



CCMRD Kidz Korner  
2017/2018 Before/After School Child Care  
PLEASE PRINT –

Forms must be returned before the first day child attends.

Date of Registration: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ M / F Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Lives With: Mother Father Other: \_\_\_\_\_  
(Please circle all the apply) (Specify)

Primary Parent/Guardian Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone :(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone :(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Special Instructions for reaching parents: \_\_\_\_\_

I authorize the following individuals to pick up my child:

Name:	Relation:	Home Phone:	Cell Phone:	Work Phone:
1. _____				
2. _____				
3. _____				

People not on this list will NOT be allowed to pick up your child without your WRITTEN permission.

**Is there a restraining order against anyone from having contact with your child? \_\_\_ No \_\_\_ Yes If yes, please provide a copy of the current restraining order.**

# **Emergency Contacts: (other than parents) REQUIRED**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. \_\_\_\_\_

Address: \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Hospital Preferred Emergency Treatment:

- St. Anthony Hospital, 11600 W. 2<sup>nd</sup> Pl, Lakewood CO 80228 (303)629-4314
- Children's Hospital, 1056 East 19<sup>th</sup> Avenue, Denver CO (720)777-8501
- Lutheran Exempla Hospital, 8300 W 38<sup>th</sup> Ave, Wheat Ridge CO 80033 (303)425-4500
- Other: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please note any activities your child is unable to participate in due to physical, social or religious reasons: \_\_\_\_\_

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

- None
- Describe (please include instructions to the staff)

\_\_\_\_\_  
\_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems \_\_\_\_\_

\_\_\_\_\_

Special Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Note: Before staff may dispense ANY medications, including over the counter medications, a Medications Administrations Form must be completed, signed by a physician and parent/guardian, and returned to the camp. Forms are available from Kidz Korner personnel.

Please review and initial all applicable statements below. If no, please write "no" on the line.

By initialing the statement I am agreeing to the following:

- I give permission for my child to view movies and videos. I understand that all movies/videos shown will be "G" or "PG" rating.
- I give permission for CCMRD to use photos and/or videotapes of my child/children for promotional purposes.
- My child/children may be taken on field trips or excursions off the Rec Center premises. Parents will be notified in advance of all field trips, activities and locations. All trips are planned and supervised by trained program staff. Transportation to and from will be provided by the following means:
  1. CCMRD maintained vehicles with trained staff drivers.
  2. School busses maintained by local school district with certified drivers.
  3. Walking to and from Carlson Elementary and other walking field trips.
- I understand that CCMRD programs will be offering activities including arts and crafts, gym activities, rock wall climbing, outdoor activities, swimming, cooking activities and others. I give permission for my child to participate in these activities. I also understand that the activities which I have enrolled my child may have an element of hazard or inherent danger, and agree to hold harmless CCMRD and its employees and agents from any liability, loss, or expense (including attorneys fees, medical and ambulance services).
- I do hereby authorize officials of CCMRD to contact directly the persons names on this emergency form, and do authorize the named physician and/or dentist or his/her associate to render treatment as may be deemed necessary in an emergency for health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or to minimize/repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, CCMRD employees are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.
- I hereby acknowledge that I have received and read a copy of the Parent Handbook and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Clear Creek Metropolitan Recreation District.

I, as parent or legal guardian of \_\_\_\_\_ approve and give my permission for him/her to participate in any class or program offered by CCMRD which is deemed age appropriate. By registering for youth programs through CCMRD, registrant acknowledges that the activities carried on in the program carry certain risks for the participant. Registrant has independently reviewed and evaluated the risks and agrees to engage in the program with full knowledge and acceptance of the risks. The registrant agrees to and hereby releases and forever discharges CCMRD, and their officers, employees, agents and volunteers from any and all liability for damages, loss or personal injury arising out of or related to registrant's participation in youth recreational programs. Furthermore, I affirm that the information stated on this emergency form is correct and I understand that it is my responsibility to inform CCMRD Kidz Korner any time the above information changes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date