Application for Summer Camp

Child’s Name: _______________________________________________

Grade (going into): _________  School: ________________________

Please indicate which program you will be using:

- School age Summer Camp  $ 165 / week
- Teen Summer Camp  $ 125 / week
- Summer Camp (1 or 2 days only)  $ 45 / day

Enrollment Requirements:
- Childcare packet completed in its entirety
- Boys & Girls Club Membership Form
- Complete Immunization Status Report
- Summer Camp Registration fee of $50.00
- Parent Handbook & Behavior Management Policy
- Documentation of Financial assistance

GREAT FUTURES START HERE.
Monroe Boys & Girls Club

Summer Camp 2016 Field trips

**Week 1: Movement Arts**
June 27th—July 1st
Field Trip: TBA

**Week 2: Join the Quest!**
July 5th—July 8th
Field Trip: TBA

**Week 3: NW Pride**
July 11th—July 15th
Field Trip: TBA

**Week 4: Back to the Forest**
July 18th—July 22nd
Field Trip: TBA

**Week 5: Flight week!**
July 25th—July 29th
Field Trip: TBA

**Week 6: Olympics in RIO**
Aug 1st—Aug 5th
Field Trip: TBA

**Week 7: Olympics in RIO**
Aug 8th—Aug 12th
Field Trip: TBA

**Week 8: TBA**
Aug 15th—Aug 19th
Field Trip: TBA

**Week 9: TBA**
Aug 22nd—Aug 26th
Field Trip: TBA

**Week 10: TBA**
Aug 29th—Sept 2nd
Field Trip: TBA
**Payment Procedures:**
All camp fees are assessed in advance on a weekly basis. Payments is due on or before the beginning of each camp week. We accept debit, credit, cash and/or check. DSHS and scholarships are also available. Your child is not guaranteed a place in the Camp until payments have been received.

**Members must be dropped off no later than 8AM on field trip days**

**Sign-In/Sign-Out Requirements:**
All of our members must be signed in and out by an adult. Any adults who will be picking up your child needs to be listed on the pick up list on your child’s registration. We can only add people to the pick up list with a signed note from a parent or guardian. We use the sign in/out sheets to double check our attendance during a fire drill and emergency situation. Please advise anyone picking up your child that we will ask for picture identification from any person our staff is not familiar with (this may include parents). We will not release your child to anyone not listed on the pick up list or who is not carrying a valid picture identification.

**Please Take Note:**
If you think you will be late picking up your child, please give us a call immediately. The fee is $5.00 per minute, per child after close.

**Contact Information:**
Address: 261 Sky River Parkway Monroe, WA 98272
Phone: (360) 794-4775
## Boys & Girls Clubs of Snohomish County

### Monroe Unit

**SUMMER CAMP REGISTRATION**

**Contact Information**

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<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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<tr>
<td>Child’s Name</td>
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<thead>
<tr>
<th>Child’s Birthdate</th>
<th>Grade (current/going into)</th>
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<th>Street Address</th>
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1) Parent/Guardian

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2) Parent/Guardian

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<th>City</th>
<th>Zip Code</th>
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### People to Notify in Case of Emergency

1) Name

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<tr>
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<th>Permission to Pickup</th>
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<th>No</th>
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<th>Home Phone</th>
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2) Name

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3) Name

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<th>No</th>
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<th>Cell Phone</th>
<th>Home Phone</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
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### Anyone else that has permission to pick up your child

1) Name

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<tr>
<th>Cell Phone</th>
<th>Home Phone</th>
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2) Name

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3) Name

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<tr>
<th>Cell Phone</th>
<th>Home Phone</th>
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**Child's Medical Health Information**

- Date of child’s last physical exam
- Health Care Provider
- Phone Number
- Street Address
- City
- Zip Code

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<tr>
<th>Special Health Concerns Y or N</th>
<th>Allergies (including medicine reactions) Y or N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify</td>
<td>Specify</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular Medications Taken Y or N</th>
<th>Other Important Information Y or N</th>
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</thead>
<tbody>
<tr>
<td>Specify</td>
<td>Specify</td>
</tr>
</tbody>
</table>

- Child’s Dentist Name
- Phone Number
- Date of child’s last dental exam

- Insurance Company
- Membership#
- Policy Holder Name
- Employer
- Insurance Company
- Membership#
- Policy Holder Name
- Employer

---

**Consent to medical care and treatment of minor child**

I give my permission that my child may be given first aid/ emergency treatment by a qualified child care provider and/or staff at Boys and Girls Club of Snohomish County, 261 Sky River Parkway, Monroe, WA, 98272.

