



SCHOOL YEAR 2020-2021 REGISTRATION

MEMBER INFORMATION:

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

Address: _____ City: _____ St. _____ Zip: _____

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

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

School: _____ Grade (2019-2020): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Member: _____

Address: _____ City: _____ St. _____ Zip: _____

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 the 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 the household headed by a single parent: Y/N Primary Language spoken in your household? _____

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

Eligible for free or reduced lunch? (circle one) 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 the Parent/Guardian 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: _____

Please return this form to:

Blooming Prairie Youth Club

Student Name: _____ **Birth Date** _____ **Grade** _____
First Middle Last

Dear Parent/Guardian:

Your child's health may affect his or her learning or participation in activities. Therefore, health information is important in planning for your child's needs at BP Youth Club. Health information from this form may be shared with other BP Youth Club staff as needed. Please complete this form and return it to BP Youth Club as soon as possible.

EMERGENCY CONTACT-PLEASE MAKE SURE YOU KEEP AN UP-DATED FORM IN THE BP YOUTH CLUB OFFICE IN CASE WE NEED TO CONTACT YOU IN AN EMERGENCY.

HEALTH CONCERNS

Please put a if your child has any of these health concerns:

- No Health Concerns**
- A.D.H.D./A.D.D./Medications: _____
- Allergies (to what?) _____
- Asthma or other breathing problems
 - a. Has your child ever been diagnosed by a **doctor** as having asthma? Yes No
 - b. Has your child had episode(s) of wheezing (whistling in the chest) in the last 12 months? Yes No
 - c. In the last **12 months** have you heard your child wheeze or cough after active playing? Yes No
 - d. Other breathing problem (describe) _____
- Bladder problems/ Bowel problems (describe) _____
- Chickenpox (List year he/she had disease) _____
- Diabetes _____
- Heart Problems (describe) _____
- Activity restrictions _____
- Is student pregnant? – Due date _____
- Seizures _____
- Social/emotional/mental health (describe) _____
- Other health concern or significant history of problems (describe) _____
- Any recent surgeries or hospitalizations? Yes No If yes, explain: _____

EMERGENCIES: Does your child have a health problem that could result in an emergency? Yes No

If yes, describe: _____

MEDICATIONS: List **ALL** medications that your child takes every day or when needed. A consent is **REQUIRED** for **ALL** medication taken at school, including over the counter medications. **The consent must be signed by both HEALTH CARE PROVIDER and PARENT. A new consent is needed each school year.** Forms are available in the health office or web site.

Medication Name	Purpose	Dose	How often taken?

Vision

- No vision problem**
- Glasses/contacts prescribed
- Wears glasses/contacts all of the time
- Wears glasses in classroom only
- Glasses lost/broken
- Has (or has had) glasses but does not wear
- Other (describe) _____

Hearing

- No hearing problem**
- Frequent ear infections (more than 3 per year in past year)
- Has ear tube(s) Date inserted _____
- Hearing loss right ear left ear
- Hearing aid(s) right ear left ear
- Aids lost/broken
- Has (or has had) aids but does not wear

Please Turn Over and Complete Back Side

Comments: Use this space to describe any special health considerations.

HEALTH INSURANCE:

- My child has health insurance:
 Medical Assistance Minnesota Care Other (for example through work)
 My child has no health insurance

HEALTH CARE PROVIDERS:

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of Doctor or Clinic	Location and Phone	Approximate Date of Last Exam
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Hospital preference: _____

This health information may be shared with Blooming Prairie Youth Club staff as needed. If you do not want this health information shared, please contact the Executive Director by e-mail: bpyouthclubinfo@gmail.com

Parent/Guardian signature: _____ Daytime phone _____
Print Parent/Guardian name: _____ Date: _____

MEDIA RELEASE FORM

I, _____, grant permission to Blooming Prairie Youth Club to use the image of my child, _____, (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Social Media - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am the parent or legal guardian of the above-named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature of legal parent or guardian: _____

Date: _____

Name (please print): _____

Address: _____

BLOOMING PRAIRIE YOUTH CLUB MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for school year (current) _____ including the summer session.

