IMAGINE THE IMPACT | BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

S. Everett/Mukilteo Boys & Girls Club
525 West Casino Rd | Everett, WA 98204
Phone: (425) 355-6899
www.bgcsc.org

S. Everett/Mukilteo Boys & Girls Club

BEFORE & AFTER SCHOOL CHILDCARE

The Boys & Girls Club mission is to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. Our programs reduce learning loss, help youth develop healthy lifestyles, and teach good character and citizenship. Join in on the fun!

HOURS OF OPERATION:

6:30 AM until start of school day • After school until 6:00 PM

ACTIVITIES:

Arts & Crafts • Technology • Homework program • Leadership programs
Nutrition and cooking • Games & physical activities

FULL & HALF DAY FEES:

BEFORE SCHOOL: $300/MONTH

AFTER SCHOOL: $300/MONTH

BEFORE & AFTER SCHOOL: $400/MONTH

NON-SCHOOL DAY RATE : $35/DAY

DSHS ACCEPTED (PROVIDER #910123)

For more information contact Bill Kinney , Unit Director (bkinney@bgcsc.org)
or Jaclyn Gaffney, Program Director (jgaffney@bgcsc.org)

BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY

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2022-23 Before & After School Childcare Registration

Please indicate which program your child will use:

Before School ($300/month): ☐ **After School ($300/month):** ☐ **Before & After School ($400/month):** ☐

Child's Name: _____ Grade in 2022/2023 _____

Parent Name: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Child lives with (check all that apply): Mother ☐ Father ☐ Guardian ☐

Email: _____ Place of Employment: _____

In order for us to keep costs low and offer quality programs, it is imperative that childcare tuition payments are paid on time. Childcare fees will be posted to your account upon enrollment and will reflect the activity you enrolled your child for. If your child's schedule changes, please let the Club know and your bill will be adjusted. Failure to pay your balance may result in suspension from the Club. If your account becomes more than one month past due and no communication has been made, childcare will may longer be provided for your child by any Club within the Boys & Girls Clubs of Snohomish County organization.

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 beforehand.

DSHS Childcare Reimbursement: Some of our Clubs are licensed through DCYF and may accept childcare subsidy payments (DSHS). To see if you qualify or to apply for benefits, go to **dcyf.wa.gov/services/earlylearning-childcare/**.

Boys and Girls Club Scholarship Opportunities: If DSHS is not approved or your Club does not accept DSHS, then a financial scholarship may be considered. To apply for a financial scholarship, please return the follow information to the Director of your Club:

- DSHS Denial Letter
- 2 most recent income statements or pay stubs
- Letter requesting financial assistance. Please include how many adults and children are in your household.

Scholarship requests may range from 10-50%, but are not guaranteed.

Please contact the Unit Director of your Club if you have any questions regarding our Billing and Payment Policy. Remember that it is better to talk to us regarding the payment issues rather than ignoring them.

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

Parent/Guardian Signature: _____ Date: _____

Date paid: _____ Receipt number: _____ Type: _____

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: _____

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: _____

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: _____

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 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 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 ☐

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BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY

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Parent Authorization & Medical Form

Child's First Name: _____ Last_____ Gender: M ☐ F ☐

Age: _____ Birth date: _____ School: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Child lives with (check all that apply): Mother Father Guardian

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:

1) Name: _____ Address: _____

Phone: _____ Relationship: _____

2) Name: _____ Address: _____

Phone: _____ Relationship: _____

3) Name: _____ Address: _____

Phone: _____ Relationship: _____

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

1) Name: _____ Address: _____

Phone: _____ Relationship: _____

2) Name: _____ Address: _____

Phone: _____ Relationship: _____

3) Name: _____ Address: _____

Phone: _____ Relationship: _____

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.

Name: _____ Relationship: _____

Court Order received: **Date:** _____ **By (print staff name):** _____ **Expiration:** _____

Medical Information

Child's Physician: _____ Phone: _____

Date of child's last physical: _____ Date of Last Tetanus Shot: _____

Dentist: _____ Phone: _____ Date of last exam: _____

BOYS & GIRLS CLUBS
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Parent Authorization & Medical Form

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

Special Diet ☐ A.D.H.D. ☐ Behavior Disorder ☐ Other ☐
Homesickness ☐ Asthma ☐ Bleeding ☐ _____
Ear Infections ☐ Clotting Disorder ☐ Autism ☐ _____

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?

