



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

Office Use 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

Child Name:		Nickname:		Grade:	
School:		Birthdate:			
Street Address:		City:		Zip:	
Mailing Address:					
Home Phone:		Teacher:			

Parent/Guardian completing this form is responsible for payment.) Carrier requested for text communication

Parent/Guardian Name:		Cell Phone & Carrier:	
Address (If different from child)			
Employer Name		Work Phone:	
Email Address:			
Parent/Guardian Name:		Cell Phone & Carrier:	
Address (If different from child)			
Employer Name		Work Phone:	
Email Address:			

Must include addresses for all contacts & provide island contact when unavailable

Emergency Contact (not parent or Dr)		Phone:	
Address			
Out of Area Emergency Contact		Phone:	
Address			

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all VYFS activities. VYFS does not provide any accident or health coverage for its participants.

Child's Physician:		Phone:	
Address:			
Date of last physical exam:		Date of last Dental appointment:	
Medical Insurance Company:		Policy #:	
Child's Dentist/ Orthodontist:		Phone:	

Specific Medical, Behavioral, Developmental Needs - fill out completely. Licensing does not accept blanks.

Dietary Modifications/Allergies:			
Chronic/recurring illness:			
Current Medications:			
Do any medications need to be used/administered during care?	No	Yes	(Med form will be sent)
Physical Disability:			
Behavioral Issues:			
Developmental Delay:			
Activities from which your child should be exempt for health reasons			

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.

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 in fall: _____

Teachers Name: _____ Today's Date _____

Please indicate your child's start date for care ___/___/___

Please indicate the type of care you will need (check one box only):

- \$695 per Month – 5 Days/week – All-inclusive Before&After School includes:** PDD days, early dismissal days, conference days, teacher in-service days as listed in the childcare handbook.
- \$615 per Month – 4 Days/week- All-inclusive Before&After School for your 4 circled days: M T W Th F** (PDD days, early dismissal days, conference days, teacher in-service days listed in the childcare handbook)
- \$535 per Month – 3 Days/week – All Inclusive Before&After School for your 3 circled days: M T W Th F** (PDD days, early dismissal days, conference days, teacher in-service days listed in the childcare handbook)
- \$480 per Month – 5 Days/week – Before 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: M T W Th F

- \$430 per Month–4 Days per week–Before School Care** *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 Days per week–Before School Care** *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 care days

- Drop-in:** arrange care at least 24 hours in advance, payment is due at time of service

Drop-in charges:	Before or After School	\$35/ day	Early Release	\$75/ day
	PDD	\$50/ day	Full Day	\$100

- Specialized Plan Price** _____

Please check either box below if applicable

- If you have more than one child signed up, a 15% discount is applied to all siblings in care
- A 25% discount is applied to all Vashon School District Staff.

If you have questions about charges or need financial assistance, please contact VashonKids@vyfs.org .

VK SACC 2023-2024 Payment Plan

Name of Child _____ # Days per Week: _____

Name of Parent/Guardian _____ Parent email: _____

Cancellation policy: Childcare will be denied for non-payment if payment is not received by the first of the month before care or at the time of drop in. If payment cannot be made it is your responsibility to communicate with the director about other arrangements. Please provide two weeks' notice of any schedule changes in order to not be charged tuition fees. **Parent/Guardian Initial:** _____

Please choose one plan: *Please check the box and sign the authorization for the option you have chosen:*

A. _____ **I wish to pay VYFS manually on or before the 25th day of the month before care.** I agree to pay VYFS manually with check, cash or money order each month for child care fees as required. I understand that I must deliver payment to VYFS or Vashon Kids (in person or via mail) on or before the 25th day of the month before care begins.

B. _____ **I wish to pay VYFS manually ONLINE on or before the 25th day of the month before care.** I agree to pay VYFS manually by credit or debit card each month for child care fees as required. I understand that I must deliver payment to the MyProcure account on or before the 25th day of the month before care begins. I understand instructions will be emailed to the email address I have provided and that I will have to log in and to make payments.

C. _____ **I wish to pay VYFS by recurring credit card.** I understand that my card will be charged on the 25th day of each month for the following month's tuition charges. **I have read and signed the Credit Card Authorization below**

Drop-ins:

A. _____ **I wish to pay VYFS manually on or before the time of service.** I agree to pay VYFS manually by cash, check or money order to Vashon Kids or VYFS on or before the time of care. I understand that I must deliver payment to Vashon Kids or VYFS on or before care begins.

B. _____ **I wish to pay VYFS manually ONLINE on or before the time of service.** I agree to pay VYFS manually by credit or debit card to MyProcure on or before the time of care. I understand that I must deliver payment to MyProcure account on or before care begins. I understand instructions will be emailed to the email address I have provided and that I will have to login and to make payments.

C. _____ **I wish to pay VYFS by recurring credit card.** I understand that my card will be charged on the 25th day of each month for the following month's tuition charges. **I have read and signed the Authorization for recurring credit card charges for Care Plans.**

Signature of Parent/Guardian _____ Date _____

Authorization for Recurring Credit Card Charges

Is the Parent/Guardian name the same as the name on the on the credit card? (Circle one) YES NO
If NO, what is the relationship between the cardholder & Parent/Guardian? _____

I hereby authorize Vashon Youth & Family Services to charge my credit card on a monthly basis for childcare plan tuition charges. When my financial institution honors such charges, this shall constitute my receipt for payment. I further stipulate the following:

- I understand that tuition payments are collected on the 25th day of each month and are continuous until I give notice to change or terminate childcare.
- I understand that I will be charged a processing fee of \$3.00 for every card charge.
- I understand that I am personally responsible for any payments declined or not processed by my financial institution and/or VYFS.

Name as it appears on Credit Card (Please Print) _____

Phone Number: _____

Address: _____

Card Number _____ Exp. Date _____

I hereby acknowledge that I have read and agree 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 _____

Parent/Guardian #2 (Optional)

Your Name _____

Participant (Child)

Date _____



Vashon Kids

Authorization for Exchange of Confidential Information

Student: _____ Birthdate: _____

School: Chautauqua Elementary

Date: 2023-2024 School Year

This form is to grant Vashon Kids staff and Chautauqua Elementary School employees permission to communicate on behalf of your child's education and growth. As parent/guardian of the above student, I authorize the mutual exchange of confidential information between Vashon Kids and:

Agency/Practitioner: Vashon Island School District #402 Phone: (206) 463-2121

Street Address: 9309 SW Cemetery Road City: Vashon State: WA Zip: 98070

All information will be treated in a confidential manner by Vashon Kids under the Family Education Rights and Privacy Act (FERPA).

My consent for the release of confidential information is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

This document expires at the end of the school year.

Signature of Parent/Guardian: _____ Date: _____



Consent for Sunscreen Application

***Please Apply SPF Prior to Arrival**

Vashon Kids SACC 2023 - 2024 Program

Child's Name: _____

Vashon Kids Program has my permission to use the following sunscreen on my child:

Rocky Mountain Sunscreen Broad Spectrum SPF 30, Water Resistant, Nut oil free, Fragrance Free, Hypoallergenic and Greaseless

Active Ingredients(Sunscreens): Avobenzone 1.8%, Homosalate 7%, Octocrylene 5%

Parent's Signature: _____ Date: _____

Or

I do not want the above named sunscreen used on my child. I will supply the following sunscreen for the staff to use on him/her:

Name of 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.