



The Children's Center Summer Day Camp Annual Updates Packet 2019

Childs Name: _____

Date of Birth: _____ Age: _____ Grade Level Completed in May Of 2019: _____

Home Address: _____ Home Phone: _____

Family Email Address: _____

List health, physical, educational, or dietary needs: _____

Will you be receiving financial assistance from DHS? Yes _____ No _____

Date your child will begin attending The Children's Center Summer Day Camp 2019: _____

Estimated Drop Off Time: _____ Estimated Pick Up Time: _____

Days of the week your child will attend: M _____ T _____ W _____ TH _____ F _____

Parent / Guardian Signature: _____ Date: _____

Please include the \$30.00 non-refundable registration fee when returning these forms.

Thank you!

Family Information

Mother/Guardians Name: _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____

Work Address: _____ Work Phone: _____

Father/Guardians Name: _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____

Work Address: _____ Work Phone: _____

Parent/Guardian Marital Status: Married Single Divorced If divorced, who has legal custody? _____

May the non-custodial parent pick child up? Yes No

If no, please include a copy of court documents.

Step-Mother: _____ Cell Phone: _____

Employer: _____ Work Address: _____ Work Phone: _____

Step-Father: _____ Cell Phone: _____

Employer: _____ Work Address: _____ Work Phone: _____

Please list any special instructions on how parent/guardian can be reached while your child is at the center:

Pick Up Authorization

I authorize the following people to assume responsibility for my child and may pick them up from The Children's Center:

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Medical Emergency Form

I, _____ (parent/guardian), of _____, in consideration of my child's opportunity to participate in **The Children's Center** activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, EMT and hospital, in the event of injury or illness during all periods of time in which the student is away from legal residence as a participant at **The Children's Center**. I also hereby waive cost, liability and emergency transportation fees on behalf of myself and the above named child for **The Children's Center**, any of its agents or employees, arising out of such medical treatment.

Parent /Guardian Signature _____ Date _____

Physician Name: _____ Phone Number: _____

Address: _____

Dentist Name: _____ Phone Number: _____

Address: _____

Hospital Of Choice: Colorado Plains Medical Center – 1000 Lincoln Street Fort Morgan – 867-3391

East Morgan County Hospital – 2400 Edison Street Brush – 842-6200

Emergency Contact Person: Name of person who can assume responsibility for child if parent/guardian cannot be reached.

Name: _____ Phone Number: _____

Address: _____ Relationship to Child: _____

Parent /Guardian Signature _____ Date _____

Authorization for Emergency Medical Care

I, _____ hereby give my permission to **The Children's Center**, to call for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

Parent /Guardian Signature _____

Date _____

Injury Waiver

The Children's Center will not assume responsibility for any injury while participating in any athletic event, sports program, or any physical related activity. Certain risks are inherent during the participation in these events.

The Children's Center will not be liable for lost or stolen items while program participants are on the premises. I, _____, for myself, my heirs and assigns, do hereby release The Children's Center, employees, and agents from any and all claims of injury, loss or damage I may incur as a result of my child's participation in this program.

Parent / Guardian Signature _____

Date _____

Child's Information

Please list any health issues: _____

Does your child require medication during day care hours? _____

If yes, list medication: _____

_____ *please see the office for proper paperwork*

Please list any food allergies? _____

Please list any information that would help us better care for your child: _____

Media Release

I give my permission to The Children's Center to use, without obligation, photographs, film footage, or tape recordings that may include my child's image or voice for the purpose of promoting The Children's Center.

Parent / Guardian Signature _____

Date _____

Permission for Field Trips

I give permission for my child to go on trips away from the premises of The Children's Center facility, in the company of a responsible adult, on foot or in a Morgan County School District Re-3 vehicle.

Parent /Guardian Signature _____

Date _____

Permission for Transportation

I give permission to the Morgan County School District Re-3 to transport my child to and from The Children's Center and to transport my child to activities throughout the summer.

Parent /Guardian Signature _____

Date _____

Permission to Participate or Exclude Activities

I give permission for my child to participate in program activities with The Children's Center both on the premises and away from the premises.

Parent /Guardian Signature _____

Date _____

I request my child be excluded from activities listed:

Parent /Guardian Signature _____

Date _____

Swim Shirts and Swim Supplies

I will supply my child with *appropriate sun protection swim apparel*. Including **swim shirt suit, towel, shoes and sunscreen**. I understand my child is required to wear a **nylon/lycra/spandex swim shirt for all water related activities** with The Children's Center. I further understand that if my child does not have the correct swim wear I will be called and asked to provide the necessary items. In the event that is not possible my child will not be able to participate in the activity.

