



FUN CLUB REGISTRATION - Email to FunClubRey@billericabgc.com

	Registration Fee (non-refundable)				\$40.00			
Enrollment	Sibling Registration	Fee (non-refund	lable)		\$36	5.00		
Fees	Yearly Membership I	Fee (youth ages	7 and under)		\$3 \$4 \$5 Club Fun Club 4 days 34 \$496 January Ist, 2024 ual monthly installn and ending on May If days for the days y 17th of each month. Stare not included. The costion. e, either permanently lericabge.com for apphool year, unless oth – June) and must be dule change.	0.00		
	Yearly Membership I	Fee (youth ages	8 and older)		\$50	0.00		
			Fun Club	Fun Club	Fun Club	Fun Club		
			2 days	3 days		5 days		
	Fun Clu	b	\$264	\$384	\$496	\$540		
		*All rates	s are subject to cha	nge by Janu	ary I st , 2024			
	Tuition fees are based on a 10-month cycle and are due in equal monthly installments (by the 25 th for the following month); starting August 25th and ending on May 25 th .							
	Monthly fees inclu					ou are registered to		
Monthly		attend. Tuition will be posted on the 17 th of each month.						
Billing	*Duefeesi ou al Davelet		NO SCHOO			in 655 have January Jani11		
	"Projessional Develop	*Professional Development days, holidays and school vacation weeks are not included. The cost is \$55 per day and will						
	require a separate registration.							
	Parents wishing to make a change to their child's schedule, either permanently or for a one-time occurrence, must send the request to childcarebilling@billericabgc.com for approval. Permanent							
	changes to a child's schedule are only allowed twice per school year, unless otherwise approved by							
	the Childcare Director (September – December and January – June) and must be submitted by the 15 th							
		of th	ne month prior to th	ie schedule c	hange.			
	Extra Day			Fun Club:	n Club: \$33			
Additional Tuition	Prof Dev, Holidays & Vacation Days	\$5	55 per day (Registrat	ion & fees are	separate from mont	hly tuition)		
	Sibling		A 10% disco	ant will be app	ied to each sibling.			
Discounts	Auto Pay	A \$10.00 mc	onthly discount will be	applied if you s				
		If	payment is not received	d by the due da	he due date a \$25 late fee will be applied.			
	Late Payment Fee	If the payment and late fee are not received by the last day of the month, your child will not hallowed to attend the program until your account is up to date.						
Miscellaneous Fees	Late Pick Up	Fee of \$10.00/family for the first 10 minutes and then an additional \$1/minute/child if late minutes will be added to your MyProcare Account.						
	Declined Auto-Payment	If credit/debit card payments are declined, a \$10.00 fee will be applied.			be applied.			
	Returned Check	If your check is returned from the bank, a \$25.00 fee is applied.			pplied.			
	Absences		Please inform	n us of any abse	ences prior to 12pm			
Contact	Billing & Enrollment	<u>C</u>	<u>hildcarebilling@bil</u>	lericabgc.com	n or 978-667-219	93 ext. 103		

For office use only:
Date:
Amount:
Method:
Staff:
Receipt #



For office use only:
Date of Admission:
Age at Admission:
Reviewed In Procare:

Staff:			OF GREATER BILLERICA	T dil Oldo		
			ld Information		Reviewed In Procare:	
				Neatly & Answer all questio	ns)	
Child's Na	ame				DOB	
					Apt.#	Zip
Home #			_ Primary Lan	guage	Gender:	
Eye Color	На	ir Color	Ski	n Color	Height _	'" Weight lbs
Identifyin	g Marks			Ethnicity:		
Elementar	ry School:				Grade	(2024-2025 School Year)
I give pern	nission for my chil	d to use the J	pool at the Boy	s & Girls Club.	□Yes	□No
	nission for my chil spapers and/or Clu			e Club website,	□Yes	□No
	any custody issues lease explain:	0			□Yes	□No
	a formal custody agree				□ Yes*	□No
*If yes,	you <i>must</i> provide a co	ppy with your re	gistration forms.			
Program(s	s) Needed: <i>Please ci</i>	rcle all that app	ly			
		F	un Club runs fro	m school dismissal through	6:00 PM.	
	Fun Club	Monday	Tuesday	y Wednesday	Thursday	Friday
	Note	: There is a tw	vo-day minimum	program. We do NOT of	fer variable day	schedules.
			D / C	1: т.б.		
				<mark>uardian Informat</mark> Please Print Neatly)	<u> </u>	
			(-	•,		
Name						
	ship to child			Relationship to chile		nt* ☐ Yes ☐No
	s Primary Payer ives with Child	□Yes		Lives with Child	ayer on Accou	□Yes □No
A_1	uthorized to Pick up Cl	hild □Yes	□No	Authorized to Pick	-	□Yes □No
Address						
EMAIL_						
	:					
P		Carrier Com	nany to sign	Provide Cell phone	Carrier Comp	any to sign up
uj	rovide Cell phone p for Text Alerts:					any to oigh up
-				for Text Alerts:		

^{*} If a guardian is not listed as a secondary payer on MyProcare, they will not receive email/text updates.



