



**FUN CLUB REGISTRATION** email to [FunClubReg@billericabgc.com](mailto:FunClubReg@billericabgc.com)

Enrollment Fees	Registration Fee (non-refundable)		\$40.00		
	Sibling Registration Fee (non-refundable)		\$36.00		
	Yearly Membership Fee (youth ages 7 and under)		\$40.00		
	Yearly Membership Fee (youth ages 8 and older)		\$50.00		
Monthly Billing		<u>Fun Club</u> <u>2 days</u>	<u>Fun Club</u> <u>3 days</u>	<u>Fun Club</u> <u>4 days</u>	<u>Fun Club</u> <u>5 days</u>
	Fun Club	\$264	\$384	\$496	\$540
	<i>*All rates are subject to change by January 1<sup>st</sup>, 2024</i>				
	Tuition fees are based on a 10-month cycle and are due in equal monthly installments (by the 25 <sup>th</sup> for the following month); starting August 25 <sup>th</sup> and ending on May 25 <sup>th</sup> .				
	Monthly fees include school days, early release days, and half days for the days you are registered to attend. Tuition will be posted on the 17 <sup>th</sup> of each month. <b>NO SCHOOL DAYS*</b> <i>*Professional Development days, holidays and school vacation weeks are not included. The cost is \$55 per day and will require a separate registration.</i>				
Parents wishing to make a change to their child's schedule, either permanently or for a one-time occurrence, must send the request to <a href="mailto:childcarebilling@billericabgc.com">childcarebilling@billericabgc.com</a> for approval. Permanent changes to a child's schedule are only allowed <b>twice per school year</b> , unless otherwise approved by the Childcare Director (September – December and January – June) and must be submitted by the 15 <sup>th</sup> of the month prior to the schedule change.					
Additional Tuition	Extra Day	Fun Club: \$33			
	Prof Dev, Holidays & Vacation Days	\$55 per day (Registration & fees are separate from monthly tuition)			
Discounts	Sibling	A 10% discount will be applied to each sibling.			
	Auto Pay	A \$10.00 monthly discount will be applied if you sign up for autopay using your checking or savings. (Per Family) <b>Does not apply to credit cards.</b>			
Miscellaneous Fees	Late Payment Fee	If payment is not received by the due date a \$25 late fee will be applied. If the payment and late fee are not received by the last day of the month, your child will not be allowed to attend the program until your account is up to date.			
	Late Pick Up	Fee of \$10.00/family for the first 10 minutes and then an additional \$1/minute/child if later than 10 minutes will be added to your MyProcure Account.			
	Declined Auto-Payment	If credit/debit card payments are declined, a \$10.00 fee will be applied.			
	Returned Check	If your check is returned from the bank, a \$25.00 fee is applied.			
	No Call Fee	Failure to inform Fun Club of a child's absence prior to 12p.m. will result in a \$20 No Call Fee.			
Contact	Billing & Enrollment	<a href="mailto:Childcarebilling@billericabgc.com">Childcarebilling@billericabgc.com</a> or 978-667-2193 ext. 103			

*For office use only:*  
 Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Method: \_\_\_\_\_  
 Staff: \_\_\_\_\_  
 Receipt # \_\_\_\_\_



*For office use only:*  
 Date of Admission: \_\_\_\_\_  
 Age at Admission: \_\_\_\_\_  
 Reviewed In Procure: \_\_\_\_\_

### Child Information

(Please Print Neatly & Answer all questions)

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Primary Language \_\_\_\_\_ Gender: \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_ lbs.  
 Identifying Marks \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Elementary School: \_\_\_\_\_ Grade \_\_\_\_\_ (2023-2024 School Year)

I give permission for my child to use the pool at the Boys & Girls Club.  Yes  No  
 I give permission for my child's photo to be taken for the Club website, local newspapers and/or Club social media pages.  Yes  No  
 Are there any custody issues/restraining orders?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Is there a formal custody agreement or restraining order on file?  Yes\*  No  
 \*If yes, you **must** provide a copy with your registration forms.

Program(s) Needed: *Please circle all that apply*

Fun Club runs from school dismissal through 6:00 PM.

<i>Fun Club</i>	Monday	Tuesday	Wednesday	Thursday	Friday
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Note: There is a two-day minimum program. We do NOT offer variable day schedules.

### Parent/Guardian Information

(Please Print Neatly)

Name _____	Name _____
Relationship to child _____	Relationship to child _____
<b>Listed as Primary Payer</b>	<b>List as Secondary Payer on Account*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Lives with Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized to Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to Pick up Child <input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	Address _____
<b>EMAIL</b> _____	<b>EMAIL</b> _____
Home # _____	Home # _____
Cell # _____	Cell # _____
<i>Provide Cell phone Carrier Company to sign up for Text Alerts:</i> _____	<i>Provide Cell phone Carrier Company to sign up for Text Alerts:</i> _____
Work # _____ Ext _____	Work # _____ Ext _____
Employer _____	Employer _____

\* If a guardian is not listed as a secondary payer on MyProcure, they will not receive email/text updates.



