

Fall 2017 Youth Camps Registration

Afterschool and Friday camps are in full swing for the 2017-2018 school year! We are in the process of updating our records, policies, and procedures for the upcoming year, in order to provide better services to you- our community. As such, we're asking that everyone complete new registration forms, and review the updated parent handbook. Please read through these forms entirely, but **if you're confident the information we currently have for any section of this form is up to date, you may leave that section blank. If you have a child that is new to our programs, you must fill out this form completely before they can be enrolled.**

2017-18 Dates and Schedules:

Gilpin County's Afterschool program for children aged 5 – 12 years began after school on August 15th. It will continue to run Mondays through Thursdays from the Gilpin School District bus arrival to 6:00 p.m. through the school year. Gilpin School District provides transportation to the community center directly from the school, at the end of the school day. On Fridays, we provide care from 7:00am – 6:00pm. On school "half days", the bus will bring the children here just after 1:00p.m. and pick up will be 6:00 p.m.

During Camp, there will be daily and weekly activities such as 4-H, swimming, robotics, crafts, team building activities, and cooking! Please be sure children come with a towel and a bathing suit on Tuesdays, Thursdays, and Fridays (swimming days). Please provide a lunch and a drink on Fridays or on Holiday Camp days. We will offer healthy snacks once per day (including afterschool). Be sure to inform the staff of any food allergies, and include them in the allergies section of this form. Restrictive diets may require you to provide snack for your child(ren).

Please provide all requested information below, if it was not updated after May, 2017. If you completed a registration packet for the summer of 2017, please update any information that has changed, or was not originally provided. All forms must be turned in before any child can be enrolled.

Registration Date: _____

Child's Full Name: _____

Goes by (other names): _____

Circle: Male / Female

Date of birth: _____ Age: _____

Physical Address: _____

City/State: _____ Zip: _____

Mailing Address: _____

City/State: _____ Zip: _____

Home Phone #: _____

Mother (Guardian) Name: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

City/State: _____ Zip: _____

Email Address: _____

Employer: _____

Work Phone: _____

Additional instructions for reaching parent: _____

Father (Guardian) Name: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

City/State: _____ Zip: _____

Email Address: _____

Employer: _____

Work Phone: _____

Additional instructions for reaching parent: _____

Persons other than parent to be notified in an emergency:

1. Name: _____ Relationship: _____
Address: _____ Home #: _____
City/State/Zip: _____ Cell #: _____

2. Name: _____ Relationship: _____
Address: _____ Home #: _____
City/State/Zip: _____ Cell #: _____

3. Name: _____ Relationship: _____
Address: _____ Home #: _____
City/State/Zip: _____ Cell #: _____

Authorized to Pick Up:

By signing, you give your permission for the following people to sign your child out from the GCPR Youth Camp Program. Please note that identification may be required. People not on this list will not be allowed to pick up your child without your written authorization.

Parent Signature: _____

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Name: _____ Relationship: _____

Home #: _____ Cell #: _____

Health Status Form

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.

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).

Describe any recurrent health problems / medical conditions (such as asthma, seizures, ear infections, diabetes, etc.) chronic illness, hospitalization or concerns with development:

None

Describe (please include instructions to the Camp Staff)

Surgery / Accidents / Disabilities / Other: _____

Allergies: _____

Drug Reactions: _____

Type of reaction: _____

Current medications: _____

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**, and returned to the camp. Forms are Available from camp or front desk personnel.

Physician:

Phone: _____

Address: _____

City: _____ Zip: _____

Dentist:

Phone: _____

Address: _____

City: _____ Zip: _____

Insurance Information:

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Hospital Preferred for Emergency Treatment:

- Foothills Hospital, 4747 Arapahoe Avenue, Boulder, CO (303) 440-2273
- Children’s Hospital, 13123 East 16th Street, Aurora, CO (720)777-1234
- Good Samaritan Medical Center, 200 Exempla Circle, Lafayette, CO 80026 (303) 689-4000
- Lutheran Exempla Hospital, 8300 W. 38th Avenue, Wheat Ridge, CO 80033 (303)-425-4500
- Other Location/Instructions: _____

Phone: _____

Address: _____ City/State: _____

Emergency Medical Release

I, _____ (parent/guardian) give permission to the staff of Gilpin County Parks and Recreation to secure emergency transportation, medical and/or surgical treatment for the above-named minor while in their care. It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I will accept all expenses of such care.

