



SCHOOL YEAR 2017-2018 REGISTRATION FORM

CHILD INFORMATION

Full Name:

Date of birth:

Grade:

Gender:

School:

Today's Date:

PRIMARY PARENT/GUARDIAN INFORMATION

Full Name:

Address:

City:

State:

ZIP Code:

Telephone Numbers:

Home:

Cell:

Alternative:

Employer:

Email Address:

(Must be valid in order to accept registration)

SECONDARY PARENT/GUARDIAN INFORMATION

Full Name:

Address:

City:

State:

ZIP Code:

Telephone Numbers:

Home:

Cell:

Alternative:

Employer:



Email Address:
 (Must be valid in order to accept registration)

EMERGENCY CONTACTS (OTHER THAN YOURSELF)

Name:

Address:	Phone:
----------	--------

City:	State:	ZIP Code:
-------	--------	-----------

Relationship:

Name:

Address:	Phone:
----------	--------

City:	State:	ZIP Code:
-------	--------	-----------

Relationship:

ADDITIONAL EMERGENCY CONTACTS (IF ANY)

Name:

Address:	Phone:
----------	--------

City:	State:	ZIP Code:
-------	--------	-----------

Relationship:

Name:

Address:	Phone:
----------	--------

City:	State:	ZIP Code:
-------	--------	-----------

Relationship:

Name:

Address:	Phone:
----------	--------

Kids' Adventures, Inc.
3679 South Huron Street, #404
Englewood, CO 80110



City:	State:	ZIP Code:
-------	--------	-----------

Relationship:

In case of an emergency, I give permission for any of the following individuals below to be contacted and my child may be released to any of them.

Parent/guardian signature: _____

AUTHORIZED TO PICK-UP

Name:

Contact Number:

Email:

Relationship:

Name:

Contact Number:

Email:

Relationship:

Name:

Contact Number:

Email:

Relationship:

Name:

Contact Number:

Email:

Relationship:

DO NOT RELEASE

Name:

Name:

Name:

Name:



Name:		
Name:		
CHILD'S HEALTH INFORMATION		
Name of Family Physician:		Phone:
Street address:	City	ZIP Code:
Name of Dentist:	Phone:	
Address:		
Allergies? Yes or no? If yes, specify.		
Special health problems? Yes or no? If yes, specify.		
Disabilities? Yes or no? If yes, specify.		
Does your child have an IEP or 504 plan? Circle one Yes No		
CHILD'S MEDICAL INSURANCE COVERAGE		
Primary Health Insurance Company:		Phone number:
Street address:	City	ZIP Code:
Preferred Hospital:		
OTHER INFORMATION		
Child's Favorite Hobby/Activity:		
T-shirt size:		



Specialty instructions:

POLICY AND PROCEDURES

SIGN IN/OUT PROCEDURE

Kids' Adventures, Inc. will not allow any child to PIN/sign themselves in or out of the program. All children must be signed in and out by a parent, guardian, or authorized person. If this procedure is disregarded, a child's dismissal from the program will result. Please update any changes in a child's contact information. The program must have appropriate names and numbers of all authorized contacts in case of an emergency. Please note that a parent, guardian, or authorized person will be required to provide an ID on-site upon arrival. Initials _____

TELEVISION AND MOVIE POLICY

Occasionally, the program will show movies or television programs to the children. All movies and television programs will be previewed and completely age-appropriate. Movies and television programs will only be shown to the children that have a signed parent permission form.

No _____ Yes _____ Date: _____

TRANSPORTATION FOR FIELD TRIPS

Any child that is participating in any off-site field trip will be required to have a signed permission form by a parent or guardian, if required. Parents will be notified of all field trips in advance. Schedule and times are subject to change. All transportation vehicles are approved by Kids' Adventures, Inc. Prior to each trip, the children will be briefed on the proper safety rules and are reminded of appropriate behavior on the bus/van. The children will also be instructed on safety procedures for any walking field trips away from campus. Kids' Adventures, Inc. follows all requirements per CDHS-License 7.712.56 – All Transports abide by applicable State & Federal motor vehicle laws – Transport Ratio meets the child care program ratio – Children are not permitted to ride in the front seat of a vehicle.

No _____ Yes _____ Date: _____

SUNSCREEN POLICY

Parents are responsible for applying sunscreen to their child before the child arrives to the program. The program staff will monitor and assist the children with additional sunscreen applications throughout the day. Special permission for the staff to apply sunscreen to your child may be required for some field trips. Kids' Adventures, Inc. provides sunscreen. Sunscreen meets all recommendations by the FDA for UV protection and hypoallergenic needs.

No _____ Yes _____ Date: _____

PARENT HANDBOOK

I understand and agree to follow the Parent Handbook. I understand that it is my responsibility to review and read the Parent Handbook. Available online at <http://www.kidsadventures.org>.

Initials _____

STUDENT RECORD UPDATES

I agree to keep my child's records up to date, including but not limited to, current home and work numbers and current phone numbers of those authorized to pick up my child. Kids' Adventures, Inc. Parent Handbook is available on our website.

Initials _____

PHOTO AND VIDEO CONSENT

Kids' Adventures, Inc. may occasionally photograph or video your child during the program activities. Photographs or videos will be for public view and may be displayed in program areas or used for company promotion or advertising, including social media. I understand by signing, I agree that my child may be participating in activities that could produce photos or videos of my child without any financial compensation, and I understand that this releases Kids' Adventures, Inc. from any future claims as well as any liability arising from the use of said photograph or video.

No _____ Yes _____ Date: _____

PAYMENT POLICY

Payment must be paid for a week in advance and due every Friday by 6:00pm to the Site Director.

Initials _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to Kids' Adventures, Inc. employees to call for medical or surgical care for my child, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action is taken, but if this is not possible, the expenses of the emergency medical treatment and/or care will be accepted/paid by me.

ABUSE AND NEGLECT: Colorado law requires all childcare providers to report any suspected or known cases of child abuse and neglect.

No _____ Yes _____ Date: _____



REVIEW OF TERMS AND CONDITIONS

We reserve the right to alter our terms and conditions at any time. In this instance, you will receive written notification regarding new terms and conditions.

Items needed prior to attending:

- Immunization record
- Registration fee paid (\$99)
- Schedule & payment for care
- Free/Reduced Letter (if applicable)
- CCAP Authorization and Agreement (if applicable)
- Medical Plan and/or Prescription Documentation (if applicable)
 - Medical Plan MUST be made prior to attending
 - Medications MUST be dropped off prior to attending
- Acknowledgements and Contracts for Discounts (if applicable)