## Emergency Contacts

*Please Note: These are updated with each new registration form received.*

I authorize the people listed below to pick up my child and be listed as an emergency contact:

- If no one is authorized other than the parent/legal guardian, please indicate below **"NO ONE."**
- If the child is protected by a restraining order, please submit a copy of the order along with this registration form.

**RETURNING FAMILIES:** Would you like to continue using the same Emergency Contacts currently listed in your My Procure account?  Yes  No

- If Yes, you do NOT need to complete the entries listed below (Unless updating addresses, phone numbers, etc.)
- If No, please list ALL emergency contacts you would like to have on file.

1. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_  
 Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

3. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_  
 Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

2. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_  
 Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

4. Name \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home # \_\_\_\_\_  
 Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_

## First Aid and Emergency Medical Care Consent Form

I authorize staff in the child care program, who are trained in the basics of first aid, to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to (preferred medical facility), and to secure necessary medical treatment for my child, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.

Child's Name \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Office Address \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Subscribers Name: \_\_\_\_\_

## Medical History

Yes  No Documentation of a physical examination and immunizations, in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.

Yes  No Does your child have any allergies or special dietary needs?

If yes, please explain: \_\_\_\_\_

Yes  No Does your child have any chronic health and/or behavioral conditions? *Please provide us with some details and/or if applicable, a copy of the latest IEP or 504 Plan.*

If yes, please explain: \_\_\_\_\_

Yes  No Will your child require additional services? *Please know we do not provide one to one services.*

If yes, a follow up conference may be held with the Childcare Director to discuss services

Yes  No Will your child require the administration of any medication [either routine (daily administration) or emergency (i.e. epi-pen, inhaler, etc.)] while in the care of the Boys & Girls Club's childcare program(s) to care for any of the above listed conditions?

**If your child has a life-threatening condition such as asthma, food allergies, etc. you must provide us with the medication prior to the start date.**

If yes, please list the medication: \_\_\_\_\_

**NOTE:** If you have answered **Yes**, and your child will require the administration of medication of any kind [either routine (daily administration) or emergency (i.e. epi-pen, inhaler, etc.)] while in the care of the Boys & Girls Club's childcare program(s) you must have an **"Individual Healthcare Plan"** and **"Medication Consent Form"** completed by your child's physician before your child can begin Fun Club. These forms are available on our website.

**If paperwork is not received, your child(ren) may not attend Fun Club.**

## Transportation Plan and Authorization

### **FUN CLUB**

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- UNSUPERVISED WALK (*From Classroom to Cafeteria*)
- PARENT Drop-Off
- OTHER (DESCRIBE \_\_\_\_\_)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- PARENT/AUTHORIZED ADULT PICK UP
- OTHER (DESCRIBE \_\_\_\_\_)

*The Boys and Girls Club of Greater Billerica, Inc. provides equal access to public accommodation.  
 Applications for enrollment are acted upon without regard to race, religion, national origin, handicap, or sexual orientation.*

## Parent Agreement

- 1) The childcare registration fee is \$40 per child (non-refundable) and your child must have an active annual membership to the Boys & Girls Club.
- 2) Fun Club runs on days when school is in session. On holidays or other school closings, full day care will be held at the Club.
  - a. **Exceptions:** The Club is closed on New Year's Day, Memorial Day, Juneteenth, July 4<sup>th</sup>, Labor Day, Columbus Day, Thanksgiving, the day after Thanksgiving, and December break.
- 3) The Boys & Girls Club will be closed when Billerica Public Schools are closed due to weather. No programs will be held.
- 4) Tuition **includes** school days, early release days, and half days for the days you are registered to attend. Tuition **does not include** professional days, holidays and vacation days (i.e. February vacation, April vacation). Payments are broken down equally over 10 months. **Tuition is subject to change with a minimum of two-week's notice.**
- 5) Tuition **must** be paid by the 25<sup>th</sup> of the month. ***No deductions are given for absences, vacations or holidays.*** A \$25 late fee will be assessed if payment is not made. If the payment is not received by the last day of the month, your child will not be allowed to attend the program until your account is up to date.
- 6) Pick-up Policy:
  - Parents must enter the facility and sign their children out daily with a proper ID
  - On days your child is at the Club, you will also be required to enter the facility to sign them in and check them out; Proper ID is required for pick up.
  - Late Child Pickup: A fee of \$10.00/family for the first 10 minutes and then \$1/minute if later than 10 minutes will be applied to your MyProcure Account.
- 7) You must call the Club at 978-667-2193 x103 or email [childcarebilling@billericabgc.com](mailto:childcarebilling@billericabgc.com) by 12 p.m. for Fun Club, any day your child will not attend. Please understand a refund and/or credit will not be given for that day. ***Failure to report a student absence from Fun Club will result in a \$20 "no call" fee.***
- 8) Parents may be called to pick up children when they are ill. Children absent due to contagious diseases may not return until they are no longer contagious.
- 9) Parents may be called to pick up children in the event of behavior deemed unacceptable or unsafe by program staff.
- 10) Should the program staff determine your child has not adjusted to the program, a parent conference will be scheduled, and the child may be removed and this agreement terminated.
- 11) Programs are not responsible for articles brought from home. Home toys are not allowed at Fun Club.
- 12) Written notice is required by the 25th of the month in the case of withdrawal. Payments already made for the month are non-refundable. ***Schedule changes must be submitted by the 15<sup>th</sup> of the month prior to the change to [childcarebilling@billericabgc.com](mailto:childcarebilling@billericabgc.com) and are only allowed twice per school year (September – December and January – June).***
- 13) Should you bounce a check, there is a bounced check fee of \$25.00. Payment is due immediately.
- 14) Documentation of a physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, must be kept on file at your child's school.
- 15) Parents/guardians are responsible for reviewing the Parent Handbook and all addendums before each school year and should direct any questions to the Childcare Director. The childcare parent handbook and addendums are accessible at any time at <https://www.billericabgc.com/fun-club-forms>
- 16) This agreement is subject to change in whole or part with 2 weeks' notice.

