



June, 2017 – May 2018

Date Rec'd _____ by _____

Recreation Family Record

Please fill out only one Recreation Family Record per Family
 for all Youth Programming

All information must be filled in completely. Do not leave any spaces blank.

Primary Guardian's Name: _____ Home #: _____ Cell #: _____

Mailing/Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Work Hours: _____

Employer Address: _____ E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Secondary Guardian's Name: _____ Home #: _____ Cell #: _____

Mailing/Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work #: _____ Work Hours: _____

Employer Address: _____ E-mail address: _____

Relationship to child: _____ Best way to reach you while child is at our program: _____

Emergency Contact List

List persons, other than those above, who can either pick up and/or assume responsibility for your child(ren) in the event of an emergency if parents cannot be reached. At least one non-guardian contact person must be listed.

1. Name: _____ Cell #: _____ Work #: _____
 Address: _____

2. Name: _____ Cell #: _____ Work #: _____
 Address: _____

3. Name: _____ Cell #: _____ Work #: _____
 Address: _____

Persons NOT authorized to pick up or drop off your child (attach legal documents): _____

Household Medical Information

Household Physician: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Household Dentist: _____ Office Phone: _____

Physical Address: _____ Hours: _____

Health Insurance Company: _____ Policy #: _____

Authorization for Emergency Medical Care/Transport to Yampa Valley Medical Center

I hereby give permission to Oak Creek Parks & Recreation staff to secure emergency medical and/or surgical treatment for my child(ren) while in their care and use Yampa Valley Medical Center, 940 Central Park Dr, Steamboat Springs, CO (970) 879-1322 for hospital care. All expenses of such care will be accepted by the parent(s) or legal guardian, including fees for an ambulance if deemed necessary by staff. I realize attempts to reach me prior to any decisions will be made unless a life-threatening situation is at hand or circumstances do not allow.

Signed: _____ Print Name: _____ Date: _____

Parent/Guardian

Participant Information

#1 Child's Name: _____ **M F Grade (2016/2017):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

#2 Child's Name: _____ **M F Grade (2016/2017):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

#3 Child's Name: _____ **M F Grade (2016/2017):** _____ **DOB:** _____

Child Attends (circle applicable): **Soroco Elementary** **Soroco MS** **Soroco HS** **Other (list):** _____

Child's Physical Address: _____

Does your child have any health concerns (medications, chronic conditions or disabilities) we should know about in order to facilitate safe and successful participation? Yes No

If yes, please describe: _____

Known allergies? Yes No If yes, to what? _____

Prescription medications? Yes No Frequency of use: _____

Does your child have doctor prescribed medications we will need to administer and schedule? Yes No

If yes, please obtain a Medication Administration Form.

Can participant swim without assistance? Yes No

My child has my permission to leave the programs via (circle all that apply): _____ (initials)
Guardian Pick-up Bicycle Walk Carpool Other _____

Required Waiver & Release

**This waiver applies to all children listed on previous “Participant Information” page.
Please read and initial the following statements and sign the bottom.**

