At the Snohomish Boys & Girls Club our Mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. While your kids are with us they will be in a positive, safe, fun environment. After school every child has time to complete their homework and receive help if needed. We also offer many programs through out each week for your kids to participate in such Fine Arts, Arts & Crafts, Cooking Club, Triple Play, SMART Girls & Respect Club!

**Onsite Childcare:**
- Machias Elementary – 6:00am– until school starts. After school the kids are bused to the main club on 2nd St in Snohomish. We are open until 7:00pm
- Cascade View Elementary- 6:00am– Until School Starts. After until 6:30pm
- Cathcart Elementary- 6:00am– Until School Starts. After until 6:30pm

**ALL other Elementary schools are always at the main club. Hours 6:00-7:00pm Monday-Friday.**

Transportation is provided by Boys & Girls Club vans or transported by school bus.

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**Program Director- Chelsea Saunders**

**csaunders@bgcsc.org**

**360-568-7760**

**Area Director– Marci Volmer**

**mvolmer@bgcsc.org**

**360-568-7760**

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**Full Time (4-5 days per week)**

- Before OR After School only- $240 per month
- Before AND After School- $370 per month
  (Includes Early Release Fridays)

**Part Time (3 or less days per week)**

- Before OR After School only- $165 per month
- Before AND After School- $245 per month
  (Includes Early Release Fridays)

**Full Time + Part Time**

- Before Full Time + After Part time- $305.00
- Before Part time + After Full Time- $305.00
  (Includes Early Release Fridays)

**Friday’s only**

- $95 per month

**Registration Fee**

- $45.00

**Non-School Days**

- $30.00 per day

**Half School Days**

- $15.00 per day

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Provider #: 375669
<table>
<thead>
<tr>
<th>Child’s Name</th>
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<tbody>
<tr>
<td>Child’s Birthdate</td>
<td>Grade (going into)</td>
</tr>
<tr>
<td>Male/ Female</td>
<td>School</td>
</tr>
<tr>
<td>Street Address (home)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1) Parent/Guardian</th>
<th>Living with Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Employment</td>
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<tr>
<td>Email</td>
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<thead>
<tr>
<th>2) Parent/Guardian</th>
<th>Living with Yes No</th>
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</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
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<tr>
<td>Cell Phone</td>
<td>Employment</td>
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<td>Email</td>
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</tbody>
</table>

**People to Notify in Case of Emergency if parent/guardian CANNOT be reached.**

<table>
<thead>
<tr>
<th>1) Name</th>
<th>Relationship</th>
<th>Permission to Pickup</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Home Phone</td>
<td>Work Phone</td>
<td></td>
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</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip Code</td>
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</tbody>
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<table>
<thead>
<tr>
<th>2) Name</th>
<th>Relationship</th>
<th>Permission to Pickup</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Home Phone</td>
<td>Work Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>Zip Code</td>
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</tbody>
</table>

**Anyone else that has permission to pick up your child**

Name: / / 

**Child’s Medical Health Information**

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<thead>
<tr>
<th>Health Care Provider</th>
<th>Phone Number</th>
<th>Date of child’s last physical</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Dentist Name</td>
<td>Phone Number</td>
<td>Date of last Dentist Visit</td>
<td></td>
</tr>
</tbody>
</table>

Please list any special information including allergies, medical conditions, medications, and behavioral issues etc…

EVERYTHING MUST BE COMPLETE ON THE PAGE
Please indicate which plan your child will be using:

___Full Time (4-5 days per week) Before OR After school (Circle One) $240.00

___Full Time Before and After School $370.00

___Full Time AM & Part Time PM $305.00

___Part Time AM & Full Time PM $305.00

___Part Time (3 days or less per week) Before OR After school (Circle one) $165.00

___Part Time Before AND After School $245.00

___Friday’s only $95.00

___Drop in random days $10.00 per day (Max 3 days per month)

Snohomish Boys and Girls Club Billing and Payment Policies

In order for us to keep costs low and to offer quality programs, it is imperative that childcare tuition payments are paid on time. * Statements will be out the first week of each month, and will reflect what you have signed up for. If your child’s schedule changes please let Chelsea know and your bill will be adjusted. * Failure to pay your balance may result in suspension from program. If your account becomes more than one, month past due and no communication has been made, childcare will no longer be provided.

In order to provide childcare for parents that need it on a consistent basis, the following schools have limited van space and require a full time or part time rate to reserve your child’s seat in the van. There are no Drop in/Daily rates or discounts allowed for not using the time you signed up for. Also all monthly payments must be current to continue care.

This applies to but not limited to: Little Cedars, Totem Falls, Seattle Hill, Penny Creek, Riverview

If you plan to be on vacation or have an extended absents (longer then 2 weeks) in the program please speak to the Unit Director or Program Director BEFORE hand.

DSHS Childcare Reimbursement

Upon becoming licensed by the Washington State Department of Early Learning, the Snohomish Boys and Girls Club will accept DSHS Childcare Reimbursement. In order to apply, please contact the Skykomish Valley CSO online. As soon as you have your paperwork, bring it to the Boys and Girls Club and the Director will complete the provider portion so that you can return it to your case worker ASAP. Provider #375669

Boys and Girls Club Scholarship Opportunities

Upon becoming licensed, the Snohomish Boys and Girls Club will only consider scholarships for childcare after the parent has applied for DSHS funding. If DSHS funding is not available, a meeting with the Director may be request-ed to discuss options. At this time, the maximum scholarship we are able to offer, if certain criteria are met, is 10-50%.

