

## Membership Disclaimer

#### After School 2022-2023

I have reviewed the completed application and acknowledge that the information provided is true and accurate to the best of my knowledge.

I also acknowledge that I have read the Parent Handbook, understand the rules contained in the Parent Handbook and explain ed the Rules to my child. I request that my child be admitted into membership of the Boys & Girls Club of Milford and I give permission for my child to participate in all club activities.

I further acknowledge that failure by me or my child to follow the rules may result in my child's suspension or expulsion from the Club. I agree that the Club will not be responsible for any accident to my child on the Club's premises or while engaged in any of its activities.

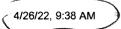
If I agree that photos of my child may be used in public relations materials, I give my consent for any photographs in which my child may appear to be used in any way the Club may choose to use them of that purpose.

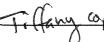
Yes, I give my child permission to be used in public relations material.	
○ No, I do not give my child permission to be used in public relations material.	
I acknowledge that the Boys & Girls Club of Milford is not a peanut free facility, and som snacks may contain nuts.	ne
If you would like to opt out of the Snack Program, please check the circle ().	
Parent Signature	Date
Member Signature	Date

## **Certification Form**

Co- Participant Name:_		Student? F/T or P/T Age:
Current Address:		Relocate/New Address:
Assistance requested for	or: Security Deposit Rer	nt / Mortgage Public Service Agency
Number of Person(s) in	the Household: [ ]	Number of Children under the Age of 18: [ ]
Female Headed Housel	hold Yes No	Male [ ] Female [ }
Number of Persons 62	years of Age or Older: [ ]	Household with Disabled Person: [ ]
U. S. Citizen? Yes	No If no, please a	dvise immigration status
Do you receive a HUD I	Housing Choice Voucher? Yes_	No
Have you received CAR	RES Act funds for a housing exp	ense? If yes, please give date and expense type
Household Member Na	me	
Household Member Nai	me	
Household Member Nai	me	Student: F/T or P/T Age:
Household Member Na	me	Student F/T or P/T Age:
Other or Multi-Ethnic  Household Annual Inco		
Range of Total Household Income (Check one box)	HUD Income Limits by Household Size Based on 80%, 50%, 30% Area Median Income 4/26/22	
	\$0 to \$34,100	
	\$34,101 to \$39,600	
	\$39,601 to \$56,800	_
	\$56,801 to \$62,600	-
	\$62,601 to \$89,400	-
	\$89,401 to \$118,050	J
Summary of Need		
CERTIFICATION: On behalf of my/our hous knowledge.	sehold, I/we hereby certify the in	oformation provided is complete and correct to the best of my/our
Participant Signature		Date
This information is required to confidential and will not be sha Development Block Grant fund	receive Federal funds to assist this organied with an agency other than the Gran	anization to continue to offer this program or activity. The information on this form is itor, the Department of Community Development, which regulates use of Community ation is used to determine program eligibility and the statistical information of the

Department of Economic & Community Development
70 West River Street, Milford, CT 06460
Direct line (203) 701-4479







## FY 2022 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits MTSP Income Limits HUD LIHTC Database

### FY 2022 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2022	Median Family Income	FY 2022 Income Limit	Persons in Family							
Income Limit Area	Click for More Detail	Category	1	2	3	4	5	6	7	8
	\$113,600	Very Low (50%) Income Limits (\$)		45,450	51,150	56,800	61,350	65,900	70,450	75,000
Milford-		Click for More Detail								
Ansonia- Seymour, CT HUD Metro FMR Area		Extremely Low Income Limits (\$)*	23,900	27,300	0 30,700	34,100	36,850	39,600	42,300	46,630
		Click for More Detail								
		Low (80%) Income Limits (\$)	62,600	71,550	80,500	89,400	96,600	103,750	110,900	118,050
		Click for More Detail								

NOTE: Milford town is part of the Milford-Ansonia-Seymour, CT HUD Metro FMR Area, so all information presented here applies to all of the Milford-Ansonia-Seymour, CT HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program rameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Milforc Seymour, CT HUD Metro FMR Area.



# **PICK-UP LIST**

	Child's N	lame:
Please add the following nam	nes to my child's pick-up	list:
First / Last Name	Phone	Relationship to Member
	-	
	•	
		se names listed above. If there are any
changes to this list, I will be s	ure to inform The Boys	& Girls Club of Milford.
Print Name		
Signature	Date	



#### Assumption of the Risk and Waiver if Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Club of Milford has put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the 2022-2023 Boys & Girls Club of Milford After School Program could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the 2022-2023 Boys & Girls Club of Milford After School Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the 2022-2023 Boys & Girls Club of Milford After School Program result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) 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(ren) may experience or incur in connection with my child(ren)'s attendance at the 2022-2023 Boys & Girls Club of Milford After School Program or participation at the 2022-2023 Boys & Girls Club of Milford After School Program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Boys & Girls Club of Milford, its employees, Board of Directors, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Boys & Girls Club of Milford, its employees, Board of Directors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the 2022-2023 Boys & Girls Club of Milford After School Program.

