



Gilpin County Youth Camps
250 Norton Dr. Black Hawk, CO 80422

2019-2020 K-6th Afterschool and Friday Camp Registration Form



Please complete one form per child.

Child's Name:		Birth Date, Age:	
Address:		School, Grade:	
		Home Phone:	
Guardian Name:		Guardian Name:	
Cell/Work Phone:		Cell/Work Phone:	
Best Email(s):			
Names and ages of siblings enrolled:			

Please attach a current photo of your child to this form.

Program Fees			
	Daily Calendar Fee	Daily Drop-in Fee	Full Day Friday
Gilpin Resident:	\$6	\$8	\$35
Non-Resident:	\$8	\$10	\$45

Daily Schedule for Licensed Afterschool Care

4:15 – 4:25 Drop-off and Attendance
4:25 – 4:35 Wash Hands – Snack Provided
4:35 – 6:00 Activity for the day

Schedule of Activities Offered

Programs	Monday	Tuesday	Wednesday	Thursday	Friday
K-6 th Child Care	Outdoor/Gym Games / 4H STEAM	Swimming	Outdoor/Gym Games / 4H STEAM	Arts & Crafts / Swimming	4H, Games, Arts/Crafts, Swimming (All Day Care)
Enrichment Classes (Ages 3+)	Swim Team Swim Lessons Dance (YEP)	Taekwondo (YEP)	Swim Team Swim Lessons	Kinder Kix (YEP) Taekwondo (YEP) Dance (YEP) Robotics (Free @ library)	

4H STEAM activities provided by CSU Extension office.

Youth Sports Offered During the School Year

Fall- Soccer Winter- Basketball Spring- Baseball

Sign up for enrichment classes and leagues at the front desk. All classes and leagues have an additional fee, except Robotics.

Payment Policy and Enrollment Information

- **Enroll by the 25th** of the month prior for an early registration discount on afterschool care.
- Drop-in enrollments (after the 25th of the month prior) can be made any time at the front desk. Payment is due at the time of enrollment. Please note there is a \$2 price difference for drop-in afterschool care.
- We accept cash, check or credit cards. Returned checks will incur a fee of \$25.
- We accept payment through the **Colorado Child Care Assistance Program (CCCAP)**. For CCCAP questions, contact Gilpin County Human Services: 303-582-5444.
 - CCCAP payments are ultimately the responsibility of the beneficiary. If attendance is not properly recorded, allowed absences are exceeded, schedule changes are not promptly communicated, or other circumstances result in an unpaid balance, the CCCAP parent is responsible to pay for any remaining balance for child care.
 - Parent fees (the portion of care that CCCAP parents are responsible to pay themselves) are due by the 1st of each month to ensure continuation of benefits.
- **Late Pick-up Policy:**
 - Our program ends at 6:00 p.m. Parents whose students remain past 6:05 p.m. will be charged overtime fees: \$5 initially, and an additional \$5 for every 15 minutes past 6:00 p.m. Participants may be withdrawn after three overtime charges occur. Please contact the front desk as soon as possible if you are going to be late.

Online enrollment is now available:

<http://gilpincountyrec.maxgalaxy.net/BrowseDayCamps.aspx>

Calendar Enrollment:

1. At the time of registration confirmation, and at the beginning of each month, you will be emailed a monthly calendar of days your child can sign up to attend the program for the following month. Calendars are also available at the Community Center.
2. To enroll, turn in a completed monthly calendar to the front desk of the community center and submit payment. **Payment is due at time of enrollment. Calendars will not be accepted without full payment for marked days.**
3. You **do not** have to enroll for an entire month at a time. You may submit a partial calendar for any days you'd like to pay for initially, and sign up for additional days at a later time at the front desk of the Community Center, or online.

Cancellation Policy

You may change, switch or cancel a scheduled day for full credit on or before the 25th of the month prior to care. Please email Jacob or Gabrielle for schedule changes.

There are no refunds or credit available for any changes, substitutions, cancellations or absences after the 25th of the month prior to care. We cannot provide credit for sick days, doctor's appointments, etc.

This policy allows us to schedule staff and plan activities farther in advance, improving the overall safety and quality of our program.

I have read and understand the above payment and cancellation policies. I understand that cancellations must be made in writing. I understand that I am responsible for the full amount due for all registered days if I do not cancel within seven days.

