2020 Summer Camp Packet
New Members

Registration Packet:

- Parent Authorization & Medical Form
- Custody Issues
- Weeks Attending & Payment Policies
- Policies & Participation/Transportation Release
- Sunscreen Authorization Form
- Current Boys & Girls Club Membership (NEW MEMBERS ONLY)
- Certificate of Immunization Status Form (NEW MEMBERS ONLY)
- Automatic Payment Form (optional)
- $30.00 NON-REFUNDABLE membership fee
- Payment of first 2 weeks

**If we need to be aware of, administer, or keep any medications on hand (including Epi-Pens, inhalers, and over the counter medications); or have a specified action plan if/when symptoms occur (asthma, allergic reaction, etc.) a completed Medical Treatment form is required.

*We require a processing period of 2 business days between receiving completed registration paperwork and beginning childcare*
BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY
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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>

List others (in addition to parents and emergency contacts) that are authorized to pick up your child:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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</thead>
<tbody>
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<tr>
<td>3.</td>
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</tbody>
</table>

List any, who by court order may NOT pick up your child? __________________________ Relationship __________________________

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

COURT ORDER RECEIVED: DATE: _______ BY: (Print Staff Name): __________________________

Expiration Date: __________________________

Medical Information:

Child’s Physician: __________________________ Phone: __________________________

Date of child’s last physical: __________________________ Date of Last Tetanus Shot: _______

Dentist: __________________________ Phone: __________________________

Date of last dental exam: __________________________

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

<table>
<thead>
<tr>
<th>Special Diet</th>
<th>A.D.H.D.</th>
<th>Behavior Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homesickness</td>
<td>Asthma</td>
<td>Bleeding</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>Clotting Disorder</td>
<td>Autism</td>
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<td>Clotting Disorder</td>
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</tr>
</tbody>
</table>

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

Bee Sting:____ Peanut:____ Medication: ____________ Food: ____________

Other: ____________ Treatment for the allergic reaction: ____________
Medications: Will your child need to take any medications while at the Boys & Girls Club?
   ___ Yes → 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.

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

12/17/2017
Boys & Girls Clubs of Snohomish County

As the parent who has enrolled my child into the Boys & Girls Club, I understand that the second biological or adoptive parent may make additions to this form, including the pick up authorization list, and may make decisions for the child. This does not include those with a court ordered restraining order.

Child’s Name _________________________________________

Parent 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 addressed 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.

Please sign statement 1 or 2 below:

There is no restraining order regarding my child or children.

_________________________    __________
Parent’s Signature      Date

Yes, there is a restraining order regarding my child or children and I will bring a copy to the Club before the children may begin attending.

_________________________    __________
Parent’s Signature      Date

2/21/19
Please circle the weeks you are registering for.

- WEEK 1  June 1 — June 5
- WEEK 2  June 8 — June 12
- WEEK 3  June 15 — June 19
- WEEK 4  June 22—June 26
- WEEK 5  June 29—July 3
- WEEK 6  July 6—July 10
- WEEK 7  July 13—July 17
- WEEK 8  July 20—July 24
- WEEK 9  July 27– July 31
- WEEK 10 August 3—August 7
- WEEK 11 August 10—August 14
- WEEK 12 August 17—August 21
- WEEK 13 August 24—August 28
- WEEK 14 August 31—September 4

Office Use Only

Paid | Receipt #
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Cascade Boys and Girls Club Billing and Payment Policies

To reserve your space for the summer, the first TWO weeks must be paid in full.

All future weeks must be paid no later than the Friday before (i.e. if you are paying for week 3 July 6-10; you must pay by the Friday before July 3.

Failure to pay agreed upon balance may result in suspension from the program.

Rates:

- Cascade & View Ridge
  - 1 Day= $50
  - 2-3 Days= $125
  - 4-5 Days= $170

Automatic Bill Pay is Available

Automatic Payments are available to families for our Summer program. Additional details in back.