Parent/Guardian Signature: _____ Date: _____

Statement of Exemption from Participation in Designated Activities

My child may participate in the camp activities with the following exceptions. Please describe any (types of) activities you wish to have your child excluded from:

News Media

I hereby authorize Gilpin County Youth Camps to take photographs and/or video of my child named above for county media usage (social, written, TV, etc.).

Parent/Guardian Signature: _____ Date: _____

Parent's Handbook Acknowledgement

I have read, understood and agree to abide by all items and rules written in the Parent's Handbook. If I fail to follow these rules, I will be asked to remove my child(ren) from the GCPR Youth Camps programs. I understand that the Parent's Handbook is subject to change. If at any time there is a significant change in the policies and procedures, I reserve the right to be notified in writing by the Gilpin County Youth Camps.

Parent/Guardian Signature: _____ Date: _____

Sunscreen Permission

I give permission for the GCPR Youth Camp staff to supervise and assist in applying sunscreen to my child, as needed (primarily for summer camp). I understand that I need to bring sunscreen with my child's full name on it (waterproof, and all-day formulas are recommended). I also understand that it is my responsibility to make sure my child is wearing sunscreen when he/she arrives to the Day Camp. Please send a sun hat for your child to wear on sunny days during our outdoor expeditions.

Parent/Guardian Signature: _____ Date: _____

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the center. Various Brands----SPF 15 or above.
- I do not want my child to use any other sunscreen other than the one he/she brings.

Transportation

I give permission for GCPR Youth Camp staff members to transport my child during the hours of operation. Parent/Guardian will need to sign permission slip for each trip outside of Gilpin County Parks and Recreation property. Children must remain seated and wear a seatbelt at all times while the vehicle is in motion.

Parent/Guardian Signature: _____ Date: _____

TV/Movie Permission

- My Child has permission to watch TV or movies while with GCPR.
- My child does not have permission to watch TV or movies while with GCPR.

When GCPR does watch a movie, it will be rated G or PG, depending on the age of the campers on that particular day.

Special Requests: _____

Child Abuse Reporting

All staff at the Gilpin County Community Center and Youth Camps are considered “mandatory reporters” by the state, and must, by law, report any suspicion of abuse or neglect of any child to the Colorado Department of Human Services.

You too have the right, and are encouraged, to report any suspicion of abuse or neglect of any child, by anyone.

Colorado Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS (1-844-264-5437)

GCPR Youth Camp Discipline Policy:

In order to provide a safe and secure environment for all of our participants, all major discipline problems will be handled in the following manner. Please note that “Misconduct forms” are always a last resort when dealing with children- refer to the Parent Handbook for our other discipline techniques. Misconduct forms are held for one calendar year.

Offense #1: Parents will be notified and asked to sign the Misconduct form. If this occurs, a plan will be discussed to correct the behavior.

Offense #2: Parents will be notified and reminded of this policy. An informal meeting between the child, parents, and the Director will be held to discuss the problem and research possible methods of handling the problem in order to prevent it from going further.

Offense #3: Parents will be notified that their child is suspended from the program for a period of two weeks. In order to return, GCPR will be provided a written plan describing a plan to prevent subsequent problems.

Offense #4: The child will be terminated from the program.