No: ☐ Yes: ☐ *If yes, there are other forms to be completed*

List medication names: _____

Note: 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, may sunscreen be applied to your child? Yes ☐ No ☐ *If yes, complete authorization form*

Hand Sanitizer: May hand sanitizer be used by your child? Yes ☐ No ☐ *If yes, complete authorization form*

Swimming: Does your child have any swimming restrictions? No ☐ Yes (explain): _____

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: _____

BOYS & GIRLS CLUBS
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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:

1) There is no restraining order regarding my child or children.

Parent Signature: _____ Date: _____

2) 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 Signature: _____ Date: _____

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Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

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.
X _____ **Parent/Guardian Signature** **Date**	X _____ **Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

▲Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (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)						
COVID-19						
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 (Health care provider use only)

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 Date

►

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.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Hib
- ☐ Pneumococcal
- ☐ Polio
- ☐ Pertussis (whooping cough)
- ☐ Tetanus
- ☐ Varicella (chickenpox)

Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Hib
- ☐ Pneumococcal
- ☐ Polio
- ☐ Pertussis (whooping cough)
- ☐ Tetanus
- ☐ Varicella (chickenpox)
- ☐ Measles
- ☐ Mumps
- ☐ Rubella

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____ _____ _____

Parent/Guardian Name (print) | Parent/Guardian Signature | Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X _____ _____ _____

Licensed Health Care Practitioner Name (print) | Licensed Health Care Practitioner Signature | Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #_____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____ _____ _____

Parent/Guardian Name (print) | Parent/Guardian Signature | Date

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate (MM/DD/YYYY):**

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":*

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	☐	☐	☐	
Hepatitis B	☐	☐	☐	
Hib	☐	☐	☐	
Measles	☐	☐	☐	
Mumps	☐	☐	☐	
Pertussis	☐	☐	☐	
Pneumococcal	☐	☐	☐	
Polio	☐	☐	☐	
Rubella	☐	☐	☐	
Tetanus	☐	☐	☐	
Varicella	☐	☐	☐	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X _____ _____ _____

Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #_____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____ _____ _____

Parent/Guardian Name (print) Parent/Guardian Signature Date

BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

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Childhood Health History

Today's Date: _____

Child's Name: _____ Birth date: _____ Gender: _____

Child's Health History

Name of Doctor/Clinic: _____

City/State: _____ Phone: _____

Were there any significant problems during pregnancy or birth?

☐ No ☐ Yes (explain): _____

Has your child had surgery or been hospitalized?

☐ No ☐ Yes (explain): _____

Date last seen by a healthcare provider (for reasons other than immunizations): _____

Medication

Does your child take medication on a regular basis? ☐ No ☐ Yes, reason: _____

Name of medication(s), dosage and when taken: _____

_____

Has your child had any of the following?

Asthma	☐ No	☐ Yes, reason: _____
Other breathing problems	☐ No	☐ Yes, reason: _____
Seizures or other neurological problems	☐ No	☐ Yes, reason: _____
Heart or other cardiovascular problems	☐ No	☐ Yes, reason: _____
Bladder or urinary tract problems	☐ No	☐ Yes, reason: _____
Bowel or other GI problems	☐ No	☐ Yes, reason: _____
Bone or joint problems	☐ No	☐ Yes, reason: _____
Eczema or skin problems	☐ No	☐ Yes, reason: _____
Frequent ear infections or tubes	☐ No	☐ Yes, reason: _____
Other ear, nose or throat problems	☐ No	☐ Yes, reason: _____
Tuberculosis exposure	☐ No	☐ Yes, reason: _____
Chicken Pox or vaccination for such	☐ No	☐ Yes, reason: _____
Diabetes or other endocrine problems	☐ No	☐ Yes, reason: _____
Injury or abuse	☐ No	☐ Yes, reason: _____
Car sickness	☐ No	☐ Yes, reason: _____

Other (describe):: _____

_____

BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

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Childhood Health History

Nutrition History

Is there any food or drink that your child should not eat for cultural, religious, personal reasons or medical reasons other than allergies? (Note: use the allergy chart on the next page to list any allergies to food or drink)

☐ Yes (list below): ☐ No (skip to next question)

Name of food/drink: _____ ☐ Cultural ☐ Religious ☐ Personal ☐ Medical/describe: _____

Name of food/drink: _____ ☐ Cultural ☐ Religious ☐ Personal ☐ Medical/describe: _____