Parent / Guardian Signature: _____

Questions? Contact

Jacob Rippey, Youth programs Coordinator: jrippy@gilpincounty.org

Gabrielle Chisholm, Assistant Director of Parks and Recreation: gchisholm@gilpincounty.org

Front Desk: 303-582-1453



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2019 Emergency Consent and Release

Child's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____

Guardian 1: _____ Employer: _____

Email Address: _____ Day Phone: _____

Work Address: _____

Guardian 2: _____ Employer: _____

Email Address: _____ Day Phone: _____

Work Address: _____

Please put an asterisk () next to the best way to reach you during camp hours*

Authorized to pick up:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contacts:

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

The undersigned, as a parent and/or legal guardian of _____, a minor, hereby grants permission for said minor to participate in Gilpin County Youth Camp programs and related activities sponsored by Gilpin County Parks and Recreation (GCPR). I hereby verify that the named minor is physically capable of such participation as determined by myself and our family physician.

I hereby agree, and agree on behalf of the minor, that we will abide by the rules of GCPR, its affiliated organizations and sponsors. Recognizing that certain unavoidable hazards and risks are an inherent part of any physical activity and the possibility of physical injury associated with GCPR Youth Programs and in consideration for the GCPR accepting my child in its programs, I hereby release, discharge and/or otherwise agree to hold harmless and indemnify GCPR, its employees, volunteers, agents, and associated personnel, including owners or leasers of property and facilities utilized for GCPR programs, on behalf of my child, from any injury, death, loss, or damage, whether to person or property, other than that resulting from the sole negligence of GCPR as a result of my child's participation in GCPR programs and/or transportation to or from the same, which transportation I hereby authorize.

In the event my child is injured or becomes ill, please contact either parent or the emergency contact(s) listed in the information section above. If contact with a parent, guardian, or emergency contact cannot be made or is not possible, I hereby authorize the GCPR personnel to seek and consent to on my child's behalf any emergency transportation, first aid and/or medical treatment necessary to stabilize and/or treat my child until I can be contacted.

 Parent/Guardian Signature

 Date

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Medical Information

Health Form

Allergies:	
Medications:	Frequency:
Family Doctor:	Doctor Address, Phone:
Preferred Hospital:	Hospital Address, Phone:
Health Insurance Company:	Policy #:
Family Dentist:	Dentist Address, Phone:

Note: Before camp staff may dispense **ANY** medications, including over-the-counter medications, a Medication Administration Form must be completed, signed by a physician and a parent/guardian within the last year, and returned to the camp. Forms are available from camp or front desk personnel.

Describe any condition requiring special attention or exemption from participation (illness, disability, etc.):

The State of Colorado requires us to keep Immunization Records for all children enrolled in our programs. Please attach the most current record of your child's immunizations, or an exemption form. Forms available at: <https://www.colorado.gov/pacific/cdphe/immunization-forms>

Gilpin County Youth Camps utilize the secure and confidential Colorado Immunization Information System (CIIS) to track and retrieve immunization information. Please check this box to authorize us to enter your child's information into the CIIS. This will allow any other organization utilizing the CIIS to retrieve your child's immunization information, so that you don't have to.

- Please update my child's immunization information in the Colorado Immunization Information System.**
- Please retrieve my child's immunization information from the CIIS (If your child's information is not in the CIIS, or is incomplete, you will be notified, and required to provide current immunization records, an exemption form, or an immunization plan within 14 days).**

Please initial all that apply:

_____ I give permission for Gilpin County to take photographs and/or video of my child named above for county media usage (social, written, TV, etc.)

_____ I give permission for my child to participate in field trips and excursions involving walking, Gilpin County transportation and Gilpin County School District buses.

_____ I give permission for my child to watch TV or movies while with Gilpin County Youth Camps.

_____ I give permission for the Gilpin County Youth Camp Staff to supervise and assist in applying sunscreen to my child as needed, and to use sunscreen provided by the camp (Rocky Mountain Sunscreen).

Parent/Guardian Signature

Date



Gilpin County Youth Camps 2019-2020

Parent Handbook Agreement

This form must be signed and returned to camp personnel.

I have received, read, and understand all information contained in the Gilpin County Youth Camps Handbook, and agree to adhere to the policies and procedures outlined in the handbook. I understand and accept all terms of enrollment and payment as stated in the handbook. I reserve the right to be notified of any significant changes to the handbook if and when they are made.

Child(ren)'s name(s)

Parent/guardian name(s) (Print)

Parent/guardian signature

Date

Parent/guardian signature

Date