Parent/Guardian Signature _____

Date _____

Permission for Sunscreen

I certify that I have applied sunscreen on my child before daily attendance at The Children's Center. I will apply sunscreen before 8:00 am or ____:____. Further I also give permission for my child to have sunscreen re-applied to all exposed skin by The Children's Center staff before outside activities.

Parent /Guardian Signature _____

Parent/Guardian will supply sunscreen for their child

Date _____

Cell Phones & Tablets & Gaming System & all other Electronic Devices

I give my child _____ permission to have access to their cell phone, tablet, gaming system and/or electronic device during Summer Day Camp. I understand that the use of these gadgets will be limited and monitored by **The Children's Center** staff. All applications and games have to be appropriate for child care and approved by Morgan County School District Re-3 as well as the Director of **The Children's Center**. I also understand that my child is **not allowed** to be on any form of **social media** or **take pictures of other children** while being cared for at **The Children's Center**. Further I am aware that my child's device is their responsibility to maintain and protect. **The Children's Center** will not replace/repair broken or lost apparatuses. If at any time these rules are not adhered to by my child their devices will be confiscated and returned at the end of the day.

Parent/Guardian Signature _____

Date _____

Violent and Aggressive Behavior

The Children's Center adheres to the Morgan County School District Re-3 policy File: JICDD titled **Violent and Aggressive Behavior**. It in part reads an act of violence and aggression is any expression, direct or indirect, verbal or behavioral, of intent to inflict harm, injury or damage to persons or property. A threat of violence and aggression carries with implied notions of risk of violence and a probability of harm or injury.

Behavior that is not allowed or tolerated at **The Children's Center** includes but is not limited to **Possession of Weapons, Physical Assault, Verbal Abuse, Intimidation, Extortion, Bullying, Gang Activity, Sexual Harassment, Stalking, Defiance, Discriminatory Slurs, Vandalism and Terrorism**. Any child exhibiting these behaviors will be warned and parents/guardians will be contacted to help remedy the violent and aggressive conduct. If the conduct continues the child will be subject to disciplinary action including suspension and or expulsion from the day care program.

I _____ understand that my child _____ is not allowed to exhibit violent or aggressive behavior while in care at **The Children's Center** or when participating in activities with **The Children's Center**. If my child violates this policy they can be terminated from receiving care from **The Children's Center**.

Parent/Guardian Signature _____

Date _____

Payment Contract

I, (parent/guardian) _____ agree to pay the child care fees incurred for the care of my child to The Children's Center on a:

_____ Weekly Basis on _____
(Date)

_____ Semi-monthly Basis on _____ & _____
(Date) (Date)

_____ Monthly Basis on _____
(Date)

Please choose an attendance plan:

_____ Part Time 1 – 20 hours \$50.00 per week

_____ Full Time 20 – 40 hours \$100.00 per week

Please note The Children's Center will charge a **Retaining Fee** for children enrolled but not regularly attending The Summer Day Camp program.

All day care charges must be paid on time according to your chosen payment plan. **IF BILLS ARE NOT PAID WITHIN TWO DAYS OF YOUR CHOSEN PAYMENT CONTRACT, YOUR CHILD WILL NOT BE ALLOWED TO ATTEND THE CHILDREN'S CENTER UNTIL THE PAYMENT IS RECEIVED.**

Upon signing this contract, I acknowledge and understand the rules as outlined and agree to the payment terms.

Parent / Guardian Signature _____

Date _____

Attention: Parents

A two week notice in writing is required when canceling

Registration from The Children's Center.

Thank you.

SWIMMING POOL PERMISSION FORM

_____ HAS MY PERMISSION TO ACCOMPANY
THE CHILDREN'S CENTER TO THE SWIMMING POOL.

PLEASE CHOOSE THE DEPTH OF THE POOL YOUR CHILD MAY ENTER.

2 - 3 ½ FEET

3 ½ - 4 ½ FEET

MY CHILD NEEDS TO WEAR A LIFE VEST.

MY CHILD HAS HAD SWIMMING LESSONS.

MY CHILD HAS PERMISSION TO GO OFF THE DIVING BOARD.

MY CHILD HAS PERMISSION TO BRING AND SPEND MONEY FOR SNACKS.

PARENTS SIGNATURE

DATE

WE RESERVE THE RIGHT TO DEPTH TEST EACH CHILD AND MOVE THEIR POOL LEVEL ACCORDINGLY.

WE ALSO RESERVE THE RIGHT TO HAVE A CHILD WEAR A LIFE VEST.