Name of food/drink: _____ ☐ Cultural ☐ Religious ☐ Personal ☐ Medical/describe: _____

Name of food/drink: _____ ☐ Cultural ☐ Religious ☐ Personal ☐ Medical/describe: _____

Does your child have any problems with chewing or swallowing? ☐ No ☐ Yes, reason: _____

Check the box if you have concerns about your child's: ☐ Eating Habits ☐ Height ☐ Weight

Describe: _____

Allergy History

Does your child have allergies or reactions (including intolerances) to food, medicine, insects, animals or other substances?*

☐ Yes (complete chart below) ☐ No (skip to dental history)

Do you keep epinephrine (epi-pen) available at home for your child's allergy? ☐ No ☐ Yes

Food/allergy	Child's reaction and/or symptoms	Potential Severe Reaction?	Doctor/date of diagnosis
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____
_____	☐ HIves ☐ Wheezing ☐ Runny nose ☐ Shortness of breath	☐ Yes ☐ No	_____

* If the allergy has the potential to be severe, the child's health care provider should complete a medical statement and an allergy care plan should be completed.

Dental History

Dentist Name: _____ Date last seen: _____ City/state: _____ Phone: _____

How would you rate your child's dental health? ☐ Very good ☐ Somewhat good ☐ Fair ☐ Somewhat bad ☐ Very bad

Has your your child ever had an injury to the teeth or gums? ☐ No ☐ Yes (explain):_____

Has your child complained about pain in the teeth or gums? ☐ No ☐ Yes (explain):_____

Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement? ☐ No ☐ Yes

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Childhood Health History

Parental Concerns

Do you have any concerns about your child's vision?

☐ No ☐ Yes (explain): _____

Do you have any concerns about your child's hearing?

☐ No ☐ Yes (explain): _____

Do you have any concerns about your child's speech?

☐ No ☐ Yes (explain): _____

Do you have any concerns about your child's behavior?

☐ No ☐ Yes (explain): _____

Do you have any concerns about your child's development?

☐ No ☐ Yes (explain): _____

Do you have any other concerns about your child?

☐ No ☐ Yes (explain): _____

Additional information regarding concerns:

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Hand Sanitizer/Sunscreen Permission Slip

Child's Name: _____

The warm rays of the sun can be harsh, especially on children. If your child needs a special sunscreen please label it with their name on it.

Section 1. I give permission for the Boys & Girls Club staff to assist in applying (if necessary) hand sanitizer/sunscreen on my child.

___ Yes, may apply sunscreen/hand sanitizer

___ No, may not apply sunscreen

___ No, may not apply hand sanitizer

If you do not wish staff to assist in applying sunscreen please make ·sure your child knows how to apply it effectively and quickly themselves. Please provide adequate sunscreen with child's name written on it. Be sure to check their backpack daily to make sure there is enough for the following day.

Section 2. I give permission for the Boys & Girls Club staff to use generic sunscreen on my child.

___ Yes, may apply sunscreen

___ No, may not apply sunscreen

Parent Signature: _____ Date: _____

Section 3. NO SUNSCREEN CHOICE

Parents/guardians who do not want sunscreen applied to their child must sign below:

I am aware that, should my child receive a sunburn, of any degree due to my choices as a parent/ guardian not to:

- have sunscreen used,
- or have staff help apply sunscreen
- or have child wear protective clothing to camp

as required by the Boys & Girls Club, that the organization cannot be held responsible for my child's injury.
I chose not to provide sunscreen or protective apparel.

Parent Signature: _____ Date: _____

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Behavior Management Policy & Agreement

The Boys & Girls Club recognizes and respects children as people with unique feelings, values, and needs. We believe that positive reinforcement and behavior modification through consequences are effective methods of interaction, particularly when dealing with behavior problems.

Please ***initial*** on the lines below to show that you have read and understand the following policies and procedures. In addition, please ***talk through*** our behavior policy with your child.

The 3-R Rules

Children are **EXPECTED** to:

Respect the Staff (including volunteers) e.g. refraining from "talking back" to staff

Respect yourself and others: e.g. refraining from putting yourself down, or from hurting someone else's feelings

Respect the Club: e.g. refraining from the destruction or stealing of club property

The following steps will be taken in the event of inappropriate behavior:

__ 1. A **Conversation** between the child and staff member to identify the problem and determine a possible solution At this point, children are given a chance to explain what happened and to make a choice about what they should do next.

