Protection of Minors on Campus

Program Registration Form

Under the Boston College Protection of Minors on Campus policy, www.bc.edu/_____, all sponsors of Boston College “programs” involving minors must complete this Registration Form and return it to their Dean or Vice President for approval. The responsible Dean or Vice President will then send the Registration Form, along with Self-Disclosure Form(s) and the Background Check Release Form(s) for each Authorized Adult to the Vice President for Human Resources no later than thirty (30) days prior to start of the Program. Please contact your Human Resources Officer or Boston College’s Human Resources Department at 617-552-3330 with any questions concerning this form or the registration process.

I. General Program Information:
   a. Please describe the Program below:

   b. Please list the employee(s) with primary responsibility for the Program.
c. Please list below names and email addresses of all authorized adults participating in Program. Note: The term “authorized adult” refers to any university students, employees, independent contractors or volunteers who will supervise or otherwise have contact with minors in connection with the program. Note: NO persons listed below shall serve as an Authorized Adult unless and until they have completed a self-disclosure form and completed a Background check in compliance with the Boston College’s Policy on the Protection of Minors on Campus.

d. Please attach certified copies of Driver’s License or government issued photo identification for each authorized adult.

II. Communication Plan:
Please provide below or on a separate sheet a description of Communication Plan to be followed by the program. The Communication Plan must include:

- A procedure for obtaining and maintaining contact information for participants’ parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable;
- A procedure for notification of all participants’ parents/legal guardians in the event of an emergency; and
- A procedure for parents and guardians to follow to contact program personnel and/or their child during program hours.
III. **Medical Emergency Plan:**
Please provide below or on a separate sheet an outline of the Medical Emergency Plan to be followed by the Program. The Medical Emergency Plan shall include:

- A procedure for obtaining and maintaining (i) authorization from all participants’ parents/legal guardians to transport program participants to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatment in the event the parents/legal guardians or their designated emergency contact are not available;
- A procedure for obtaining and maintaining disclosures of any allergies or other medical condition or physical limitation that might impact participation in the Program; and
- A procedure to administer medication to program participants as necessary during program hours.

IV. **Supervision Plan:**
Please provide below or on separate sheet a description of the Supervision Plan to be followed by the program. Please note that the policy on the Protection of Minors on Campus prohibits any unobserved, unsupervised one-on-one contact between a minor and any Authorized Adult. A Supervision Plan must specify:

- The person having responsibility over all Authorized Adults serving in the Program;
- The proposed ratio of participants to Authorized Adults;
- The proposed number of Authorized Adults over 21;
- The breakdown of Authorized Adults by category of employees, students and volunteers; and
- Curfew, rules pertaining to any visitors, and limitations of use of free time in the event the Program involves any overnight stays.
V. **Transportation Plan:**
Please provide below or on an attached sheet a description of Transportation Plan to be followed by the program. The Transportation Plan must include:

- a procedure for the pick-up and drop-off of participants, specifying times and locations;
- a procedure to obtain written permission from a parent or legal guardian in the event any participant is to be released to any person other than his or her parents or legal guardians; and
- a description of any transportation of participants to be provided by the program, specifying the type of vehicle, and drivers. Note: any program providing for transportation of participants by Authorized Adults must be in all instances be reviewed and approved by the Office of Risk Management. Under no circumstances shall an Authorized Adult be permitted to be alone with a minor in a car or other vehicle.

VI. **Signatures:**

____________________________________  (______) _______  __/__/____
Signature of individual completing Form  Contact number  Date

____________________________________  (______) _______  __/__/____
Signature of Vice President or Dean  Contact number  Date

**Required Attachments:**

1. Authorized Adult Disclosure Forms
2. Criminal Background Check Authorizations
3. Certified Photo IDs for each Authorized Adult