Emergency Contacts

<u>Please Note:</u> 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."

Subscribers Name: _

• 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 lil account? ☐ Yes ☐ No	ke to continue using the same Emergency Contacts currently listed in your My Procare
o If Yes, you do <u>NOT</u> 1	need to complete the entries listed below (Unless updating addresses, phone numbers, etc.) L emergency contacts you would like to have on file.
1. Name	3. Name
Relationship to child	Relationship to child
Address	Address
Home #	
Work #	Work #
Cell #	
2. Name	4. Name
Relationship to child	Relationship to child
Address	Address
Home #	
Work #	
Cell #	
I authorize staff in the child care program understand that every effort will be mad However, if I cannot be reached, I hereby preferred medical facility, a	n, who are trained in the basics of first aid, to give my child first aid when appropriate. The to contact me in the event of an emergency requiring medical attention for my child authorize the program to transport my child to the nearest medical care facility and/or to and to secure necessary medical treatment for my child, including but not limited to are exposure to a life threatening allergen in the event that the parent cannot be reached and lth of the child.
Child's Name	
Child's Physician's Name	Phone #
Physician Office Address	
Health Insurance	Policy #



Medical History

∐Yes □	-	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	e explain	
∐Yes [Does your child have any chronic health and/or behavioral conditions? <i>Please provide us with some details and/or if applicable, a copy of the latest IEP or 504 Plan.</i>
If yes, please	e explain.	<u> </u>
		Will your child require additional services? Please know we do not provide one to one services. If the child care Director to discuss services
_	en, inha	Will your child require the administration of any medication [either routine (daily administration) or emergence aler, etc.)] while in the care of the Boys & Girls Club's childcare program(s) to care for any of the above listed
		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	e list the i	nedication:
1	NOTE:	If you have answered Yes, and your child will require the administration of medication of any kind [either routin (daily administration) or emergency (i.e. epi-pen, inhaler, etc.)] while in the care of the Boys & Girls Club' 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
		ARRIVE AT THE PROGRAM BY: MY CHILD WILL DEPART FROM THE PROGRAM BY: PARENT/AUTHORIZED ADULT PICK UP

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.

☐ OTHER (DESCRIBE_

PARENT Drop-Off

☐ OTHER (DESCRIBE



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 at an additional cost (a separate registration is required).
 - a. <u>Exceptions:</u> The Club is closed on New Year's Day, Memorial Day, Juneteenth, July 4th, 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 <u>includes</u> school days, early release days, and half days for the days you are registered to attend. Tuition <u>does not include</u> 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 <u>must</u> be paid by the 25th of the month. <u>No deductions are given for absences, vacations or holidays</u>. 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 MyProcare Account.
- 7) You must call the Club at 978-667-2193 x103 or email 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.
- 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 15th of the month prior to the change to 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.
acknowledge that the information I listed on the registration form, pages 1-3, is true and accurate.

ld's Name:	
rent/Guardian Signature	Date





PARENT COPY

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Automatic Payment Authorization

Please note that prior Fun Club authorizations have been removed.

Child(ren) Name:	<u>.</u>				
Parent/Guardian Name:					
Parent/Guardian Signature:			D	ate:	
	D	t Datas Assessed	25th 2024		
	•	t Date: August 2			
	Payment En	d Date: May 25	^{cm} , 2025		
I (we) hereby authorize Boys & Girls debit entries and adjustments for any BANK, to credit and/or debit the sam notification from me (or either of us) on it.	r credit entries in error to my the to such account. This auth	y (our) account ind ority is to remain in	licated below and the B n full force and effect ur	ANK name below, hereinafter ca ntil COMPANY has received wri	
	My Name My Address My City, State, Zip. Pay to the order of Bank Name Bank Address L?1859185	OID \$	Dollars Dollars Check Number		
Automatic Payment Option #1	By using your checking or saving	gs account you will red	ceive a \$10.00 discount off y	our total monthly balance.	
Account Type: Savings	Checking (PLEASE ATTACH	A VOIDED CHECK; I	FORMS WILL NOT BE PRO	OCESSED WITHOUT IT)	
Routing Number:		Account Number:		Nam	
on Bank Account:	Bank Name:	Acco	ount Holder Phone:		
Automatic Payment Option #2					
Card Type:	Visa Discover	AMEX			
Cardholder Name:		Cardho	older Phone:		
Billing Street Address:		City:	State:	Zip:	
Card Number:		Expiration Date:			





Getting Started Using MyProcare:

- 1. To access MyProcare for the first time, you will need to visit: https://www.myprocare.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
- 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 any other contacts listed on your account, email changes to Yeli Ruiz: childcarebilling@billericabgc.com

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



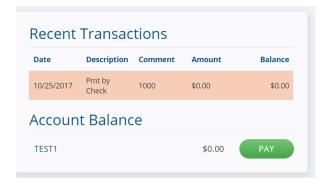
- Live with Child
- Emergency Contact for Child
- in Authorized to Pick Up Child

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/