__ 2. **Removal/Loss of Privilege** from the activity ("chill time"). This allows the child to gain control of a difficult situation, think of alternate & positive ways of handling the situation, and/or writing or drawing a letter of apology. When a child is asked to be in "chill time" it is recorded in the chill time log. If a child is logged in *three times in one day,* a discipline report will be issued.

__ 3. When steps 1 and 2 have failed, or when a *dangerous* rule is broken, an **Incident Report** will be issued to the parents explaining what happened. All documentation will be filed and kept confidential. Club service projects (e.g. taking out recycling, organizing, cleaning) may also be given as a consequence. The accumulation of *three discipline reports* in *one month* can result in a *short-term suspension* (up to one week) and/or a parent/guardian conference.

__ 4. A **Parent/Guardian Conference** will occur when repeated behavior problems occur and/or when a behavior is dangerous to the child and/or other children. Parent(s)/guardian(s), the child, and staff will discuss the behavior and possible solutions. Future consequences for continued behavior and future rewards for improved behavior will be proposed, agreed upon, and documented at this time.

__ 5. **Suspension/Dismissal:** If the agreement is not upheld, or if a child receives *three discipline reports* in one month, another meeting will be held with the child, staff, and parents. At this time, a short term (up to 1 week) or longer term suspension will be required and a discussion as to whether this is the right program for the child will occur. If the suspension is not effective, the child will be dismissed from the program. **Refunds will <u>not</u> be given for suspensions or dismissals.**

__ 6. ***Dangerous/Violent Behavior:** if your child behaves in a way that puts him/herself, staff, or other children in danger (violent behavior, threats toward or striking staff, or running away from the Club or site) guardians will be called to ***pick up their child immediately*** regardless of previous behavior. Such behavior may warrant immediate suspension. If you or someone you designate cannot pick up your child immediately in such situations, we will not allow their continued participation in our program. If a parent cannot be reached, then for the safety of children and staff we may need to call the police as our staff are not allowed to restrain children. Guardians of the child will be required to pay all fees/damages incurred. After an incident, staff will then meet to determine if the child can return to the club.

I, _____ , and my child have read, initialed, and agreed to follow all policies and procedures listed in the Behavior Management Policy of the Boys & Girls Clubs of Snohomish County. I have directed all questions about these policies to the Club.

Child Signature: _____

Parent Signature: _____ Date: _____

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Club Policies & Agreement

Please indicate that you have read and understand the following information by initialing each line.

Child's name: _____ Date: _____

Transportation - School Year Van Policy Children's safety is our first priority!

_____ Parents will let the Club know by 2 p.m. if their child does NOT need to be picked up.

_____ If there is a last minute decision to pick up a child, the parent needs to find the van driver at the school to let them know—please have photo id ready.

_____ After a first time reminder, if parents forget to contact the Club again there will be a $20 charge each time.

Transportation - Summer Bus Policy Children's safety is our first priority!

_____ On field trip days, children must be at the Club by 9 a.m. to guarantee a spot on the bus.

_____ Once the attendance has been taken and children have gotten on the bus, late arrivals will not be allowed to get on.

_____ There may need to be last minute changes of departure times and locations so a daily time schedule will not be given out.

_____ Unless there is an emergency, children must be picked up at the Club and not field trip locations. Groups are usually back from field trips by 4 p.m.

Cell Phone Policy

_____ Due to the importance of privacy and general issues with cell phones, it is required that all phones be put away (not visible) at all times.

_____ If a child needs to make a phone call to their parents while with Club leaders, they need to ask the staff before calling. Club members may also use the Club phone to contact parents.

_____ Taking pictures and video at the Club or Club events is strictly prohibited.

_____ Members carry cell phone/electronic devices AT THEIR OWN RISK. The Snohomish Boys & Girls Club is NOT responsible for lost, stolen or damaged phones or electronic devices.

Toy Policy

_____ Due to many issues (including: loss of toys, fighting over toys, broken toys) all toys (including cards) must be left at home! Electronics, Legos and balls may not be brought to the Club anytime.

_____ The Boys & Girls Club will not be held liable if any items are lost, stolen or damaged.

Parent/Guardian Signature: _____

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Club Policies & Procedures for Our Technology Program

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.

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
5. Push in chairs when finished using the computers
6. No backpacks allowed in the labs

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 leaning 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)

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.

Staff members will have to use sound judgment and discretion. If a staff member thinks in any way that a site is inappropriate, than it probably is.

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.

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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. You will not 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.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____