Signature of Parent/Guardian	Date
Name of Parent/Guardian	Name of Camp Participant(s)



## **Permission to Leave the Building**

For Middle School and High School Members

I give my Child & Girls Club of Milford on their own, after they have	
Once members leave the building they will be considered and will not be able to re-enter unless they are accordanced guardian.	•
I understand that the Boys & Girls Club of Milford is while they are outside the building without supervisi	·
Comments:	
Parent Signature:	Date:
Emergency Phone Number	

#### Authorization for the Administration of Medication by School. Child Care. and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or

Podiatrist):				
Name of Child/Student		Date of Birth//	Today's Date/	/
Address of Child/Student			Town	
Medication Name/Generic Name	me of Drug		_ Controlled Drug?   YES	□ NO
Condition for which drug is be	ing administered:		_	
Specific Instructions for Medic	ation Administration			
Dosage	Method/	/Route		
Time of Administration Medication shall be a	on	_ If PRN, frequency / End Date:		
Relevant Side Effects of Medic	cation		None Exp	ected
Explain any allergies, reaction	to/negative interaction with food	or drugs	_	
Plan of Management for Side	Effects			
Prescriber's Name/Title		Phone	Number ()	
Prescriber's Signature			/	<u></u>
School Nurse Signature (if app	olicable)			
Parent/Guardian Authorizati  I request that medication be a	on: dministered to my child/student as de	escribed and directed above		
exchange of information between this medication. I understand	e ordered medication be administered ween the prescriber and the school nu d that I must supply the school with no ne dose of the medication to my child.	urse, child care nurse or camp ro o more than a three (3) month s	nurse necessary to ensure the saf- supply of medication (school only.	e administ
Parent/Guardian Signature		Relationship	Date//	
5		_	<b>0</b>	
Parent /Guardian's Address _ E-mail:	Cell Phone # (	l own_ ) Othe	State_ er Phone # ()	
	SELF ADMINISTRATION AND /OR POS			
parent/guardian in accordance wit authorization by the prescriber an medically-diagnosed life-threateni	may be authorized by the prescriber ( th board policy. In a school: 1. inhaler d parent/guardian only; 2. students m ng allergies; and 3. students who are parent/guardian written authorization.	rs for asthma and cartridge inje nay possess, self-administer or e six years of age or older may	ctors for life-threatening allergies possess and self-administer med	require lications fo
<ol> <li>Student to self-administer</li> <li>Student to possess medic</li> </ol>	medication specified on this forn cation specified on this form:	n: YES YES	_NO _NO	
Prescriber's Authorization and	Signature:		Date:	
Parent/Guardian Authorization	n and Signature:		Date	:
School nurse (RN) Approval o	f self-administration (if applicable	e):	Date	:
	ceiving Written Authorization and	d Medication		

## **Medication Administration Record (MAR)**

Name of C	hild/Stude	ent		]	Date of Birth	/
Pharmacy Name			Pres	scription Nur	nber	
Medication Order						
Date	Time	Dosage	Remarks	Was This Person Medication Self Observing o		Observing or Administering
				□ <sub>Yes</sub>	$\square_{No}$	
				□Yes	$\square_{No}$	
				□ <sub>Yes</sub>	$\square_{No}$	
				Yes	$\square_{No}$	
				Yes	□ <sub>No</sub>	
				Yes	□No	
				□ <sub>Yes</sub>	∐ No	
				Yes	□No	
				□ <sub>Yes</sub>	∐ No	
				☐ Yes	□No	
				Yes	∐ No	
				Yes	□No	
*Medicatio	<u>n authoriza</u>	ation form m	ust be used as either a tw	vo-sided docum	ent or attached	d first and second page.
		m is compl			n is appropri	•
		original con edication (p		<b>□</b> Date on la	bel is current D	; Date//

#### Individual Plan of Care for a Child

#### With Special Health Care Needs or Disabilities

Child's Name:	
Special health care need or disability:	
	edical emergency. An individual Plan of Care is necessary or disability and it is necessary that special care be taken oo.
Other relevant information: (e.g. precaution	s to be taken to prevent a medical or other emergency)
Signature(s) of the Parent(s):	Date Signed:
	/

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.