EVERGREEN PARK & RECREATION DISTRICT
CHILD/YOUTH PROGRAMS APPLICATION 2018-2019

*All sides of this form must be **COMPLETED AND SIGNED** before the child may attend.*

Enrollment Date_____

PERSONAL INFORMATION				
1st Child's Full Name *(first, middle, last)*	**Grade attending in the Fall: (Circle One)** Pre Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th	☐ Female ☐ Male	Age:	Birth Date:
School Child is Attending:	Children's Program Attending:			
2nd Child's Full Name *(first, middle, last)*	**Grade attending in the Fall: (Circle One)** Pre Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th	☐ Female ☐ Male	Age:	Birth Date:
School Child is Attending:	Children's Program Attending:			
3rd Child's Full Name *(first, middle, last)*	**Grade attending in the Fall: (Circle One)** Pre Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th	☐ Female ☐ Male	Age:	Birth Date:
School Child is Attending:	Children's Program Attending:			
4th Child's Full Name *(first, middle, last)*	**Grade attending in the Fall: (Circle One)** Pre Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th	☐ Female ☐ Male	Age:	Birth Date:
School Child is Attending:	Children's Program Attending:			

PRIMARY EMERGENCY CONTACT INFORMATION These individuals are considered authorized adults and can pick up the above child(ren) from the program.

Mother's/Guardian Information ***Child lives at this address Y/ N***		**Order of Contact** ***(Circle One)*****: 1 - 2 - 3 - 4 - 5**	
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Employer:	Work Address:	City/State:	Zip
Email:			

Father's/Guardian Information ***Child lives at this address Y/ N***		**Order of Contact** ***(Circle One)*****: 1 - 2 - 3 - 4 - 5**	
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Employer:	Work Address:	City/State:	Zip
Email:			

ALTERNATE EMERGENCY CONTACT PERSONS - You MUST complete this section. My child(ren) may also be picked up by the following authorized adults other than his/her parents.

Name:		**Relationship:**	**Order of Contact** ***(Circle One)*****:** 1 - 2 - 3 - 4 - 5
Home Number:	Work Number:	Cell/Pager:	
Address:	City/State:	Zip:	
Name:		**Relationship:**	**Order of Contact** ***(Circle One)*****:** 1 - 2 - 3 - 4 - 5
Home Number:	Work Number:	Cell/Pager:	
Address:	City/State:	Zip:	
Name:		**Relationship:**	**Order of Contact** ***(Circle One)*****:** 1 - 2 - 3 - 4 - 5
Home Number:	Work Number:	Cell/Pager:	
Address:	City/State:	Zip:	

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RELEASES		
WAIVER OF LIABILITY I as parent or legal guardians approve and give my permission for my child(ren) to participate in any class or program offered by Evergreen Park & Recreation District, which is deemed age appropriate. By registering for Children's Programs through Evergreen Park & Recreation District, registrant acknowledges that the activities carried on in the program carry on certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrants agrees to and hereby releases and forever discharge Evergreen, Evergreen Park & Recreation District, 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. **Parent/Guardian Signature** _____ **Date** _____		
ON SITE SPECIAL EVENT PERMISSION My child(ren) has my permission to attend any on site special events with the program including swimming, challenge courses, and various enrichment activities. I understand that advance notice of each special event will be given in a weekly or bi-weekly schedule including any fee required.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
FIELD TRIP PERMISSION I understand that my child(ren) will be allowed to attend all of the field trips indicated on the camp calendar. With all field trips, if my child(ren) arrives late for a field trip and the group has departed, I assume full responsibility for my child(ren). Transportation will be provided by district vans, contracted bus service, public transportation, or via foot.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
SUNSCREEN/BUG SPRAY RELEASE I hereby request and give permission to Evergreen Children and Youth Program to allow my child (ren) to utilize sunscreen, lotion and or bug spray, which I have provided.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
PHOTO RELEASE I hereby give full consent to Evergreen Park & Recreation District to copyright or publish any photographs or videos taken by them in which my child(ren) appears. I agree they may use these photographs or videos for public display and/or publication.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
IMMUNIZATION RELEASE I give permission to the Evergreen Park & Recreation District to access my child(ren)'s immunization records which are on file at their school.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
PROGRAM PERMISSION RELEASE In accordance with my/our decision to register our child(ren) for this Children's Program, I hereby acknowledge that I have read a copy of the parent's handbook. I am also aware that the complete Policy and Procedure Manual is available upon request. I agree to abide by the policies outlined in both, the parent handbook and the Policy and Procedure Manual. I further acknowledge that they are subject to change at the discretion of Recreation Administrators. I also acknowledge that I have read and signed all required sections of this application.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
PAYMENT AGREEMENT I hereby agree to make tuition payments in accordance with the payment schedule. I understand that a late fee will be assessed if payment is made after 6:00 p.m. on the session due date. I understand that failure to make payments prior to the beginning of the session may result in the withdrawal of my youth from the program until all programs fees are paid in full.	**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
Parent/Guardian Signature for all releases listed above: _____ **Date** _____		

