

Lake Chelan Valley Summer Childcare Registration

July 8th - July 31st \$25/day (Chelan & Manson residents) \$50/day (non-Chelan & Manson residents)	Sports Camp August 4th - 8th \$200/week No drop-ins	Water Safety Camp August 11th - 15th \$200/week No drop-ins	S.T.E.A.M. Camp August 18th - 22nd \$200/week No drop-ins
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** Please fill out 1 form per child **

☐ Daily care (July 8-31) Number of days: _____ ☐ Sports Camp ☐ Water Safety Camp ☐ S.T.E.A.M. Camp

Child's Name: _____

Parent Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____

☐ Check enclosed Payable to BGCSC

Charge my credit card: ☐ Visa ☐ MasterCard

Card Number: _____ Exp. Date: _____

Name on card: _____ Signature: _____

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 no longer be provided for your child by any Club within the Boys & Girls Clubs of Snohomish County organization.

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: _____



Boys & Girls Club of Lake Chelan Valley
P.O. Box 1532 | Chelan, WA 98816
Phone: (509) 300-8480

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: _____

Parent Authorization & Medical Form

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

Special Diet <input type="checkbox"/>	A.D.H.D. <input type="checkbox"/>	Behavior Disorder <input type="checkbox"/>	Other <input type="checkbox"/>
Homesickness <input type="checkbox"/>	Asthma <input type="checkbox"/>	Bleeding <input type="checkbox"/>	_____
Ear Infections <input type="checkbox"/>	Clotting Disorder <input type="checkbox"/>	Autism <input type="checkbox"/>	_____

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 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: _____