SAMENA
• SWIM & RECREATION CLUB •

BEFORE & AFTER SCHOOL CARE

Registration Packet 2022/2023

All forms are due in completion at time of registration

Tuition Information

Registration Form

B&A Program Contract
(Parent copy included)

Medical Information

Program Waiver & Parent Consent Form

Medication Dispensing Form

Immunization Record or Certificate of Exemption

Program Withdrawal Form
(Parent copy to keep)

Tuition Auto-Payment Agreement

Samena Swim and Recreation Club
15231 Lake Hills Blvd. Bellevue, WA 98007
Phone: **(425) 746-1160** Fax: **(425) 746-4485**
www.samena.com

Program Director: Jessica Robinson, ext. 117; jessicar@samena.com

2022-2023 Samena Before & After School Tuition

5 Day Monthly	Member	Program Member
Before Care		
1st Child	$416	$502
Additional Child	$335	$402
After Care		
1st Child	$906	$1100
Additional Child	$725	$880
Before & After Care		
1st Child	$1170	$1420
Additional Child	$935	$1135

4 Day Monthly	Member	Program Member
Before Care		
1st Child	$345	$415
Additional Child	$294	$330
After Care		
1st Child	$745	$904
Additional Child	$597	$723
Before & After Care		
1st Child	$962	$1168
Additional Child	$770	$934

3 Day Monthly	Member	Program Member
Before Care		
1st Child	$276	$331
Additional Child	$220	$265
After Care		
1st Child	$577	$699
Additional Child	$462	$559
Before & After Care		
1st Child	$748	$907
Additional Child	$598	$726

2 Day Monthly	Member	Program Member
Before Care		
1st Child	$201	$240
Additional Child	$160	$192
After Care		
1st Child	$432	$522
Additional Child	$345	$417
Before & After Care		
1st Child	$558	$675
Additional Child	$446	$540

SAMENA

•SWIM & RECREATION CLUB•

2022-2023 Samena Before & After School Program Contract

****PARENT COPY****
Original must be signed on Reverse of Registration Form

Payment Policy:

- **First month's and June tuition** is due by Monday, August 23 (if registering after the school year starts, due at time of registration).
- **Monthly tuition payments** are due by the first of the month (auto-withdrawal preferred).
- **Monthly tuition** is calculated based on the total cost of the school year and then divided by 10 months. This allows all monthly payments to be the same regardless of the number of days in the month. There is no change in tuition due to family vacations, time off etc.
- **Cancellation Policy:** A written 30-day notice before the first of the month in which you wish the changes to take place is required to cancel/switch days or drop from the program. Our before and after school year program is designed to operate on the school year calendar with a commitment for September through June.
- **June Tuition:** June tuition is non-refundable once the program has begun.

Additional Fees:

- **Non-Refundable Registration Fee:** $115 per family is due at time of registration.
- **Transportation Fee:** Transportation fee is built into the monthly tuition.
- **Schedule Changes:** There is no charge to add days to your current program if space is available. There is a $50 change fee to decrease the number of days attending.
- **Non-school Days:** A separate registration process and fees apply for Bellevue School District non-school days. Registration may be handled at the Front Desk. The non-school days include winter break, mid-winter break and spring break, various holidays and development days. Care for these days is not included in your tuition, but currently enrolled B&A participants receive a discount on Non-School Day Camps and extended care is included.
- **Late Pick Ups:** Our program closes at 6:30PM. A $10 fee is charged for every 10 minutes you are late past 6:30pm. The late fee is paid the day of the occurrence at the Front Desk. Please call if you will be late for any reason.

Additional Information:

- **Mandatory State Licensing Paperwork:** A completed registration packet must be on site prior to the child beginning care. (Deadline for all remaining Samena paperwork is Monday, August 3rd.) This includes the registration form, medical form with signed waiver, completed immunization form, and signed contract.
- **Van Policy:** The van will wait at the school for 10 minutes at the designated loading area. If the child does not arrive within 10 minutes, the van will return to Samena and the child's parents will be contacted. It is the responsibility of the parents or school to transport a child who misses the Samena van. Please notify Samena by 12pm, in advance, if your child will not be attending for the day.
- **Medication:** If your child requires medication you will need to complete the medication information sheet enclosed authorizing Samena staff to administer medications to your child. All medication must be in its original container with written directions / dose and time for your child.
- **Communication:** For your child's safety, we ask that you provide in writing any changes to your emergency contacts including address and phone changes.

I/we also agree to the Terms of the Samena Club Before and After School Care as listed on this contract. I have read and understand the terms of this agreement. I have received a copy of the Samena Club Before and After School Care Rules and Regulations and guidelines. I agree that I and all persons participating in the Samena Club Before and After School Care are bound by and shall comply with the rules and regulations of the Club as they may be amended.

