

OF GREATER WASHINGTON

https://bgcgw.force.com/portal/s

2023 SPRING BREAK PROGRAM CHECKLIST

**DO YOU HAVE THESE ITEMS WITH YOU?**

* Copy of the physical form not more than two years old and immunization records signed by a physician (not just a copy)
* Birth Certificate for out of state child(ren) only (We need to see the original or a certified copy)
* (2) Emergency phone numbers and addresses besides yourself
* Doctor’s name and phone number (If the child is a military dependent, provide the name of the hospital and phone number)
* Insurance Information
* Registration / Membership / Week’s Payment
* All paperwork filled out ***completely***

All these items are required by the State Licensing Board and **no one** will be registered without submitting all of the documents above at the time of registration.

**2023 Spring Break Program**

*GREAT Futures Start Here!*

*For Office Use Only:*

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Termination Date:\_\_\_\_\_\_\_

Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Boys & Girls Club**

**2023 Spring Break Program**

**Of GREATER WASHINGTON**

**5070 Dale Blvd. Woodbridge, VA 22193 (703) 670-3311**

**www.hyltonclub.org**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application**  **YOUTH INFORMATION** | | | | |
| First Name | Last Name | | MI | DOB |
| Address | City | | Zip | Phone Number |
| School | Grade | | Age | Sex |
| **FAMILY INFORMATION** | | | | |
| Mother Name: | | Father Name: | | |
| Address: | | Address: | | |
| E-mail | | E-mail | | |
| Employer | | Employer | | |
| Work Number | | Work Number | | |
| Cell Number | | Cell Number | | |
| Child live with: (please check one) [ ] Mother [ ] Father [ ] Both [ ] Other | | | | |
| **HEALTH INFORMATION** | | | | |
| Doctors Name | | Phone Number | | |
| Health Problems (if any) | | Allergies | | |
| Medications (if any) | | *\*\*Any Medications to be administered at our facility must be accompanied by a completed Medication Consent Form\*\** | | |
| **PICK UP AUTHORIZATION – Other than Parents & Two DIFFERENT addresses below**  *Persons authorized to pick up child in case of emergency - ALL sections MUST have complete address information* | | | | |
| Name: | | Name: | | |
| Address | | Address | | |
| Phone Number | | Phone Number | | |
| **OTHER PERSONS ALLOWED TO PICK UP CHILD**  *Any person not listed will* ***NOT*** *be able to pick up children from our facility* | | | | |
| Name: | | Name: | | |
| Name: | | Name: | | |
| Is there anyone legally **NOT** allowed to pick up your child? If so, we must have a copy of the legal paperwork on file. | | | | |
| **EMERGENCY MEDICAL CARE AUTHORIZATION** | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize Adventure Land Before & After School program staff and/or other Boys & Girls Club staff to obtain emergency medical care for my child while under their care. I also have received, read, and understand the Fun Land brochure outlining the rules and regulations of the Day Care, which my child and I will abide by. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature Date | | | | |

|  |  |
| --- | --- |
| **FIELD TRIP PERMISSION SLIP** | |
| Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to accompany the Boys & Girls Club on all field trips to parks and museums, amusement parks, etc., and to ride in the transportation provided to and from school. I will also discuss the safety rules for riding in club transportation with my child so that they fully understand what is expected of them. I also understand that there are consequences for bad behavior on the busses and that my child’s privileges can be taken away.  Rules for field trips: All children must be secured by seat belts while riding on bus  Children must keep their hands in the bus  Anyone caught throwing trash out windows will be suspended - 1day  No screaming, bouncing on the bus or rough housing  3 behavior incidents will result in suspension, time deemed necessary  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian Date | |
| **PICTURE/VIDEO AUTHORIZATION**  *From time to time pictures are taken of the children attending our activities and on occasion are used in-house for promotional purposes.* | |
| I give permission for my child(ren)’s picture to be taken and if selected, to be used by the Prince William Boys & Girls Clubs.  Photo: YES \_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial) Video: YES \_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial)  NO \_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial) NO \_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial) | |
| **SUNSCREEN/REPELLENT PERMISSION** | |
| I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to have sunscreen and or/bug repellent applied on any given day during our program. I understand that they will be using SPF-15 or higher.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian Date | |
| **FOR OFFICIAL USE ONLY**  Staff Initial: \_\_\_\_\_\_\_  **IDENTITY VERIFICATION** | |
| Place of Birth | Date of Birth |
| Birth Certificate Number | Date Issues |
| Other Form of Proof | |
| Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child’s identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child. | |
| **How did you hear about our program? Swimming Ability (Circle one)** | |
| Non Swimmer Beginner Intermediate Advanced | |

## GFSH_TAGLINE_ONLY_CLRGFSH_TAGLINE_ONLY_CLRGREAT FUTURES START HERE.

**\*\*\* *MUST BE NOTARIZED AT TIME OF REGISTRATION* \*\*\***



MAIN: (703) 670-1313

EMERGENCY: (703) 670-1363

Authorization for Treatment of Minors

In absence of Parents and/or Guardians

We/I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address, City, State and Zip Code

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Give permission to:\_Hylton Boys & Girls Club Staff Parent Init:\_\_\_\_