GENERAL INFORMATION			
I understand the Drop Off/Pick-up procedure. _____ Parent/Guardian Signature	**DROP OFF / PICK-UP PROCEDURE** I understand that Evergreen Park & Recreation District is not responsible for children that walk to and from the recreation program site until they are signed in/out either by himself or herself or by a parent, guardian, or authorized alternate. As a parent and/or guardian of the child(ren), I am responsible for my child(ren) before they sign in for the program and after they sign out.		
I authorize my child(ren) to walk home from the recreation program by themselves. (Youth 11 years and up only)		**YES** _____ **(Initial)**	**NO** _____ **(Initial)**
My child(ren) should always be dropped off & picked up by a parent/guardian or authorized adult.		**YES** _____ **(Initial)**	**NO** _____ **(Initial)**

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MEDICAL RELEASE

I do hereby authorize officials of Evergreen Park & Recreation District to contact directly the persons named on this application, and do authorize the named physician or their associate to render such treatment as may be deemed necessary in an emergency for the health of the said child(ren). In the event that parent/guardian, or alternate persons named on this application cannot be reached, Evergreen Park & Recreation District officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child(ren). I agree I am solely responsible for payment of all costs resulting from the tendering of medical and ambulance services

I understand the Medical Release policy.

_____
Parent/Guardian Signature

_____
Date

PHYSICIAN / DENTIST / INSURANCE INFORMATION

YOU MUST MAINTAIN AND UPDATE ANNUALLY AN IMMUNIZATION HISTORY FOR YOUR CHILD (REN). INCLUDE A COPY OF CHILD'S IMMUNIZATION CARD WITH THIS APPLICATION.

Physician / Health Care Professional:	Telephone:	Address/City/Zip:	**Does Not Have** ☐
Dentist:	Telephone:	Address/City/Zip:	**Does Not Have** ☐
Hospital of Choice:	Telephone:	Address/City/Zip:	**Does Not Have** ☐
Medical Insurance Co:		Telephone:	**Does Not Have** ☐
Group Number:		Policy Number:	

Any intolerance to drugs, medication, sunscreen or food? If so, please explain: _____

_____

MEDICAL HISTORY AND INFORMATION

1st Child _____	**2nd Child** _____	**3rd Child** _____	**4th Child** _____
Please check any illnesses that your child has had:	**Please check any illnesses that your child has had:**	**Please check any illnesses that your child has had:**	**Please check any illnesses that your child has had:**
Rubella Hay Fever	Rubella Hay Fever	Rubella Hay Fever ____	Rubella Hay Fever
Diabetes Asthma	Diabetes Asthma	Diabetes ____ Asthma ____	Diabetes Asthma ____
Epilepsy Mumps	Epilepsy Mumps	Epilepsy ____ Mumps ____	Epilepsy ____ Mumps ____
Poliomyelitis Whooping Cough	Poliomyelitis Whooping Cough	Poliomyelitis ____ Whooping Cough ____	Poliomyelitis ____ Whooping Cough ____
Rheumatic Fever	Rheumatic Fever	Rheumatic Fever _____	Rheumatic Fever
Surgery / Accidents / Chronic Health Problems: _____	Surgery / Accidents / Chronic Health Problems: _____	Surgery / Accidents / Chronic Health Problems: _____	Surgery / Accidents / Chronic Health Problems: _____
Describe any physical condition requiring special attention by our staff: _____	Describe any physical condition requiring special attention by our staff: _____	Describe any physical condition requiring special attention by our staff: _____	Describe any physical condition requiring special attention by our staff: _____
Check those allergies staff should be aware of: Food (type) _____ Insect Bites / Stings _____ Penicillin _____ Other Drugs _____	Check those allergies staff should be aware of: Food (type) _____ Insect Bites / Stings _____ Penicillin _____ Other Drugs _____	Check those allergies staff should be aware of: Food (type) _____ Insect Bites / Stings _____ Penicillin _____ Other Drugs _____	Check those allergies staff should be aware of: Food (type) _____ Insect Bites / Stings _____ Penicillin _____ Other Drugs _____
Date of most recent examination of this child: _____	Date of most recent examination of this child: _____	Date of most recent examination of this child: _____	Date of most recent examination of this child: _____

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LATE PICK-UP PROCEDURE

It is important that you pick up your child(ren) by closing time of the program. It will be necessary for Evergreen Park & Recreation District to charge a **late fee of $10.00 per 1-15 minutes late, and another $10.00 for the next 1-15 minutes. You will have to pay the late fee that day at the front desk.** If your child(ren) is not picked up on time, EPRD staff will call **all** contact numbers on the emergency phone number list that you provided during registration. Calls will be made at 5, 15, and 30 minutes after program dismissal. **30 minutes after the program has been dismissed, EPRD staff will notify the proper authority** to pick up your child(ren). **The child(ren) will be transported to the nearest Jefferson County Sheriffs office, where continued attempts to contact the family will occur.** Evergreen Park & Recreation District will make every effort to contact someone at the emergency numbers you have provided. **Please remember to notify staff of any and all emergency phone number changes!**

Parent/Guardian Signature _____ **Date** _____

LATE REGISTRATION

Evergreen Park & Recreation District asks that you register your child the Monday, one week prior to the date of needed care. For example, register on 8/26 for the week of 9/6. **Any registration after the prior Monday is considered a late sign-up/drop-in.** There is a $5 late fee for any late sign-ups or drop-ins. This fee will not exceed $20 per family for the **week**. Please select days carefully! We do not allow refunds. If your child(ren) is registered for a certain date, they are taking a spot that could otherwise have been filled. We do not allow exchanging days. If you cannot attend that day, EPRD cannot exchange for another.

