

2017 Summer Recreation Program Enrollment & Emergency Contact Forms

Thank you for enrolling in our 2017 Summer Recreation Program at the Town of Mead! This packet contains the forms you will need to complete and return to the Mead Town Hall front desk prior to camp. All forms must be filled out and returned by **Friday, May 5, 2017**. These forms are also available online for download at <http://townofmead.org/2226/Classes-Camps>.

PLEASE NOTE: *If your child will require medications while he/she is at camp, proper forms MUST BE signed by your child's physician prior to camp. The earlier we know about these special circumstances, the better we will be able to accommodate the needs of your child. Please contact Janet Torres, Recreation Coordinator, at (970) 535-4477 or via email at janettorres@townofmead.org*

Participant Name: _____

2016 Enrollment & Emergency Contact Forms **Checklist**

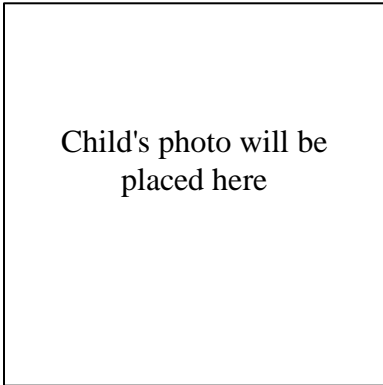
- ___ Colorado Immunization Records (required by law)
- ___ Participant General Information Form
- ___ Summer Recreation Program Schedule
- ___ Emergency Contact Form
- ___ Participant Release Form
- ___ Participant Health and Behavior Form
- ___ Authorization to Administer Medication
- ___ Parent/Child Summer Rec Program Agreement

Child Name: (Last, First): _____

TOWN OF MEAD
2017 SUMMER RECREATION PROGRAM REGISTRATION
Janet Torres-Recreation Coordinator
970-805-4187

Janettorres@townofmead.org

Please complete one form per child. Incomplete forms will not be accepted



Child's Full Name: _____
Age: _____
Child's Home Address: _____

Child's Mailing Address if different from Home Address:

Phone: _____ 17/18 Grade: _____
Birth Date: _____ Gender: _____ Height: _____
Weight: _____
List any:
Medical Conditions: _____
Allergies: _____
Medications: _____
Please circle: Can your child swim? YES NO
Child shirt size: YS YM YL AS AM AL AXL

Mother/Guardian # 1 Information

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Employer: _____
Employer Address: _____

Work
Phone: _____
Email Address: _____

Father/Guardian # 2 Information

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Employer: _____
Employer Address: _____

Work Phone: _____
Email Address: _____

Special instructions on how parents/guardian can be reached (i.e. Cell Phone etc.):

Child Name: (Last, First): _____

Emergency Contact Information

The following people are authorized to pick up and, if necessary, make medical decisions for the child. (We will attempt to contact the parent/guardian first.)

		May pick up child	May make medical decisions
1.	Name: _____ Home Phone: _____	_____	_____
	Address: _____ Alt Phone: _____		
2.	Name: _____ Home Phone: _____	_____	_____
	Address: _____ Alt Phone: _____		
3.	Name: _____ Home Phone: _____	_____	_____
	Address: _____ Alt Phone: _____		
4.	Name: _____ Home Phone: _____	_____	_____
	Address: _____ Alt Phone: _____		

PEOPLE WHO MAY NOT PICK UP CHILD

1. _____ 2. _____

Parent/Guardian Signature: _____ Date: _____

Child Name: (Last, First): _____

CAMP SCHEDULE

The weekly registration fee includes the cost of the weekly field trip, and enrichment activities. A 10% discount is given for participants registering and paying in full for all 9 weeks on or before May 5, 2017. A \$25/week per child deposit is due at the time of registration and will be applied towards the full camp week fee. The remainder due per week must be paid in full at least 2 weeks in advance.

Deposit due at time of registration:

#of weeks: ____ * \$25 per week = ____ Total due at time of registration

Date Paid: _____ Amount Paid: _____ Balance Owed: _____

Swim Shirt (\$10) Size: _____

Payment Method: Cash _____ Check _____

Credit Card _____

Camp Weekly Schedule & Daily Hours

The Town of Mead Summer Recreation Program is open on Monday—Friday from 7:30 a.m. -5:30 p.m. with planned activities and/or field trips.

Summer 2017 Weekly Schedule

Week 1	June 5-9	Aloha Week
Week 2	June 12-16	Travel the World
Week 3	June 19-23	Imagination Kingdom
Week 4	June 26-30	Jurassic Island
Week 5*	July 3-7	Space
Week 6	July 10-14	Super Hero Academy
Week 7	July 17-21	Under the Sea Shark Week
Week 8	July 24-28	A Pirates Life
Week 9	July 31-August 4	Messy Olympics

*No Camp on July 3rd or 4th

Weekly Fees:

- 2 days * : \$90
- 3 days* : \$120
- 4 or 5 days: \$175

* 2 and 3 day options require that you commit to your choice of days at the time of registration. Additional “drop-in” days or alternate schedule request may be allowed based up availability 2 weeks prior to scheduled camp week.

