

The Positive Place For Kids



Montessori Academy
School No. 53

BGC AFTERSCHOOL PROGRAM

@ School 53

353 Congress Ave

Monday - Friday
2:00 - 5:00 PM
October - June



fun safe free

K - 6th
Graders

Nutritious
Meals

activities:

- ✓ Arts & Crafts
- ✓ Recreation Activities
- ✓ STEM
- ✓ Performing Arts
- ✓ Cooking
- ✓ Field Trips
- ✓ Tech Club
- ✓ Accelerated Reader
- ✓ And More

our contacts:

Director Phillipa Wynter-Stuart



585-355-0000



www.pstuart@tq.com/rochester.org



Free Boys & Girls Clubs
Membership

GREAT FUTURES START HERE.



Montessori Academy
School No. 53
Believe In The Child!

Boys & Girls Clubs/School #53 After-School Program
353 Congress Ave
Rochester, NY 14619
(585) 324-2010

Dear Parent/Guardian:

The Boys & Girls Clubs/School #53 After-School Program is now accepting applications for enrollment. Your child will be required to attend the program Monday - Friday from 2:00 p.m. - 5:00 p.m. During the After-School Program, your child will receive a host of services from warm nutritious meals, tutoring assistance, computer skills, arts & crafts, performing arts, literacy, STEM projects, sports, life skills training, and more. In order for your child/children to enroll, please complete all necessary information in this package and return it to your child's teacher or an After-School Program representative. I am delighted that your child will participate in this enriching program with the Boys & Girls Clubs of Rochester, NY Inc.

The Boys & Girls Clubs/PS #53 After-School Program doesn't offer transportation as part of your child/children's participation. Instead of boarding the bus for home or walking home at the end of the regular school day, your child/children will remain at school #53, and participate in the After-School Program activities until 5:00 p.m. We urge all parent(s)/guardian(s) to arrive on time to provide proper transportation home for your child/children when the program ends at 5:00 p.m.

For additional information about the program, please don't hesitate to contact Phillipa Program Director for the After-School Program at 585-355-0000.

Sincerely,

Phillipa Wynter-Stuart,

Program Director Boys & Girls Clubs/PS 53

I give permission for my child _____ in grade _____ room _____ to participate in the Boys & Girls Clubs/PS 53 After-School Program. I also understand that I am responsible for providing transportation home for my child/children at the end of the program at 5:00 p.m.

Parent/Guardian Signature

Relationship

Date

GREAT FUTURES START HERE.



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353 Congress Ave
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Release of Child

My child will be picked up after-school by myself or one of the following individuals:

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

All authorized person must be 18 and older

Parent/Guardian Signature

I give my child permission to participate in the after-school program.

Parent/Guardian signature	Date
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Boys & Girls Clubs of Rochester, INC School #53 After-School Program

EMERGENCY MEDICAL CARE (To be completed by parent or guardian)

Student's Name: _____ Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the cost associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

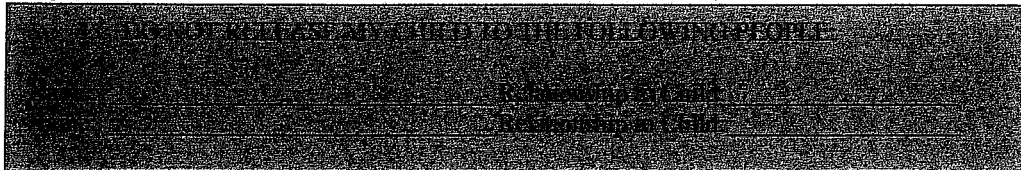
Name: _____	Relationship to child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

3. Health/Insurance Information:

Student's Doctor: _____	Insurance Company: _____
Phone: _____	Policy Holder's ID: _____
Allergies: _____	Religious Preference: _____
Last Tetanus: _____	Medication (being taken) _____
Address _____	
(Student's Dr)	

Additional Comments: _____



5 I understand that this consent will be in affect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.

Parent/Guardian Signature: _____

Date _____

Boys & Girls Clubs of Rochester, INC School #53 After-School Program

Medical Treatment Permission

I _____ parent of _____ hereby give
The Boys & Girls Clubs ASP @ PS #53 permission to administer calamines lotions.

I _____ parent of _____ hereby give
The Boys & Girls Clubs ASP @ PS #53 permission to administer antiseptic spray.

I _____ parent of _____ hereby give
The Boys & Girls Clubs ASP @ PS #53 permission to administer Asthma pump.

I _____ parent of _____ hereby give
The Boys & Girls Clubs ASP @ PS #53 permission to administer Epi pen.

Parent Signature

Date

GREAT FUTURES START HERE.



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PHOTO/VIDEO/INTERVIEW CONSENT (To be completed by the parent or guardian.)

