The Children's Center Summer Day Camp Registration Packet 2019

Childs Name: ____Gender: M F T

Date of Birth: _________________ Age: _____ Grade Level Completed May 2019: __________

Home Address: ____ Home Phone: _______________

Home 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: ______________________ Home Phone: ______________

Home Address: ____

Email Address: ______________________

Employer: ______________________

Work Address: ____________________________ Work Phone: ______________

Father/Guardians Name: ______________________ Home 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, 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 and hereby waive on behalf of myself and the above named child any liability of 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:

- ○ **CPMC – 1000 Lincoln Street Fort Morgan – 867-3391**
- ○ **EMCH – 2400 Edison Street Brush – 842-6200**

Emergency Contact Person: ** Name of person who has parents' permission to care for child in an emergency.**

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

Child's Name: ____

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 suffer 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 per child.

_______ Full Time 20 – 40 hours $100.00 per week per child.

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.

Code of Conduct

The principal may suspend or recommend expulsion of a student who engages in one or more of the following activities while in school buildings, on school grounds, in school vehicles or during a school-sponsored activity and in certain cases when the behavior occurs off of school property.

1. Causing or attempting to cause damage to school property or stealing or attempting to steal school property of value.
2. Causing or attempting to cause damage to private property or stealing or attempting to steal private property.
3. Commission of any act which if committed by an adult would be robbery or assault as defined by state law. Expulsion shall be mandatory in accordance with state law except for commission of third degree assault.
4. Violation of criminal law which has an immediate effect on the school or on the general safety or welfare of students or staff.
5. Violation of district policy of building regulations.
6. Violation of the district's policy on dangerous weapons in the schools. Expulsion shall be mandatory for carrying, bringing, using or possessing a dangerous or deadly weapon without the authorization of the school or school district, unless the student has delivered the firearm or weapon to a teacher, administrator or other authorized person in the district as soon as possible upon discovering it, in accordance with state law.
7. Violation of the district's alcohol use / drug abuse policy. Expulsion shall be mandatory for sale of drugs or controlled substances, in accordance to state law.
8. Violation of the district's violent and aggressive behavior policy.
9. Violation of the district's tobacco-free schools policy.
10. Violation of the district's policy on sexual harassment.
11. Throwing objects, unless part of a supervised school activity that can cause bodily injury or damage property.
12. Directing profanity, vulgar language or obscene gestures toward other students, school personnel or visitors to the school.
13. Engaging in verbal abuse, i.e., name calling, ethnic or racial slurs, or derogatory statements addressed publicly to others that precipitate disruption of the school program or incite violence.
14. Committing extortion, coercion or blackmail, i.e., obtaining money or other objects of value from an unwilling person or forcing an individual to act through the use of force or threat of force.
15. Lying or giving false information, either verbally or in writing, to a school employee.
16. Scholastic dishonesty which includes but is not limited to cheating on a test, plagiarism or unauthorized collaboration with another person in preparing written work.
17. Continued willful disobedience or open and persistent defiance of proper authority including deliberate refusal to obey a member of school staff.
18. Behavior on or off school property which is detrimental to the welfare or safety of other students or school personnel.

* I have read and understand the Code of Conduct: ________________
Please Initial

Administering Medication to Students

Before bringing medication to school, a parent/guardian needs to check with their doctor to determine if the medication must be given during school hours. Schedules can usually be set up so medication can be given at home. Medication will be given at school only if the effectiveness is altered by not giving it during the school day.

Any medication that must be given at school requires written permission from the student's doctor and parent/guardian (see Permission for Medication Form). This includes both prescription and non-prescription (over-the-counter) medication. Also, if medication must be brought to school, it should be brought by an adult.

Prescription medications must come in a pharmacy-labeled container with the name of the student, the name of the medication, medication dosage and instructions for administering the medication. The pharmacy name and phone number and the doctor prescribing the medication must also be included on the label.

Nonprescription medications (over the counter medications) must be labeled with student's name and packaged in original container. Packaging 'dosage' instructions must match the signed doctor authorization.

Any time medication dosages change throughout the year, all paperwork (written permission, pharmacy labels, etc.) will need to be replaced. All medication paperwork must be renewed at the beginning of each school year.

Students are not allowed to carry any medication in their lunch bags, jackets, backpacks, etc., where another student might have access to it. Exceptions allowed to this are for inhalers and Epi-pens. Written permission from the doctor and parent/guardian allowing the student to carry and "self-administer" must be noted on the Permission for Medication Form.

Under no circumstance will school personnel provide any medication to a student. Only the school nurse or school nurse's designee may administer medication to students. These staff members must pass the Medication Administration class and have delegation privileges from the individual school nurse responsible for their school.

