step 1

Fill out all attached forms in this packet, checking off forms on this page as you go. Please note that all forms must be completed, signed and checked off below before registration packet can be turned in.

Step 2

Include a most recent copy of your child's immunization record for a complete registration form. If you do not have access to your child's records, please complete the Child Immunization Record form included in this packet.

Step 3

Drop off your completed application at any Club location. Please check our website for Club hours or check with your Club manager. Completed digital applications can be emailed to membership@bgcmilwaukee.org.

- | | |
|---|--|
| <input type="checkbox"/> Page 3-4 Participant Payment Agreement | <input type="checkbox"/> Page 8-9 Health History & Emergency Care Plan* |
| <input type="checkbox"/> Page 5 Consent Forms & Waivers | <input type="checkbox"/> Page 11 Child Care Immunization Record* |
| <input type="checkbox"/> Page 6 Are You Eligible for WI Shares | <input type="checkbox"/> Page 11 Alternate Arrival/Release Agreement* |
| <input type="checkbox"/> Page 7 Youth Participation Registration Form* | |

*Forms provided and required by our state and local partners.

Text Messages: I understand by filling out this form I consent to receive text messages from Boys & Girls Clubs of Greater Milwaukee regarding services for my child/children.

Fees: The inability to pay is not a barrier to participation in the program.

Disabilities: BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with the Club Manager.

Participant Payment Agreement

Payment Options to Meet Family Needs | During the school year, the cost for Boys & Girls Clubs of Greater Milwaukee (BGCGM) to provide high quality programming is \$245 per week per child for legacy sites and \$140 per week per child at school-based Safe Place programs. During the summer, the weekly fee is \$285 per child for legacy sites and \$185 per week per child for school based sites. We recognize that this weekly expense for care is difficult for many Milwaukee families to afford, and for this reason, the Clubs fund raise to substantially offset this expense for our member families.



Important Note: ALL fees are waived—free attendance—for families that secure a childcare authorization through the Wisconsin Shares – Child Care Subsidy Program. Information follows.

Multiple Children Discount | Families will only be asked to pay for a maximum of two children at a time. Additional children from one household are enrolled at no additional cost.

No Partial Attendance Discounts | The Clubs do not differentiate based on how many hours a week a child attends, or how many weeks they attend. All fees are flat rates - per child, per week based on enrollment.

Fee Reductions and Scholarship Opportunities | Speak with your Club Manager about scholarship and discount opportunities. All conversations with Club staff regarding individual family payment arrangements will be handled in strict confidence.

Anticipated Closure Dates and Policy for Payment during Closures | All scheduled times are subject to billing and based on payment frequency (payment frequency may be weekly, biweekly or monthly). There are no refunds for anticipated closures or unanticipated closures such as inclement weather and other emergencies. See BGCGM parent handbook for holidays and dates when your Club will be closed.

Policy and Payment Expectations for Child Absences (Expected and Unexpected) | Expected absences are those reported in advance by the parent, including vacations or appointments. Unexpected absences are those not reported in advance, including sick days or no-shows. In order to maintain appropriate staffing levels and program quality, fees for weekly designated participation will be assessed regardless of expected or unexpected absences. Program fees vary, please refer to your program's fee structure for more information.

Reasons and Procedures for Termination/Expulsion of a Child(ren) and Parent's Procedures for Termination/Disenrollment of a Child(ren) | In reference to the Boys & Girls Clubs of Greater Milwaukee Parent/Student Rights, Responsibilities and Discipline Handbook, Boys & Girls Clubs is committed to providing a safe and effective learning environment for students and staff members. Boys & Girls Clubs reserves the right to suspend or expel students who compromise safe learning environments. To cancel enrollment, provide the Site Manager with a two-week verbal or written notice. No refunds will be issued. Payments may not be transferred between children or applied to other services or locations.

Member Fee Agreement | Once a weekly fee rate is established between you and the Club Manager, we ask that a parent/guardian sign a customized Member Fee Agreement establishing the rate and payment schedule. Once this is complete, your child is welcome to begin attending the Clubs.

Payment Dates | Weekly fees should be paid the Friday after programming. Due to limited space in Club programming, 6 weeks of late fees may result in suspended membership. Special arrangements will be considered on a case-by-case basis. Please talk with your Club Manager for more information or fee questions.

PAYMENT

CONTINUED

Payment Method | The Clubs offer multiple methods for private fee payment at most locations. Please check with your Club Manager to determine which method is right for you. They include: checks, money orders or cash. Checks must be made payable to: Boys & Girls Clubs of Greater Milwaukee. Check with your Club Manager about online payment via a debit or credit card. See Wisconsin Shares QR code for payment details.

WI Shares | Please scan the QR code to get Wisconsin Shares Support and Provider Number.



Check here if member receives free/reduced lunch.

Child Name (Print First/Last)

Child Date of Birth

Discount Price

This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents/Guardians are responsible for paying the difference between the subsidy amount and the cost of care.

Club and Parent Agreed Upon Start Date

Days and Hours of Operation (As of date)

Club Manager Name (Print First/Last)

Club Manager Signature

Date

Parent/Guardian Name (Print First/Last)

Parent/Guardian Signature

Date

The provider must retain a copy of each current written payment agreement at the location where child care is provided. The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Consent Forms and Waivers

Child's Legal Name: _____

Before completing this page, please scan the QR code or visit bgcmilwaukee.org/forms-waivers to review the full forms and waivers documents carefully.



