



Sept – Dec 2018 Schedule

September						
Su	M	Tu	W	Th	Fri	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
Sun	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- Membership fees due
- Club Closed
- School Closed, Club Open

November						
Su	M	Tu	W	Th	Fri	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
Sun	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1				

Sept 3: Labor Day - Club Closed

Sept 4: School year session begins
SEPT MONTHLY FEES DUE

Oct 1: *OCT MONTHLY FEES DUE*

Oct 12: No School – Club open
*12 kids minimum for club to be open

October 17-19: No School – Club open
*12 kids minimum for club to be open

Nov 1: *NOV MONTHLY FEES DUE*

Nov 21: No School – Club open
*12 kids minimum for club to be open

Nov 22: Gobble Wobble Fundraiser

Nov 22-23: No School – Club Closed

Dec 3: *DEC MONTHLY FEES DUE*

Dec 24-26: Club Closed

Dec 27-28: No School – Club open
*12 kids minimum for club to be open

Dec 31 – Jan 1: Club Closed

**Jan-May Schedule TBD.



Blooming Prairie YOUTH CLUB

SCHOOL YEAR 2018-19 REGISTRATION

MEMBER INFORMATION:

Member Name: (Last, First, Middle): _____ M / F DOB: ___/___/___ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Ethnicity (circle one): White Hispanic Asian Black/African American American Indian/Alaskan Native Other

Member's Cell Phone: () _____ Has your child attended BP Youth Club before? Y / N

School: _____ Grade(2018-19): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Cell Phone: () _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

Parent/Guardian Name: _____ Relationship to Member: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Cell Phone: () _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

HOUSEHOLD INFORMATION: *All information collected will be kept confidential. Information may be used to secure funding from government, private, and non-profit agencies that will enable Club to maintain affordable membership and program fees for all.*

How many people live in your household? _____ How many under the age of 18? _____

Is household headed by single parent? Y / N Primary language spoken in your household? _____

Member of the household serves in the military: Y / N If yes, which branch? _____

Eligible for free or reduced lunch? Free Reduced N/A

****Please submit a copy of school free/reduced lunch eligibility with your application.*

Please circle which best describes your approximate annual household income.

2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$19,600	\$22,050	\$24,500	\$28,410	\$32,570	\$36,730	\$40,890
\$32,700	\$36,800	\$40,850	\$44,150	\$47,400	\$50,700	\$53,950
\$52,300	\$58,850	\$65,350	\$70,600	\$70,600	\$81,050	\$86,300

EMERGENCY CONTACT INFORMATION

**Please list two emergency contacts other than Parent/Guardians listed above.*

1. Contact Name: _____ Relationship to Member: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

2. Contact Name: _____ Relationship to Member: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

MEDICAL INFORMATION & MEDICATION RELEASE

**Please complete attached immunization forms to confirm your child's immunization status.*

Does your child have any allergies (medications, food, or otherwise)? Y / N

If yes, please describe: _____

Does your child have any health conditions? Y / N

If yes, please describe: _____

Does your child have any health conditions which require administration of medications while at BP Youth Club? Y / N

**If yes, please complete the information below.*

Please list all medications your child will need to be given at Youth Club, daily or otherwise and at what times during the day the medication(s) should be administered: _____

Reason for medication(s): _____

Name of Physician: _____ Name of Hospital: _____

Physician Phone Number: _____

Physician Signature: _____ Date: _____

GUARDIAN CONSENT AND WAIVER:

I hereby give permission for my child to take the above prescribed medication at BP Youth Club. I understand that no prescription medication may be used or possessed at Club unless the Club has received this completed form. All medicine to be administered during BP Youth Club hours must be kept by the Unit Coordinator in the Office and must be in the original container, appropriately labeled by the pharmacy and/or physician.

I understand that BP Youth Club employees will administer only orally prescribed medication mentioned above. I understand that the Unit Coordinator and BP Youth Club employees are not trained medical professionals such as a nurse, medic, physician's assistant, or doctor. I hereby waive any and all claims against Blooming Prairie Youth Club and agree to hold Blooming Prairie Youth Club and its employees, volunteers, and Board of Directors harmless from any and all liability which may arise in connection to my child's use and administration of medication.

Parent/Guardian Signature: _____ Date: _____

CLUB FEES, REFUNDS, & WITHDRAWAL POLICY

- **SUMMER MEMBERSHIP FEE:** \$80 per month

*Tiered pricing is available based on Free/Reduced lunch qualification through your school district. Please see Unit Coordinator for details.

*All fees are due in full by the start of each month in order for Club Members to participate.

- **NON-MEMBER DROP-IN FEE:** \$20 per day

*All fees are due at the time of drop-in for non-members to participate in that day's activities.

- **REGISTRATION FEE:** \$25.00

*This is a one-time fee to be paid at the time of registration for each session.

***ATTACHED PAYMENT POLICY (on next page) MUST BE SIGNED AND RETURNED AT THE TIME REGISTRATION FEE IS TURNED IN.**

- **REFUNDS:** All deposits and/or payments are non-refundable. If cancellation of a session is due to a medical emergency, a doctor's note is required.