Please remember that it is better to talk to us regarding payment issues, rather than ignore them. Communication is key!

If you have any question, please contact Chelsea Saunders at Csaunder@bgcsc.org or by calling the club

Please sign that you have read and agree with the payment policies listed above.

Parents Signature ___________________ Date ______________

CUSTODY ISSUES: While we understand that parenting plans and custody issues are very important to both parents, the Boys & Girls Clubs of Snohomish County is not a party to any custody orders and we are not able to enforce parenting plans. Unless there is a current court issued restraining order on file at the Club, both parents may pick up the child, regardless of the custody agreement. Disagreements between parents must be ad-dressed off site. Please make sure that you have clearly established expectations between parents. We do honor restraining orders and protection orders if provided to us and will enlist help from law enforcement if needed.
Parent Authorization & Medical Form

Child’s Name: ___________________________________________ Preferred Name: ____________________________

Age: ________ Birth Date:_________________ School: ______________________________ Grade:______________

Address: ___________________________________________ City:_________ Zip:__________________

Home Phone: ________________________________ Child lives with: Mother / Father/Guardian (circle all that apply)

Mother’s Name/Guardian 1: ____________________ Cell Phone: ________________ Work Phone: _______________

Father’s Name/Guardian 2: _____________________ Cell Phone: ________________ Work Phone: _______________

In case of an emergency and I cannot be reached, I give permission for any of the following individuals to be contacted for any needed decisions and my child may be released to them:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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List others (in addition to parents and emergency contacts) that are authorized to pick up your child:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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</tbody>
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List any, who by court order may not pick up your child?

Copies of court order MUST be given to Club when registering your child.

COURT ORDER RECEIVED: DATE: __________ BY: (Print Staff Name): _____________________________

Medical Information:

Child’s Physician: ___________________________________________ Phone: ______________________

Date of child’s last physical: ___________________________ Date of Last Tetanus Shot: __________

Dentist: ___________________________________________ Phone: ___________________________

Special Accommodations: Is your child subject to any of the following:

Special Diet ______  A.D.H.D. ______  Behavior Disorder ______

Homesickness ______  Asthma ______  Bleeding ______

Ear Infections ______  Clotting Disorder ______  Autism ______  Others ______

Allergies: Is your child allergic to any of the following?

Bee Sting:_____ Peanuts:___ Medication:__________________ Food:__________________

Other:__________________ Treatment for the allergic reaction:__________________

Medications: Will your child need to take any medications while at the Boys & Girls Club?

___ Yes  à If Yes, there are other forms to be completed. Medication Name:__________________

___ No
***Children who regularly take medication during the school year should continue to take medication while enrolled at the Boys & Girls Club. Non-school days and spring, summer, and winter breaks are not a time when a child should take a break from their regular medication.

ALL medications must be given to the director. Children MAY NOT self-administer medications, including all over the counter medications! Medication needs to be in the prescription bottle (e.g., not in a Ziploc bag) and will be locked in a safe place out of reach of other children.

Sun Screen: During hot weather, do you want sunscreen applied to your child? ____Yes ____No
Does your child have any swimming restrictions? ____Yes ____No

***Please mark your child’s swimming abilities/experience on a scale of 1-10 with 10 being the most experienced, so that we will address your child’s swimming needs: ________ (most public swimming parks/facilities require that children take a swim test in order to swim in the “deep-end.” To enter the “deep-end” we will have your child take the swim test before every swimming activity).

Authorizations:
I give my permission for my child to participate in Club sponsored activities such as field trips, overnights and swimming. I understand that my child will be transported by Club vans operated by Boys & Girls Club employees, public transportation, or by a charted bus operated by a private company.

I also give my permission for the Boys & Girls Club to use pictures of my child participating in Club activities in future promotional purposes.

I understand that the Boys & Girls Club does not allow its staff members to have contact with club members outside of Club sponsored activities and events. I understand that the Boys & Girls Club cannot take responsibility for the actions of its staff members outside of Club sponsored activities and events.

In addition, I hereby give permission for my child to receive emergency medical treatment, including First Aid and CPR, from a qualified Boys & Girls Club staff member. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In the event I cannot be reached, I further authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed by a licensed physician or hospital, selected by the Boys & Girls Club, when deemed immediately necessary or advisable by the physician to safeguard my child’s health. I waive my right of informed consent to such treatment.

I am the parent or legal guardian of the above named child and I have the authority to authorize such activities and actions.

Parent/Legal Guardian ___________________________ Date ___________________________
Behavior Management Policy

Please read and discuss the following with your child:

Philosophy: The Boys and 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 only one rule and we feel it covers everything. RESPECT.

Respect Staff: Listen and follow directions

Respect the Club: Take care of equipment and property

Respect club members and guests: Be kind and 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- Loss of Privilege: 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. This may include field trips.

3- ‘Think and Writes’*: If reasoning and cool downs have failed, or when the child has had 3 consecutive warnings, the child will 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 again 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 parent conference are not met and behavior issues continue, another meeting will be held 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 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 or if the situation escalates, we may be forced to call the police. Parents will be required to pay for any damages that result in such a case.

Please sign below that you have read and understand the behavior expectations.

Parent:____________________________ Child:______________________________ Date: _______________

If you have any questions about these policies, please feel free to contact the club director Mvolmer@bgcsc.org or Csaunders@bgcsc.org or at 360-568-7760.