



**BOYS & GIRLS CLUB
OF SNOHOMISH**

2011/2012 Childcare Registration

Child's Name: _____ Age: _____ Boy/Girl

School: _____ Birthday _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian #1 _____ Phone: _____

Email _____ Work/ Cell Phone: _____

Parent/ Guardian #2 _____ Phone: _____

Email: _____ Work/Cell Phone: _____

Please indicate which program you would like to enroll in:

- Full Time (4-5 days per week) Before OR After school (Circle One)
- Full Time Before and After School
- Part Time (3 days or less per week) Before OR After school (Circle one)
- Part Time Before AND After School
- Friday's only
- Part Time Kindergarten
- Full Time Kindergarten

Please list 3 emergency contact people (not including parents) who may be reached if a Parent cannot:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please List all adults (not including parents) who are authorized to pick up your child:

*Please refer to handbook regarding restraining orders and people who are NOT allowed to pick up.

Please list any special information including allergies, medical conditions, medications, etc.; _____

Date of last Physical- _____ Doctors Name- _____

Clinic/Hospital Name- _____ Office # _____

Parents Signature: _____ Date: _____

Registration Fee (\$45) Date Paid Receipt # Staff initials

Snohomish Boys & Girls Club Childcare Rates 2011-2012 School Year



Kindergarten Program

(Serving both AM & PM Kindergarten)

Part Time- \$310 per month

Full Time- \$460 per month

(Both Pt & Ft include before & after school care)

Full Time (4-5days per week)

Before OR After School only- \$210 per month

Before AND After School- \$330 per month

(Includes Early Release Fridays)

Part Time (3 or less days per week)

Before OR After School only- \$135 per month

Before AND After School- \$215 per month

(Includes Early Release Fridays)

Friday's only

\$80 per month

Please note that ALL early release days EXCEPT Conference week are included in above pricing.

Non- School Days (Including Winter & Spring Break) - \$25 per day

Conference Weeks- \$15 per Day

Behavior Management Policy

Please read and discuss the following with your child:

Philosophy: The Boys and Girls Club Staff respect children as people with unique feelings, values, and needs. We believe that positive reinforcement and behavior modification through consequences are effective methods of dealing with behavior issues.

Rules: There is really only one rule and we feel it covers everything. **RESPECT.**

Respect Staff: Listen and follow directions

Respect the Club: Take care of equipment and property

Respect club members and guests: Be kind and friendly and treat others as you would want to be treated.

Respect Yourself: Take care of yourself and your belongings and be a good example.

Behavior Management Procedures: Positive verbal recognition and rewards, as well as modeling good behavior, will be used to reinforce expectations. The following steps will be taken in the event of a behavior problem:

1- Reasoning: Child and staff will communicate and problem solve to come up with a solution to the problem.

2- Loss of Privilege: Child may be removed from the activity for a short period of time and will be redirected to a new activity or given time to cool down.

3- 'Think and Writes': If reasoning and cool downs have failed, or when the child has had 3 consecutive warnings, the child will be asked to do a think and write. The child will document which Respect Rule they have broken and will have a chance to decide how they may avoid breaking the rule again in the future. Parents will be notified when a child has done a Think and Write.

4- Parent Conference: An informal parent conference will be held when repeated problems occur or when a behavior is dangerous to the child, staff, or others.

5- Suspension/ Dismissal: If the agreements made during the parent conference are not met and behavior issues continue, another meeting will be held to discuss whether or not this is the right program for your child. At this time, a suspension may be required.

Parents and youth should be aware that there are certain behaviors that WILL NOT BE TOLERATED and will result in immediate suspension or dismissal from the program. Such behaviors include violent behavior, threats, vandalism, theft, drug or alcohol use, and any other activity that puts the child or others in danger. If a parent can not be reached or if the situation escalates, we may be forced to call the police. Parents will be required to pay for any damages that result in such a case.

If you have any questions about these policies, please feel free to contact the club director at 360-568-7760.

Please sign below that you have read and understand the behavior expectations.

Parent: _____ Child: _____

Snohomish Boys and Girls Club **Billing and Payment Policies**



In order for us to keep costs low and to offer quality programs, it is imperative that childcare tuition payments are paid on time.

**Statements will be available by the 5th of each month for the current month.*

**All payments are due no later than the 15th, unless other arrangements have been made.*

** Failure to pay your balance may result in suspension from program. As soon as you have an outstanding balance, it is important to meet with the Director to set up a reasonable payment plan. If a plan is agreed upon and not followed, your account may be turned over to Snohomish County Boys and Girls Club Administration for further collections. **COMMUNICATION IS KEY** in resolving payment issues.*

DSHS Childcare Reimbursement

Upon becoming licensed by the Washington State Department of Early Learning, the Snohomish Boys and Girls Club will accept DSHS Childcare Reimbursement. In order to apply, please call the Skykomish Valley CSO at (800) 735-7039. As soon as you have

Your paperwork, bring it to the Boys and Girls Club and the Director will complete the provider portion so that you can return it to your case worker A.S.A.P.

Boys and Girls Club Scholarship Opportunities

Upon becoming licensed, the Snohomish Boys and Girls Club will only consider Scholarships for childcare **after the parent have applied for DSHS funding**. If DSHS Funding is not available; a meeting with the Director may be requested to discuss options.

At this time, the maximum scholarship we are able to offer, if certain criteria are met, is 25- 50%.

PLEASE remember that it is better to talk to us regarding payment issues, rather than ignore them. Communication is key!

If you have any question, please contact Marci Owens at mowens@bgcsc.org or by Calling the club

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

Parents Signature

Date

Participation and Transport Release



I give my permission for my child, _____, to participate in all activities and field trips while in the care of the Boys and Girls Club. I understand that the activities may include swimming, using the Rock Wall in the club gym, hiking, walking field trips, and many others. I also give my permission for my child to be transported by school bus or Boys and Girls Club vans while in the care of Boys and Girls Club Staff.

Please list any swimming restrictions or other concerns pertaining to activities: _____

Parent/Guardian Signature _____ Date _____

Medical Release Form

I hereby give permission for my child to be given emergency medical treatment, including first aid and CPR, by a qualified staff member at the Boys and Girls Club. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

I understand that staff will always attempt to contact me first in the event of an emergency and will continue to try until contact is made. However, in the event that I can

not be contacted, I authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a physician or hospital selected by the Boys and Girls Club Director when deemed necessary to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify that I am the parent or legal guardian of _____ and that I have the authority to authorize such actions.

Signed _____ Date _____

Please list any allergies below:

