

## **Boys & Girls Clubs Before & After-School and Intramurals at Pine Bush CSD Registration Checklist**

### **Paperwork**

In order to register your child for before- or after-school programs in the Pine Bush Central Schools, you must complete and return the following information (prior to the first day of program) to our Circleville Clubhouse:

- Registration Form
- CACFP Form
- Doctor's Physical\*
- Health History Form\*

*\*Only Required for Intramural Sports Athletes*

### **Intramural Program**

In order for your child to begin Intramural Sports on September 13<sup>th</sup>, we must receive their \$110 Program Fee or the \$50 Deposit and a signed, completed Payment Plan Form.

All youth who are participating in the GOOD CLEAN FUNDS fundraiser must put a \$50 deposit on their spot, which will be returned upon successful completion of the fundraiser.

### **Before- and After-School Program Fees**

In order for your child to begin before- or afterschool program, we must receive the following prior to the first day of program:

- \$40 Registration Fee Per Child
- Program Fees for September (4 weeks)

**\*\*Complete Only If Your Child Receives Free or Reduced Lunch Pricing\*\***

If your child receives free or reduced lunch, they may automatically qualify for free or reduced program fees. In order to determine your child's eligibility, please submit:

- A letter from PBCSD verifying your child's free or reduced lunch pricing
- The Childcare Subsidy Program Form (available online)

**With any questions, please do not hesitate to contact us in the office at 845-361-2222,  
Monday through Friday from 9am to 6pm.**



## Medical Information

Health Insurance Company: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please check all that apply:

- Allergies – **Food** \_\_\_\_\_  
\_\_\_\_\_  
 Allergies – **Medicine** \_\_\_\_\_  
\_\_\_\_\_  
 Allergies – **Environmental** \_\_\_\_\_  
\_\_\_\_\_  
 Physical Restrictions \_\_\_\_\_  
\_\_\_\_\_  
 Asthma

- Medications \_\_\_\_\_  
\_\_\_\_\_  
 Other Medical Concerns (Please be specific): \_\_\_\_\_  
\_\_\_\_\_  
 Physical Restrictions (Please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Demographic Information

Ethnicity:  Black  Asian  Caribbean Islands  Caucasian  
 Hispanic  Multi-Racial  Native American  Other \_\_\_\_\_

Housing:  Rent  Own  Public Housing  Shelter  Foster Home  Other: \_\_\_\_\_

Number of individuals who live in the Household: \_\_\_\_\_

Annual Household Income:  Below \$15,000  \$15,001-\$20,000  \$20,001-\$27,000  
 \$27,001-\$34,000  \$34,001-\$41,000  \$41,001-\$48,000  \$48,001-\$55,000  Above \$55,001

Does your child receive:  Reduced Price Lunch  Free Lunch  Neither

**Liability Clause:** I understand that the Town of Wallkill Boys & Girls Club, Inc. (hereafter known as B&GC) shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of the B&GC, or while engaged in any activity away from the club, unless such loss or injury results directly from negligence or willful act or any employee of the B&GC acting within the scope of his/her employment.

**Medical Consent:** I consent that my child be transported and given medical treatment if it becomes needed. I give the B&GC permission to use over-the-counter topical ointments, sunscreen and topically applied insect repellent.

**Other:** I give permission for my child to be transported between school programs and/or B&GC programs. I give consent for my child to have his/her photo, video or other media published in B&GC advertisements, publications, or press releases. I give permission to Boys & Girls Club to provide Supplemental Education Services if my child is deemed eligible by their school district to receive them.

**Funding provided by:** Office of Juvenile Justice and Delinquency Prevention, Boys & Girls Clubs of America, NYS Office of Children and Family Services, Orange County Youth Bureau, Sullivan County Youth Bureau, Orange County United Way, Corporate Sponsors and Individual Donors.

\_\_\_\_\_  
Signature of Parent/Guardian Date



\_\_\_\_\_  
Signature of Club Member Date

See INSTRUCTIONS on reverse.

**DAY CARE CENTER NAME:** \_\_\_\_\_

Print the name of the child(ren) enrolled in Day Care:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if your household:**

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

**Complete SECTION B if Section A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B															
<p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$ _____</td></tr> <tr><td>2. _____</td><td>\$ _____</td></tr> <tr><td>3. _____</td><td>\$ _____</td></tr> <tr><td>4. _____</td><td>\$ _____</td></tr> <tr><td>5. _____</td><td>\$ _____</td></tr> <tr><td>6. _____</td><td>\$ _____</td></tr> </tbody> </table>		Name of Household Members	Monthly Gross Income	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____
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1. _____	\$ _____															
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3. _____	\$ _____															
4. _____	\$ _____															
5. _____	\$ _____															
6. _____	\$ _____															
<b>FOR SPONSOR USE ONLY</b>																
<p>Sponsor Agreement Number _____</p> <p>Total Household Members _____</p> <p>Total Income \$ _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official _____</p> <p>Date Determined ____ / ____ / ____</p>	<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>															

## **Section 9**

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member signing the application does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

### **Definition of Household**

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

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## **INSTRUCTIONS FOR COMPLETING DOH-3688**

### **Instructions for Parents or Guardians:**

Write in the name of the day care center in the space provided.

Print the name of each child in your household who attends this day care center.

**Section A:** If your household receives Temporary Assistance for Needy Families (TANF) or Food Stamps or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the TANF, FS or FDPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in day care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the day care center.

**Section B:** Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in day care, who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and social security number of the adult signing the certification is required. If you do not have a social security number, write *none*.

### **Instructions for Centers and Sponsors**

**The For Sponsor Use Only section is to be completed, signed and dated by day care center or sponsor staff.**

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

**The sponsor agreement number.**

**Total household members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in day care.

**Total Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as *paid*.

**Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, social security numbers, TANF FDPIR or Food Stamp numbers) are categorized in the paid category.

**The income eligibility application is valid for one calendar year only.**