SAMENA
• SWIM & RECREATION CLUB •

BEFORE & AFTERSCHOOL CARE 2022-2023

Registration Form

Contact Information	
Child's Name: (First, Middle, Last)	
Parent / Legal Guardian Name:	
Email:	Phone Number(s):
Address:	
Child's Birthdate:	Age at Start of School:
Child's School:	
Registration Information	
Transportation Needed: ☐ Yes ☐ No	
Days/Time of care needed: ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ AM ☐ PM ☐ Both	
Days: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri	

Registration Fee- $115 non-refundable required with this form at the time of registration

Additional Information:
*Please note First Month and June tuition is due prior to the start of school
*Please note that the June tuition is non-refundable/non transferrable once the program has begun
*A 30-day notice is needed in writing to drop from the program

Office Use Only

Registration Fee:

Amount Paid: _____ Date: _____ Staff: _____

Date of enrollment: Date: _____

Date of termination: Date: _____

SAMENA

•SWIM & RECREATION CLUB•

2022-2023 Samena Before & After School Program Contract

Thank you for choosing Samena for your childcare needs. We look forward to having your child in our program this school year. Please read and sign this form and return this with your completed registration packet.

Payment Policy:

- **First months and June tuition** is due by Monday, August 23 (if registering after the school year starts, due at time of registration).
- **Monthly tuition payments** are due by the first of the month (auto-withdrawal preferred).
- **Monthly tuition** is calculated based on the total cost of the school year and then divided by 10 months. This allows all monthly payments to be the same regardless of the number of days in the month. There is no change in tuition due to family vacations, time off etc.
- **Cancellation Policy:** A written 30-day notice before the first of the month in which you wish the changes to take place is required to cancel/switch days or drop from the program. Our before and after school year program is designed to operate on the school year calendar with a commitment for September through June.
- **June Tuition:** June tuition is non-refundable once the program has begun.

Additional Fees:

- **Non-Refundable Registration Fee:** $115 per family is due at time of registration.
- **Transportation Fee:** Transportation fee is built into the monthly tuition.
- **Schedule Changes:** There is no charge to add days to your current program if space is available. There is a $50 change fee to decrease the number of days attending.
- **Non-school Days:** A separate registration process and fees apply for Bellevue School District non-school days. Registration may be handled at the Front Desk. The non-school days include winter break, mid-winter break and spring break, various holidays and development days. Care for these days is not included in your tuition, but currently enrolled B&A participants receive a discount on Non-School Day Camps and extended care is included.
- **Late Pick Ups:** Our program closes at 6:30PM. A $10 fee is charged for every 10 minutes you are late past 6:30pm. The late fee is paid the day of the occurrence at the Front Desk. Please call if you will be late for any reason.

Additional Information:

- **Mandatory State Licensing Paperwork:** A completed registration packet must be on site prior to the child beginning care. (Deadline for all remaining Samena paperwork is Monday, August 3rd.) This includes the registration form, medical form with signed waiver, completed immunization form, and signed contract.
- **Van Policy:** The van will wait at the school for 10 minutes at the designated loading area. If the child does not arrive within 10 minutes, the van will return to Samena and the child's parents will be contacted. It is the responsibility of the parents or school to transport a child who misses the Samena van. Please notify Samena by 12pm, in advance, if your child will not be attending for the day.
- **Medication:** If your child requires medication you will need to complete the medication information sheet enclosed authorizing Samena staff to administer medications to your child. All medication must be in its original container with written directions / dose and time for your child.
- **Communication:** For your child's safety, we ask that you provide in writing any changes to your emergency contacts including address and phone changes.

I/we also agree to the Terms of the Samena Club Before and After School Care as listed on this contract. I have read and understand the terms of this agreement. I have received a copy of the Samena Club Before and After School Care Rules and Regulations and guidelines. I agree that I and all persons participating in the Samena Club Before and After School Care are bound by and shall comply with the rules and regulations of the Club as they may be amended from time to time.

Printed Name_____ Signature_____ Date_____

Samena Before & Afterschool Care Medical Form

Last Name:	First Name:	Middle:
Birthdate (MM/DD/YYYY):		Nickname?
Street Address:	City:	Zip Code:
Child's Parent/Guardian Name(s):		
Cell Phone:	Home Phone:	Additional Phone:
(Alternate) Street Address:	City:	Zip Code:
Address of where we can reach you while child is in care:		

Authorized Pick Up		
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:
(Fill in below line) Name / Relationship:	Address:	Telephone Numbers:

Emergency Contact	
In case of an emergency, I give permission for any of the following individuals to be contacted, and my child may be released to any of them: Parent Signature: _____	
Name / Relationship:	Phone Number:
Name / Relationship:	Phone Number:
Who does not have permission to pick up your child? If applicable: **(A copy of supporting court document must be on file)**	
Name:	
Reason:	
If more, please attach separate sheet	