Evergreen Park & Recreation District requires payment a week in advance to better plan and staff our program to ensure that EPRD provides a safe and fun environment for you child(ren). Failure to make payments prior to the beginning of the session may result in the withdrawal of the child(ren) from the program until all program fees are paid in full!

Parent/Guardian Signature _____ **Date** _____

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DISCIPLINE POLICY & PROCEDURE

In order to make the Children's Programs at Evergreen Park & Recreation District positive experiences for all children, we ask that these basic rules be observed:

1. Keep yourself safe. 2. Keep others safe. 3. Keep supplies and materials safe.

When a child does not observe the expected guidelines, the staff will engage in the following preventative steps:

1. Verbal Prompting: to inquire about the child's emotional state, offer support and diffuse the child's anxiety (i.e., "Are you okay, you seem restless, can I help?").

   If this step is unsuccessful in diffusing a child's anxiety and their behavior continues, a request will be made by the instructor for the behavior to cease (i.e., "I would appreciate it if you would be quiet while I give instructions.").

2. Set Limits and Consequences: to give the child a choice and put the responsibility on the child for his/her own behavior (i.e., "We would like for you to stay with the group if you can remain quiet while I give instructions.").

   If the child chooses to test the limits at this level then the instructor will follow through with the consequences. The consequences offered in step two may consist of either removal from the group and/or activity, completion of a written or oral assignment, or other appropriate consequences. At this point the behavior and consequence will be logged and direct or written parent communication will occur.

3. Communication: prior to re-entry, this step will allow the child an opportunity to "regain control" after a period of extreme anxiety and build rapport with staff. At this point, staff will discuss the behavior and consequence with the child and seek out an outcome that will be beneficial to child, staff, and program (i.e., "Do you understand the consequences for your behavior and how can we keep that from happening again?").

   If the process is not successful, the child may revert to the first stage the steps may recur. If this is the case, the steps must be followed and parent communication must occur in the form of a DISCIPLINE/INCIDENT FORM (that must be signed by a parent/guardian).

If the child does not respond to the preventative measures, the following progressive discipline steps outline the actions that will be taken:

1. At the time of the **first DISCIPLINE/INCIDENT FORM**, telephone or direct communication with the parent/guardian will occur. At this time a meeting will be scheduled with the child, parents and/or guardians, and staff to inform them of the child's behavior and involve them in a problem-solving strategy that is appropriate for their child.
2. At the time of the **second DISCIPLINE/INCIDENT FORM**, a loss of privileges will occur such as suspension from the program for a day or week, or the loss of the opportunity to participate in a field trip. A phone call or direct communication with parents/guardians will again occur, to ensure that they have knowledge of the imposed consequence.
3. If the child's behavior continues to be a problem, the decision will be made to expel the child from any Community Recreation youth program. This would occur upon the receipt of the **third DISCIPLINE/INCIDENT FORM** and would again be accompanied by direct or telephone communication with the parents/guardians.
4. If at any time, a significant or major issue occurs, which endangers the child, other participants, or staff, immediate withdrawal from the program will ensue.

Additionally, if at any time a child leaves the immediate program area in anger or for any other reason, a reasonable attempt will be made to stop him/her. If they continue to flee, 911 will be called and the child will be reported as a runaway. Parents will be contacted. This behavior will result in a DISCIPLINE/INCIDENT FORM, and the appropriate consequences will occur.

I understand that this policy will be reviewed at the site with my child.
I myself have read and understand the Discipline Policy and Contract.

_____
Participant's Name (Print)

_____
Parent/Guardian's Name (Print)

_____ _____
Parent/Guardian's Signature **Date**

_____ _____
Staff Member Signature **Date**

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Evergreen Park & Recreation District

Program Information:
Attn: Children's Programs
1521 Bergen Parkway
Evergreen, CO 80439
720-880-1218
Fax: 720-880-1280

Statement of Physical Condition

Student's Name: _____ was given a physical

Examination within the last 12 months on: _____

Immunization records are up-to-date (Please attach record) Yes _____ No _____

Chronic medical Conditions: (List) _____

_____

Restrictions: (List) _____

_____

Allergies: _____

_____

_____ Cleared for age appropriate activities

_____ Cleared for preschool attendance.

_____
Date

_____
Physician Name (Print)

_____
Physician signature

_____
Address

_____
Phone

(Health Services Form # 3-01)