Disclaimer: If I cannot be contacted, I authorize and consent to medical, survival and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child’s health. I waive my right of informed consent to such treatment, but understand that attempts will be made to contact me immediately. I certify under penalty or perjury under the laws of the State of Washington that this information is true and correct and that I am the legal parent/guardian of this child. I will be responsible for any and all fees related to the incident. I waive my right of informed consent for treatment.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Allergies: Let us know and remind us if you have food, animal or medical allergies.

**Code of Conduct:** Follow the 4 Rules of Respect. All children will read and sign to help them better understand the policies:
1) Respect yourself wearing appropriate clothing; no violent or vulgar print. No Hoods or face masks.
2) Respect others by being responsible, courteous, friendly, sharing, and considerate.
3) Respect the Club, clean up after yourself, returning all materials to their proper place. Food is to be kept at tables, and only soft sole shoes in the gym.
4) Respect the Staff by following their direction.

**Emergency:**
1) **Evacuation Plans:** we hold drills on a monthly basis in case of fire, earthquake, etc. All youth in the building need to walk safely to the field by the Baseball field and wait for staff to instruct you further. In case of real emergency, even club members cannot leave. We need to count to ensure all have left the building and are accounted for.
2) **Emergency Preparedness Plan:** Disaster Response: If there is an earthquake or extreme disaster, please stay on premises so parents know they can come get you at the club.

**Field Trip:** Forms must be signed by parents in order to participate, don’t forget to remind them.

**Pets:** No pets are permitted on the premises.

**Illness or lice:** Do not come to the club if you are ill with flu symptoms, diarrhea, vomiting, Pink eye, high fever, contagious infections, or lice. Many people have lice, we will help you get rid of it if you ask.

**Items from Home:** You should not bring I-Pods, PSPs, Game Boys, expensive clothing items, or hand held computer devices. If you choose to bring movies or gaming, they must be approved. We are not responsible for lost, stolen, or broken items that you bring. **Make sure you bring coats, towels, swim suits, and other items needed for field trips.** No gum in the building.

**Medications:** If you have any medications, you must take them at entry only, and with permission. No medications can be shared.

**Sign In:** For school age campers; parents must sign their children in and out each day they attend. Campers cannot leave without parent/guardian.

**Transportation:** If you are riding in the Boys and Girls Club vehicles for field trips, you must follow seatbelt and all policies.

I have read the Child/Teen Code of Conduct and will follow the rules set forth:

Youth Name_________________________

Youth Signature______________________
Behavior Policy

This contract is a condition for your membership to the Monroe Boys & Girls Club. It is intended to clarify expectations regarding behavior and identify consequences for any incidents of unacceptable conduct. The Monroe Boys & Girls Club is intended to be a positive, safe place for all kids, staff, parents, and visitors. Any unacceptable behavior, or such, is not conducive to this atmosphere.

All members of the Monroe Boys & Girls Club are accountable for their actions, or lack thereof, and are expected to be responsible, exercise good judgment, and make wise choices in order to prevent their conduct from interfering with the rights of others.

Philosophy: The Boys & Girls Club staff respect children as people with unique feelings, values and needs. We believe that positive reinforcement and behavior modification through consequences are effective methods of dealing with behavior issues.