DSHS Childcare Reimbursement

The Cascade Boys and Girl Club site is licensed by the Washington State Department of Early Learning, and will accept DSHS Childcare Reimbursement. In order to apply, please call the Snohomish CSO at (800) 735-7039 with our Provider Number: 596284.

**DSHS assistance must be approved BEFORE childcare can begin.**

If you have any question regarding billing, please contact Lisa Hoppe at Lhoppe@bgcsc.org or by phone 425-267-9526.

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

__________________________________________________  ______________________
Parent/Legal Guardian        Date
**Summer Camp Policies**

*Please initial the following to verify that you understand our Summer Camp policies.*

- In order to register for Summer Camp, Childcare balances must be paid in full.
- Refunds/ credits will not be given for children removed due to disciplinary issues.
- Weather appropriate clothing and shoes, water bottle, sack lunch, extra set of clothes, and sunscreen should be brought to camp in backpacks daily.
- Camp registrations are on a first come first served basis. Field Trip space limited to availability.
- There is NO care available if your child arrives **LATE** and misses the field trip bus.
- If you chose to pick up your child earlier on field trip days then the noted return time; it is your responsibility to find alternative care for the entire day.
- Children must arrive for camp by 8:15 am to ensure participation in daily events.
- Camp fees will cover all costs associated with camp; there will be a $1.00 per minute late fee after 6pm.
- I give permission for the Cascade Boys & Girls Club to use pictures of my Child participating in club activities in future promotional materials.

**With Covid-19, we are limiting excursion field trips and instead we are bringing the trips to us as much as possible!**

### Participation and Transport Release

I the parent (s) guardians of ____________________________ hereby give my approval to his/her participation and transportation in the above activities. I assume all risks and hazards incidental to such participation. I do hereby waive, release, absolve, indemnity, and agree to hold harmless the Boys & Girls Club of Snohomish County and any other organization that the Boys & Girls Club is affiliated with; the organizers, sponsors, qualified physicians, EMT (Emergency Medical Technician), participants, and persons transporting my child.

If I become aware of an injury that arose out of participation in a Club sponsored activity I understand that I must report the injury to the Boys & Girls Club as soon as possible. (This must be reported in a time period no longer that 24 hours after the injury occurred.) I acknowledge and represent that my child is in sound, physical condition to be able to participate in the Boys & Girls Club activities. In the event to my child, I hereby grant the authority to any qualified person, physician, or EMT (Emergency Medical Technician) to render such an emergency medical treatment as deemed necessary under the circumstances. I also grant permission to any responsible person to seek medical help assistance in the event of any injury.

**Does your child require a life vest? (please circle)**

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<thead>
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<th></th>
<th>No</th>
<th>Yes— if yes, one must be provided</th>
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**Youth shorter than 4’9 are required to be in a booster seat while riding in our vans.**

Please list any restrictions or other concerns pertaining to activities:

________________________________________________________________________________________

________________________________________________________________________________________

Parental Signature ____________________________________________ date:________________

*This must be signed to attend any field trips.*
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 are effective methods 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. **Write-Ups**: If reasoning and cool downs have failed, or when the child has had ample warnings, the child will be asked to do a Write Up. 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 had a Write Up. If three (3) write-ups occur in a 30 day period the child will have a minimum one (1) day suspension.

4. **Parent Conference:** An informal parent conference will be held when repeated problems occur or when a behavior is deemed 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.*

If you have any questions about these policies, please feel free to contact the club director at 425-267-9526.

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

Parent: ___________________________ Child: ___________________________
Our goal is to create a professional environment where all students and staff members follow the policies and procedures. We must all be consistent and model the appropriate behaviors. Our center allows the use of screen time that is educational, developmentally and age appropriate. WAC 170-297-6675 Educational media includes such things as small video clips of an educational nature. Time is limited to no more than one hour per week, except when children are completing homework assignments. WAC 170-297-6675 Staff members will use sound judgment and discretion. If a staff member thinks in any way that a site is inappropriate, the member MUST comply with staff’s request.

