



Boys & Girls Club of Oyster Bay-East Norwich

The Bahnik Youth Center
1 Pine Hollow Road, Oyster Bay, New York 11771 516-922-9285

Membership Record 2022

Membership is valid from January 1, 2022 through December 31, 2022

Membership Number: *(for office use only)*

22-

Date: _____

- Mini Membership, ages 3-5 requires Membership Record, Blue Card, Physical/Immunization Record, OCFS 6040 and Membership Fee.
- Membership, grades: K-6 requires Membership Record, Blue Card, OCFS 6040 Form and Membership Fee.
- Teen Membership, grades: 7-12 requires Membership Record, Blue Card, OCFS 6040 Form and Membership Fee.
- One-Event Membership requires Membership Record, Blue Card, OCFS 6040 Form Membership Fee, and Mini Members Only: Physical/Immunization Record.

Membership: New Renewal, Last Year Attended: _____

Incomplete Applications will not be processed.

Member/Family Information: Please print clearly in ink.

Last Name: _____ First Name: _____ Girl Boy
 Telephone: _____ Date of Birth: _____ Age: _____
 Address: _____ Town: _____ Zip: _____
 School: _____ Current Grade: _____

Race/Ethnic Background: Caucasian African American Hispanic/Latino Asian Am. Indian Other

Father's Name: _____ Business Phone: _____ Mobile: _____
 Mother's Name: _____ Business Phone: _____ Mobile: _____
 Guardian's Name: _____ Business Phone: _____ Mobile: _____

E-mail Address Parent/Guardian: _____
 E-mail Address Member: _____

Pick-Up Authorization:

The following individuals, **16 years of age or older**, are authorized to pick up my child(ren) from the Clubhouse. I will inform each person listed below that they will be required to present proper identification. Any changes to this list will be made in advance by written notification. I understand that my child(ren) will not be released to those who are not on this list or added in writing.

LAST NAME	FIRST NAME	HOME TELEPHONE NUMBER/CELL NUMBER	WORK TELEPHONE NUMBER	RELATIONSHIP TO MEMBER

My child has my permission to walk or ride on his/her bike home from the Club (Grades 6 & up only): Yes No

Total Household Income (Gross) and Information:

It is mandatory that this section of the application be completed, as it is a requirement of our funding sources. This information is kept in strict confidence and will have no effect on your cost for the program. Please indicate the dollar amount of your total household income:

- \$1-\$72,750
 \$72,751-\$83,150
 \$83,151-\$93,550
 \$93,551-\$103,900
 \$103,901-\$112,250
 \$112,251-\$120,550
 \$120,551-\$128,850
 \$128,851-\$137,150
 \$137,151-over

Total number of people in household? _____ Number of children in family? _____ Single-parent family? Yes No

In an Emergency, Please Notify (other than parents):

Name: _____ Relationship: _____ Telephone: _____
 Name: _____ Relationship: _____ Telephone: _____

Parent/Guardian Consent/Signature Required--Please initial each item below.

_____ I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents, if requested.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

Review and Sign Reverse Side



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Parental Authorizations

Confirmation of Receipt and Understanding of Member/Parent Handbook 2022

I have received a copy of the Boys & Girls Club of Oyster Bay-East Norwich's Member/Parent Handbook, which clearly outlines the Club's policies, rules and regulations. I fully understand and agree to review its contents, as well as to review Club rules and policies with my child. I am aware that failure to adhere to the policies therein may result in cancellation of my child's registration. The Member/Parent Handbook is available electronically on the Club's website at www.bgcoben.org and in hard copy at the Club.

Emergency Care:

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I agree to the transportation of my child for the purpose of emergency health care, with immediate notification of the custodial parent, guardian, or person having legal custody.

Homework Authorization:

- I would like my child to do his/her homework at the Boys & Girls Club.
- I would like my child to choose whether he/she would like to do his/her homework at the Boys & Girls Club.

Transportation Permission:

I allow my child to participate in transportation to and from the Boys & Girls Clubhouse and OBENCSD schools to participate in the Before and After School Programs and/or to be transported off-site to participate in field trips. I understand that by signing below, I give the Boys & Girls Club of Oyster Bay-East Norwich permission to transport my child, via bus and that I will be notified in advance of any field trip.

I understand that I will be notified in advance of any field trip.

- Yes, I allow my child to be transported.
- I do not allow my child to be transported, therefore, I will arrange for my child to be transported at my own expense.

COVID-19 Waiver:

The COVID-19 Waiver is located on page nine (9) of the Member/Parent Handbook, and by signing this agreement, I acknowledge that I have read and understand the information outlined in the COVID-19 Waiver and I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at the Club or participation in Club programming.

In addition, I understand my child may not attend the Club if they are ill, experiencing COVID-19 symptoms, have come in contact with someone who has tested positive with COVID-19, or have a temperature of 100 degrees or more. If my child becomes ill at the Club, I understand he/she will be isolated and will need to be picked up immediately by someone listed as an Authorized Pickup Person, and it is my responsibility to have a plan in place, should this happen.

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided.

Child's Name: _____ Grade: _____

Parent's/Guardian's Name: _____ Date: _____

Parent's/Guardian's Signature: _____

All members MUST fill out this form.

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:			DATE OF BIRTH: / /	GENDER:	
	CHILD'S HOME ADDRESS:					
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			<input type="checkbox"/> ok to text			
EMAIL ADDRESS:			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text		
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /			

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

Self-Screening:

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing ANY of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature	/ / Date
Signature	/ / Date

Note: This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

Member Name :