Organization: Blooming Prairie Youth Club (BPYC)

This form must be completed fully in order for BPYC to administer the required medication. A new medication administration form must be completed at the beginning of each school year session, for each medication, and each time there is a change in dosage or time of administration of a medication.

- *Prescription medication must be in a container labeled by the pharmacist or prescriber.
- *Non-prescription medication must be in the original container with the label intact.
- *An adult must bring the medication to BPYC.
- *The BPYC Executive Director will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Child: _____ DOB: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____ None expected _____ Specify: _____

Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

PARENT/GUARDIAN AUTHORIZATION

I/We request designated BPYC personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/We have legal authority to consent to medical treatment for the child named above, including the administration of medication at BPYC. I/We understand that at the end of the school year session, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the Executive Director to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the Executive Director according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

Signature Date

Parent or legal guardian approval for self carry/self administration of emergency medication: _____

Signature Date

Order reviewed by the Executive Director: _____
Signature Date

PARENT HANDBOOK



— Blooming Prairie —
YOUTH CLUB

Providing quality educational and recreational opportunities to empower our youth for their future.

401 4th Street SE
Blooming Prairie, MN 55917
(507) 583-6699
bpyouthclubinfo@gmail.com

DIRECTORY

Blooming Prairie Youth Club: 507-583-6699 or bpyouthclubinfo@gmail.com

Interim Executive Director, Diana Evans: 507-271-4355

Program Coordinator, Alicia Ptacek: 507-676-6234

PROGRAM SERVICE HOURS

Blooming Prairie Youth Club will operate during the school year and as a full time summer program for youth grades kindergarten through 12. *Children entering kindergarten in the fall are welcome to attend the summer session prior to the upcoming school year if they are five years of age.* BPCY is also open on snow days and most non-school days. The hours are as follows:

- **School Year:**
 - Monday - Friday Before School: 6:45 a.m. - 8 a.m.
 - Monday - Friday After School: 3 p.m. - 5:30 p.m.
- **Summer Program:**
 - Monday - Friday: 6:45 a.m. - 5:30 p.m.
- **School Holidays:**
 - 6:45 a.m. - 5:30 p.m.
- **Snow Days:**
 - 6:45 a.m. - 4 p.m.

****Blooming Prairie Youth Club will operate based on participant need on snow days and school holidays. We require a minimum of 15 youth to open.****

****Blooming Prairie Youth Club reserves the right to change hours or close based on participant need and availability of staff.****

SNOW DAYS:

If Blooming Prairie Public Schools declare a snow day, BPYC will make the decision if we are staying open by 6 a.m. If school is called two hours late and then closes, we will remain open until 4 p.m. unless the weather forecast declares no travel or we have less than 10 kids. In the event we have less than 10 kids, we will close by noon, with parents being informed by 8:30 a.m. If school is closing early, BPYC will remain open until 5:30 p.m. pending weather conditions. If conditions look to worsen after school is released, the call will be made if we will remain open or close. **We will send out a notice on the remind app regarding closures.**

DAYS CLOSED

Labor Day

Thanksgiving and Following Day

Christmas Eve

Christmas Day

New Year's Day

President's Day

Good Friday

Memorial Day

Independence Day

ENROLLMENT AND REGISTRATION

ENROLLMENT:

Enrollment is considered complete when all enrollment forms in the registration packet are completed and returned and registration fee is paid in full. Forms and fees are as follows:

- School Year or Summer Registration Form
- Emergency Contacts and Authorization to Pick Up Form
- Health History Form
- Medication Request and Authorization Form
- Immunization Record
- Parent Handbook Recognition of Understanding and Permission Form
- Media Release Form
- Registration Fee: \$25 per session (per child with a maximum of \$50 per family)

Individual sessions include school year session and summer session

TO WITHDRAW OR CHANGE ENROLLMENT:

To withdraw enrollment, we request a written notice two weeks prior to the last day of attendance. *Blooming Prairie Youth Club will not refund any portion of paid registration or monthly membership fees due to withdraw of enrollment or dismissal of youth due to misconduct.*

MEMBERSHIP FEES

Registration Fee: \$25 per session (per child with a maximum of \$50 per family)

Registration fees are due at time of enrollment for each session.

