



Boys & Girls Club of Oyster Bay-East Norwich
 The Bahnik Youth Center
 1 Pine Hollow Road, Oyster Bay, New York 11771 516-922-9285

Parental Authorizations

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

Confirmation of Receipt and Understanding of Member/Parent Handbook 2025

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, including the Club's Acceptable Usage Policy and Bring Your Own Device Policy. 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 Policy:

We provide a 45-minute time period to complete homework every day during the After School Program. We will do our best to encourage each member to work diligently during the homework help time and provide them with as much assistance as possible. Please let us know, in writing, if you would rather your child complete his/her homework assignments at home and not 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.

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: _____

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				ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:							
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 DATE OF ENROLLMENT: / /				FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /			

O C F S - L D S S - 0 7 9 2 (0 8 / 2 0 1 9) FRONT

O C F S - L D S S - 0 7 9 2 (0 8 / 2 0 1 9) 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: / /