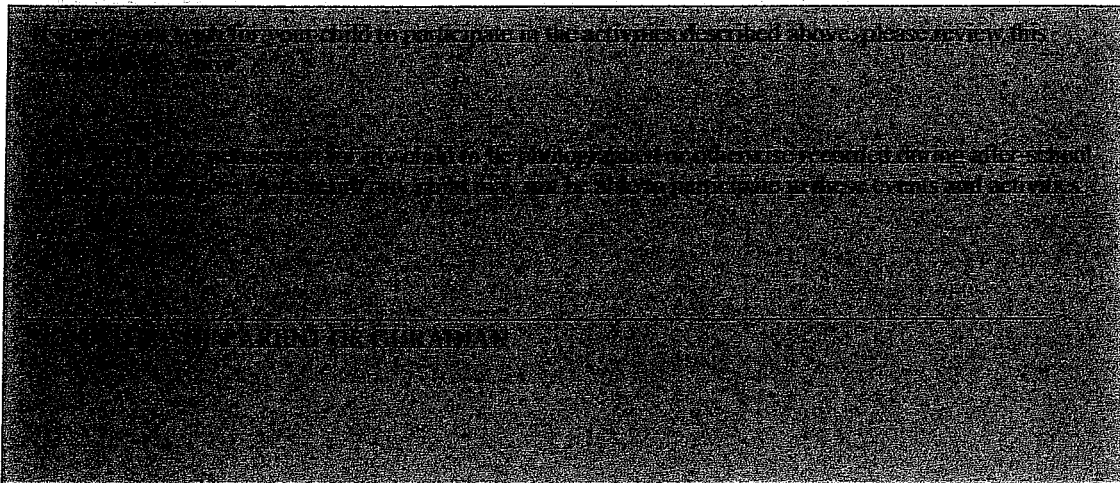
I certify that I am the parent or legal guardian of, _____ whose date of birth is _____.

I understand that this after-school program features special events both in school and away from school. Media representatives, newspaper and television reporters, photographer, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, video, and interview will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE





THE POSITIVE PLACE
FOR KIDS

BOYS & GIRLS CLUB OF ROCHESTER, INC.

WAIVER RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS

TO BE COMPLETED AND SIGNED BY EVERY PARENT/GUARDIAN & MEMBER.

In consideration of my participation in activities arranged for me by Boys & Girls Clubs of Rochester, Inc., I hereby release and covenant not to use Boy & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, employees, representatives, agents and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of Boys & Girls Clubs of Rochester, Inc., including but not limited to my loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am full aware and understand that Boys & Girls Clubs of Rochester, Inc., does not have on or about the or premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency, cardiovascular assistance.

I agree that immediately prior to participating in any activity arranged for me by the Boys & Girls Clubs of Rochester, Inc., I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of Boys & Girls Clubs of Rochester, Inc., of the defect.

I further agree that if I am not knowledgeable in the proper use of any Boys & Girls Clubs of Rochester, facilities or equipment, I will obtain proper instruction for the correct use of such facility or equipment for a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless Boys & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, representatives, agents, and lessees for any and all claims arising from my involvement in or receiving instruction for activities incidental thereto -- wherever, whenever, and however the claim may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting thereon.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER RELEASE AND ASSUMPTIONS OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

any person under the age of 18 years must have a parent or guardian co-sign this form.

NAME: _____ SIGNATURE: _____ DATE: _____
(Member)

NAME: _____ SIGNATURE: _____ DATE: _____
(Parent/Guardian)

MEMBERSHIP APPLICATION 2024-2025
Boys & Girls Clubs of Rochester, Inc.

Date: _____

Child/Parent Information

Last Name: _____ First Name: _____ Gender: (M/F) _____
 Address: _____ City: _____ State: _____ Zip Code: _____ D.O.B: _____
 Ethnicity: (circle one) *Black/African American *White/Caucasian *Hispanic/Latino *Asian *Multi-racial/Mixed *other: _____

Parent/Guardian's Information (person signing child up)

Cell/Home Phone: _____ Alternate Phone: _____
 E-Mail Address: _____
 Parent/Guardian's Name: _____ Relationship to child: _____
 Do parents serve or have served in the military? Yes _____ No _____ If yes, which branch? _____

Education Information

Current School: _____ Current Grade: _____ Special ED: Yes ___ No ___
 I.E.P: Yes _____ or No _____ Rochester City School ID#: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____ Insurance Carrier: _____
 *Permission for Doctor/Hospital: ___ Yes ___ No *Does your family have health insurance: Yes ___ No ___
 Health Problems: Yes ___ No ___ *If yes, explain _____
 *Medications: Yes ___ No ___ * Food Allergies: Yes ___ No ___ If yes, explain _____
 Other: Does applicant receive services from any other agencies? If yes, please list: _____

Household:

(Please check one)

(NOTE: This information is collected for Grant writing purposes ONLY)

___ Less than \$15,000 ___ \$15,000- \$24,000 ___ \$25,000- \$44,000 ___ \$45,000- \$74,000 ___ \$75,000 or greater

(For Official Use)

Date	Card #	Age	School	Date Expired

Disclaimer:

I _____ do hereby give my child permission to attend and participate in the activities sponsored by the Boys & Girls Clubs of Rochester. I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. I understand that the Boys & Girls Club is no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Pictures taken of the undersigned member and parent may be used for publicity reasons. The undersigned member has parental permission to obtain student information from All School District's for which the member attends and participate in programs and field trips at or sponsored by the Boys & Girls Club. My signature indicates that I completely understand the above statements.

Parents Signature: _____ Member Signature: _____