<p>_____ (initial)</p>	<p>I understand that Oak Creek Parks & Recreation needs on file a copy of an up-to-date, current IMMUNIZATION RECORD for each child prior to their first day at the afterschool and/or summer camp programs. This record needs to be on the Certificate of Immunization supplied by the Department of Public Health & Environment. I warrant that the participant(s) do not have any communicable diseases, and that I will report any exposure of my child(ren) to any communicable diseases to a supervising employee of the program (including strep, measles, chicken pox, common cold and influenza..</p> <p>***Current immunization records for each child must accompany this admission form, unless up-to-date records are on file with the Oak Creek Parks & Recreation department office.***</p>
<p>_____ (initial)</p>	<p>I have received and have read the current HANDBOOK (not required for Age 12+ participants). I hereby agree to comply with the rules & regulations of the programs as stated in the Handbook regarding tuition, registration, discipline, attendance, health, clothing and other items as specified.</p>
<p>_____ (initial)</p>	<p>I understand the following Cancellation/Refund/Household Credit Policy: (Further details in the Handbook.)</p> <ul style="list-style-type: none"> • Application fee is non-refundable • No refund for school closings, days off, sick days or family vacation days • Absences cannot be credited or refunded • A two (2) week written notice to add, drop or change a child’s schedule is required.
<p>_____ (initial)</p>	<p>I hereby give permission for my child(ren) to go on all scheduled trips AWAY FROM THE PREMISES of the program, in the company of a qualified adult, whether on foot or by vehicle, using Oak Creek Parks & Recreation provided transportation when needed. I also give my permission for my child(ren) to be transported by a staff member in a licensed vehicle in the case of an emergency.</p>
<p>_____ (initial)</p>	<p>I understand that I am required to provide SUN BLOCK AND INSECT REPELLENT for my child(ren) at the camp. If my child(ren) comes to camp without these items, I understand that camp personnel will provide Coppertone Sunscreen and Off Insect Repellent for use on my child(ren), and I understand that they may not protect as well as my brands. I know that there are possible adverse skin reactions to certain sun protection lotion and insect repellants, and my child(ren) are not allergic to these specific brands.</p>
<p>_____ (initial)</p>	<p>I expressly understand and agree that neither the Town of Oak Creek, CO, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees shall be held responsible or made the subject of any claim seeking to assess damages or liability for or arising from personal injury or property damage or loss of any other sort to myself or the people in whose behalf this form is now signed as a result of actual or proposed participation in the above-named program and I hereby agree to indemnify and hold the Town of Oak Creek, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim.</p>
<p>_____ (initial)</p>	<p>**OPTIONAL** I hereby give permission to the Town of Oak Creek to use my child(s) name and PHOTOGRAPHIC LIKENESS in all forms and media for advertising, trade, and any other lawful purposes, and forfeit all compensation for use. (By NOT authorizing this line, your child(ren) will NOT be allowed in pictures.</p>

Parent or Legal Guardian – Print

Date

Parent or Legal Guardian - Signature



After School Program Session Registration

SESSION II - SPRING 2018

Child's Name: _____

Grade: _____ **Parent(s)/Guardian(s):** _____

Please **circle** which days you are enrolling your child for the After School Program. The daily fees and the annual \$15.00 registration fee* per attendee are due at the time of registration**. If a payment plan is needed, valid credit card information must be on file (provide this information on last page). It is expected that Session II fees will be paid in full no later than January 8, 2018 unless payment arrangements have been approved.

After School Program cost is \$5.00/day when scheduled ahead or \$7.00/day of (call by 9 a.m.). Friday Full Day Program is \$25.00/day when scheduled ahead or \$30.00/day of (call by 5 p.m. day before). Space subject to availability of adequate staff.

January				
Mon	Tues	Wed	Thur	Fri
1 No AS Programs	2 No AS Programs	3 No AS Programs	4 No AS Programs	5 No AS Programs
8 \$5	9 \$5	10 \$5	11 \$5	12 \$25
15 \$5	16 \$5	17 \$5	18 \$5	19 \$25
22 \$5	23 \$5	24 \$5	25 \$5	26 \$25
29 \$5	30 \$5	31 \$5		

February				
Mon	Tues	Wed	Thur	Fri
			1 \$5	2 \$25
5 \$5	6 \$5	7 \$5	8 \$5	9 \$25
12 \$5	13 \$5	14 \$5	15 \$5	16 \$25
19 \$5	20 \$5	21 \$5	22 \$5	23 \$25
26 \$5	27 \$5	28 \$5		

March				
Mon	Tues	Wed	Thur	Fri
			1 \$5	2 \$25
5 \$5	6 \$5	7 \$5	8 \$5	9 \$25
12 \$5	13 \$5	14 \$5	15 \$5	16 \$25
19 \$5	20 \$5	21 \$5	22 \$5	23 No AS Programs
26 No AS Programs	27 No AS Programs	28 No AS Programs	29 No AS Programs	30 No AS Programs