**I acknowledge that I have read, understand and agree to the registration and payment policies of the Boys & Girls Club of Greater Billerica. I acknowledge that the information I listed on the registration form, pages 1-3, is true and accurate.**

**Child's Name:** \_\_\_\_\_

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



## PARENT COPY

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**I acknowledge that I have read, understand and agree to the registration and payment policies of the Boys & Girls Club of Greater Billerica. I acknowledge that the information I listed on the registration form, pages 1-3, is true and accurate.**

## Automatic Payment Authorization

*Please note that prior Fun Club authorizations have been removed.*

Child(ren) Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Payment Start Date: August 25<sup>th</sup>, 2023

Payment End Date: May 25<sup>th</sup>, 2024

I (we) hereby authorize Boys & Girls Club of Greater Billerica Inc., hereinafter called COMPANY, to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated below and the BANK name below, hereinafter called BANK, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and BANK a reasonable opportunity to act on it.



**Automatic Payment Option #1** By using your checking or savings account you will receive a \$10.00 discount off your total monthly balance.

Account Type:  Savings  Checking (*PLEASE ATTACH A VOIDED CHECK; FORMS WILL NOT BE PROCESSED WITHOUT IT*)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Name \_\_\_\_\_

on Bank Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Account Holder Phone: \_\_\_\_\_

**Automatic Payment Option #2**

Card Type:  MasterCard  Visa  Discover  AMEX

Cardholder Name: \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_




Getting Started Using MyProcure:

1. To access MyProcure for the first time, you will need to visit: [https://www.myprocare.com/](https://www.myprocure.com/)
2. Enter the email address that you currently have on file.
3. Use the personal confirmation number sent to your email to complete your registration.

*If you are unsure of what email you have listed, or would like to update the email on file, please contact Yeli Ruiz: [childcarebilling@billericabgc.com](mailto:childcarebilling@billericabgc.com)*


4. Verify that all contact information is accurate.

*Select “Contact” from the top menu to see who is listed as a contact for your child. By clicking on each contact individually, you can verify their information. To make any necessary changes to your own profile, click on the edit icon. If you need to make  changes to any other contacts listed on your account, email changes to Yeli Ruiz: [childcarebilling@billericabgc.com](mailto:childcarebilling@billericabgc.com)*

5. Verify that each contact listed on your child’s account has been assigned the correct authorization.

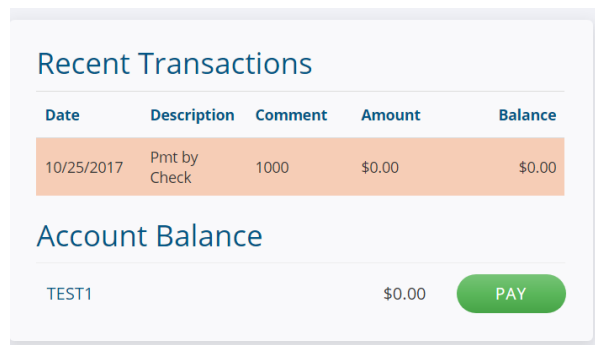


5. OPTIONAL: Sign up to receive text message alerts for important information regarding emergency closures, etc.

*Use the edit icon  found next to your name to update your cell phone number.*

*You MUST provide the cell phone carrier under Mobile Phone in order to receive text message alerts.*

6. Your account balance and option to pay is easily accessible from your home screen after logging in. You can view statements by clicking the ‘Report’ tab and view emergency contacts too.



Once you have created your account, you can login anytime by visiting: <https://www.myprocare.com/>