**Computer Lab Rules:**
1. No food, candy, or drinks in the lab.
2. No running or horse play.
3. Treat all equipment with respect
4. Leave the lab cleaner than you found it.

**Student Behavior Expectations:**
1. Follow all computer lab rules at all times
2. Follow staff directions
3. Be respectful to adults and peers at all times
4. Members will not visit inappropriate sites
5. Members will not respond to any unsolicited messages or web sites

**Responsible Computer Use Guidelines:**
The Boys & Girls Clubs of Snohomish County computer network and Internet access are available to members to enhance their experience and become literate in an increasingly technological world. The following guidelines apply to all users whenever they are using a Boys & Girls Clubs of Snohomish County computer lab.

**Educational Purpose:**
The technology program for the Boys & Girls Clubs of Snohomish County has been established for educational purposes limited to classroom activities, educational learning games and activities, career development and independent scholastic research on appropriate sites. The technology program has not been established as a public access service or public forum.

**Unacceptable Uses:**
- No installing unapproved software
- No instant messaging
- No personal e-mails
- No accessing or downloading of inappropriate sites (any site that exhibits violence, sex, inappropriate language and or dress)

Social Media websites are **prohibited** i.e. Facebook, Vine, Pintrest, MySpace, etc.

If a member accidentally accesses an inappropriate site please do the following:
1. Turn off your monitor
2. Raise your hand and tell the staff member about the problem.

**Illegal Activities:**
You will not attempt to gain unauthorized access to the Boys & Girls Clubs of Snohomish County network or to any other computer system through this network. This includes attempting to log on through another person’s account or access another person’s files. These actions are illegal, even if only for the purpose of “browsing”. You will not make deliberate attempts to disrupt the computer system or destroy data by spreading computer viruses. You will not use the network to engage in any illegal act, including but not limited to engaging in criminal activity, or threatening the safety of another person.
System Security:
You are responsible for your individual user account and should take all reasonable precautions to prevent others from being able to use your account. Under no conditions should you provide your password to another person. You will immediately notify the Unit Director or any other staff member if you have identified or witnessed a possible security problem. Do not go looking for security problems, because this may be construed as an illegal attempt to gain access.

Inappropriate Language:
Restrictions against inappropriate language apply to public messages, private messages, and material posted on Web pages. You will not use unacceptable or disrespectful forms of communication. This applies to verbal, non-verbal and written language, diagrams, photographs, representations, videos or any other form of communication. You will not post information that could cause damage or danger of disruption. You will not engage in personal attacks, including prejudicial or discriminatory attacks. You will not harass another person. Harassing is acting in a manner that distresses or annoys another person. If you are told by a person to stop sending messages, you must stop. Knowingly or recklessly post false or defamatory informational about a person or organization.

Respect for Privacy:
You will not re-post a message that was sent to you privately without permission of the person who sent you the message. You will not post private information about another person.

Plagiarism and Copyright Infringement:
You will not plagiarize works that you find on the Internet. Plagiarism is taking ideas or writings of others and presenting them as if they were your own. You will respect the rights of copyright owners. Copyright infringement occurs when you reproduce a work that is protected by a copyright without authorization. If a work contains language that specifies appropriate use of that work, you should follow the requirements. If you have any questions ask any staff member.

Inappropriate Access to Material:
You will not use the Boys & Girls Clubs of Snohomish County to access material that is profane or obscene (pornography) that advocates illegal acts or that promotes violence or discrimination toward other people (hate literature). If you mistakenly access inappropriate information, you should immediately tell a staff member. This will protect you against a claim that you have intentionally violated this policy. An individual search will be conducted if there is reasonable suspicion that you have violated these guidelines or the law.

Disciplinary Actions:
Members who violate the Responsible Use Guidelines may be denied future Internet and/or network privileges for a specified period of time. They may also be subject to other disciplinary measures as set forth by staff from the Boys & Girls Clubs of Snohomish County. Immediate suspension or expulsion may result in any situation where, in the judgment of the staff, the safety of any individual is at risk.

