



EVERGREEN PARK & RECREATION DISTRICT CHILD/YOUTH PROGRAMS APPLICATION 2019-2020

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

Enrollment Date _____

PERSONAL INFORMATION				
1 st Child's Full Name <i>(first, middle, last)</i>	Grade attending in the Fall: (Circle One) Pre Kinder 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Birth Date:
School Child is Attending:		Children's Program Attending:		
2 nd Child's Full Name <i>(first, middle, last)</i>	Grade attending in the Fall: (Circle One) Pre Kinder 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Birth Date:
School Child is Attending:		Children's Program Attending:		
3 rd Child's Full Name <i>(first, middle, last)</i>	Grade attending in the Fall: (Circle One) Pre Kinder 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Birth Date:
School Child is Attending:		Children's Program Attending:		
4 th Child's Full Name <i>(first, middle, last)</i>	Grade attending in the Fall: (Circle One) Pre Kinder 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th	<input type="checkbox"/> Female <input type="checkbox"/> 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 <u>Child lives at this address Y/ N</u>		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 <u>Child lives at this address Y/ N</u>			
Father's/Guardian Information <u>Child lives at this address Y/ N</u>		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		
<p>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.</p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>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.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>Parent/Guardian Signature for all releases listed above: _____ Date _____</p>		
GENERAL INFORMATION		
<p>I understand the Drop Off/Pick-up procedure.</p> <p>_____ Parent/Guardian Signature</p>	<p style="text-align: center;">DROP OFF / PICK-UP PROCEDURE</p> <p>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.</p>	
<p>I authorize my child(ren) to walk home from the recreation program by themselves. (Youth 11 years and up only)</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>
<p>My child(ren) should always be dropped off & picked up by a parent/guardian or authorized adult.</p>	<p>YES _____ (Initial)</p>	<p>NO _____ (Initial)</p>



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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 <input type="checkbox"/>
Dentist:	Telephone:	Address/City/Zip:	Does Not Have <input type="checkbox"/>
Hospital of Choice:	Telephone:	Address/City/Zip:	Does Not Have <input type="checkbox"/>
Medical Insurance Co:	Telephone:		Does Not Have <input type="checkbox"/>
Group Number:	Policy Number:		

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

MEDICAL HISTORY AND INFORMATION

1 st Child _____	2 nd Child _____	3 rd Child _____	4 th Child _____
Please check any illnesses that your child has had: Rubella _____ Hay Fever _____ Diabetes _____ Asthma _____ Epilepsy _____ Mumps _____ Poliomyelitis _____ Whooping Cough _____ Rheumatic Fever _____	Please check any illnesses that your child has had: Rubella _____ Hay Fever _____ Diabetes _____ Asthma _____ Epilepsy _____ Mumps _____ Poliomyelitis _____ Whooping Cough _____ Rheumatic Fever _____	Please check any illnesses that your child has had: Rubella _____ Hay Fever _____ Diabetes _____ Asthma _____ Epilepsy _____ Mumps _____ Poliomyelitis _____ Whooping Cough _____ Rheumatic Fever _____	Please check any illnesses that your child has had: Rubella _____ Hay Fever _____ Diabetes _____ Asthma _____ Epilepsy _____ Mumps _____ Poliomyelitis _____ Whooping Cough _____ 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





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EPRD INSPIRE Camp program general information of applicant's special needs

Name: _____ DOB/Age: _____ Date: _____

This information will be used to determine whether the applicant's needs can be met adequately at Evergreen Park & Recreation District, and will be used by camp personnel in best meeting the applicant's needs while at camp. So, please be as open and complete in answering as you can. All information is kept confidential. Attach extra paper for answering if necessary. Thank You.

Condition:

1. Applicant's primary disability (be specific, e.g. cerebral palsy, stroke, down syndrome): _____

Is there an accompanying cognitive delay? Yes _____ No _____

Level of delay: Mild _____ Moderate _____ Severe _____ Profound _____

2. List any secondary disabilities: _____

3. List equipment or appliances used by the applicant (e.g. electric wheelchair, crutches): _____

4. Ratio of care needed: (circle) 1x1 2x1 3x1 4x1

Speech and Language:

1. Does the applicant understand what is said to him/her? Yes _____ No _____

If not, please describe: _____

2. Does the applicant express his/her needs? Yes _____ No _____

Please describe how the applicant makes these needs known (e.g. sounds, one word, phrases, or gestures):

3. Is there an augmentative communication system your child uses? Yes _____ No _____

If yes, what kind and why: _____

Behavior:

1. Has the applicant ever had a consistent behavior problem? Yes _____ No _____

If yes, please describe and explain the best techniques for handling the problem: _____

2. Does the applicant get along well with others? Yes _____ No _____

If not, please describe the problem and any remedies that work: _____



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EPRD INSPIRE Camp program general information of applicant's special needs

Name: _____ DOB/Age: _____ Date: _____

Toileting:

1. Is the applicant **completely** toilet trained? Yes _____ No _____

If **not**, please answer the following questions:

Is there a physical condition causing the inability to toilet train? Yes _____ No _____

If yes, please describe the condition: _____

Please check the applicable response:

Diapers day and night _____ Needs catheterization _____ Self-catheterization _____

_____ Other (please explain): _____

2. Does the applicant have any behavior-related or disruptive toilet habits? Yes _____ No _____

If yes, please explain: _____

3. Can applicant go to the bathroom by him/herself? Yes _____ No _____

If no, what assistance is required: _____

Eating:

1. Can the applicant feed him/herself? Yes _____ No _____

What steps need to be taken at mealtime and/or during food preparation: _____

2. Please list any dietary restrictions or food allergies: _____

Grooming and Bathing:

1. Check any personal areas where the applicant needs assistance:

Dressing _____ Showering _____ Toileting _____ Eyewear _____

_____ Other: _____

2. Describe what steps need to be taken when assisting the applicant in these areas: _____



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EPRD INSPIRE Camp program general information of applicant's special needs

Name: _____ DOB/Age: _____ Date: _____

Past Experiences:

1. Is the applicant prone to wandering or running away? Yes _____ No _____

2. Has the applicant attended camp before? Yes _____ No _____

If yes, where: _____ How many years: _____

Was the applicant ever sent home early or denied admission to camp? Yes _____ No _____

If yes, please explain: _____

3. Please add any information, either positive or negative, that camp personnel should be aware of concerning the applicant:

Medical Section:

1. Has there been any recent exposure to a contagious disease? Yes _____ No _____

If yes, please explain: _____

2. How would you assess the applicant's current health? Good _____ Fair _____ Poor _____

3. Is the applicant a carrier of Hepatitis B or has he/she been exposed to Hepatitis B? Yes _____ No _____

If yes, was a lab test conducted to determine the presence of antibodies? Yes _____ No _____

Were antibodies present? _____

4. Is the applicant a carrier of any other infectious or contagious condition? Yes _____ No _____

If yes, please explain: _____

5. Does your child have a "Do Not Resuscitate" (DNR) paper? Yes _____ No _____

(The DNR paper must be carried with the person at all times.)

Seizures:

1. Does the applicant have seizures? Yes _____ No _____

If yes, please explain: _____ Current status (active, controlled, etc.): _____

Type of seizure: _____ How often: _____

Duration: _____ Date of last seizure: _____

Describe reactions before, during, and after seizure: _____

