

# Elizabeth Kids Club Program Registration

## Running Creek Location

900 S Elbert St  
Elizabeth, Co. 80107

*Any applicant who knowingly or willfully makes a false statement of any material fact of thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.*

Child's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Current School: Running Creek Elementary Legacy Academy Other  
(circle one)

email address: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_  
1<sup>st</sup> Parent 2<sup>nd</sup> Parent

\_\_\_\_\_ Mailing Address City Zip

\_\_\_\_\_ Street Address City Zip

\_\_\_\_\_ Home (Primary) Phone # 1<sup>st</sup> parent's work number 2<sup>nd</sup> parent's work number

\_\_\_\_\_ 1<sup>st</sup> parent's cell number 2<sup>nd</sup> parent's cell number

1<sup>st</sup> parent's place of employment: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

2<sup>nd</sup> parent's place of employment: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Student Lives With: { } Both Parents { } Guardian(s)  
{ } 1<sup>st</sup> Parent Only { } Foster Parents  
{ } 2<sup>nd</sup> Parent Only { } Other

### Name of Siblings Attending Elizabeth Schools:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Name of Siblings Attending Elizabeth Early Childhood Programs:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

# Statement of Child's Health Status

Running Creek Kids Club  
900 S. Elbert St  
Elizabeth, CO 80107  
303-646-6745

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Has the child had any of the following illnesses? If yes, at what age?

- |                                                  |                                                |                                            |
|--------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Chicken Pox (Age: )     | <input type="checkbox"/> Rubeola (Age: )       | <input type="checkbox"/> Rubella (Age: )   |
| <input type="checkbox"/> Rheumatic Fever (Age: ) | <input type="checkbox"/> Asthma (Age: )        | <input type="checkbox"/> Hay Fever (Age: ) |
| <input type="checkbox"/> Diabetes (Age: )        | <input type="checkbox"/> Mumps (Age: )         | <input type="checkbox"/> Epilepsy (Age: )  |
| <input type="checkbox"/> Whooping Cough (Age: )  | <input type="checkbox"/> Poliomyelitis (Age: ) | <input type="checkbox"/> Other (Age: )     |

Significant Surgeries, Accidents, Illness or Developmental Concerns:

---

---

---

---

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Severe allergies will require a health plan!**

If tuberculin test given: Date: \_\_\_\_\_ Result: \_\_\_\_\_

If chest x-ray was taken: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Name and Address of Physician or Nurse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## **Parent Contract and Permission Form**

• **Sunscreen, Lip Balm, Lotion**

I give my permission for my child to apply sunscreen, lip balm, and/or lotion under staff supervision only. I understand that lip balm and/or lotion must be brought from home and must be labeled with my child's name and given to a staff member. I understand that I can provide sunscreen from home for my child (labeled with their name). If I do not provide sunscreen, sunscreen will be provided by Kids Club unless I state, in writing, that I do not want Kids Club to provide sunscreen.

*Signature of Parent/Legal Guardian* \_\_\_\_\_

• **Photographs**

I give permission for my child to be photographed or videotaped either individually or in a group for classroom use only. If used for the purposes of advertising, you will be asked for separate permission in advance.

*Signature of Parent/Legal Guardian* \_\_\_\_\_

• **Child Protection**

I understand that the director/coordinator and all program staff are required by law to report any suspected child abuse or neglect to the Colorado Department of Human Services.

*Signature of Parent/Legal Guardian* \_\_\_\_\_

• **Policy Agreement**

I have provided the Parent Handbook and have read the handbook. I agree to comply with all policies.

*Signature of Parent/Legal Guardian* \_\_\_\_\_

• **Termination of Services**

I understand that my child may be terminated from the program for the following reasons:

- Behavior that is unsafe to self, other children, or adults
- An incomplete file
- Failure to pay tuition
- Failure to follow program policies

*Signature of Parent/Legal Guardian* \_\_\_\_\_

• **Video Permission**

I give my permission for my child to view movies that are rated G or PG on specified days.

*Signature of Parent/Legal Guardian* \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information

In the event of illness or injury, please list the names of people who are authorized to pick your child up from school. Students will not be released to anyone who is not specified on this form.

Name	Address	Phone #	Alt Phone #?

Name of Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital:

Parker Adventist

Sky Ridge Medical Center

Other

***I, the undersigned, do hereby authorize officials of Elizabeth School District to contact, directly or indirectly, the persons named above, and to render such treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever actions are deemed necessary in their judgement for the health and safety of the child.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For School Use Only:**

Date of Enrollment: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

# Running Creek Kids Club Parent Consent Form For Off-Campus Activity/Field Trips

I \_\_\_\_\_ give permission for \_\_\_\_\_ to attend off site field trips for the Kids Club Program. My signature on the field trip sign up sheet will serve as permission for each time we leave the campus. Our program is a recreational program; therefore all children attending Kids Club on field trip days will be required to be part of the trip. No extra staff will be available to stay behind. Each trip sheet will show the cost of the trip. Activity fees must be paid in cash, in advance.

**Please do not include activity/field trip fees in your tuition check!**

**Please pay your activity/field trip fees only in cash!**

- 1. The parent or guardian acknowledges that there are potential and unknown risks beyond the expected risks associated with normal activities on the Running Creek Elementary School property. These may include, but are not limited to, risk of personal injury, sickness, death, and loss or damage to personal property.*
- 2. The parent or guardian whose signature appears below exempts the School District, its employees, and authorized volunteers, from all claims arising from the student's participation in the activity/trip, unless caused by actions for which the School District would otherwise be liable under Colorado State Law.*
- 3. The student must use the School District provided transportation. This may include transportation by common carriers as well as District authorized driver of private vehicles.*

All children who attend off site activities are expected to behave in a safe, responsible manner at all times. Children who do not behave appropriately on trips will not be able to continue participation in off site activities.

---

## Insurance Information:

Name of Company: \_\_\_\_\_  
DOB of Insured: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

## Contact Information:

Primary Contact Person: \_\_\_\_\_  
Phone/Cell#: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Phone/Cell#: \_\_\_\_\_

---

Please list any allergies, medications, or other medical problems you child may have:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

*I, the undersigned, do hereby authorize officials of Elizabeth School District to contact, directly or indirectly, the persons named above, and to render such treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever actions are deemed necessary in their judgement for the health and safety of the child.*

---

Signature of Parent/Guardian

---

Date

# Individuals Authorized to Pick up my Child

In accordance with the state licensing procedures, we **must** have on file the names, addresses, and phone numbers of the individuals permitted to pick up your child from school. If someone arrives to pick up your child and their name is not in our file, we CANNOT allow your child to leave with them.

Please list below the names, addresses, and phone numbers of adults permitted to pick up your child from school. (NOTE: Children will not be released to anyone under 16 years of age.)

\_\_\_\_\_ may be picked up from school by the following adults.  
Name of Child

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I understand that if a person comes to pick up my child and their name is not on the list, then my child cannot be released from school.*

*I understand that the person will be asked to show I.D. if the program staff member does not know the person.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date