



Summer Camp 2023

Adventurers

A fun-filled weekly camp for kids entering 3rd-6th grade.
Mountlake Terrace Recreation & Parks Dept.
 5303 228th St SW, Mountlake Terrace, WA 98043
 425-776-9173 www.mltrec.com

Registration Requirements:

1. \$35 individual or \$55 family registration fee due at the time of registration (waived for 2022/2023 Preschool/Kids Krew participants)
 2. Completed Registration Packet, which includes:
 - a. Registration Sheet(s)
 - a. Payment form
 - b. Sunscreen authorization
 - c. Certificate of Immunization
 3. Payment in Full - All camp fees are paid at the time of registration. Registration fee waived for three or more weeks.
- OR:**
 Payment Plan Option - Available if registration is for three or more weeks, and apply only to camps listed on this sheet. Payment Plan option is 1/2 of all camp fees plus registration fee due at time of registration, 1/2 due on July 15th. Automatic Credit/Debit card payment is required for all payment plans. Declined or expired card payments will be considered late payments and assessed a \$20 fee. If payment is not received child may lose their spot in the camp.
4. After registration, you will receive an invitation email from CampDoc to update your child's information.

Child's Name _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent(s) Name _____ Email Address _____

Home phone _____ Work Phone _____ Cell Phone _____

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as listed below, by means of walking or yellow bus. YES NO Initial Here _____

Child's T-Shirt Size: S M L XL

Reg. Fee: Ind. \$35 Fam. \$55 \$ _____

Check selection(s)

<input type="checkbox"/> 6/27 <input type="checkbox"/> 6/28 <input type="checkbox"/> 6/29	R\$36/day NR\$40/day Daily Kids Krew	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (7/5-7/7 – 9am-4pm)	R\$102 NR\$112	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (7/10-7/14 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (7/17-7/22 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (7/24-7/28 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (7/31-8/4 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (8/7-8/11 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (8/14-8/18 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> (8/21-8/25 – 9am-4pm)	R\$170 NR\$187	Total \$ _____	1/2 \$ _____
<input type="checkbox"/> 8/28 <input type="checkbox"/> 8/29 <input type="checkbox"/> 8/30	R\$36/day NR\$40/day Daily Kids Krew	Total \$ _____	1/2 \$ _____

TOTAL \$ _____ Total down pmt \$ _____



Before and After Camp Care

Mountlake Terrace Recreation & Parks Dept.
425-776-9173
www.cityofmlt.com

Before and After camp care is only available for Explorers, Adventurers and Trailblazers Camps (ages 5-12 years old). Before Camp care runs 6:30-9am, After Camp care runs 4-6:30pm. Total camp day may not exceed 10 hrs. Programs are certified by WA State Department of Children, Youth and Families. State subsidies accepted for qualified applicants. Registration must be at least one week in advance. Earlier registration recommended due to limited space. **There is no drop in care available.**

Child's Name _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Parent(s) Name _____

Home phone _____ Work Phone _____ Cell Phone _____

Check selection(s)

(7/5-7/7) _____ Before Camp R\$37/NR\$40 _____ After Camp R\$37/NR\$40 _____ Both R\$46/NR\$51

(7/10-7/14) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(7/17-7/22) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(7/24-7/28) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(7/31-8/4) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(8/7-8/11) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(8/14-8/18) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

(8/21-8/25) _____ Before Camp R\$61/NR\$67 _____ After Camp R\$61/NR\$67 _____ Both R\$77/NR\$85

TOTAL \$ _____ Total ½ down pmt \$ _____

Mountlake Terrace Recreation
5303 228th Street SW
Mountlake Terrace, WA 98043
425-776-9173 www.cityofmlt.com
Summer Camps Payment Form

Child's Name _____ Camp(s) _____

Parent's Name _____ Daytime Phone _____

Address _____ City _____ Zip _____

Mountlake Terrace Summer Camp Payment terms:

- Program site is certified by WA State Department of Children, Youth and Families and accepts subsidies for qualified applicants (License #119916)
- We accept cash, checks, Visa, MasterCard, American Express and Discover. There is a \$25 returned check fee.
- Camps must be paid in full prior to the end of the child's end of attendance.
- It is the parent's responsibility to notify the **Pavilion office** to withdraw a child from a summer camp. If the Pavilion office is not notified, no refund will be given. **One week (7 days) advance notice must be given for all cancellations.** There is a \$10.00 per child/per camp/per week fee for refunds.
- No credit/refunds will be given for days missed due to illness or vacation unless one week notice is given.

-
- _____ **I wish to sign up for payment plan. Payment card will be saved on my account in DaySmart.**
 - Payment Plan option: Your total fee for summer camp will be divided in half. Automatic payment is required for camp payment plans. The first payment plus the registration fee is due at the time of the registration. The second payment will be automatically deducted from your account on **July 15th.**
 - If credit/debit card is expired or declined, the parent(s) or guardian(s) will be notified. If payment is not received, the child may be dropped from the program and lose their spot.
 - Please notify the Pavilion office if your credit/debit card has been reported lost or stolen, or needs to be updated.

Payment Plan Credit/Debit card information:

_____ - _____ - _____ - _____ Exp. ____ / ____

-
- _____ **I do NOT wish to sign up for payment plan. Payment will be due in full at the time of the registration.**

Pay in Full Credit/Debit card information:

_____ - _____ - _____ - _____ Exp. ____ / ____

Signature

Date



SUNSCREEN AUTHORIZATION

for General Youth Programs/Summer Camps

Sunscreen is treated as an over-the-counter medication in accordance with state law and based on our health care policies. We can apply from our bulk supply only with signed and completed parent authorization.

<p>Name of Product: Rocky Mountain Sunscreen for Kids Provides a double level protection using the physical blocking power of titanium dioxide. The formula will hold up through sweat, water, and chlorine. Free of vitamin A (retinyl palmitate 0, PABA, fragrance, wheat, gluten and nut oils.</p>	<p>Sun Protective Factor: 50 Broad spectrum UVA/UVB Protection Hypoallergenic and moisturizing Non-greasy, non-comedogenic, safe for use on face Water resistant: retains SPF after 80 minutes of activity in water.</p>
<p>Active Ingredients: Avobenzene 3% Octisalate 5% Octocrylene 10% Homosalate 15%</p>	<p>Sunscreen will be applied in a manner to prevent contaminating the bulk container. For example, if in a pump container, the sunscreen will be pumped into the hand, held about a half inch under the pump. If in a tube, the sunscreen will be squeezed out onto a paper towel and given to the person to apply to their skin.</p>
<p>Start Date: July 5, 2023</p>	<p>Stop Date: August 30, 2023</p>
<p>Times to be given: [these times may not be changed by parent/guardian] * Parents will be responsible for applying sunscreen when their child arrives at camp in the morning. They are welcome to use our bulk supply of Rocky Mountain Sunscreen for Kids. * 11:00 am, as needed by City of MLT staff * FIELD TRIP DAYS ONLY, a second application will be applied, as needed, around 2:00 pm by City of MLT staff</p>	<p>Amount to be given: Enough to cover the exposed skin areas How given: Topical on exposed skin areas</p>
<p>SPECIAL INSTRUCTIONS: If child is enrolled in before camp care, City of MLT staff will be responsible for an initial application, as needed, around 8:30 am</p>	<p>SPECIAL INSTRUCTIONS: If child is enrolled in after camp care, City of MLT staff will be responsible for an additional application, as needed, around 4:30 pm</p>

I, _____, authorize a City of Mountlake Terrace [referred to as MLT] staff person to administer Rocky Mountain Sunscreen for Kids from their common bulk supply to my child as outlined above.

Name of Child: _____ Date of Birth: _____

Is it okay for your child to apply his/her own sunscreen? YES NO

Parent/Guardian Signature: _____ Date Signed: _____



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):
<p>Parent/Guardian Signature _____ Date _____</p> <p style="text-align: center;">Parent/Guardian Signature Required if Starting in Conditional Status Date</p>			

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

<input type="checkbox"/> Required for School <input type="checkbox"/> Required Child Care/Preschool	MM/DD/YY	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							
<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)							
<input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
<input type="checkbox"/> DT or Td (Tetanus, Diphtheria)							
<input type="checkbox"/> Hepatitis B							
<input type="checkbox"/> Hib (<i>Haemophilus influenzae type b</i>)							
<input type="checkbox"/> IPV (Polio) (any combination of IPV/OPV)							
<input type="checkbox"/> OPV (Polio)							
<input type="checkbox"/> MMR (Measles, Mumps, Rubella)							
<input type="checkbox"/> PCV/PPSV (Pneumococcal)							
<input type="checkbox"/> Varicella (Chickenpox)							
<input type="checkbox"/> 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.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		

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

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

Health Care Provider or School Official Name: _____ Signature: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Date: _____

Printed Name

Licensed Health Care Provider Signature

Date

Instructions for completing the Certificate of Immunization Status (CIS): Print the form 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: waisrecords@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	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	Vaqtia	Hep A		
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varrivax	Varicella		
Engertix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B				

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).