School Year Rate (Effective August 2020): \$100 per month, per child for members. \$20 per day, per child for drop in care. **The rate is equal to only \$5 per child, per day (\$1.25/hour) for before and after school care for members.**

Summer Rate (Effective June 2020): \$240 per month, per child for members. \$20 per day, per child for drop in care. **This rate is equal to only \$12 per child, per day (\$1.10/hour) for full-time summer care for members and includes lunch, afternoon snack, and a pool membership.**

Non-School Day: \$10 per day, per child for members. \$20 per day, per child for drop in care.

Snow Day/Early Out: No charge for members. \$20 per day, per child for drop in care.

****Pre-registration with payment due at sign-up is mandatory for non-school days/school holidays. This allows BPYC to staff accordingly. We require a minimum of 15 registered youth to remain open.****

****Tiered rates are available for members based on free and reduced lunch information. Please speak to the Executive Director for more information.****

FINANCIAL PROCEDURES

PAYMENT:

- Invoices are sent out monthly and are due by the first week of every month. Please make checks payable to Blooming Prairie Youth Club.
- **PAST DUE ACCOUNT POLICIES:**
 - **7 days past due:** Account statement will be mailed and the Executive Director will make contact with the parent/guardian.
 - **14 days past due:** A certified letter will be sent to the parent/guardian from the Board of Directors stating a payment must be made in full or a payment plan must be established in writing and signed by a parent/guardian within 10 days. If a payment or payment plan is not established club membership may be suspended.
 - **30 days past due:** If a payment or payment plan is not established, Club membership is suspended 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.

Blooming Prairie Youth Club is a non-profit, self-supporting organization that needs prompt payments from our members to meet expenses and continue offering this vital program in our community.

ATTENDANCE PROCEDURES

SCHEDULES:

Parents are asked to provide a weekly schedule for their child to ensure BPYC can appropriately staff Club, prepare adequate snacks and activity materials, and alert parents if a child does not arrive when scheduled. Schedules can be dropped off with the Program Coordinator or Executive Director or emailed to bpyouthclubinfo@gmail.com by the close of business on Thursdays.

SIGN IN/OUT:

All members are required to sign in and highlight their name out daily. **Parents are required to come in to pick up their child and help them sign out.** A copy of attendance hours is available upon request. This allows us to ensure are children make it to Club safely and are picked up daily. Staff will make every effort to greet parents as they come on site. In the event a staff member is involved in an activity with the children, please alert them to your presence.

Children can only be picked up by contacts provided on enrollment/registration forms that include a parent signature. If you want to add additional adults to these forms, please speak with the Program Coordinator or Executive Director.

ATTENDANCE PROCEDURES (CONT.)

ABSENCE:

If your child is scheduled to attend BPYC and will be absent, please contact us at bpyouthclubinfo@gmail.com or 507-583-6699.

AUTHORIZATIONS:

When registering your child for our program, please name all persons authorized to pick-up your child and anyone who is **not** allowed to pick up your child. *In order for us to legally stop a custodial parent from taking a child, a copy of the **court order** must be on file.*

Please inform the staff in advance, in writing, or by email if someone other than a parent or guardian is to pick up your child. A picture ID will be requested when someone other than a parent or guardian picks up a child.

EMERGENCY FORM:

In addition to parents, please list at least two people with local phone numbers on the Emergency Contacts Form who can pick your child up from BPYC in case of an emergency. Unfortunately, people with out-of-town phone numbers are too far away to help in emergency situations. **It is very important to keep the staff at BPYC informed about changes on the Emergency Contacts Form.**

LATE PICK UP:

BPYC closes promptly at 6 p.m. **A late fee of \$1 per minute will be assessed beginning at 5:31 p.m.** If you are unable to pick up your child by 6 p.m., you must notify the Club as soon as possible and make arrangements for someone else to pick up your child. **Three late pick ups will result in a \$50 fine. Five late pick ups will result in termination of enrollment.**

ILLNESS/MEDICATION PROCEDURES

ILLNESS/HEALTH PRACTICES:

Blooming Prairie Youth Club have the following practice regarding ill children:

- Children who are ill must not be brought to BPYC. This includes children with the following symptoms: fever, diarrhea, an undiagnosed rash, inflamed eyes, severe cold, or sore throat.
- A child is sent home if displaying signs of physical illness and/or has a temperature of 99.6 degrees or higher.
- A child should be fever-free without medication for at least 24 hours before returning to BPYC.
- When taking antibiotics, a child must be on the medication for at least 24 hours before returning to BPYC.
- If a child has been vomiting during the night, he/she should not attend BPYC the following day.

