



**BOYS & GIRLS CLUBS**  
OF GREATER WASHINGTON

<https://bgcgw.imiscloud.com>

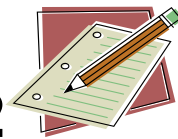
BEFORE & AFTER CARE PROGRAM CHECKLIST  
**DO YOU HAVE THESE ITEMS WITH YOU?**

- ❑ Copy of the physical form not more than two years old and immunization records signed by a physician (not just a copy)
- ❑ Birth Certificate (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
- ❑ Register for payments: **bgcgw.imiscloud.com**
- ❑ All paperwork must be filled out **completely** and submitted **in person**

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.



**Day Care 2021- 2022**



**GREAT Futures Start Here!**

**Before and After Care  
Contract**

I want my child \_\_\_\_\_ to attend:

\*\* (Please check one) \*\*

- **Before & After Care:** 6 A.M. to 6:00 P.M. Monday thru Friday at the cost of \$115 per week per child. I understand that The Before and After Care will open on teacher workdays and snow days. I also understand that my child will be allowed to stay here in the A.M. if school opens late and that the daycare will pick my child up if the school closes early at no extra cost to me, but that my child is required to bring a lunch and a drink on those days.
  
- **Before Care Only:** 6 A.M. to 9 A.M. Monday thru Friday at the cost of \$65 a week per child. I understand that my child will be allowed to stay after 9 A.M. if the children are sent to school late for snow, etc. I also understand that I, the parent, am responsible for my child after school, and that the club is NOT responsible to pick my child up from the school for early dismissals due to snow, etc. If there is a teacher work day, snow day, etc., where the children are out of school all day, I understand that my child may attend at the additional cost of \$30 per day. I also understand that my child must bring a lunch and a drink with them on those days.
  
- **After Care Only:** 3 P.M. to 6:30P.M. Monday thru Friday at the cost of \$80 a week per child. I understand that my child will be picked up by the club for any early dismissals due to snow, etc. I understand that I am solely responsible for getting my child to school. I also understand that if there is a teacher workday, snow day, etc., that I can send my child for the full day for an additional \$30 per day. I understand that my child must bring a lunch and drink with them on those days.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*Once I have decided on either morning or after care, I understand that I cannot switch back and forth due to space availability.

\_\_\_\_\_  
Initials

**2021-22 Hylton  
Daycare Program**

**Boys & Girls Club  
OF GREATER WASHINGTON**

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

<i>For Office Use Only:</i>	
Start Date	_____
Termination Date:	_____
Reason:	_____

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

<b><u>Application</u></b>			
<b>YOUTH INFORMATION</b>			
First Name	Last Name	MI	DOB
Address	City	Zip	Phone Number
School	Grade	Age	Sex
<b>FAMILY INFORMATION</b>			
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) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other			
<b>HEALTH INFORMATION</b>			
Doctors Name		Phone Number	
Health Problems (if any)		Allergies	
Medications (if any)		<i>**Any Medications to be administered at our facility must be accompanied by a completed Medication Consent Form**</i>	
<b>PICK UP AUTHORIZATION – Other than Parents &amp; with DIFFERENT addresses</b>			
<i>Persons authorized to pick up child in case of emergency - ALL sections MUST have complete address information</i>			
Name:		Name:	
Address		Address	
Phone Number		Phone Number	
<b>OTHER PERSONS ALLOWED TO PICK UP CHILD</b>			
<i>Any person not listed will <b>NOT</b> be able to pick up children from our facility</i>			
Name:		Name:	
Name:		Name:	
Is there anyone legally <b>NOT</b> allowed to pick up your child? If so, we must have a copy of the legal paperwork on file.			
<b>EMERGENCY MEDICAL CARE AUTHORIZATION</b>			
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	



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: \_\_\_\_\_ AUG 31, 2020 \_\_\_\_\_ to: \_\_\_\_\_ SEPTEMBER 30, 2021 \_\_\_\_\_ (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 \_\_\_\_\_

**(Please sign here)**

Personally appeared before me and acknowledged that he/she executed  
The foregoing instrument.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

(notary seal)

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

## 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 - 1 day  
   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/video to be taken and if selected, to be used by the Prince William Boys & Girls Clubs.

Photo: YES \_\_\_\_\_ (please initial)  
          NO \_\_\_\_\_ (please initial)

Video: YES \_\_\_\_\_ (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 IDENTITY VERIFICATION

Staff Initial: \_\_\_\_\_

Place of Birth

Date of Birth

Birth Certificate Number

Date Issued

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 (ie after school program) or the center transfers responsibility of the child directly to the school (ie 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    Advance

# ***GREAT FUTURES START HERE.***

## *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
- Shortness of breath
- 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.

## **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 mandatory
- 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.
- 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 hours.
- After 3 incidents you are suspended from the daycare (there are offenses that can require immediate suspension – (that is the decision of the Directors)
- Toys, games, etc. need to stay home. We are not responsible for lost, stolen, or broken items.
- .
- **If a child is not picked up by 6:30 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 daycare program. Your child must sign in and out of daycare each day of attendance.**

I agree to the following rules above. 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 me and my child (ren).

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date





**BOYS & GIRLS CLUBS**  
**OF GREATER WASHINGTON**  
Hylton Branch

Dear Parents/Guardians,

Due to the recent spike of Covid-19 cases, The Boys & Girls Clubs of Greater Washington would like to reiterate that all Club Members are required to wear their masks appropriately, covering both their mouth and nose, at all times, in all rooms, including the gym, unless they are eating/drinking while socially distancing themselves from one another. We know that wearing a mask all day may be uncomfortable however, these regulations are put in place to ensure the safety of your Club Member.

Therefore, if a Member struggles with keeping their mask on, covering both their mouth and nose, or refuses to keep their mask on and Club Staff have to consistently remind the Member to keep their mask on both their mouth and nose that Member may receive a disciplinary write up. If the Member receives two or more consecutive disciplinary write ups regarding their difficulties wearing a mask appropriately, then that Member may be suspended or even expelled from our program.

It is also imperative that you, the Parents/Guardians, also stress upon your Club Member the importance of washing their hands numerous times a day, socially distancing themselves from other Club Members especially when they are eating, and wearing a mask appropriately, covering both their mouth and nose all day, in every room, including the gym.

I agree to follow the terms above.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Club Member Signature \_\_\_\_\_

Date \_\_\_\_\_



# Parent Payment Agreement

Just a Reminder:

**NO CASH PAYMENTS! Please Plan accordingly, NO REFUNDS**

Payments are made online, Please register and make payments at: **[bgcgw.imiscloud.com](http://bgcgw.imiscloud.com)**

Payments are due each Monday. Our current policy calls for a \$10 late fee for all payments made after Tuesday at 6:30pm. These policies are still applicable. However, due to an increasing number of delinquent payments, **any child's account with an outstanding balance, lasting longer than 2 business days, will be unable to attend until the balance is paid in full, no exception.** 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  
Daycare Director

Mr. Jimal  
Assistant Daycare Director

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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