

ONE CALL

One Call is an automated voice/text/email notification system.

Weekly notifications will be sent out to the email listed.

If there is a change to our normal operating procedure a text and email will be sent out. See below for examples of when texts and emails are sent.

- Inclement Weather closings
- Emergency notifications
- Changes in pick up or drop off locations

Cell Phone Number 1 _____

Cell Phone Number 2 _____

Email Number 1 _____

Email Number 1 _____



**BOYS & GIRLS CLUBS
OF DELAWARE**

**Registration Packet
Cooke**

Member Name: _____ Parents/Guardians Name(s) _____

Attending: Before Care _____, After Care _____, Before and After _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Club Contact Information:

Club Name: Boys & Girls Club at Cooke Elementary
Address: 2025 Graves Rd., Hockessin, DE 19707
Phone Number: 302-893-8683
Email: dchermol@bgclubs.org

Hours of Operation:

Before Care: 6:30am until start of school day
After Care: Dismissal from school until 6:00 p.m.
No School Days: 7:00 a.m. - 6:00 p.m. (parents need to provide lunch)

General Pricing Information

Before Care: \$83 per week
After Care: \$85 per week
Before & After Care: \$107 per week
No School Days: \$40 per day
Annual Membership Fee \$15 (POC exempt)
Purchase of Care (POC) Site ID # 1710370100

**** No refunds are granted for child care fees ** We do not pro-rate weeks ****

Office Use Only

Person excepting application initials: _____

Date: _____

Administrative initials: _____

Date: _____

Program Director Initials: _____

Date: _____

Intake Team Initials: _____

Date: _____

__MEMBERSHIP __PHYSICAL/SHOTS __1ST PAID WEEK __P.O.C. PAPERWORK __IEP/504 Plan

Before & After Care Information:

The Boys & Girls Club's Before & After Care Program runs throughout the school year. Doors open at 6:30am or 7:00am and close at 6:00 p.m.

- Each child will be assigned to a group of children the same age
- All counselors are screened and trained. All have received a background check conducted by the State of Delaware.
- Homework time along with high yield learning activities and gross motor play are incorporated into the program daily.
- Snack will be provided daily. On No School Days please have your children eat breakfast before coming to the club. Parents/Guardians will be responsible to provide lunch on those days unless otherwise notified.

Purchase of Care Information:

Boys & Girls Club of Delaware accepts Purchase of Care, however, the proper steps must be taken before and throughout enrollment to ensure program placement

1. To see if you qualify under the new limits set by Delaware Division of Social Services, please call 1-800-372-2022. The Boys & Girls Club does not approve or oversee the Purchase of Care Program.
2. Purchase of Care approval forms **must be present and submitted at the time of registration**. We will only accept official forms from Delaware Division of Social Services. **Site ID# 1710370100**
3. Purchase of Care approval **does not** automatically ensure a spot in the program. Registration is still necessary and all registration rules and deadlines apply.
4. Please be sure your Purchase of Care approval sheet has the following information:
 - a) Location of the Boys & Girls Club must be named as the care provider
 - b) Dates must coincide with the school year program
 - c) If you plan on sending your child(ren) on no-school days, "Extended Care" must be marked yes

The following items are required at the time of enrollment for our Child Care Program:

- The first week of Before and/or After Care payment (including POC co-payments) must be paid
- All Purchase of Care documentation must be on file
- Read and sign the parent and member Code of Conduct
- Completed and signed registration packet
- Membership Form must be completed and signed each time your child is signed up for a program (i.e. childcare, summer camp, etc).
- Membership fee must be paid in full or current at the time of enrollment
- Current physical form and shot records (or an appointment scheduled. Physical needed in our hands within 30 days)
- Receipt of Parent Handbook signed
- IEP or 504 Plan

**** No refunds are granted for any Child Care Payments ****

Tuition Payment Form

Child(ren)'s Name(s): _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Person Responsible for Payment: _____

How are you planning on making payments?

___ CREDIT CARD/DEBIT CARD

___ CHECK

___ MONEY ORDER

___ ELECTRONIC FUNDS TRANSFER (EFT)

Do we have your account on file? **YES NO (If no, please complete attached form.)**

Will you be including the \$15 membership fee with your first week tuition? **YES or NO**

If no, how will you be paying for membership? _____

Did you pay it with your summer camp registration? _____

Please note: Tuition is due every Friday for the upcoming week of care.

FEES FOR 2018-2019 SCHOOL YEAR ARE AS FOLLOWS:

WEEKLY FEES:

Before Care: \$83/week

After Care: \$85/week

Before & After care: \$107/week

Parent/Guardian Signature _____ Date _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATIONS FORM

Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments.

As a duly authorized check signer on the financial institution account identified herein, I authorize the Boys & Girls Clubs of Delaware to perform scheduled or periodic electronic funds transfer debits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to same.

Furthermore, if any such electronic debit(s) should be returned as NSF, I authorize the Boys & Girls Clubs of Delaware to collect such debit(s) by electronic debit and to subsequently collect a returned debit item fee of \$25.00 per item by electronic debit from my account identified below.

For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein.

*I authorize \$ _____ to be withdrawn from my checking account starting on _____, and on every Thursday thereafter for the **School Year**.*

Do you have a schedule that differs than a normal week to week schedule or do you have a different day you prefer to have your account debited on? **YES or NO**

(For example, do you pay on a particular day for the entire month? Do you pay bi-monthly? Or do you have a particular situation for payment? If so please let us know. Please include the DATE, AMOUNT, and any other necessary information.)

Additional Notes: _____

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZED SIGNATURE _____

DATE _____

Financial Institution account "identifying information":

Please attach a blank VOIDED check below.