Rules: There is really one over arching rule and we feel it covers everything. RESPECT.
RESPECT STAFF: Listen and follow directions
RESPECT THE CLUB: Take care of equipment and property
RESPECT THE CLUB MEMBERS AND GUESTS: Be kind friendly and treat others as you would want to be treated
RESPECT YOURSELF: Take care of yourself and your belongings and be a good example

Behavior Management Procedures: Positive verbal recognition and rewards, as well as modeling good behavior, will be used to reinforce expectations. The following steps will be taken in the event of a behavior problem:

1-Reasoning: Child and staff will communicate and problem solve to come up with a solution to the problem.
2–b: Child may be removed from the activity for a short period of time and will be redirected to a new activity or given time to cool down.
3– “Think and Writes”: If reasoning and cool downs have failed, or when the child has had 3 consecutive warnings, the child be asked to do a Think and Write. The child will document which Respect Rule they have broken and will have a chance to decide how they may avoid breaking the rule in the future. Parents will be notified when a child has done a Think and Write.
4-Parent Conference: An informal parent conference will be held when repeated problems occur or when a behavior is dangerous to the child, staff or others.
5- Suspension/Dismissal: If the agreements made during the parents conference are not met and behavior issues continue, another meeting will be help to discuss whether or not this is the right program for your child. At this time, a suspension may be required.

Parents and youth should be aware that there are certain behaviors that can not and WILL NOT BE TOLERATED and will result in immediate suspension or dismissal from the program. Such behaviors include violent behavior, threats, vandalism, theft, drug or alcohol use, and any other activity that puts the child or others in danger. If a parent can not be reached of it the situation escalates, we may call forced to call the police. Parents will be required to pay for and damages that result in such a case.

I, __________________, understand that it is important that I conduct myself in a responsible and appropriate manner so as not to jeopardize the safety and well being of others at the Monroe Boys & Girls Club. Furthermore, I am aware of the expectations placed on me regarding my behavior, and acknowledge that I may be subject to disciplinary actions as a consequence of any unacceptable behavior.

Member’s Signature: _____________________ Parent’s Signature: _____________________

Parent Handbook

I, __________________, have read and agree to all policies and procedures listed in the parent handbook of the Monroe Boys & Girls Club. If I have any problems with these procedures I will discuss them with the Childcare Director.

Parent’s Signature _____________________
### Parent Permission Authorization

I hereby give my permission for my child to participate in any/all Monroe Boys and Girls Club Activities, including but not limited to; movies, gaming, sports, artwork, photographs, music, water fun, walks, leaving the premises for field trips, traveling in the Boys and Girls Club’s staffed transportation-public transportation, or private transportation, etc. I will be notified of all field trips prior to and asked to sign up for the trip. I certify (or declare) that I am the parent or legal guardian of the above named child and that I have the authority to authorize such activities and actions.

Any field trip concerns: ___________________

Parent Initial ______

### Medical Treatment

I hereby give my permission that my child may be given first aid/emergency treatment by a qualified child care provider and/or staff at Monroe Boys & Girls Club, 261 Sky River Parkway Monroe WA, 98272.

If I cannot be contacted, I further authorize and consent to medical, survival and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child’s health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty or perjury under the laws of the State of Washington that this information is true and correct. I will be responsible for any and all fees related to the incident. I waive my right of informed consent for treatment.

Parent Initial ______

### Sunscreen Permission

During hot weather do you want sunscreen applied to your child? Yes/No

### Medications

Will your child be taking any medications while at the Boys & Girls Club? Yes/No

If yes please fill out the medication form.

Parent Initial ______

I declare that I am the legal parent/guardian of the child noted. To the best of my knowledge my child is in good health and immunized to participate.

Parent/Legal Guardian Signature __________________ Date __________

Immunization record on the following page must be completed.
### Certificate of Immunization Status (CIS)

**DOH 348-013 January 2010**

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

**Child’s Last Name:**

**First Name:**

**Middle Initial:**

**Birthdate (mm/dd/yyyy):**

**Sex:**

I certify that the information provided on this form is correct and verifiable.