Revised: June 18, 2007; June 15, 2009

* I have read and understand the Administering Medication to Students: ________________

Please Initial

New Student Registration

Student Name: ____________________

Health Questionnaire

Current Grade: __________ Date of Birth: ____________________ Gender: ☐ M ☐ F

Student Health Conditions (Marking "Yes" may require you to provide Physician's Documentation)					
ADD/ADHD	☐ Yes	☐ No	Headaches (not Migraines)	☐ Yes	☐ No
Allergies (If yes, explain in space below)			Head Injury/Concussion	☐ Yes	☐ No
Animals/Insects	☐ Yes	☐ No	Heart Problems (If yes, explain below)	☐ Yes	☐ No
Food	☐ Yes	☐ No			
			Kidney/Urinary Problems (If yes, explain below)	☐ Yes	☐ No
Medications	☐ Yes	☐ No			
			Musculoskeletal Problems (If yes, explain below)	☐ Yes	☐ No
Environmental	☐ Yes	☐ No			
Anxiety	☐ Yes	☐ No	Orthopedic problems (If yes, explain below)	☐ Yes	☐ No
Asthma	☐ Yes	☐ No			
Autism	☐ Yes	☐ No	Psychiatric Disorders (If yes, explain below)	☐ Yes	☐ No
Autoimmune Disorders (If yes, specify below)	☐ Yes	☐ No			
			Seizures/Neuro problems (If yes, explain below)	☐ Yes	☐ No
Behavioral Issues (If yes, describe below)	☐ Yes	☐ No			
			Stomach/intestinal problems (If yes, explain below)	☐ Yes	☐ No
Cancer (Explain Below)	☐ Yes	☐ No	Surgery/Hospitalization (If yes, explain below)	☐ Yes	☐ No
Developmental Delay	☐ Yes	☐ No	Other (Explain Below)	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No			
Student Vision and Hearing Conditions					
Does your child have vision problems?	☐ Yes	☐ No	If yes, are glasses/contacts worn for reading	☐ Yes	☐ No
			If yes, are glasses/contacts worn for distance	☐ Yes	☐ No
Does your child have hearing problems?	☐ Yes	☐ No	If yes, is a hearing aid worn?	☐ Yes	☐ No
			If yes, is preferential seating needed?	☐ Yes	☐ No
Student Emergency Steps					
Does your child have a health condition that could warrant a special Emergency plan that his/her bus operator should know about?				☐ Yes	☐ No
If yes, explain:					
Student medications (List medications student is taking)					
For what condition?	Name of Medication		Does this medication need to be given at School?		
			☐ Yes ☐ No		
For what condition?	Name of Medication		Does this medication need to be given at School?		
			☐ Yes ☐ No		
For what condition?	Name of Medication		Does this medication need to be given at School?		
			☐ Yes ☐ No		
Student Physical Activity (Limited activity may require written documentation from your Doctor/Physician)					
What level of physical activity is your student allowed to do while at school?	☐ Full Activity (no restrictions) ☐ Limited Activity ☐ Other				
If limited, provide explanation:					

I voluntarily provide this health information to my child's school and understand that it is confidential in accordance with the Morgan County School District Re-3 Board Policy, JRA/JRC, and may be shared with staff on an "as needs to know" basis under the direction of the School Nurse.

Parent/Guardian Signature: **Date:**

CACFP Child Care Income Eligibility Form (IEF) for 2018-2019

Colorado CACFP
Child and Adult Care Food Program

STEP 1 List ALL children in day care

Children in **Foster** care or **Head Start** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals and require additional documentation to verify their eligibility status. **Review the Dear Parent Letter for more details.**

Child's First Name	Age	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (Do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Household Member: Anyone who is living with you and shares income and expenses, even if not related.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often? Annual	Monthly	Weekly	2xMonth
$	○	○	○	○

B. All Adult Household Members (Including yourself)
List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Annual	Monthly	Weekly	2xMonth	Welfare/Child Support/Alimony	How often? Annual	Monthly	Weekly	2xMonth	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Annual	Monthly	Weekly	2xMonth
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member. X X X X X

Check if no SSN ☐

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Sources of Income

Source of Income for Children

Sources of Child Income	Examples
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults

Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

STEP 5 Children's Ethnic and Racial Identities

We are required to ask for information about your children's race and ethnicity. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in your care. If this information is left blank, the institution may complete it based on visual identification.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White (Includes Hispanic or Latino)

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For center staff use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. **This form expires 12 months after the month in which the institution makes the determination.**

Total Income ______

How often? Annual ○ Monthly ○ Weekly ○ 2xMonth ○

Household size ______ ☐

Eligibility: Free ○ Reduced ○ Paid ○

Determining Official's Signature ______ Month/Year ______ Expiration Date (Month/Year) ______ Date ______

Revised 7/18