



Club Prep Registration 2017-2018

297 Walnut Ave
PO Box 677
Hill City, SD 57745
605-574-2010
www.BGCBlackHills.org

MISSION STATEMENT

Our mission is the Boys & Girls Club Movement's reason for being: *"To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens."*

Our Values: *Respect, Integrity & Community*

Dear Parents,

We are so excited about having your child in our Club Prep program. We have a lot of exciting things planned, and we are looking forward to a busy and fun year! Here are some procedures that we will follow to keep your child safe:

Club Prep Rules: Be Responsible, Be Respectful, Be Safe, and Be Honest.

Starting Club Prep: Children entering the Club Prep program must be 3-6 years old and potty trained. Your child must be 3 by March 1, 2017. Please help us keep your child safe by bringing your child no earlier than the parent drop-off time. The Club Prep hours are 8:00am-4:00pm.

Registration will fill up quickly and we have limited available spots. Our program is first come, first serve, with top priority to those continuing from the summer preschool program and full time students.

The fees for Preschool are as follows:

Registration Fee	\$50 due with Registration
Tuition	\$350/month

Student Absences: We are a structured Pre-K program. Being on time and at school is important. Please help support our program and classroom by having your child be consistent and in a routine of being at school. If your child is absent, please call the Boys & Girls Club and let us know.

Address /Telephone Changes: Please keep us informed if any address or telephone numbers change, so we may update our records.

Lunch: All Club Prep students will eat with the class. Parents have the option of packing a lunch, or participating in the Hill City School lunch program. Parents will need to purchase a lunch ticket from BGCBH.

Please fill out the attached registration packet and return it with your \$50 registration fee, no later than August 12nd.

I would again like to thank you for your interest. Please feel free to contact Tess Byrd, Administrative Assistant at tess@bgcblackhills.org or myself, Lisa Sagdalen, Chief Executive Officer, at director@bgcblackhills.org or either of us by phone at 605-574-2010 if you have any questions. We have lots of fun and exciting things in store for this year, and can't wait to receive your registration so we can begin your child's new learning journey!!

Thank you,

Lisa Sagdalen
Chief Executive Officer

Confidentiality

Any confidential information requested is for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*).

Closings

Club Prep follows the Hills City School District calendar. When Hill City Schools are closed for:

- Bad Weather: Club Prep will also be closed
- School Vacation Days: Club Prep will also be closed
- 1st day of Club Prep will be August 28, 2017

(PLEASE PRINT)

Child's Information

Full Name of Child: _____

Name Child is called: _____

Gender: Male Female Date of Birth* _____

Mailing Address* _____

City* _____ State* _____ Zip* _____

Siblings: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Does your child have any special concerns or fears? _____

Does your child have any developmental needs? _____

Do you have any speech concerns? _____

Is your child potty trained? _____

What food does your child like and dislike? Please list snacks they enjoy and/or will not eat.

Does your child like to play with others or alone? _____

What are your child's favorite activities or toys? _____

Does your child have any pets? _____

In what ways would you like to see your child develop during the summer?

Are there any other concerns or information about your child you would like us to be aware of?

Any **allergies**? If yes, please explain: _____

PRIMARY Parent / Guardian INFORMATION Parent Guardian

Name * _____ Gender: Male Female

Physical Address * _____

City * _____ State * _____ Zip * _____

Mailing Address (if different from child) _____

Phone * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Employer _____ Title _____

Email address _____

SECONDARY Parent / Guardian INFORMATION Parent Guardian

Name * _____ Gender: Male Female

Physical Address * _____

City * _____ State * _____ Zip * _____

Mailing Address (if different from child) _____

Phone * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Employer _____ Title _____

Email address _____

Number of members in household: _____

Annual Household Income:

___ \$ 0 - \$ 5,000 ___ \$26,001 - \$32,000
___ \$ 5,001 - \$12,000 ___ \$32,000 - \$40,000
___ \$12,001 - \$26,000 ___ \$40,001 +

ETHNICITY * (mark all that apply)

___ Asian American ___ Black/African American ___ Caucasian ___ Hispanic/Latino
___ Native American ___ Other ___ Multi-Racial

HOUSEHOLD TYPE * ___ Apartment ___ House ___ Mobile Home ___ Motel ___ Other

FAMILY SETTING * ___ Both Parents ___ Father only ___ Mother only ___ Grandparent(s)
 ___ Mother & Stepfather ___ Father & Stepmother ___ Foster Parent(s) ___ Other

MEDICAL INFORMATION *

Does your child have any medical and/or physical limitations (allergies, asthma, heart murmur, disabilities, etc.)?
___ Yes ___ No

If YES, explain here and list medication(s) _____

Physician Name _____ Phone (____) _____
Hospital _____ Phone (____) _____
Dentist Name _____ Phone (____) _____

Please list any additional comments regarding medical conditions:

EMERGENCY CONTACT, OTHER THAN PARENT(S) / GUARDIAN(S) *

1. Name* _____

___ Relative ___ Acquaintance ___ Lives with Member(s) ___ Other

___ Emergency Contact ___ Primary Contact

Phone: * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

2. Name* _____

___ Relative ___ Acquaintance ___ Lives with Member(s) ___ Other

___ Emergency Contact ___ Primary Contact

Phone: * Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Additional names who are allowed to pick up your child: _____

LIST ANYONE WHO IS **NOT** TO PICK UP YOUR CHILD: _____

PHOTOS *

In order to promote Club activities to prospective donors and the public, The Boys & Girls Clubs of the Black Hills will occasionally use photos and video of our members. We **only** put internet pictures on our website www.BGCBlackhills.org.

___ YES, it's ok to use my child's photo.

___ NO, do not use my child's photo.

I give the Boys & Girls Clubs of the Black Hills permission to:

* Contact school/agencies regarding my son/daughter as needed. ___ YES ___ NO ___ Initials

* To accompany my child to the local library, parks, trails, and area tourist attractions. ___ YES ___ NO ___ Initials

Date _____ Parent/Guardian Signature _____

STAFF USE ONLY

PAYMENT INFORMATION:

- Registration Fee - Date Paid _____ Receipt # _____ Amount Paid \$ _____
