

BEFORE & AFTER SCHOOL ENRICHMENT REGISTRATION FORM

Bellingham Schools & Franklin Academy 2019-2020 (Grades K-5)



Child's Name: _____ M F Birthdate: ___ / ___ / ___ Grade in Fall: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Email: _____

Primary email used for newsletters, program updates & billing.

Child Resides with: Mother & Father Mother & Mother Father & Father Mother Father Shared Legal Guardian

Parent/Guardian #1

Name: _____

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Responsible for Payment/Copay: Yes No

Parent/Guardian #2

Name: _____

Home/Cell Phone: _____

Work Phone: _____

Employer: _____

Responsible for Payment/Copay: Yes No

Schedule Options	DAYS	AUTO DRAFT	START DATE	BEFORE SCHOOL CARE
<input type="checkbox"/> Full Time (4-5 days/wk) <input type="checkbox"/> Part Time (2-3 days/wk) <input type="checkbox"/> 1 day/wk	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI SCHOOL ATTENDING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BSD: Wed, Aug 28 (grades 1-5) <input type="checkbox"/> BSD: Tues, Sept 3 (Kindergarten) <input type="checkbox"/> Franklin: Tues, Sept 3 (grades K-5) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Birchwood <input type="checkbox"/> Parkview <input type="checkbox"/> Roosevelt
NOTES				

Complimentary Youth Membership included. * The Annual Registration Fee is a one time charge, valid from September 2019-August 2020.

Emergency Medical Information

Physician: _____ Phone: _____ Date of Last Physical Exam: _____

Address: _____ Immunizations Current (please circle): Yes No On file at: _____

Dentist: _____ Phone: _____ Date of Last Dental Exam: _____

Address: _____

Insurance Co: _____ Policy #: _____ Policy Holder: _____

ALLERGIES: 1. _____ Reaction: _____
 2. _____ Reaction: _____

OTHER MEDICAL CONDITIONS OR SPECIAL NEEDS: (please describe)

If special needs exist, please meet with Program Director before finalizing registration.

Does your child have an IEP or 504 plan? _____ Yes No
 Does your child require an aide or participate in specialized instruction in the classroom? _____ Yes No

EMERGENCY PICK-UP & SIGN OUT AUTHORIZATION:

The following adults **16 years of age or older** have my permission to sign out the above named child from YMCA and should be contacted in an emergency when I cannot be reached. I accept responsibility for informing the YMCA when the below information changes. **AT LEAST TWO NAMES ARE REQUIRED!**

	NAME	RELATIONSHIP TO CHILD	HOME/CELL PHONE	WORK PHONE
1.				
2.				
3.				

Parent/Legal Guardian Signature: _____ Date: _____

Desk Use only: _____ Reg Form _____ IMM Form _____ In Daxko _____ Reg Fee _____ DSHS

SACC Office use only: _____ Daxko _____ Reg Fee _____ IMM _____ MR _____ DSHS _____ No Photo _____ Site

Additional forms may be required for other programs.

- I hereby certify that my child _____ is in normal health and capable of safe participation in the program in which he or she is enrolling.
- I further give my permission for my child _____ to be given emergency medical treatment by a qualified Whatcom Family YMCA staff until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that in some medical situations, the staff will need to contacted the local emergency resources before the parents, child's physician and/or other adults acting on the parent's behalf.
- I, the below signed person, having legal custody/guardianship of said minor, give permission for said minor to attend any YMCA program activities supervised by authorized YMCA staff.
- I have enclosed the appropriate deposit and registration fee as indicated above. I understand that these are both **NON-REFUNDABLE AND NON-TRANSFERABLE**. I understand that final payment is due according to the Parent Handbook & that failure to pay balances by the due date may result in the cancellation of this registration.
- **MEDICAL AUTHORIZATION & LIABILITY RELEASE:** As a parent/legal guardian, I hereby agree to hold harmless the YMCA staff, directors and volunteers from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed at my expense for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health.
- **SWIMMING ABILITY:** I understand that on my child's first visit to YMCA pools, my child will participate in a swim test. He/she will be placed into the appropriate swim level according to the lifeguard's evaluation as described in the parent handbook. Life jackets are available for those who require them based on swim test.
- **CLIMBING WALL RELEASE:** In consideration of the YMCA allowing the above named child to use the Climbing Wall, I the undersigned user, agree to indemnify & hold harmless the YMCA, its officers, directors, agents & employees, from all causes of action, claims, demands, losses & consequence of the neglect of the YMCA in safeguarding my use of the Climbing Wall, or because of any act, neglect or misconduct of the YMCA, its officers, agents & employees.
- **CONCUSSION INFORMATION:** Anyone who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time and may not return to play until the participant is evaluated by licensed health care provider trained in the evaluation and management of concussions and received written clearance to return from that health care provider. You should also inform your child's coach/teacher if you think that your child may have a concussion. Remember that it is better to miss one practice/game than to miss the whole session. **WHEN IN DOUBT, THE PARTICIPANTS SITS OUT.** For more information go to <http://www.ede.gov/concussion/HeadsUP/youth.html>.