- **WITHDRAWALS:** If a member discontinues attending a session once it has started, there will not be a refund or credit. BP Youth Club reserves the right to dismiss a member whose conduct is dangerous, illegal, or, in the judgment of the Unit Coordinator or Board of Directors, detrimental to the facility and/or other members. In any case of withdrawal, the unused fees will not be refunded. All withdrawals will require a parent/guardian signature on the BP Youth Club withdrawal form. Please contact Club Coordinator for more information.

PARENT AUTHORIZATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING BELOW:

- I give permission for my child to participate in BP Youth Club activities and programs, knowing there is a certain amount of risk involved in all activities. I further understand that BP Youth Club is not responsible for the time or manner in which my child may arrive or leave the Club.
- I give my child permission to take quarterly surveys to measure my child's involvement and success in Club activities.
- I understand that BP Youth Club may use photographs and videos of my child for promotional purposes such as on the BP Youth Club website, Facebook page, or advertising materials.
- I give permission for my child to participate in field trips and other activities sponsored by BP Youth Club up to 5 miles from Club. This includes trips to the Blooming Prairie Public Library, swimming pool, Vacation Bible School, the golf course, and/or other trips to community partners.
- I understand that BP Youth Club staff and volunteers are not responsible for lost or stolen personal items while members are in attendance. I understand the risk of allowing my child to bring personal items to Club and recognize that BP Youth Club will not be held accountable for any reimbursement of lost or stolen items.
- I understand that transportation may be provided by BP Youth Club staff or volunteers. I give consent to have my club member transported by staff and volunteers. I understand that BP Youth Club and its staff/volunteers are not liable for any incidents that occur during transport.
- I understand that BP Youth Club staff and volunteers cannot physically apply any sunscreen in the form of lotion or in which it must be administered by making skin-to-skin contact. If my child is in need of assistance while applying sunscreen, I understand that I am responsible for providing a kind in which skin-to-skin contact is not necessary.
- I understand the hours of operation for BP Youth Club and any member left at the facility after Club hours may be referred to the on-call officer at the Blooming Prairie Police Department. In addition, a fee of \$50 may be applied to member accounts.
- In the event that an accident should occur, I take full financial responsibility for any medical expenses my child may incur as a result of participating in BP Youth Club activities. In case of serious injury or illness, I give BP Youth Club staff and/or emergency personnel permission to administer any necessary treatment to my child, including contacting the doctor or ambulance at my expense.
- I agree that BP Youth Club, its employees/volunteers, Board of Directors, and affiliated agencies shall not be held liable for any claims, demands, actions, or causes of action, whatsoever, for an injury caused to me or my child as a result of my child's involvement in BP Youth Club activities. I expressly relieve and discharge BP Youth Club from all acts of negligence on the part of BP Youth Club, its employees/volunteers, the corporation, agents, officers, and affiliated agencies.
- I give permission for Blooming Prairie Public Schools and its staff to communicate demographic, academic, and behavioral information to BP Youth Club for the purpose of providing educational assistance and enhancement to my child. Such information is to be used only by BP Youth Club for grant writing purposes while keeping the child's name confidential. Information shall not be transferred for any other purposes without consent of a parent/guardian or legal authority.
- I understand that the BP Youth Club is committed to a safe and civil environment for all students, employees, board members, parents/guardians, volunteers, and community members that is free from harassment, intimidation, or bullying. My family agrees to following the policy and agree that my child will be subject to implementation of this policy during attendance at all Club functions. I understand that any and all minor acts of harassment, intimidation, or bullying could result in immediate dismissal from the BP Youth Club at the discretion of the Board of Directors and the BP Youth Club Unit Coordinator.
- I have read and understand the BP Youth Club refund, fees, and cancellation/withdrawal policies.
- The disclosure of information is voluntary and will be kept confidential as required by law. Refusal to provide information will not subject the program participant to any adverse treatment (except that where the disability status is a requirement for participating in a program or activity, the program participant may be found ineligible if he/she does not disclose his/her status). This information will only be used in accordance with the law.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

ACCOUNTS RECEIVABLE POLICY

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING BELOW:

- Invoices are sent out monthly and are due by the end of the month
 - In the event that payment cannot be paid in full, BP Youth Club does not turn away any member that has an established payment plan. as long as the plan is in written form and signed by a parent/guardian.
 - Past Due Accounts Policy
 - 30 Days Past Due - Account statement will be mailed and the Unit Coordinator will make contact with parent/guardian. If a payment is not received within a week, a member of the Board of Directors will be in contact with parent/guardian to work on a payment plan.
 - 60 Days Past Due – Certified letter will be sent to parent/guardian from the Board of Directors stating a payment must be made in full -OR- a payment plan must be established in writing a signed by parent/guardian within 10 days. If a payment or payment plan is established, Club Membership will be suspended.
 - 90 Days Past Due – At the Board of Directors' discretion, Club Membership may be terminated and collections may be pursued through a small claims court or collection agency.
- *If a membership is suspended or terminated, and the member is still attending BP Youth Club, a parent/guardian -OR- emergency contact will be immediately contacted to pick the child up within 30 minutes. If the child is not picked up within 30 minutes, local law enforcement will be contacted.
- I have read and understand the BP Youth Club Accounts Receivable Policy. I understand the consequences of past due balances and agree to abide by policy while my child is a member of the BP Youth Club.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Registration forms may be submitted to:



—Blooming Prairie—

YOUTH CLUB

P.O. Box 4

Blooming Prairie, MN 55917

507-583-6699

www.bpyouthclub.com