As a parent or guardian of this child, I have read the Boys & Girls Clubs of Snohomish County Responsible Use Guidelines. I understand that access to the Boys & Girls Club networks and the Internet is designed for educational purposes and the Boys & Girls Club has taken precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring, the club staff can offer, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Snohomish County and club staff are responsible.

I also give permission to the Boys & Girls Club to post pictures/videos of my child and/or their creative artwork on the Boys & Girls Club website or for use in promotional and marketing purposes.

Youth's Name______________________________________________

Parent/Guardian Signature_____________________________________

Date_______________________________
Sunscreen Authorization Form

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth &amp; Age:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Sunscreen &amp; SPF:</th>
<th>Active Ingredients:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunscreen SPF 50 Equate, Coppertone</td>
<td>Active Ingredients: Avobenzone 3%, homosalate 13%, octisalate 5%, octocrylene 7%, oxybenzone 4%. Inactive Ingredients: Water, sorbitol, aluminum starch octenylsuccinate, VP/eicosene copolymer, stearic acid, triethanolamine, sorbitan isostearate, benzyl alcohol, dimethicone, tocopherol (vitamin E), polyglyceryl-3...</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Start Date:</th>
<th>Stop Date: (up to 6 mo. after ‘start date’):</th>
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</thead>
<tbody>
<tr>
<td>June 1, 2020</td>
<td>September 4, 2020</td>
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</tbody>
</table>

<table>
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<tr>
<th>Times to be Applied:</th>
<th>Possible Side Effects:</th>
</tr>
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<tbody>
<tr>
<td>Minimum 2 times during camp.</td>
<td>Sticky or temporary itching</td>
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</tbody>
</table>

<table>
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<tr>
<th>Special Instructions: (Include previous sunscreen reactions)</th>
</tr>
</thead>
</table>

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Storage: Room temperature

__________________________   _________________________
Parent/Guardian Signature   Date

Daytime Phone Number

***Occasionally we receive generic brand sunscreen with the same active ingredients as Coppertone. If you do NOT wish us to use generic brand sunscreen on your child please supply with alternative & sign below***
If you do NOT wish us to use spray sunscreen on your child, please sign 2nd line below***

__________________________   _________________________
Parent/Guardian Signature   Date

__________________________   _________________________
Parent/Guardian Signature   Date

Child’s Name: ____________________________  Date of Birth & Age: ____________________________
Annual Membership Registration Form

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. ALL FIELDS ARE REQUIRED. Please make sure to fill out this form in its entirety.

Children'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: ___________________________
Veteran or active member of the U.S. Military? Yes □ No □ Branch: ___________________________ Dates of Service: ________ to ________

Other Parent/Guardian Information
Name: ___________________________ Gender: Male □ Female □
Address: ___________________________ City: ________ State: ________ Zip: ________
Phone: ___________________________ Cell: __________ E-mail: ___________________________
Place of Employment: ___________________________
Veteran or active member of the U.S. Military? Yes □ No □ Branch: ___________________________ Dates of Service: ________ to ________

Household Information
Household Size: ________ Household Type: Both parents □ Single Parent (Mother) □ Single Parent (Father) □ Grandparents □ Guardian/Other □
Family Annual Income: $0 to $16,600 □ $16,601 to $18,700 □ $18,701 to $20,750 □ $20,751 to $22,450 □ $22,451 to $24,100 □
$24,101 to $25,750 □ $25,751 to $27,400 □ $27,401 to $27,650 □ $27,651 to $31,100 □ $31,101 to $34,550 □ $34,551 to $37,350 □
$37,351 to $40,100 □ $40,101 to $42,850 □ $42,851 to $45,650 □ $45,651 to $48,120 □ $48,121 to $51,420 □ $51,421 to $54,780 □
$54,781 to $55,300 □ $55,301 to $59,750 □ $59,751 to $64,150 □ $64,151 to $68,600 □ $68,601 to $73,000 □ $73,001 + □