April				
Mon	Tues	Wed	Thur	Fri
2 \$5	3 \$5	4 \$5	5 \$5	6 \$25
9 \$5	10 \$5	11 \$5	12 \$5	13 \$25
16 \$5	17 \$5	18 \$5	19 \$5	20 \$25
23 \$5	24 \$5	25 \$5	26 \$5	27 \$25
30 \$5				

May				
Mon	Tues	Wed	Thur	Fri
	1 \$5	2 \$5	3 \$5	4 \$25
7 \$5	8 \$5	9 \$5	10 \$5	11 \$25
14 \$5	15 \$5	16 \$5	17 \$5	18 \$25
21 \$5	22 \$5	23 \$5	24 \$5	25 \$25
28 No AS Programs	29 \$5	30 \$5	31 \$5	June 1 No AS Programs



TOWN OF OAK CREEK
P.O. Box 128 • Oak Creek, Colorado 80467 • (970) 736-2422

Registration Fee						\$15.00*
After School Program Days	# _____	x	\$5.00/day	=		\$ _____
Friday Full Day Program Days	# _____	x	\$25.00/day	=		\$ _____
Total Due at Registration – Session II (unless a Payment Plan is approved)						\$ _____

*The annual registration period runs from June through May. If you child attended the previous session or the 2017 summer program, the registration and associated fee is also valid for this After School Program session.

**Failure to pay fees prior to attendance will result in children being denied admittance to the program.

CREDIT CARD INFORMATION

Name on card: _____

Card Number: _____ Expiration: _____ Security Code: _____

Billing Address: _____
(City, State and Zip Code)

Authorization to charge card pursuant to approved payment plan:

I hereby authorize the Town of Oak Creek to charge my credit card pursuant to the approved payment plan for Oak Creek Parks & Recreation Department camps and clubs.

Signature of Cardholder

Payment plan details: _____

Approved by Oak Creek Parks & Recreation: _____
Authorized Town of Oak Creek Signature



Medication Administration in Child Care

The parent/guardian of _____ ask that child care staff give the
following medication _____ at _____
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is
the parent's/guardian's responsibility to furnish the medication.

The parent/guardian agrees to pick up expired or unused medication within one week of
notification by staff.

Prescription medications must come in a container labeled with: child's name, name of
medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed
health care provider's name. Pharmacy name and phone number must also be included on the
label.

Over-the-counter medications must be labeled with child's name. Dosage must match the
signed health care provider authorization, and the medicine must be packaged in original
container.

By signing this document, I give permission for my child's health care provider to share information
about the administration of this medication with the nurse or staff delegated to administer medication.

Parent's/Guardian's Name Parent/Guardian Signature Date
Work Phone Home Phone Cell Phone

Health Care Provider Authorization to Administer Medication in Child Care

Child's Name: Birthdate:
Medication:
Dosage: Route:
To be given at the following time(s):
Special instructions:
Purpose of medication:
Side effects that need to be reported:
Starting date: Ending date:

Signature of Health Care Provider with Prescriptive Authority License Number
Phone Number Date

Please ask the pharmacist for a separate medicine bottle to keep at child care.
Thank you!

Town of Oak Creek - Recreation Programs Intake Form - 2016

*All responses are for informational purposes only to help better meet your child's individual needs; answers will not disqualify participants from enrolling.

Child's Name: _____ School Attending: _____ Grade Entering: _____

Parent/Guardian Name: _____ Email: _____

Home # _____ Work # _____ Cell # _____

Has this child participated in Recreation programs with the Town of Oak Creek in the past?(Circle One) ♦ No ♦ Yes

List Program/Dates: _____

Does your child have an aide assigned to them at school? ♦ Yes ♦ No

Does your child have any specific diagnosis or circumstance that would affect how our staff would interact with them on a day to day basis? ♦ No ♦ Yes: _____

What activities does the participant like to do in his/her free time? _____

What motivates the participant? _____

Any areas of concern? _____

Expected outcomes or goals for this child: _____

Any additional information you think we should know: _____

When things aren't working: Please explain strategies you use at home or school that work: _____

Please explain strategies that do NOT work or need to be avoided: _____

Signature by Parent

Date

Print Name