**Parent/Guardian Signature Required:**

**Date:**

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<th>Dose</th>
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<th>Date (Day)</th>
<th>Date (Year)</th>
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<td>or Hep B - 2 dose alternate schedule for teens</td>
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<td>Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</td>
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<td>Polio (IPV, OPV)</td>
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<td>Influenza (flu, most recent)</td>
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<td>Measles, Mumps, Rubella (MMR)</td>
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<td>Varicella (chickenpox) or varicella zoster</td>
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<td>Varicella (chickenpox) or varicella zoster 1</td>
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<td>Hepatitis A (Hep A)</td>
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<td>Human Papillomavirus (HPV)</td>
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<td>Office Use Only/Immunization information updated and verified with parent/guardian permission</td>
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Printed Staff Name Date

Printed Staff Name Date

Printed Staff Name Date

Printed Staff Name Date

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**If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.**

Mark option 1, 2, 3, OR 4 below – see, back #5.

1) **☐** Chickenpox disease verified by printout from CHILD Profile Immunization Registry
   Must be marked by printout (not by hand) to be valid.

2) **☐** Chickenpox disease verified by Health Care Provider (HCP)
   If you choose this box, mark 2A OR 2B below:
   2A) **☐** Signed note from HCP attached OR
   2B) **☐** HCP signed here and print name below

   **Licensed health care provider (HCP) Signature**
   **Date**
   **(MD, DO, ND, PA, ARNP)**
   **HCP Printed Name:**

3) **☐** Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
   If you choose this box, staff must initial that parent or guardian approves:
   **(initial)**
   **(date)**

4) **☐** Chickenpox disease verified by parent*
   If you choose this box, fill in the date of child’s age when he or she had the disease:
   **Age/Date of disease:**
   **Can ONLY verify for some grades, see back #5 (4).**

   **If the child can show immunity by blood test (titer) and hasn’t had the vaccine, ask your HCP to fill in this box.
   **Documentation of Disease Immunity**

   I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
   Signed lab report(s) MUST also be attached.

   **Diphtheria**
   **Hepatitis A**
   **Hepatitis B**
   **Hib**
   **Mumps**
   **Measles**
   **Varicella**

   **Other:**

   **Licensed health care provider (HCP) Signature**
   **Date**
   **(MD, DO, ND, PA, ARNP)**
   **HCP Printed Name:**
BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
MONROE UNIT
SUMMER CAMP
REGISTRATION
Medication Authorization Form

Child’s Name _____________________________________________ Date of Birth ____________

Program Name  Boys and Girls Club of Snohomish County _______ Today’s Date ___________

To administer a prescription medication
1) The medication must be in it’s original container, with a legible label from the pharmacy indicat-
ing the child’s name, date, name of medicine, dosage, and time, number of days medica-
tion is to be given, and expiration date of medication, doctor’s/nurse practitioners name,
pharmacy name and telephone number.
2) Samples must be accompanied by a doctor’s written prescription.
3) Medications are to be given only to the child indicated on the label (no siblings can share)
4) A separate authorization is required for each medication and each episode of illness.
5) Label constitutes the physician’s/nurse practitioner’s order.
6) Parent/guardian is to give as many doses as possible at home, we are strictly a back-up for
   additional doses. (lunchtime)

Medication Name ____________________________________________

Reason for giving _____________________________________________

Start date _______/______/_________  End date _______/______/____________

Dosage: ___________________________ Times to be given _______ am _______ pm

Dosage time parent provides _________ am ___________ pm

Given by:  mouth  in eyes  on skin (location) ______________________

Possible side effects ___________________________________________

Special handling other than lockbox ________________________________ Refrigeration Yes  No

We do not provide non-prescription medication from home without written confirmation as to
need. If it’s a repetitive medication for migraines, etc, please get a doctors signature and we will
keep in lockbox.

Medication ______________________ Purpose ______________________

Doctor’s/Nurse Practitioner Signature ____________________________

All medication given is documented, and empty bottles you will be notified. It is up to you to
keep up the supply.

