



**BOYS & GIRLS CLUBS**  
OF GREATER WASHINGTON

5070 Dale Blvd. ♦ Woodbridge ♦ VA ♦ 22193 ♦ (703) 670 – 3311  
[www.hyltonclub.org](http://www.hyltonclub.org)

## 2011 SUMMER CAMP CHECKLIST

### DO YOU HAVE THESE ITEMS WITH YOU?

- ❑ Copy of the physical form and immunization records with signature of Physician.
- ❑ Birth Certificate (We need to see the original or a certified copy)
- ❑ (2) Emergency phone numbers and addresses besides yourself and/or spouse.
- ❑ Doctor's name and phone number (If the child is a military dependent, provide the name of the hospital and phone number)
- ❑ "Potomac Hospital Form" with signature & Notary stamp
- ❑ Insurance Information: Please provide a copy of your child's insurance card (front and back)
- ❑ Registration / 2011 Membership Application / 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 above-mentioned documents at the time of registration.**



Visit us on the web at  
[www.hyltonclub.org](http://www.hyltonclub.org)  
[www.bgcgw.org](http://www.bgcgw.org)

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



Main Number: (703) 670-1313 / (540) 659-1800  
Emergency: (703) 670-1363 or 911

**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 Int: \_\_\_\_\_),  
(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: June 20, 2011 To: August 26, 2011 (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 \_\_\_\_\_,  
personally appeared before me and acknowledged that he/she executed  
the foregoing instrument.

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

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

Notary Registration # \_\_\_\_\_ (notary seal)

# 2011 Hylton Summer Camp



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

## Summer Camp Application

### YOUTH INFORMATION

First Name	Last Name	MI	DOB
Address	City	Zip	Phone Number
School	Grade	Age	Sex

### FAMILY INFORMATION

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)  Mother  Father  Both  Other

### HEALTH INFORMATION

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>

### PICK UP AUTHORIZATION

*Persons authorized to pick up child in case of emergency - ALL sections MUST have complete address information*

Name:	Name:
Address	Address
Phone Number	Phone Number

### OTHER PERSONS ALLOWED TO PICK UP CHILD

*Any person not listed will **NOT** be able to pick up children from our facility*

Name:	Name:
Name:	Name:

Is there anyone legally **NOT** allowed to pick up your child? If so, we must have a copy of the legal paperwork on file.

### EMERGENCY MEDICAL CARE AUTHORIZATION

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

### FOR OFFICIAL USE ONLY IDENTITY VERIFICATION

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

Place of Birth

Date of Birth

Birth Certificate Number

Date Issues

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)**

Beginner    Intermediate    Advanced

# 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 can not 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, but are not limited to:**

- 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
- 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.

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### **Parent 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(s) or Guardian(s)

\_\_\_\_\_  
Staff Initials

## HYLTON BOYS & GIRLS CLUB'S SUMMER CAMP CODE OF CONDUCT

- Play fairly and be honest.
- Bring your membership card **EVERYDAY!**
- Be respectful of Boys & Girls Club Staff. LISTEN when Staff is speaking to you.
- Say **POSITIVE** things about others and applaud their efforts.
- Resolve disagreements in a **POSITIVE** way.
- Be respectful of other members and their property.
- Take care of your Boys & Girls Club's property & equipment.
- Avoid the use of improper language.
- Remove hats / caps before entering the building.
- Running is permitted outside and in the gym only.
- Stay with your assigned group at all times.
- Dress appropriately at all times.
- Smoking, drugs, alcohol and weapons, and/or other objects that are deemed to be weapons are prohibited.
- Chewing gum is not allowed. Eat and drink in designated areas only.
- While on the B&G Club's buses/vans, be seated and have a seatbelt on at all times.
- Cell phones **MUST** be turned off during Summer Camp hours.
- Upon receiving the 3<sup>rd</sup> incident report, suspension may occur. Other offenses may require immediate suspension. This decision is at the discretion of the Daycare and Branch Director.
- Toys, games, electronic devices, etc. need to stay home! We are not responsible for lost, stolen, or broken items.

I agree to the following Summer Camp rules. 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 Summer Camp Brochure and Code of Conduct. I have reviewed the Code of Conduct with my child.

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

\_\_\_\_\_  
Date