

Please fill out all questions and boxes. Write N/A or put an X in boxes you intend not to fill out.

Office U	se Only
1.	scan
2.	chart
3.	emergency
4.	procare
5.	contact
6.	phone

### YOUTH PROGRAMS REGISTRATION FORM SACC 2023-2024 Bi-Annual Paperwork

**Everyone is Welcome** 

VYFS respects the diversity and rights of the individuals it serves

OUTLIN		TAP 1		
Child Name:		Nickname:		Grade:
School:		Birthdate:		
Street Address:	City:		Zip:	
Mailing Address:				
Home Phone:	Teache			
Parent/Guardian completing this form is responsib	le for paymer			communication
Parent/Guardian Name:		Cell Phon	e & Carrier:	
Address (If different from child)				
Employer Name		Work Pho	ne:	
Email Address:				
Parent/Guardian Name:		Cell Phon	e & Carrier:	
Address (If different from child)				
Employer Name		Work Pho	ne:	
Email Address:				
Must include addresses for all contacts & provide i	island contac	t when unavaila	ble	
Emergency Contact (not parent or Dr)		F	hone:	
Address				
Out of Area Emergency Contact		P	hone:	
Address				
Insurance: It is the responsibility of every individual, the				
health coverage while participating in all VYFS activities	s. VYFS does	not provide any	accident or hea	alth coverage for its
participants.				
Child's Physician:		Phone:		
Address:		T HOHO.		
Date of last physical exam:	Date of las	t Dental appoir	ntment:	
Medical Insurance Company:	Date of lac	Policy #		
Child's Dentist/ Orthodontist:		Phone:	•	
Offile 3 Defiliate Offiledoffliat.		T HOHE.		
Specific Medical, Behavioral, Developmental Needs	s - fill out con	nnletely Licens	ing does not a	accent blanks
Dietary Modifications/Allergies:	· · · · · · · · · · · · · · · · · · ·	.protory: _roone	ing accomera	
Chronic/recurring illness:				
Current Medications:				
Do any medications need to be used/administered	ed during car	e? No Y	es (Med	form will be sent)
Physical Disability:	sa aanng car	5.   1 <b>10</b>     1	oo     (Mod	TOTTI WIII DO COTIL)
Behavioral Issues:				
Developmental Delay:				
Activities from which your child should be exempt	ot for health re	Pasons		
Tournage from which your office official be exemp	t loi fiodiul l	2430110		

Depending upon your child's needs, additional paperwork and a meeting with the VYFS Program Director may be required prior to your child's start to ensure your child can best be accommodated.

### **AUTHORIZATIONS**

<u>Participation</u>: I give permission for my child to participate in all activities as authorized by VYFS. I give permission for VYFS to use any pictures of my child for future promotional purposes.

<u>Medical Treatment</u>: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of VYFS. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the VYFS director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing that VYFS will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume those risks. By signing below, I release the Vashon Youth and Family Services, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in VYFS programs.

Date

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal quardian

		·	
The following is required for a List all perso	iny child attending VY ons (other than parent	FS Child Care. <mark>Addresses a</mark> s) authorized to pick up child	<mark>ire required</mark> for all. d:
Name	Phone	Address	Relation to child
		<u> </u>	<u> </u>

# **Vashon Kids Registration Form**

Participant's N	Name:			<del></del>						
Today's Date: _		_								
Is your child receiving any other services from Vashon Youth & Family Services? ☐ No ☐ Yes  If yes, which service?										
	VIOC :									
	Demogra	aphics	(Inform	nation r	equired	by our f	unders)			
Ethnic/Racial:		ls your c	hild non-Eng	glish Hous	sehold Struct	ure:		rt (see below)	:	
Choose all that ap	ply	speaking	g or of limited	or of limited		Category				
☐ American India	n/Alaska Native	English a	ability?	☐ Fo	oster Parents		Homeless:			
☐ Asian/Asian-Ar	nerican	☐ Yes	☐ Yes ☐ No		☐ Guardianship		Yes			
☐ Black/African-A	American/African	☐ No			arried/Partner	ed	□ No			
— □Hawaiian/Pacifi	_		Is your child of Hispanic		☐ Widowed ☐ Separated/Divorced		☐ Unknown  Number of people in household			
☐Hispanic or Latino/Latina		origin?		_						
☐Middle Eastern	∐ Ye				ngle		Under 18:	Total:		
☐ Multiple Races		□No		☐ Si	ngle Parent Fe	gle Parent Female				
☐ Prefer not to sa	ау	Unkno		Si	☐ Single Parent Male					
☐ Race not listed	:	ls your child considere		□ BI	ended Housel	nold				
Unknown		disabled    Yes	or handicap	• _	ulti-Generatior	nal				
☐ White		□ No		_	ousehold					
_		_								
Child's Gender:		Special Nee	eds:						-	
					Persons in Fa					
☐ Female	Category	1	2	3	4	5	6	7	8	
☐ Male	A	\$47,950	\$ 54,800	\$ 61,650	\$ 68,500	\$ 74,000	\$ 79,500	\$ 84,950	\$ 90,450	
☐ Non Binary	В	\$ 28,800	\$ 32,900	\$ 37,000	\$ 41,100	\$ 44,400	\$ 47,700	\$ 51,000	\$ 54,300	
	С	\$ 70,650	\$ 80,750	\$ 90,850	\$100,900	\$109,000	\$117,050	\$ 125,150	\$ 133,200	
Genderfluid	D	+	+	+	+	+	+	+	+	
☐ Not listed:										