Parent/Guardian Signature: __________________________ Date: __________
Monroe Boys & Girls Club
Summer Camp 2016
Registration Form

Child’s Name:____________________________________________________

Parent/Guardian Name____________________________________________

Primary Contact Number:__________________________________________

Shirt Size: Kid: S  M  L  XL    Adult: S  M  L  XL

<table>
<thead>
<tr>
<th>Week</th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
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<tbody>
<tr>
<td>Dates</td>
<td>6/27-7/1</td>
<td>7/5-7/8</td>
<td>7/11-7/15</td>
<td>7/18-7/22</td>
<td>7/25-7/29</td>
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<tr>
<td>Full Time/1-2 Days</td>
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<tr>
<td>K-5 Rate</td>
<td>$165</td>
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<tr>
<td>Teen Rate</td>
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<tr>
<td>Deposit</td>
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<tr>
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<th>Wk 6</th>
<th>Wk 7</th>
<th>Wk 8</th>
<th>Wk 9</th>
<th>Wk 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>8/1-8/5</td>
<td>8/8-8/12</td>
<td>8/15-8/19</td>
<td>8/22-8/26</td>
<td>8/29-9/2</td>
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<td>Full Time/1-2 Days</td>
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</tbody>
</table>

Date:_________  Deposit Total $:_____________  Receipt #:___________________  Staff:_________________
Child's Information
Name: ___________________________ Gender: Male/Female
School: __________________________ Grade: _______ Birthdate: __________
Eligible for Free or Reduced School Lunch: Yes/No
Ethnicity/Race:
☐ African American  ☐ American Native  ☐ Asian  ☐ Caucasian
☐ Pacific Islander  ☐ Multi-Racial  ☐ Other  Also Hispanic/Latino: ☐ Yes ☐ No

Primary Parent/Guardian Information
Name: ___________________________ Gender: Male/Female
Address: ________________________________________________________________
City: ___________________ State: _______ Zip: __________
Phone: ___________________________ Cell: ___________________________
E-Mail: ________________________________________________________________
Place of Employment: __________________________________________________
Is this parent a veteran or active member of the U.S. Military? Yes/No
Branch: ___________________________ Dates of Service: __________ to __________

Other Parent/Guardian Information
Name: ___________________________ Gender: Male/Female
Phone: ___________________________ Cell: ___________________________
E-Mail: ________________________________________________________________
Place of Employment: __________________________________________________
Is this parent a veteran or active member of the U.S. Military? Yes/No
Branch: ___________________________ Dates of Service: __________ to __________

Household Information
Household Size
☐ Both Parents
☐ Single Parent (Mother)
☐ Single Parent (Father)
☐ Grandparents
☐ Guardian/Other

Family Annual Income
☐ $0 to $14,999
☐ $15,000 to $29,999
☐ $30,000 to $44,999
☐ $45,000 to $54,999
☐ $55,000 to $64,999
☐ $65,000 to $74,999
☐ $75,000 to $84,999
☐ $85,000 and above

Medical Information
Physician: ___________________________
Physician Phone: ___________________________
Medications: __________________________________________________________
Allergies/Medical Concerns: ____________________________________________

Emergency Contacts
First & Last Name
Relation to Child: ☐ Home ☐ Mobile
Phone #: ___________________________
First & Last Name
Relation to Child: ☐ Home ☐ Mobile
Phone #: ___________________________

Terms & Conditions
I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent/Guardian Signature ___________________________ Date: __________

FOR OFFICE USE ONLY
Received By: ________ Fee: ________ Paid ________ On: __________ Input into KidTrax: __________
Membership Type: ☐ Full ☐ 100% Scholarship ☐ 75% Scholarship ☐ 50% Scholarship ☐ 25% Scholarship

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FOR THE FRIDGE

Monroe Boys & Girls Club Summer Camp 2015

Location
261 Sky River Parkway
Monroe, Wa 98272

Contact Us:
(360) 794-4775
LSTUDERUS@bgcsc.org

Camp Hours
6 Am to 6 PM M-F
Camp Activities 9 AM to 3 PM
Field Trip Days: MUST BE AT THE CLUB BY 8 AM UNLESS OTHERWISE NOTIFIED

Remember
⇒ Camp T-Shirts are to be worn on Field Trip days
⇒ Breakfast and lunch are served every day
⇒ Regular payments must be made on account balance for continued childcare
⇒ A $5 a minute late fee will be applied after 6pm

Backpack Includes:
⇒ Water Bottle
⇒ Change of clothes
⇒ Tennis Shoes
⇒ Sunscreen
⇒ Comfortable and weather
⇒ Appropriate clothing
⇒ Towel