



BOYS & GIRLS CLUBS
OF EVERETT

2316 12th St., Everett, WA 98201
Tel: (425) 259-5147 Fax: (425) 258-4273 Provider#: 606141

Application for Child Care

Our program is designed to promote social interaction through small and large group activities, sports, games and the arts, in a both fun and nurturing environment.

Child's Name:	_____	Grade:	_____	School:	_____
Child lives with:	Mother / Father (Please circle one or both)				
Address:	_____				
City:	_____	State:	_____	Zip Code:	_____
Mother's Name:	_____				
Home Phone:	_____	Work Phone:	_____		
Cell Phone:	_____	Email:	_____		
Father's Name:	_____				
Home Phone:	_____	Work Phone:	_____		
Cell Phone:	_____	Email:	_____		

Enrollment Requirements:

- Child Care Application completed in its entirety
- Boys & Girls Club Membership Form
- Complete Immunization Status Report
- One-Time Child Care Registration Fee of \$50.00 (*non-refundable*)
- Parent Handbook & Behavior Management Policy
- Club Rules
- Documentation of financial assistance required before care can be provided

Please indicate which program you will be using:

- Before School (1st – 6th grade) \$ 75 / week
- After School (1st – 6th grade) \$ 75 / week
- Before School **AND** After School (1st – 6th grade) \$ 90 / week
- Kindergarteners (AM or PM) \$100 / week
- No School and Early Release \$25 / day - \$125 / week



BOYS & GIRLS CLUBS
OF EVERETT

Emergency Contact Information

*It is imperative, for the safety of your child, that we maintain current records at all times.
Please complete this form in its entirety. Thank you for your cooperation.*

Child's Name: _____ Date of Birth: _____

List all persons (in addition to parents) authorized to pick up your child:

	Name	Address	Phone	Relation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Additional Emergency Contacts:

Please list two individuals, in addition to parents and/or legal guardians, that you would like to be contacted in the event of an emergency.

	Name	Address	Phone	Relation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Medical Information

Physician Information:

Child's Physician: _____ Physician's Phone: _____
Physician's Address: _____
Date of Child's Last Physical: _____

Is your child subject to any of the following? (Please check all that apply)

- | | | | | | |
|-----------|--------------------------|------------------------------|--------------------------|--------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Ear or Sinus Infections | <input type="checkbox"/> | Seasonal Allergies | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | Bleeding / Clotting Concerns | <input type="checkbox"/> | Swimmer's Ear | <input type="checkbox"/> |

Other Medical Conditions: _____
Diet Restrictions: _____

Is your child allergic to any of the following?

Medications YES / NO If Yes, please specify: _____
Foods YES / NO If Yes, please specify: _____
Bee Stings YES / NO
Other Allergies: _____

Medication Authorizations

During hot weather, do you want sunscreen applied to your child? YES / NO
Will your child be taking any medications while he or she is at the Boys & Girls Club? YES / NO
If Yes, please specify: _____

Note: All medications must be accompanied by a completed Medication/Treatment Form.

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 staff, public transportation or by a chartered bus operated by a private company. I also give permission for Boys & Girls Club to use pictures of my child participating in Club activities in future promotional purposes.

In addition, I hereby give permission for my child to receive emergency medical treatment, including First Aid and CPR, from qualified Boys & Girls Club staff members. 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 wave my right of informed consent to such treatment.

I certify (or declare) that I am the parent or legal guardian of the above named child and that I have the authority to authorize such activities and actions.

Parent / Legal Guardian

Date

Parent / Child Contract

I, _____ have read and agree to all policies and procedures listed in the parent handbook of the Everett Boys & Girls Club. If I have any problems with these procedures, I will discuss them with the Childcare Director.

I have read or explained the Club Rules & Behavior Management Policy to my child, _____. We both agree that my child will adhere to the rules of the Club. Both my child and I agree to the consequences outlined in the policy.

Parent / Legal Guardian

Date

Reviewed for compliance by: _____
 Staff Signature
 Date: _____ Exemption: YES NO
 (see back)



CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name		Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
HEP B (HBV) Hepatitis B		1			
		2			
		3			
		4			
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus influenzae B		1			
		2			
		3			
		4			
POLIO OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate date or age at time of disease				
OTHER VACCINES					

➔ I certify that the information provided here is correct and verifiable ➜

X _____ Date: _____
 Signature of Parent or Guardian