ILLNESS/MEDICATION PROCEDURES (CONT.)

If a child becomes ill at BPYC, staff will have the child rest apart from the other children, and will contact you to pick up your child. If you cannot be reached, the staff will contact the emergency back-up people listed on your child's emergency form.

If your child comes down with a communicable disease specified in MN Rules, Part 4605.7040, such as chicken pox, ring worm, scabies, impetigo, head lice, pink eye, or strep throat, CONTACT BPYC IMMEDIATELY. When a communicable disease is reported, a note will be posted to inform other parents of exposure. A child with a communicable disease will not be allowed back into the program for 24 hours after treatment has begun or as instructed by a doctor.

IMMUNIZATIONS:

Youth are required to have the proper updated immunizations. Please return proof of immunizations with your enrollment/registration packet.

ACCIDENTS:

If your child has a minor injury (i.e. scrapes, minor bumps, and bruises), you will be notified when you pick up your child through an accident report form in their family folder.

If a serious injury should occur which might need medical attention (i.e. deep cut, sprains, chipped tooth), the staff will call you immediately so you can take your child to a doctor or dentist.

In an emergency situation, the staff will call 911 and then contact you. After 911 has been called, it is up to the 911 team responding to the emergency to decide which actions will be taken. You will be responsible for medical charges.

ALLERGIES:

Please inform the BPYC Executive Director or Program Coordinator of any allergies your child has. You will need to provide proper documentation if your child needs medication for allergies. Be sure to fill out the documentation on the registration packet so all staff are aware of all procedures needed if an allergic reaction were to happen. You will need to inform staff of any changes and bring new documentation if needed. We will notify all staff of your child's allergy once we have proper documentation. If medication is necessary, a BPYC staff member will carry it with on all field trips or outings. We will carry documentation of all allergies with us at all times in our emergency folder. We will post allergies for all staff to see.

ILLNESS/MEDICATION PROCEDURES (CONT.)

MEDICATION:

In order for BPYC staff to dispense medication for your child on a daily basis, please become familiar with the following guidelines. All medications administered by BPYC staff will be documented and kept with our records.

- **Prescription medications** require a "**Medication Request and Authorization**" form that is completed and signed by both the parent *and* physician. Staff cannot dispense medication without this form on file and/or without a doctor's signature.
- **Prescription medication** must come to BPYC in the original prescription container appropriately labeled for the student by the pharmacy or physician. Mixed dosage in a single container or dosage that needs to be altered will not be accepted. Medication in envelopes, baggies, etc. will not be administered. Prescriptions that are expired will not be administered.
- **Non-prescription/over-the-counter medications** follow the same requirements as prescription medication if the parents want them administered at BPYC.
- **Medications are generally not to be carried by the child.** If an exception is to be made (i.e. bronchial inhalers, bee sting kits, etc.), there must be a "**Medication Request and Authorization**" form on file with BPYC. Medication should be brought to BPYC by the parent or guardian and left with the appropriate BPYC staff member.
- **BPYC must be notified immediately of any change in the student's medication or if the medication is no longer required.** For medication dosage changes, BPYC must receive notification from the physician. All medications will be returned to the child's parent or legal guardian if unused. All medications will be stored according to directions on the container.
- **Planning for students who require medication on field trips must be done prior to the day of the field trip.** It is the parents' responsibility to inform the staff of medication needs in advance of the field trip.

BPYC staff will document when giving medication, which will include the child's name, medication given, dosage, time, date, and the name of the staff member who administered the medication. You can see this documentation upon request.

FIELD TRIPS AND SNACKS/MEALS

FIELD TRIPS:

Families will receive information about events as they come up. Families must pre-register for each scheduled field trip so we have accurate event numbers. This excludes local field trips, such as the pool and library.

TRANSPORTATION:

All transportation is provided by licensed transportation/bus companies. Youth and staff will walk to local field trip events (i.e. library, pool, fire station, etc.).