Child's Health Information

Child's Health Care Provider: Providers Telephone #:

Date of Child's Last Physical Exam:

Street address: City: Zip Code:

Special health problems? Yes or no? If yes, please specify:

Allergies, including drug reaction Yes or No? If yes, specify:

Child's Dental Information

Child's Dentist Name: Dentist Telephone #:

Date of Child's Last Dental Exam:

Street Address: City: Zip Code:

Child's Medical Insurance

Insurance Company: Member/Policy Number:

Policy Holder Name: Employer Name:

Consent to Medical Care, Treatment of Minor Children, and Program Waivers

I _____ (Parent / Legal Guardian) herby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified staff member at Samena Club. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent of such treatment. I give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.
I give permission for him/her to participate in the Samena Club's Children's Program activities and outings.
I provide permission for the Samena Club to use any pictures of my child in future promotional purposes for the Samena Club only (photos will not be sold) unless denied in writing and attached to this form.

Signature of parent or legal guardian: _____ Date: _____

Printed name of parent or legal guardian: _____

SAMENA

•SWIM & RECREATION CLUB•

Medication Dispensing Form

Child's Name _____

Reason for Medication:_____

Name of Medication: _____

How much to give: _____

When to give: _____

How to give:

____Oral (by mouth)
____Topical (to skin)
____Other (please explain)_____

When the treatment should be stopped: _____

Requires Refrigeration: _____Yes _____No

Possible side effects:_____

Special instructions/suggestions (e.g. take with food, with water etc.):
_____

Parent signature_____ Date_____

Note: You need a physician's signature for non-prescription medications if:

1. There are no instructions on the container for use of the medication for child's age or
2. The medication is **not** listed below:
   - Antihistamines (Benadryl, Sudafed)
   - Non-aspirin pain relievers and fever reducers (Tylenol, Datril, Liquiprin)
   - Cough medicines (Robitussin, Triaminic)
   - Decongestants (Dimetapp, Pediacare, Robitussin)
   - Anti-itching creams (Caladryl, Delacort)
   - Sunscreens (recommended to be applied by a parent/guardian)

Certificate of Immunization Status (CIS)

Reviewed by: Date:
Signed COE on File? □ Yes □ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____ **Parent/Guardian Signature** **Date**	X _____ **Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

▲Required for School ● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
□ A verified history of varicella (chickenpox) disease.
□ Laboratory evidence of immunity (titer) to disease(s) marked below.

□ Diphtheria	□ Hepatitis A	□ Hepatitis B
□ Hib	□ Measles	□ Mumps
□ Rubella	□ Tetanus	□ Varicella

□Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature Date

►

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date:_____
If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - □ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - □ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

SAMENA
•SWIM & RECREATION CLUB•

Before & After School Care Program
Withdrawal Policy

Thank you for choosing Samena to provide Before or After School care for your child. We understand that changes occur in everyone's lives and schedules and we want to be as accommodating as possible. We require a 30 day notice before withdrawing from our program. We have attached the tear-off sheet at the bottom of the page for your convenience. Please fill out the necessary information completely and return it to the Program Director. All tuition must be current and if there are any outstanding payments they must be paid in full at the time of withdrawal.

Please Return

SAMENA
•SWIM & RECREATION CLUB•

Before & After School Program Withdrawal Request Form

Child Name: _____

Parent Name: _____

Phone #: _____

Current day's attending: _____

Name of school child attends: _____

Last day child will be attending: _____

Reason for leaving program:

_____

_____

Signature of Parent:_____ Date: _____

AUTHORIZATION AGREEMENT FOR
CREDIT or DEBIT CARD (EFT) AUTOMATIC PAYMENTS

For Automatic Payment from Bank Account (ACH), please fill out reverse side instead

Company: **SAMENA CLUB**

I (we) hereby authorize Samena Club or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated below for monthly payment.

Credit/Debit Card type: (Please circle one) Visa Mastercard Discover AmEx

- Last 4 digits of credit card # ___ ___ ___ ___
- Expiration Date: ___ ___ /___ ___
- CVV# (3 or 4 digits): ___ __ ___ ___
- Name on Card: _____
- Street Address credit card statement is sent to: _____
- Zip Code: _____

This authority is to remain in full force and effect until Samena Club has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Samena Club and the DEPOSITORY a reasonable opportunity to act on it. If I change the account number or financial institution specified, I will provide written authorization for the change to Samena Club.

Membership Number: _____

Primary Member Name: (Please Print) _____

Primary Member Signature: _____Date Signed: _____

Spouse: (if applicable)

Spouse Name: (Please Print or Type) _____

Spouse Signature: _____Date Signed: _____

15231 Lake Hills Blvd. Bellevue WA 98007
Attn: Kristin (425) 746-1160 ext. 141 kristinl@samena.com