(Include area code)

to authorize emergency treatment at Potomac Hospital's Irene V. Hylton Emergency Care Center for

our/my child/children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Full Name** | **Age** | **Date of Birth** | **Date of last**  **DPT/Tetanus** | **Medicine Allergies** |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Date: From: \_\_\_\_\_\_\_Jan 2023\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_Dec 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_(must be specific)

Child/Children's Pediatrician/Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Include area code)

Any known illness (asthma, epilepsy, diabetes, etc.) and routine medications given. (List per child)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number and area code where parent/guardian may be reached:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Relative's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Other than parent/guardian) (Include area code)

Name of Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If possible, make a copy of subscriber's insurance card (front and back) and attach to form. All commercial insurances must have signed form brought in to ensure billing for your convenience. An effort will be made to contact parents or guardians before implementation of this form. This form should be kept with the adult responsible for the child's care when a parent or legal guardian is not present. Make copies as necessary. **NOTE:** Please sign the form in the presence of a Notary Public.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature - Parent/Legal Guardian Date

**--------------------------------------------------------------------------------------------------------------------------------------------------------------**

County / City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commonwealth of Virginia

On this \_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Parent signature required)

Personally appeared before me and acknowledged that he/she executed

The foregoing instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (notary seal)

Notary Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sentara Hospital** i**2300 Opitz Boulevard Woodbridge, Virginia 22191 www.potomachospital.com** ATMFNP 10/07

***Infection Control Policy***

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world around them, they come into contact with viruses and bacteria that are foreign to their bodies. This is the way they build up their immunities. We cannot shield a child completely; however we do want to protect a child from an unusually high exposure to germs all at once.

In the Club setting, children are in contact with many other children. It is in this situation that the illness of one child can spread rapidly through the rest of the group and the staff as well if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand washing by staff and children can eliminate approximately 75% of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask for your cooperation in the following ways:

1. If your child has been exposed to any diseases listed on the accompanying chart, we ask that you notify us of the exposure within the 24 hrs or by the next business day.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. If your child has any of the following symptoms at home, we ask that you keep them out of day care until the symptoms are gone or a physician says it’s ok to return.

The symptoms include:

A fever greater than 100 F

Severe coughing-child gets red or blue in the face

High-pitched croupy or whooping sounds after coughing

Difficult or rapid breathing

Yellowish skin or eyes

Pinkeye – tears, redness of eye lining, followed by swelling and discharge

Unusual spots or rashes

Sore throat or trouble swallowing

Infected skin patches

Crusty, bright yellow, dry, or gummy areas of skin- accompanied by fever

Unusually dark, tea colored urine-especially with a fever

Grey or white stool

Stiff neck

Vomiting

Severe itching of body or scalp or scratching of the scalp

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

**Parent Infectious Control Policy Agreement**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at the Boys & Girls Club.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of parent or guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Initials

# **HYLTON BOYS & GIRLS CLUB’S**

# **CODE OF CONDUCT**

* Play fairly and be honest.
* Masks are optional
* Be respectful of Boys & Girls Club Staff.
* Say only good things about others.
* Resolve disagreements in a positive way.
* Be respectful of other members and their property.
* Take care of your Boys & Girls Club facility and equipment.
* Avoid the use of improper language.
* Remove hats / caps before entering the building.
* Applaud the efforts of others.
* Run outside and in the gym only/ no opened toed shoes
* Stay with your assigned group at all times.
* Listen when staff is talking to you.
* Dress appropriately at all times.
* Smoking, drugs, alcohol and weapons are prohibited.
* Chewing gum is not allowed. Eat and drink in designated areas only.
* While on the B&G Club’s bus/van you must be seated and have a seatbelt on at all times.
* Cell phones are not allowed during Daycare/Spring Break /Winter Camp & Summer Camp program hours.
* After 3 incidents you are suspended from the Daycare/Spring Break/ Summer Program (there are offenses that can require immediate suspension), Hitting a staff member will result in immediate termination until further notice – that is the decision of the Director.
* Toys, games, etc. need to stay home. We are not responsible for lost, stolen, or broken personal items.
* Two week notice is required to remove your child from the /daycare/spring break or summer program.
* **If your child is not picked up by 6:00 PM, there is a late fee. This late fee must be paid by the next business day. There is no Stay Late Policy for the Spring/Winter/Summer Camp Program. The child must be signed in/ out.**
* I agree to the following Hylton Boys and Girls rules. I know that if I don’t follow the rules there will be consequences for my actions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s signature Date

I acknowledge that I have read and gone over the Parent Handbook and I understand what is expected of my child(ren).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s signature Date

**Parent Payment Agreement**

Payment are due the Monday before the scheduled week of attendance. Monday at 6:00 pm the child will not be scheduled to attend the spring break camp for the following week. **NO EXCEPTIONS*.*** Management understands the condition of our local economy, we want to help wherever possible, unfortunately, we are affected by the economy as well.

Thank you in advance for your cooperation.

Ms. Ella A. Mr. Jimal W.

Camp Director Assistant Camp Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the policies concerning payment procedures and agree to abide by all payment policies of the Hylton Boys & Girls Club.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature