

Elizabeth Kids Club Program at Running Creek

New Family Registration Packet

900 S Elbert St
Elizabeth, Co. 80107

Staff Use ONLY:
☐ Computer Filed
☐ Hard-copy Filed
☐ INZ
☐ Procure
☐ Registration Alert Entered

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 Grade: _____ Teacher: _____

Name of Parents/Guardians: _____
1st Parent/Guardian 2nd Parent/Guardian

1st guardian email address: _____ 2nd guardian email address: _____

Mailing Address City Zip

Street Address City Zip

Home (Primary) Phone # 1st guardian's work number 2nd guardian's work number

1st guardian's cell number 2nd guardian's cell number

1st guardian's place of employment: _____ Address: _____

Driver's License Number: _____

2nd guardian's place of employment: _____ Address: _____

Driver's License Number: _____

Student Lives With: { } Both Parents ____ Full Time ____ Shared Custody
{ } 1st Parent Only { } Alternate Guardian(s)
{ } 2nd Parent Only { } Foster Parents
{ } Grandparent(s) { } 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

Elizabeth Kids Club at Running Creek

Child's Name _____

Birth Date _____

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

☐ Chicken Pox (Age:)

☐ Rubeola (Age:)

☐ Rubella (Age:)

☐ Rheumatic Fever (Age:)

☐ Asthma (Age:)

☐ Hay Fever (Age:)

☐ Diabetes (Age:)

☐ Mumps (Age:)

☐ Epilepsy (Age:)

☐ Whooping Cough (Age:)

☐ Poliomyelitis (Age:)

☐ Other (Age:)

☐ **NONE**

Significant Surgeries, Accidents, Illness, or Developmental Concerns:

Allergies: _____

Note: Severe allergies will require a health care plan!

Medications: _____

*Please note all medications that are sent to Kids Club **MUST** be accompanied by a medication authorization form signed by health care provider and in original prescription/OTC containers*

If tuberculin test given: Date: _____ Result: _____

If chest x-ray was taken: Date: _____ Result: _____

Vision _____ Hearing _____

Name and Address of Primary Care Manager:

Signature of Primary Care Manager

Date

Signature of Parent/Guardian

Date

Child's Name _____ Date _____

Parent/Guardian 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 sunscreen, lip balm, and/or lotion that is brought from home must be labeled with my child's name and given to a staff member. If I do not provide sunscreen, lip balm, or lotion, these will be provided by Kids Club unless I state, in writing, that I do not want Kids Club to provide sunscreen, lip balm, or lotion. Kids Club uses Blue Lizard Kids 50+ sunscreen, Aquaphor with a cotton swab for chapped lips, and O'Keefe's Working Hands lotion for dry skin. I acknowledge that I have reviewed the Parent Handbook section regarding 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 or social media, 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 _____

• 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
- Incomplete or missing immunization record
- Failure to pay tuition
- Failure to follow program policies

Signature of Parent/Legal Guardian _____

• Movie Permission

I give my permission for my child to view movies that are rated G and previewed movies that are PG on specified days. I acknowledge that I have reviewed the section regarding Movie Viewing in the Parent Handbook.

Signature of Parent/Legal Guardian _____

• Video Game System Usage Permission

I give my permission for my child to play age appropriate video games on the Nintendo Switch system during specified times.

Signature of Parent/Legal Guardian _____

• Policy Agreement

I have been given and read the current Parent Handbook. I understand and agree to comply with all policies.

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 we are authorized to contact for your child to be picked up from school. Students will not be released to anyone who is not specified on this form.

Name

Address

Phone #

Alt Phone #?

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Alt Phone #?</i>

Name of Child's Primary Care Health Manager: _____

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 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: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

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

I understand I can call or email the director if someone not on the list needs to pick up in an emergency.

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