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

Emergency Contacts
First/Last Name: ___________________________ Relation to Child: ___________________________ Phone: __________ Home □ Mobile □
First/Last Name: ___________________________ Relation to Child: ___________________________ Phone: __________ Home □ Mobile □

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 that you 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 or summer camp 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 □
MENTORING PROGRAM
PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _______________________ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

____________________________________
(Signature of Parent/Guardian)

____________________________________
(Printed name of Parent/Guardian)

Date__________________

Thank you!
## Certificate of Immunization Status (CIS)

**Washington State Department of Health**

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

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

I give permission to my child’s school/child care to add immunization information into the Immunization Information System to help the school maintain my child’s record.

**Conditional Status Only:** I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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<tbody>
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<td>X</td>
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**Required for School**
- Required Child Care/Preschool

### Required Vaccines for School or Child Care Entry

- **DTaP** (Diphtheria, Tetanus, Pertussis)
- **Td (Tetanus, Diphtheria, Pertussis)** (grade 7+)
- **DT or Td** (Tetanus, Diphtheria)
- **Hepatitis B**
- **Hib** (*Haemophilus influenzae type b*)
- **IPV (Polio)** (any combination of IPV/OPV)
- **OPV (Polio)**
- **MMR** (Measles, Mumps, Rubella)
- **PCV/PPSV** (Pneumococcal)
- **Varicella (Chickenpox)**
  - History of disease verified by IIS

### Recommended Vaccines (Not Required for School or Child Care Entry)

- Flu (Influenza)
- Hepatitis A
- HPV (Human Papillomavirus)
- MCV/MPSV (Meningococcal Disease types A, C, W, Y)
- MenB (Meningococcal Disease type B)
- Rotavirus

**Documentation of Disease Immunity**

- If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

- I certify that the child named on this CIS has:
  - **A verified history of varicella (chickenpox) disease.**
  - **Laboratory evidence of immunity (titer) to disease(s) marked below.**
    - Diphtheria
    - Hepatitis A
    - Hepatitis B
    - Hib
    - Measles
    - Mumps
    - Rubella
    - Tetanus
    - Varicella
    - Polio (all 3 serotypes must show immunity)

**Licensed Health Care Provider Signature**

<table>
<thead>
<tr>
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</table>

**Printed Name**

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

Health Care Provider or School Official Name: __________________________ Signature: __________________________ Date: __________

If verified by school or child care staff the medical immunization records must be attached to this document.
SUMMER

AUTOMATIC DEBIT/CREDIT AUTHORIZATION FORM

Withdrawals will occur every two (2) weeks. If you have questions about your account please speak with office staff.

I authorize the Cascade Boys and Girls Club to charge my debit/credit card on the following dates for balance DUE:

- Monday June 29th: Pays for weeks 3-4
- Monday July 13th: Pays for Weeks 5-6
- Monday, July 27th: Pays for Weeks 7-8
- Monday, August 10th: Pays for Weeks 9-10
- Monday, August 24th: Pays for Weeks 11-12
- Monday, August 31st: Pays for Weeks 13-14

REQUIRED INFORMATION

CHILD’S NAME: ________________________________

NAME (as it appears on card) ____________________________________________

BILLING ADDRESS _______________________________________________________

CITY ___________________ STATE _____ ZIP ________________

HOME PHONE __________________ OTHER PHONE __________________

DEBIT/CREDIT CARD INFORMATION

CARD TYPE: __ MASTER CARD __ VISA __ DISCOVER
__ AMERICAN EXPRESS

CARD NUMBER: _______ _______ _______ _______ _______ _______ _______ _______

EXPIRATION: ___ __ - ___ ___ SECURITY CODE: (on back) ___ ___

AUTHORIZATION SIGNATURE ____________________________________________

PRINT NAME: ______________________ DATE: ____________