



# Mukilteo Boys & Girls Club **SUMMER CAMP 2024**

**STARTS  
JUNE 24<sup>th</sup>  
REGISTRATION  
NOW OPEN!**



## **MONDAY, JUNE 24<sup>TH</sup> - FRIDAY, AUGUST 30<sup>TH</sup>**

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 summer programs reduce summer learning loss, help youth develop healthy lifestyles, and teach good character and citizenship. Join in on the fun this summer!

### **PRICING:**

**K - 6th grade: Full-time (3-5 days) \$265/week • Part-time (1-2 days) \$133/week**  
**Teens (7th-9th grade): Full-time (3-5 days) \$207/week • Part-time (1-2 days) \$104/week**

### **EVENTS & ACTIVITIES:**

**STEM activities • Games • Arts & Crafts • Sports Camp • Supervised, safe & fun atmosphere**

**Drama Club • Book Club • Art Club • Comic Club**  
**Cooking Club • Dance Club • Sensory Experience**  
**More information coming soon!**

### **HOURS:**

**Monday - Friday 6:00 AM - 6:00 PM**

**For questions or more information contact Maria Abrescy at [mabrescy@bgsc.org](mailto:mabrescy@bgsc.org)**

**\*\*\* DSHS ACCEPTED \*\*\***

# Mukilteo Boys & Girls Club

## SUMMER CAMP 2024

### KINDERGARTEN-6<sup>TH</sup> REGISTRATION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in 2024: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: No  Yes (list): \_\_\_\_\_ Epi-Pen: No  Yes

Dietary Needs: \_\_\_\_\_

**Kindergarten - 6th grade:** Full-time (3-5 days) \$250/week • Part-time (1-2 days) \$133/week

**Teens (7th/8th grade):** Full-time (3-5 days) \$207/week • Part-time (1-2 days): \$104/week

Select the days your child will be attending by checking each box.

WEEK	DATES	Mon.	Tues.	Wed.	Th.	F
1	June 26th-30th					
2	July 3rd, 5th-7th		CLOSED			
3	July 10th- 14th					
4	July 17th-21st					
5	July 24th-28th					
6	July 31st-August 4th					
7	August 7th-11th					
8	August 14th-18th					
9	August 21st-25th					
10	August 28th-Sept 1st					

**Our hours are from 6AM-6PM. It is imperative to have your child at the club by 8AM if you would like them to participate in that day's field trip and activities**

Office Use Only:

WKS	RECEIPT #	WKS	RECEIPT #	WKS	RECEIPT #	WKS	RECEIPT #
1		4		7		10	
2		5		8			
3		6		9			

# Mukilteo Boys & Girls Club

## SUMMER CAMP 2024

### 7<sup>TH</sup>-9<sup>TH</sup> GRADE REGISTRATION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in 2024: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: No  Yes (list): \_\_\_\_\_ Epi-Pen: No  Yes

Dietary Needs: \_\_\_\_\_

**Kindergarten - 6th grade:** Full-time (3-5 days) \$265/week • Part-time (1-2 days) \$133/week

**Teens (7th/8th grade):** Full-time (3-5 days) \$207/week • Part-time (1-2 days): \$104/week

Select the days your child will be attending by checking each box.

WEEK	DATES	Mon.	Tues.	Wed.	Th.	F
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2		5		8			
3		6		9			

# 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



## Parent Authorization & Medical Form

Child's First Name: \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_ Grade (23/24 school year): \_\_\_\_\_

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: \_\_\_\_\_

## 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, do you want sunscreen applied to your child? Yes  No

**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 chartered 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: \_\_\_\_\_







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: \_\_\_\_\_





# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

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

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

Sex:

Office Use Only: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

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



Parent/Guardian Signature Required

Date

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

### Required Vaccines for School or Child Care Entry

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)					
◆ Tdap (Tetanus, Diphtheria, Pertussis)					
◆ Td (Tetanus, Diphtheria)					
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15					
● Hib ( <i>Haemophilus influenzae</i> type b)					
◆ IPV / OPV (Polio)					
◆ MMR (Measles, Mumps, Rubella)					
● PCV / PPSV (Pneumococcal)					
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS					
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV / MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

### Documentation of Disease Immunity

*Healthcare provider use only*

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio     | _____                                 |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella   | _____                                 |
| <input type="checkbox"/> Hib         | <input type="checkbox"/> Tetanus   | _____                                 |
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Varicella | _____                                 |

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_

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

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.**

**#2 Vaccine information:** 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 History of Varicella Disease:** 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 healthcare 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 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order** For updated list, visit <https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

**Reference guide for vaccine trade names in alphabetical order** For updated list, visit <https://fortress.wa.gov/doh/cpir/web/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fularix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Fluceivax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	Rotateq®	Rotavirus (RV5)
Aflun®	Flu	FluLava®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Tumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twintrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Pprevnar®	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		

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

## 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                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Other breathing problems                | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Seizures or other neurological problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Heart or other cardiovascular problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Bladder or urinary tract problems       | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Bowel or other GI problems              | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Bone or joint problems                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Eczema or skin problems                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Frequent ear infections or tubes        | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Other ear, nose or throat problems      | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Tuberculosis exposure                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Chicken Pox or vaccination for such     | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Diabetes or other endocrine problems    | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Injury or abuse                         | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |
| Car sickness                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes, reason: _____ |

Other (describe): \_\_\_\_\_

## 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
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Hives	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> 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



## 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 nrune 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: \_\_\_\_\_



## 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, a **Discipline 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 not 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 Childcare Director 425-774-3022.

Child Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

### **Summer 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.

\_\_\_\_\_ Must give a 6 business day notice to cancel a week that is signed up for.

### **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 Boys & Girls Clubs of Snohomish County 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.

\_\_\_\_\_ Boys & Girls Clubs of Snohomish County will not be held liable if any items are lost, stolen or damaged.

Parent/Guardian Signature: \_\_\_\_\_

## **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.

### **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 information 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 as 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 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: \_\_\_\_\_