



BOYS & GIRLS CLUBS  
OF GREATER WASHINGTON

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

2022 SUMMER PROGRAM CHECKLIST  
**DO YOU HAVE THESE ITEMS WITH YOU?**

- ❑ Copy of the physical form no 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
- ❑ 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.

**Ages 5-16**



**2022 Summer Program**



*GREAT Futures Start Here!*

**2022 Summer  
Program**

**Boys & Girls Club**  
OF GREATER WASHINGTON  
5070 Dale Blvd. Woodbridge, VA 22193 (703) 670-3311

*For Office Use Only:*  
Start Date \_\_\_\_\_  
Termination Date: \_\_\_\_\_  
Reason: \_\_\_\_\_

<b>Application</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</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	

### 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 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

How did you hear about our program?

**Swimming Ability (Circle one)**

Non Swimmer    Beginner    Intermediate    Advanced

***GREAT 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 Sentara 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: \_\_\_\_\_ March 1st, 2022 \_\_\_\_\_ To: \_\_\_\_\_ December 31, 2022 \_\_\_\_\_ (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/guardian signature required with the notary)

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

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_ (notary seal)  
Notary Registration # \_\_\_\_\_

## *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. Also quarantine for 10-14 days with a negative test result.
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 99.5 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
- Headache

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.
- Bring your membership card every day.
- 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.
- No cell phones are not allowed during summer program hours.
- After 3 incidents you are suspended from the 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 Camp 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 6:00 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 Summer Program. The child must be signed in/out daily.**
- I agree to the following summer program rules. I know that if I don't follow the rules there will be consequences for my actions.

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Member's signature

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Date

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

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Parent's signature

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Date

# Parent Payment Agreement

Just a Reminder:

**NO CASH PAYMENTS!** Please Plan accordingly, **NO REFUNDS**  
Payments are made online only, Please register and make payments at:  
<https://bgcgw.force.com/portal/s>

Payments are due the Wednesday before the scheduled week of attendance. If the payment is not received by Wednesday at 6:00 pm the child will not be scheduled to attend the summer program 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.  
Camp Director

Mr. Jimal W.  
Asst. Camp 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