FIELD TRIPS AND SNACKS/MEALS (CONT.)

SNACKS/MEALS

Breakfast is offered at BPYC during both the School Year and Summer Sessions.

Snack is offered to all youth during both the School Year and Summer Sessions. Snack menus will be distributed to families monthly.

Lunch is offered to youth on Non-School Days and during Summer Session. Lunch menus will be distributed to families monthly during the summer.

****Due to allergens, we ask that youth do not bring their own snacks to Club****

CHILD GUIDANCE PROCEDURES

PROCESS FOR PROMOTING SUCCESS IN ALL CHILDREN:

Our staff encourage appropriate behavior through clear guidelines, consistent consequences and positive staff interaction. When working with children, BPYC staff remain proactive, guiding children to make appropriate choices and redirecting them as needed.

MANDATED REPORTERS:

Any BPYC staff member may report abuse or neglect and are legally required or mandated to report the situation in question. It is each staff member's responsibility to report it. If there is a reason to believe that a child is being or has been neglected or physically or sexually abused within the proceeding three years, staff will immediately (within 24 hours) make a report to an outside agency.

PARENTS AS PARTNERS:

To be more effective in working with children, BPYC staff team up with parents to work on issues together. Ongoing communication between home, school and BPYC promotes success for children. When staff understand children's needs, they can respond appropriately.

PROMOTING SAFETY AND SELF-ESTEEM FOR ALL STUDENTS:

In order to maintain a safe and nurturing environment for all children, BPYC will not tolerate any form of behavior that hurts or intends to hurt others: physically, verbally, or emotionally. Children deserve a positive and safe environment that helps them feel secure, fosters their self-esteem, and provides an opportunity to develop new skills.

CHILD GUIDANCE PROCEDURES (CONT.)

INCIDENT NOTICES AND PLANS FOR BPYC SUCCESS:

When a child demonstrates consistent, inappropriate behavior or needs that go beyond program expectations, staff will make every effort to remediate the problem. If their efforts don't bring success, a behavior notice will be issued and signed by the staff and parent/guardian.

An "**Incident Notice**" is issued when behavior is:

- **Unwanted/Offensive** - intended to hurt others physically or emotionally or is intended to damage property.
- **Repeated** - intervention doesn't work.
- **Disrupts the site** - impacts the well-being of other children and/or staff.

First Notice: Warning to alert parents about behavior issues at BPYC.

Second Notice: A meeting with parent, child, and BPYC Executive Director and Program Coordinator will be scheduled to discuss the behavior issues. An action plan will be developed at the meeting to promote the child's success at BPYC.

Third Notice: Three-day "behavior leave of absence" from BPYC will be implemented. The child may return to BPYC after the leave of absence as long as he/she follows the appropriate program guidelines and an action plan is set into place.

Fourth Notice: Childcare services are discontinued until the end of the session, either School Year or Summer. A child may return during the next session if an action plan is set in place and the child agrees to follow program guidelines.

IMMEDIATE SUSPENSION:

For the safety and benefit of all children in the program, BPYC reserves the right to immediately suspend a child for five program days any child who:

- **Causes or attempts to cause physical injury to self or others**
- **Causes or attempts to cause destruction of property**
- **Leaves the designated BPYC area with the intent to runaway or hide from the staff**

Parents will be notified IMMEDIATELY to come pick up their child. A meeting will be scheduled between parents/guardians, child, and BPYC staff to discuss the child's behavior and the consequence of the behavior. The child may return to BPYC after a five day leave of absence providing the child continues to follow BPYC guidelines.

CHILD GUIDANCE PROCEDURES (CONT.)

UNABLE TO CONTINUE SERVICE:

BPYC strives to meet the needs of all children enrolled, however:

- **Occasionally our program is not in the best interest of a child.** Children are required to function in an active environment with several options. We are not able to care for a child who is unable or unwilling to follow BPYC guidelines (i.e. wandering/running out of designated BPYC areas, consistently acting out against staff, destruction of property, and/or hurting others physically verbally, or emotionally).
- **Occasionally BPYC must weigh the welfare of the group against the interest of the individual.** We are unable to care for a child who demonstrates behavior that can do harm to students, staff, or self (i.e. throwing objects at others, striking out with the intent to harm, exploding temper that has the potential of causing physical injury).