Swim Shirt Fee:

There will be at least 3 field trips that will include swimming. This year the participants of the Summer Rec Program will be wearing a swim shirt on those days. Payment for the shirt is the responsibility of the parent/guardian. Shirts cost \$10 at the time of registration and must be purchased at least 3 weeks prior to the swimming field trips.

Child Name: (Last, First): _____

Fees:

Fees are based on a weekly basis. There are a total of 9 weeks in the 2017 Summer Recreation Program. There is no additional cost for field trips. However, there is an additional fee of \$10/child to cover the cost of the swim shirts that will be worn on all field trips that involve swimming. Families may choose to sign up for individual weeks or all 9 weeks of the program. A 10% discount is given for families registering and paying for all 9 weeks on or before May 5, 2017. A \$25/week per child deposit is due at the time of registration and will be applied towards the full camp week fee. The remainder due per week must be paid in full at least 2 weeks in advance. Transfer of camp weeks will be allowed without penalty through May 5, 2017. Cancellations made less than 10 working days prior to the week your child is scheduled to attend are subject to forfeiture of 50% of the weekly fee. No refunds will be given for cancellations made less than 5 working days prior to the week your child is scheduled to attend. All transfer requests and cancellations must be presented in writing (see Refund/Transfer Request Form included in your packet). No refunds will be given for absence due to illness or unscheduled weeks off. A late fee of \$5.00 per 15 minutes per child will be assessed if you pick your child up after the designated time. After the third late pick up your child will not be able to continue attending the program. Scholarships are available for those who qualify by a grant from the United Way.

I understand each of the above listed conditions. I also understand that if I do not adhere to these terms and conditions, my child may not continue to attend the program.

Parent signature

Date

Release Form-Hold Harmless

I give permission for _____ to participate in all aspects of the Town of Mead Summer Recreation Program (physical and sedentary activities). I acknowledge that participation in these activities involves some risk of injury or death, and I assume these risks. I authorize my child to be transported by foot or vehicle for program purposes or emergencies. I further acknowledge that the participant is physically capable of performing in physical activities. I release and hold harmless the Town of Mead and it personnel from any liability for any injury or death arising in participation in the Summer Recreation Program.

Parent Signature: _____ **Date:** _____

Medical Emergency Release Form

I, the undersigned, hereby authorize officials of the Town of Mead to contact directly the persons named on this form, and authorized the named physician to render such treatments as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, Town of Mead Staff is hereby authorized to take whatever action is necessary in the judgement for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for a sick or injured child, including but not limited to rendering by ambulance or other available transportation. It is the parents responsibility to keep emergency information on this form current.

Parent/Guardian Signature

Date

Notice: The Town of Mead does not carry accident or health insurance for your child on your behalf, and encourages you to evaluate your own health, accident and disability insurance to determine if you have adequate insurance for any injuries your child might sustain while at the Summer Recreation Program. The Town of Mead may have no liability up or only limited liability for the cost of emergency care and transportation provided for injuries that occur at the Summer Recreation Program, pursuant to the Colorado Governmental Immunity Act.

Colorado Health Plan Plus (CHP+) is a low-cost health insurance program for uninsured Colorado children ages 18 & under whose families earn or own too much to qualify for Medicaid but cannot afford private insurance. CHP+ can be reached at (800)359-1991. The CHP+ web address is www.cchp.org



Parent/Guardian: Please complete all areas, top and bottom. Staff will fold & laminate card.
 This card will be kept with camp staff at all times when away from the Mead Town Hall.

CHILD'S LAST NAME	CHILD'S FIRST NAME	BIRTHDATE (MM/DD/YY)	AGE
CHILD'S HOME ADDRESS			GENDER <input type="checkbox"/> M <input type="checkbox"/> F
CITY	ZIP	HOME PHONE	
PARENT/GUARDIAN'S NAME	HOME PHONE	ALT PHONE	
PARENT/GUARDIAN'S NAME	HOME PHONE	ALT PHONE	
EMERGENCY CONTACT	CONTACT ADDRESS	CONTACT PHONE	
EMERGENCY CONTACT	CONTACT ADDRESS	CONTACT PHONE	
HEALTH CONCERNS, ALLERGIES, ETC.			

PHYSICIAN'S NAME	ADDRESS	PHONE
DENTIST'S NAME	ADDRESS	PHONE
HOSPITAL OF CHOICE	ADDRESS	PHONE
MEDICAL INSURANCE CO	GROUP POLICY #	PHONE

HEIGHT	WEIGHT
EYE COLOR	HAIR COLOR



I hereby give my permission to Town of Mead Summer Recreation Program staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the Summer Recreation Program staff will make a conscientious effort to locate the emergency contact(s) listed on the enrollment form before any action will be taken. If it is not possible to locate emergency contacts listed, I will accept the expense of emergency medical or surgical treatment.