Student Agreement Form Youth Camp 2017

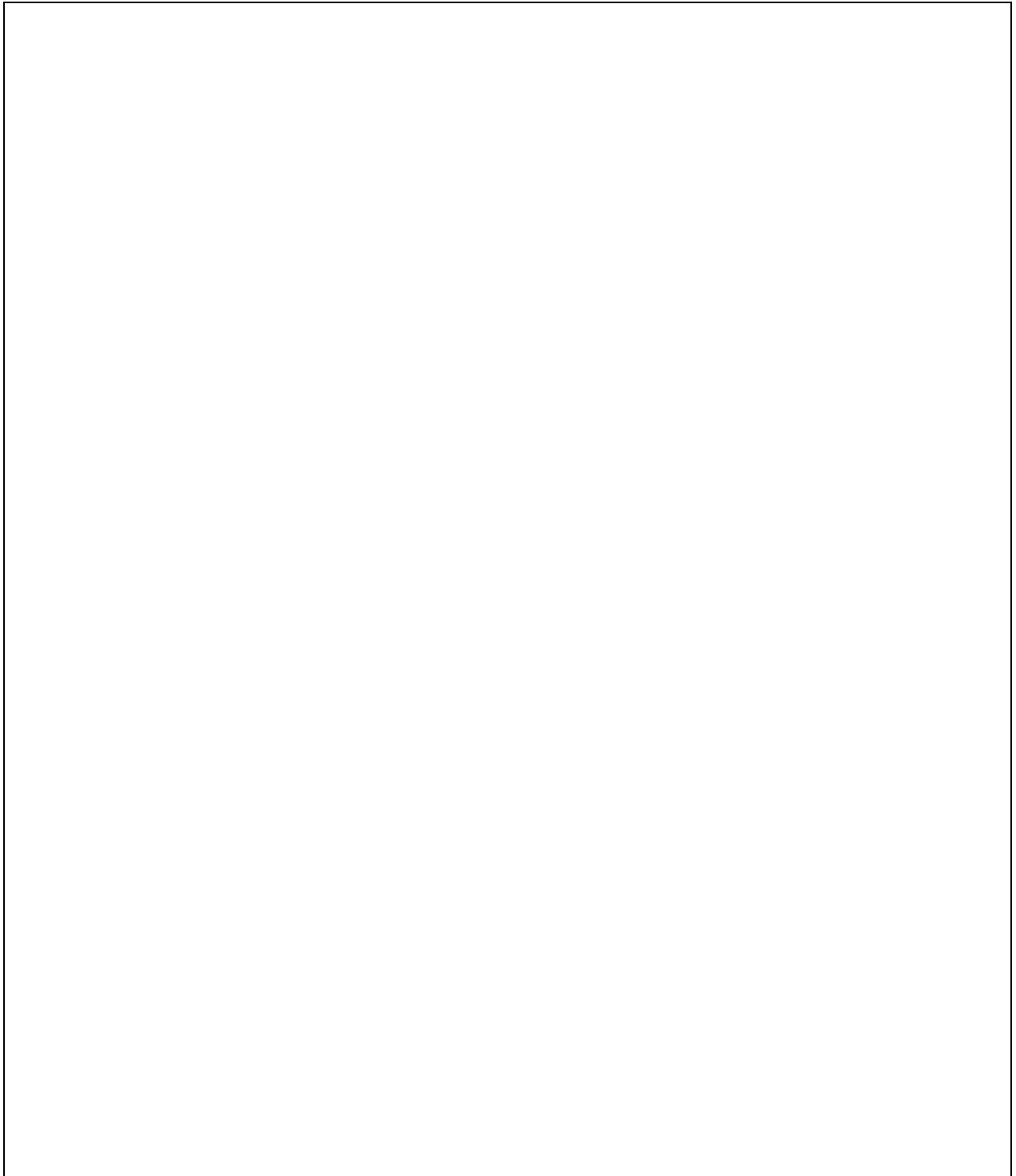
I, _____, will only come to the GCPR Youth Camp to have the
[camper signature]
best time I can, and I will mind all adults 99% of the time.

I, _____, will have a positive attitude, and participate in group
[camper signature]
activities as much as I can.

I, _____, promise to be safe, respect others, respect myself, and
[camper signature]
respect my environment while at camp.

Gilpin County Youth Camps
250 Norton Dr. Black Hawk, CO 80422 | P: (303)582-1453

Please Enclose Current Photo of Your Child for their file.



Please submit completed registration packets to the front desk of the Gilpin County Community Center, or fax to (303)582-5404 "RE: Youth Camps Registration"

Administrative Checklist (GCPR Staff Only):

Please initial each item that you complete.

_____ Registration packet reviewed and sufficiently complete

_____ Child registered in Mindbody software

_____ Parents registered in Mindbody software (general registration packet may be required)

_____ Immunization records checked (immunization training required)

_____ Child is up to date on immunizations

_____ Child has a valid immunization exemption form

_____ Child is not up to date on immunizations, and parents have been notified

File registration packet for review, and add note to mindbody until immunizations are up to date. Child cannot be enrolled if written immunization plan is not received within 14 days of notice.

_____ Relevant/required medical forms/authorizations have been received (e.g. medication administration authorization, special medical instructions, etc.)

_____ Child's vital information has been added to Master Roster spreadsheet (for youth camp binder)