Summer Camp 2020

Child’s Name: __________________________________________________________

Grade (going into): __________  School: ___________________

Please indicate which program you will be using:

- [ ] School age Summer Camp         $ 165 / week
- [ ] Teen Summer Camp                $ 165 / 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

GREAT FUTURES START HERE.
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.

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
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 con-
tacted 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>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>2. _______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>3. _______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</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>
<th>Phone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>2. _______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>3. _______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</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:__________

Was parent/person served the court order? ______

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.
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:
- 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  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
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.

_________________________ Date __________________

Parent’s Signature

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.

_________________________ Date __________________

Parent’s Signature

2/21/19
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.

Financial Assistance

Financial assistance is available for those that qualify. To apply for financial assistance, the application process is outlined below:

1. Apply for DSHS (https://www.dshs.wa.gov/esa/community-services-offices/child-care-subsidy-program). Even if you don’t believe you will qualify, this step is still required.
2. If you are approved with DSHS, then please complete the financial piece with them.
3. If DSHS was not approved, please provide proof benefits were denied, 2 most recent income statements for all household income and a letter requesting a scholarship to the Club Unit Director.
4. Once the request is reviewed, a decision will be provided in writing and must be agreed upon by both the Parent/Guardian and the Club Unit Director.

Sign In/Out: (K-5 only) Parents must sign in/out and child cannot leave without parent/guardian. You must remain in childcare with the childcare staff until your parent signs you out at the end of the day.

The Club closes at 6pm during Non-school days. We may charge up to $5/minute beyond closing time.

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

Billing

Childcare/Summer Camp accounts will be invoiced at the First of the month. Balances are due by the 15th of every month. Accounts with an outstanding balance of 30 days or more may result in suspension of services.

Payment arrangements/plans must be agreed upon in writing between the Parent/Guardian and the Club Unit Director before coming effective.

Volunteering at the Club

Club Members and their parents/guardians are encouraged to volunteer at the Monroe Club. Volunteers must pass a background check and will be notified by the Volunteer Coordinator of any opportunities once the successful background check is completed.
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: __________________________
# Certificate of Immunization Status (CIS)

**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 Name (please print):

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (Hep B)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Hep B - 2 dose alternate schedule for teens</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus (RV1, RV5)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP, DTC, DT)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Td, TdP, ID)</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV, PPV)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio (IPV, OPV)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (flu, most recent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella (chickenpox) or very disease</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (Hep A)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal, (MCV, MPSV)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (cote)

4) ☐ Chickenpox disease verified by parent*

   *Can ONLY verify for some grades, see back #5.

   Age/Date of disease:

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 ☐ Mumps
☐ Hepatitis A ☐ Polio
☐ Hepatitis B ☐ Rubella
☐ Hib ☐ Tetanus
☐ Measles ☐ Varicella

Licensed health care provider (HCP) Signature Date (MD, DO, ND, PA, ARNP)

HCP Printed Name:
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.

Child's Information
Name: ____________________________________________________ Gender: Male □ Female □
School: __________________________________________________ Grade: _______ Birthdate: _______
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 $20,700 □ $20,701 to $22,450 □ $22,451 to $24,100 □
$24,101 to $25,750 □ $25,751 to $27,400 □ $27,401 to $28,650 □ $27,651 to $31,100 □ $31,100 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 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 Club 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 to the building or on the premises, except when enrolled in a licensed child care 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 □

Printing donated by K&H Integrated Print Solutions

Updated 12/21/2017