# Vashon Kids Child Survey

1. What has your child done that surprised you with a new ability, skill or understanding?
2. How does your child go about trying something new?
3. What does your child really enjoy doing?
4. How does your child respond to new situations or challenges?
5. Who among your family and friends does your child enjoy spending time with? What are some of
the things that person does with or teaches your child?



## Vashon Kids at Chautauqua School Age Child Care Agreement Form

Child's Name			Grade i	n tall:
Teachers Name:			To	oday's Date
Please indicate your	child's start date	for care	_//	
Please indicate the typ	oe of care you will n	eed (check o	ne box only):	
\$695 per Month – 5 D conference days, teacher				eludes: PDD days, early dismissal day
_ ` _ <b>L</b>				your 4 circled days: M T W Th F isted in the childcare handbook)
				your 3 circled days: M T W Th I isted in the childcare handbook)
\$480 per Month – 5 D	ays/week – Before S	School Care	*see additional charges	
\$480 per Month - 5 Days/week - After School Care *see additional charges				
Please circle the days	of the week you are	interested in	<u>ı:</u> M T W TH	F
\$430 per Month-4 Da	ys per week–Before	School Card	2 *see additional charges	
\$430 per Month-4 Days per week-After School Care *see additional charges				
\$375 per Month-3 Days per week-Before School Care *see additional charge				
\$375 per Month-3 Days per week-After School Care *see additional charges				
\$260 per Month–2 Da	ys per week–Before	School Card	*see additional charges	
\$260 per Month-2 Days per week-After School Care *see additional charges				
*Additional charges: \$50.00	additional fee for full day c	are days		
Drop-in: arrange care a	at least 24 hours in ac	lvance, paym	ent is due at time	of service
Drop-in charges:	Before or After School PDD	\$35/ day \$50/ day	Early Release Full Day	\$75/ day \$100
Specialized Plan Price	ee			
Please check either box bell If you have more than one A 25% discount is applied	e child signed up, a 15%		pplied to all siblings	s in care
If you have questions	about charges or ne	ed financial	assistance, please	contact VashonKids@vvfs.org.



## VK SACC 2023-2024 Payment Plan

Name of Child	# Days per Week:	
Name of Parent/Guardian	Parent email:	
time of drop in. If payment cannot be made it is y two weeks' notice of any schedule changes in ord	ed for non-payment if payment is not received by the first of the recour responsibility to communicate with the director about other after to not be charged tuition fees. Parent/Guardian Initial: and sign the authorization for the option you have chosen:	arrangements. Please provide
cash or money order each month for child care for via mail) on or before the 25th day of the month B I wish to pay VYFS manually C by credit or debit card each month for child care before the 25th day of the month before care begin have to log in and to make payments.  C I wish to pay VYFS by recurring the following month's tuition charges. I have real	n or before the 25 <sup>th</sup> day of the month before care. I agree to pay sees as required. I understand that I must deliver payment to VYF to before care begins.  ONLINE on or before the 25 <sup>th</sup> day of the month before care. I see fees as required. I understand that I must deliver payment to the set. I understand instructions will be emailed to the email address I see feed to the card. I understand that my card will be charged on the ad and signed the Credit Card Authorization below	FS or Vashon Kids (in person agree to pay VYFS manually the MyProcare account on or have provided and that I will
<u>Drop-ins:</u>		
to Vashon Kids or VYFS on or before the time of begins.  B I wish to pay VYFS manually Card to MyProcare on or before the time of care understand instructions will be emailed to the em C I wish to pay VYFS by recurring the control of	or before the time of service. I agree to pay VYFS manually be forced and that I must deliver payment to Vashon Kid DNLINE on or before the time of service. I agree to pay VYFS. I understand that I must deliver payment to MyProcare accourail address I have provided and that I will have to login and to man credit card. I understand that my card will be charged on the ad and signed the Authorization for recurring credit card charged.	s or VYFS on or before care S manually by credit or debit nt on or before care begins. I ake payments. 25th day of each month for
Signature of Parent/Guardian	Date	
Authori	zation for Recurring Credit Card Charges	
Is the Parent/Guardian name the same as the nam If NO, what is the relationship between the cardh	e on the on the credit card? (Circle one) YES NO older & Parent/Guardian?	
financial institution honors such charges, this sha  o I understand that tuition payments are conterminate childcare.  o I understand that I will be charged a pro-	ices to charge my credit card on a monthly basis for childcare plated constitute my receipt for payment. I further stipulate the follow ollected on the 25 <sup>th</sup> day of each month and are continuous until I greesing fee of \$3.00 for every card charge. sible for any payments declined or not processed by my financial	ving: give notice to change or
Name as it appears on Credit Card (Please Prin	nt)	
Address:		
	Exp. Date	_
I hereby acknowledge that I have read and agre	e to the conditions stated above.	
Signature of Credit Card Holder	Date	



### PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information and sign this form.

- I understand that the adult who signs the child up for the program is responsible for payments to VYFS.
- I understand all financial, attendance, enrollment and other business documents will be provided only to the adult who signs the child up for the program and is responsible for payment.
- I understand that I have free access, at all times, to areas of the program used by my child, that I will have opportunities to participate in program activities, and that this participation may require me to go through a screening process. I also understand that if my participation obstructs the program in any way, this privilege will be revoked.
- I understand that I must not leave my child at the VYFS or program site unless VYFS staff is there to receive & supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I will be provided information about my child's progress and/or any issues related to his/her care, however, both parents/guardians may receive this information upon request.
- I understand that staff in childcare\* are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. \*in addition to mandated reporters, VYFS staff in other programs are also encouraged to report suspected cases of abuse, because we care about children. Furthermore, our staff are protected from liability for good faith reporting.

I have read and understand the statements above and I have received a copy of:
Family Handbook (containing policies, procedures, philosophy, etc.)
Disaster Preparedness Plan (in handbook)
Pet Policy(in handbook)
Pesticide Policy (in handbook)
Statement for Prevention of Abuse for employees and volunteers(in handbook)
· · · · · · · · · · · · · · · ·
Parent/Guardian Signature & Date

### **VASHON KIDS BEHAVIORAL EXPECTATION AGREEMENT**

*Vashon Kids* is committed to providing a positive atmosphere that is safe and inclusive to all in our community. To ensure this, *Vashon Kids* has established Behavioral expectations that highlight the following core values:

#### Respect

Be honorable and cooperative with Vashon Kids staff and others,

#### Responsibility

Being accountable for yourself, others and the environment,

#### Honesty

Engaging in fair and truthful play,

### Caring

Kind consideration towards Vashon Kids peers, staff and self.

We (my child and I) have read, discussed, and choose to uphold the core values of the Vashon Kids Behavioral Agreement

Your Name	
Parent/Guardian #1	
Your Name	<u>Date</u>
Parent/Guardian #2 (Optional)	
Your Name	_
Participant (Child)	



# **Vashon Kids**

### $\sqrt{2}$ ashon **Youth** & Authorization for Exchange of Confidential Information

Family Services Connect. Nurture. Thrive.	Student:	Birthdate:
		entary Date: 2023-2024 School Year
on behalf of your child		auqua Elementary School employees permission to communicate s parent/guardian of the above student, I authorize the mutual hon Kids and:
Agency/Practitioner:	Vashon Island School Dist	rict #402 <b>Phone:</b> (206) 463-2121
Street Address: 9309	SW Cemetery Road City:	Vashon State: WA Zip: 98070
All information will be Privacy Act (FERPA).	treated in a confidential ma	nnner by Vashon Kids under the Family Education Rights and
•	draw my consent, it does no	nation is voluntary and I can withdraw my consent at any time in a pply to information that has already been provided under the
This document expir	es at the end of the school y	ear.
Signature of	of Parent/Guardian:	Date:
Vashon <b>Family</b>	Connect. Nurture. Thrive.	Sunscreen Application  ply SPF Prior to Arrival
	Vashon Kids S	ACC 2023 - 2024 Program
Child's l	Name:	
Vash	on Kids Program has my pe	ermission to use the following sunscreen on my child:
	y Mountain Sunscreen Br Fragrance Free, Hypoallei	oad Spectrum SPF 30, Water Resistant, Nut oil genic and Greaseless
Active	Ingredients(Sunscreens):	Avobenzone 1.8%, Homosalate 7%, Octocrylene 5%
Parent's	Signature:	Date:
		Or
	not want the above named s creen for the staff to use on	sunscreen used on my child. I will supply the following him/her:
Name o	f sunscreen/SPF:	
Parent's	Signature:	Date:

Washington State Law requires that parents give permission to use any medication, including sunscreen. Children under the age of two also need written consent from their health care provider.