



Dear Parents,

Thank you for choosing Kidscope to serve you and your family! Our entire team is dedicated to providing the best experience and care possible for your child. Our programming presents grade school fundamentals in a fun and exciting atmosphere. We strive for excellence and are proud you have selected our program to meet your family's needs.

Our summer program will be located at Roosevelt Elementary this summer, starting May 30 – August 11.

Enclosed in this enrollment packet, you will find the following information:

- *Kidscope Enrollment Form with contract
- *Food Service Form
- *Acknowledgement of Parent Handbook (Parent Signature Required)
- *1st Week of Payment is required as a Deposit (non-refundable)

Please look over this information carefully and please, don't hesitate to contact us at the Boys and Girls Club at (605) 886-6666, with any questions or concerns you may have. If you need to reach Kidscope personnel during hours of operations this summer, please call 880-1284 if your child is attending Roosevelt Kidscope or 886-6666 for immediate assistance.

Sincerely,
Brittany Foyt
Director of Operations
Boys & Girls Club of Watertown
PO Box 833
Watertown, SD 57201
(605) 886.6666
foytb@bgcofwatertown.com

Kidscope Summer Enrollment Form 2023

Membership # - _____

Admission Date _____

Child's First Name: _____ Middle: _____ Last Name: _____

Age: __ Birthday: ____ - ____ - ____ Gender: _____ School: _____ Grade Entering: _____

Address: _____

City: _____ State: _____ Zip: _____

Family History

Mother/Guardian's Name: _____ Employer: _____

Work Phone #: (____) _____ - _____ ext. #: _____ Cell Phone #: (____) _____ - _____

Email address: _____

Father/Guardian's Name: _____ Employer: _____

Work Phone #: (____) _____ - _____ ext. # _____ Cell Phone #: (____) _____ - _____

Email address: _____

****Note: It is legal for either parent to pick up their child unless we have a copy of a court order restricting visitation.**

Is either parent legally restricted from visitation with your child?

____ No ____ Yes (If yes, please attach a copy of the court order)

Is there anyone else legally restricted from visitation with your child?

Race/Ethnicity (Please Check):

____ African American ____ Asian ____ Caucasian ____ Hispanic
____ Native American ____ Native Hawaiian / Other Pacific Islander ____ Multi-Racial
____ Other (please specify) _____

Kidscope Summer Enrollment Form 2023

1. I understand that I am enrolling _____ for the 2023 summer program at Roosevelt Elementary for the time range of May 30th – August 11th.

_____ Full time (\$140 per week includes meals)

2. I understand that I will be charged a one-time summer activity fee of \$25 to assist with transportation costs.

**Pool passes must be purchased separately by parents before Monday, June 5th.*

Attendance

Please list the approximate drop off / pick up times your child will be in attendance each day.

	Arrival Time	Departure Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Acknowledgement of Parent Handbook

The parent handbook outlines the policies and procedures of the Boys & Girls Club of Watertown's Programs. An understanding of, and adherence to the policies will ensure positive parent-staff relations and ensure that the children's needs are being adequately fulfilled. The program requires that all parents and/or guardians of the child/children enrolled in the program read, sign and return the statement that follows:

1. I have read and understand the Kidscope Parent Handbook.
2. I understand that there may be additions and/or revisions to the handbook.
3. I will adhere to the parent policies explained in the handbook.
4. I realize that lack of adherence to these policies may result in termination of the child care arrangement.

_____ (Parent initials)

Emergency/Medical Information

Emergency Contact Information (other than immediate family). These people **MUST** live in the Watertown area.

MUST HAVE TWO LISTED. These individuals will be authorized to pick up your child at any time. If emergency situation were to arise, and we are unable to reach you or your emergency contacts, Social Services may be contacted to assume responsibility for your child.

Name	Relationship	Phone
1. _____		
2. _____		

Doctor's Name: _____ Clinic: _____

Doctor's Phone #: (____) ____ - _____

Dentist Name: _____ Dentist Phone #: (____) ____ - _____

Please Indicate Any Medical Problems and/or Allergies:

Please list any special instructions:

Please Indicate Any Medication Presently Taking:

If your child has been clinically diagnosed with a special health need or allergy, we need to have medical documentation of this diagnosis. Please provide us with a doctor's note describing the condition and limitations if any.

Confidential Information:

Child's Family Setting:

- Mother Only Father Only Foster Care
 1 Parent/1 step 2 Parent Family Grandparents
 Other _____

Parent Active in Military: Yes No

Travel Authorization:

I DO / I DO NOT (Circle one) give permission for my child _____ to leave Kidscope for trips in a Boys & Girls Club van or public school bus with staff personnel. I understand I will be notified before such activities and have the right to pick my child up from the program if I choose to not allow my child to participate. I also authorize walks to nearby parks and other venues of interest with Kidscope staff.

Additional restrictions set by parents:

Authorized Pick-Up Permission Form

I hereby give permission for my child to leave Kidscope with any of the individuals named below at any time. It is the responsibility of the parent(s) to notify Kidscope in writing of any changes.

Name

Relationship

Phone

Kidscope Summer Enrollment Agreement

Parental Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Watertown and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. ____ (Parent initial)

Medical Treatment

I give permission to the Boys & Girls Club of Watertown to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. ____ (Parent initial)

Data Collection

I give my permission to the Boys & Girls Club of Watertown to collect information via online or written surveys, questionnaires, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. ____ (Parent initial)

Technology

As a participant in Kidscope, your child may have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. Kidscope will have rules and consequences for such behavior; however we will not be responsible for the consequences of such access. ____ (Parent initial)

Media Release

The Boys & Girls Club of Watertown has my permission to my child's photograph publicly to promote activities and programs of the Boys & Girls Club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. _____ (Parent initial)