Please initial each box to accept the options below:

PHOTO RELEASE: I do hereby grant permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include my child's image or voice to promote or interpret YMCA programs.

TRANSPORTATION / FIELD TRIPS: I understand that field trips are part of the School Age Child Care experience. I agree to allow my child to attend all field trips and to having my child transported via YMCA vehicles (owned or rented), WTA bus or walking.

STAFF BABY SITTING: I understand that it is a YMCA policy to not allow staff to care for my child outside the YMCA camp day. I agree not to approach staff to baby-sit my child.

LIABILITY WAIVER: In consideration of being permitted to utilize the facilities, services and programs of the Whatcom Family YMCA ("YMCA") for any purpose including, but not limited to observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location. I, on behalf of myself and any children, dependent or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended; (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my child's participation in, upon or about any YMCA branch or any facilities or equipment therein or my child's participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the state of Washington if any portions hereof is held invalid, I agree that the balance shall continue in full force and effect.

1. Each year, a one time, non-refundable registration fee of \$75 per child, \$20 for second child, \$10 for any additional children in the same family is required. Valid September through August and required for each new school year.
2. After School Enrichment is in operation **ONLY** when your child's school is in session. **SEE WHEN SCHOOL IS NOT IN SESSION** IN Handbook.
3. The following forms need to be completed in full **PRIOR** to enrollment:
 - Registration
 - Parent Contract
 - Registration/Emergency Consent
 - Immunization Record
4. For after school programs there is a minimum monthly charge of one day per week. Variable schedules must be billed within either Full Time or Part Time fee schedule. Part Time not available at all sites. Months with school vacations of 5 or more consecutive days will be charged 3/4 of all monthly fees. We reserve the right to increase fees due to school district schedule changes after May 2019.
5. All fees are due on or before the 5th day of the month of service. Care starting on or after the 8th of the month fee is pro-rated for that month and are due at time of registration. Full fees for the next month are due at time of registration, if registering after the 15th of the month.
6. Payment for your registered slot is due until written notice of cancellation is received by the Family Enrichment Office. Discontinued attendance without prior notice of cancellation will not result in credit. Cancellation after first day of the month requires a two week notice in order to receive billing credit.
7. Accounts not paid within 10 days of due date may result in termination of care. If space is available, care may be restarted upon payment of accounts past due amount and the next month's fees.
8. Late fees will be charged as of 6:00pm and may increase with frequency.
9. The schools do not notify us of absences. If your child is absent from after school care on a scheduled day, you need to notify the Bellingham YMCA before 1:00pm or a \$5.00 "No Call" fee will be charged.
10. Absences due to illness, behavior issues or other unforeseen circumstances do not result in credit or make-up time.
11. Vacation credit or credit due to schedule changes may be given when we receive **TWO WEEKS** prior notice in writing (vacation credit given for 5 or more consecutive days within the school year). Credits will be applied to next bill.
12. Program participants paid through Department of Social & Health Services are responsible for all the above policies and additional fees and co-payments monthly.
13. The YMCA works closely with all Whatcom County Schools and Health Care Providers and reserves the right to communicate with your schools' personnel or physician regarding your child's individual needs. By signing below, you are giving the Whatcom Family YMCA your permission to contact your school to discuss your child's needs.

I have read, and understand this contract and the policies and procedures in the Parent Handbook and Supplemental. I agree to abide by the policies and know that if I would like a copy of either, the handbook or this contract, that they are available to me upon request or at www.whatcomymca.org. I also understand that I am responsible for all information in the monthly newsletter.

Parent/Legal Guardian Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

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/YY): _____ Sex: _____	I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.	I certify that the information provided on this form is correct and verifiable.
Parent/Guardian Signature Required _____ Date _____		Parent/Guardian Signature Required _____ Date _____	

	Date	Date	Date	Date	Date	Date
Required Vaccines for School or Child Care Entry	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ Required for School and Child Care/Preschool						
● Required Only for Child Care/Preschool						
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B □ 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) □ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
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"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella Other: _____
---	--

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 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 Guide 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/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	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 (IIV)	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/iweb/homepage/completelistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)		
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)		
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td		
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB		
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B		
CenvariX®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	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).