I, the parent or legal guardian for the above-named child hereby acknowledge the following:

- Consent & Waivers** | I have read, understand, and agree to the permissions, waivers, releases, and communications outlined in the Parent/Guardian Consent & Waiver Form.
- Programming** | I give permission for the above-named member to participate in Club experiences and programming, both online and in-person, at Boys & Girls Clubs of Greater Milwaukee.
- Member Expectations** | My child has read, understands, and agrees to the code of conduct outlined in the Member Expectations form.
- Participant Payment Agreement** | I have read and agree to the Participant Payment Agreement.
- Alternate Release** | I acknowledge my understanding and agreement of the BGCGM Parent/Guardian Alternate Arrival/Release Agreement.
- Technology** | I have reviewed and read the rules and regulations outlined in the Parent/Guardian Technology Consent & Waiver Form with my child, including responsible use and personal safety guidelines, the prohibition of inappropriate use, and the prohibition of illegal online activities.

By signing below, I agree that I have read, understand, and will abide by these regulations, policies, and agreements. I acknowledge that I have reviewed the applicable rules with my child.

Parent/Guardian Name (Print First/Last)

Parent/Guardian Signature

Date

Club Member Name (Print First/Last)

Club Member Signature

Date

Do you receive WI Shares Child Care or W2?

Please complete the form and select one of the options below. If you have questions about WI Shares, please contact Joe Stolzman at 414-763-090 or Denisse Voelkner (Español) at 414-763-1288.

Yes, I have an Open WI Shares Child Care Case.
 My case number is _____.
 I will call MECA (1-888-947-6583) to update my Child Care Authorization.

Yes, I receive W2.
 My case number is _____.
 I will contact my FEP worker to update my Child Care Authorization.

No, I do not currently receive WI Share Child Care or W2.

Signature

Date

Phone Number

Am I Eligible? Please complete the following information.

List all adults in household

First Name	Current Health Insurance?	Currently Working?
_____	Yes	Yes
_____	Yes	Yes

List all children in household Continue list on back of page if needed.

First Name	Child's Age	Current Health Insurance?
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes
_____	_____	Yes

Monthly Income Information

Total Monthly Gross Income for your Household from Job(s) \$ _____

OR

Hours Worked Per Week _____

Amount Earned Per Hour \$ _____

Do you receive any additional income? Circle all that apply.
 Child Support W2 Payments
 Social Security / SSI
 Unemployment

Total Additional Monthly Income Received \$ _____

FOR OFFICE USE ONLY

Club Location _____

Eligible? Yes No Parent Needs to Update Auth

If eligible, date contacted _____ **by** _____



A department of MPS

Youth Participant Registration Form

Site: _____ Early Drop-off Late Pick-up Both



Last Name	First Name	M	Date of Birth	Age	Student ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check one for each of the following.

Gender: Male Female

Address: _____

Zip Code: _____ Phone: _____

Email: _____

School: _____ Grade: _____

Elem. Teacher Name: _____

Math Teacher Name: _____

English Teacher Name: _____

Ethnicity:

- African-American
- Asian
- White
- Hispanic
- Native American
- Native Hawaiian/Pacific Islander
- Other: _____

Primary Language:

- English
- Spanish
- Burmese
- Karen
- Rohingya
- Arabic
- Hmong
- Somali
- Other: _____

Lives with: Both Parents Father (singleparent) Foster Care Grandparent(s) **Check this box if you would like to request a fee waiver.**
 Guardian Joint Custody Mother (singleparent) Other: _____

Transportation: City Bus: Route: _____ CLC Bus/Van Pickup Walk Home Other: _____

Special Needs (allergies, medication, diet, etc.): _____

Household Information Page – Fill out only once per family

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up?	Emergency Contact?	Lives With?

[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For Community Learning Center (CLC) - Please Read Carefully -Must be signed by Parent/Guardian for participants 17 and under

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: We recognize that unanticipated situations and problems can arise during CLC activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current CLC program. I further give my consent to the CLC program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the CLC may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: _____ Date: _____

Revised 2/2020 MPS

OFFICE USE ONLY
Site # _____
Bus # _____
Date entered in computer _____
Date Staff Initialed: _____

Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address
	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
 - No specific medical condition
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements

Other condition(s) requiring special care – Specify.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

STUDENT IMMUNIZATION RECORD

Instructions to Parent: Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 Personal Data Please Print

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, ZIP Code)		Phone Number	

Step 2 Immunization History

List the **month, day, and year** your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry:
<https://www.dhfs.wisconsin.gov/immunization/registry/>

Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.
 I attest that this student has a reliable history of varicella disease.

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply.
 Varicella Measles Mumps Rubella Hepatitis B
 If **yes**, provide laboratory report(s)

_____ **SIGNATURE** – Health Care Provider Date Signed _____

Step 3 Requirements

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 Compliance Data

Student Meets All Requirements
 Sign at Step 5 and return this form to school.
 _____ Or _____

Student Does Not Meet All Requirements

Check the appropriate box below, sign at Step 5, and return this form to school. **Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.**

Although my child has **not** received **all** the required doses of vaccine, the **first dose(s)** has/have been received. I understand that the **second dose(s)** must be received by the 90th school day after admission to school this year, and that the **third dose(s)** and **fourth dose(s)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

Waivers (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

_____ **SIGNATURE** – Physician Date Signed _____

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella MenACWY

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella MenACWY

Step 5 Signature

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

_____ **SIGNATURE** - Parent/Guardian/Legal Custodian or Adult Student Date Signed _____

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. And may be used by certified operators to outline the plan for a child to come or go from the center if the child is not accompanied by a parent or other authorized person. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at _____ A.M. OR P.M.
(Time of arrival)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

at _____ A.M. OR P.M.
(Time of departure)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)