These behavior procedures are intended to maintain a positive environment where children and staff can feel safe, respected, and accepted.

To promote success for your child at BPYC, please review these procedures with your child before your child joins the program. Thanks!

GENERAL INFORMATION AND DISCLOSURES

CLOTHING:

Children should dress appropriately for the activities of the day. Children will be taken outside often, except when it rains or wind-chill/temperatures are below 0 degrees Fahrenheit. Please send your child with the appropriate shoes, hats, mittens, scarves, boots, snow pants, and coat.

VISITORS, VOLUNTEERS, AND OBSERVATIONS:

Parents and community members who are screened by the Executive Director in advance are welcome to observe, volunteer at, and/or visit the program. For liability and supervision purposes, it is not possible for children who visit the program to take part in activities. All parents and legal guardians are able to access their child any time throughout their time at BPYC.

INSURANCE:

BPYC carries liability insurance. Families are encouraged to provide their own insurance coverage. In the event that an accident should occur, parents take full financial responsibility for any medical expenses their child may incur as a result of participating in BPYC activities.

EMERGENCY PLAN:

BPYC has an emergency plan in place and all staff are trained on what to do in the case of emergencies, such as severe weather, fire, flooding, and intruders.

LOST AND STOLEN ITEMS:

BPYC staff and volunteers are not responsible for lost or stolen personal items while members are in attendance. Parents and member youth accept the risk involved in bringing personal items to BPYC and will not hold BPYC accountable for any reimbursement of lost or stolen items.

LOCAL FIELD TRIPS:

Through enrollment, parents give BPYC permission to have their child attend local field trips within five miles of the Club. These include the library, pool, golf course, vacation Bible school, and others.

SAFE AND CIVIL ENVIRONMENT:

BPYC 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, bullying, discrimination, or bullying. Through a child's attendance at BPYC, families must adhere to the policy and understand children will be subject to implementation of this policy during attendance at all Club functions and sessions. Any and all minor acts of harassment, intimidations, discrimination or bullying could result in immediate dismissal from BPYC at the discretion of the Board of Directors and BPYC Executive Director.

GENERAL INFORMATION AND DISCLOSURES (CONT.)

SUNSCREEN:

BPYC staff and volunteers will not physically apply sunscreen in the form of lotion or in which it must be administered by making skin-to-skin contact. If a child is in need of assistance while applying sunscreen, it is the responsibility of the parent to provide a type of sunscreen in which skin-to-skin contact is not necessary. Parents are required to sign a permission statement for sunscreen to be applied to their child.

MEASUREMENT DATA

BPYC is committed to working with parents/guardians and educators to encourage and measure the success and involvement of children in our care. Through enrollment in our programs, parents give BPYC staff and volunteers permission to administer quarterly surveys to measure each child's success and involvement in BPYC activities and programs. Students will also be encouraged to share report card data and school awards/recognition with BPYC staff and volunteers for data tracking. **This information assists BPYC in our pursuit of third source funding opportunities, which help improve our facility and programs and keep our membership fees affordable for families.**

CELL PHONES

While in attendance at BPYC, children will not be allowed to use their cell phones. All cell phones must remain in the child's cubby during participation in Club programs.

DONATIONS

BPYC is a non-profit, self-sustaining organization and appreciates donations. We have an online Amazon wish list and often post needs near the front entrance and in the newsletter. Commonly requested items include:

- Purchased snack items
- Sidewalk chalk
- Bubbles
- Children's board games
- Kleenex
- Acrylic paints
- Craft kits
- Gift cards
- Art supplies

If you have other items you would like to donate, please contact BPYC.

RECOGNITION OF UNDERSTANDING AND PERMISSION

- I have read and understand all policies in the Blooming Prairie Youth Club Parent Handbook. I understand BPYC has the right to discontinue care for my child because of account delinquency or behavior issues with my child. I will raise any questions or concerns with Blooming Prairie Youth Club staff as I feel necessary.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

- I give permission to BPYC staff and volunteers to administer sunscreen on my child/children in adherence to the sunscreen policy in the BPYC Parent Handbook.

Parent/Guardian Signature: _____ Date: _____