Parent/Guardian Signature: _____ Date: _____

Child Name: (Last, First): _____

Child Pick-Up

I am aware that children may be picked up only by persons designated by Parent/Guardian and listed on the Summer Recreation Program Registration form. IF anyone other than those listed are to pick up the child, we must have a written notice from the Parent/Guardian **BEFORE** the child can be released. A photo I.D. must be shown by the person authorized to pick up the child.

Parent/Guardian Signature

Date

Please initial box or respond as necessary to the following statements:

_____ **Movies:** On occasion, we may take field trips to the movies or movies are shown during extreme weather or in conjunction with our weekly themes. I give permission to watch G or PG (no PG -13) movies during the course of the 2017 Summer Recreation Program.

_____ **Walking Field Trips:** On occasion, the Summer Recreation Program will take walking field trips to parks or other locations close to Town Hall. I give permission for my child to walk with camp staff for these trips.

_____ **Transportation:** I authorize my child to be transported by foot or vehicle for program purposes or emergencies.

_____ **Swimming:** All Children will be tested on our first swimming day to determine their ability. Please indicate below if you do not want your child swimming in water deeper than shoulder height at the pool despite his/her ability. These participants will be assigned to the appropriate section of the pool.

My child may swim in

areas appropriate to my child's swimming ability

areas where water is NO DEEPER than shoulder height regardless of child's swimming ability

_____ **Photo Release:** I give permission for the Town of Mead (and any person or company authorized by the Town of Mead) to take, use and copyright photographs, film, video, and/or recordings taken of this student by Summer Recreation Staff (or their representatives) and understand that the Town of Mead may use reproductions, alterations or additions to them. I also understand that these reproductions may include authorized Town of Mead websites, social media sites and other publications.

_____ **Sunscreen:** The Summer Recreation Program staff will assist with applying sunscreen to bare skin including the face, tops of ears, shoulders, arms, legs, and feet throughout the day. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the Parent/Guardian. It is the parent's responsibility to provide aerosol sunscreen with a minimum SPF of 15.

- In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the Summer Recreation Program. The sunscreen used by our program is **Coppertone Kids Sun Screen Continuous Spray SPF 50**
- I do not want my child to use any sunscreen other than the one he/she brings to camp. It is the parents/guardian responsibility to replenish sunscreen as necessary.
- My child is particularly sensitive to the sun. I will apply sunscreen before my child comes to the program.
- I will inform the staff of any special requirements my child may have.

Child Name: (Last, First): _____

REGISTRATION FEES:

- Payment for the Town of Mead Summer Recreation Program is due at the time of registration.
- A 10% discount is given for families registering and paying for all 9 weeks on or before May 5, 2017.
- If a check is returned due to insufficient funds, you will be responsible for any costs of collections, your account will be considered unpaid and a hold will be placed on your child’s registration. A \$25 fee will be added to your account. All fees must be brought current before your child can resume participation in the program.
- Payment can be made by Cash, Credit Card or Check made payable to the Town of Mead.
- Transfer of camp weeks will be allowed without penalty through May 5, 2017. Cancellations made less than 10 working days prior to the week your child is scheduled to attend are subject to forfeiture of 50% of the weekly fee.
- All transfer requests and cancellations must be presented in writing (see Refund/Transfer Request Form included in your packet). No refunds will be given for absence due to illness or unscheduled weeks off.
- A late fee of \$5.00 per 15 minutes per child will be assessed if you pick your child up after the designated time. After the third late pick up your child will not be able to continue attending the program.
- Scholarships are available for those who qualify by a grant from the United Way. Scholarship applications can be found at <http://townofmead.org/1226/Athletics>
- I have gone online and read the “2017 Summer Recreation Program Parents Handbook”. I understand that I may be charged an additional fee for:
 - Lost or missing Summer Recreation Program Shirt: \$10 for a new shirt (Shirts are requirement for EVERY field trip)
 - Swimming Shirt \$10.00
 - Forgotten sack lunch: \$5 emergency lunch purchase fee
 - Non-Sufficient Funds: \$25
 - Late Pick Up Fee: \$5 per child for every 15 minutes

I understand each of the above listed terms and conditions. I also understand that if I don’t adhere to these terms and conditions, my child may not continue to attend the program.

Parent/Guardian Signature

Date

Child Name: (Last, First): _____

Child Health & Behavior Information

All information on this document, or stated verbally to the Summer Recreation Program Staff, will be kept confidential. If there is any sensitive or personal information that will assist the staff with the care and safety of your child, please contact the Program Manager or Recreation Coordinator.

Child lives with?

Mother and Father Mother only Father only Legal guardian
 Other: _____

Are there special custody arrangements we need to be aware of? No Yes, Please specify:

List communicable diseases and/or serious illness or surgeries which your child has had:

List any know drug reactions, allergies, and/or food allergies which your child has:

Describe any special diet that your child may be on: _____

Is there any medical reason your child cannot participate fully in our Summer Recreation Program? No Yes, please explain:

FAMILY PHYSICIAN

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

FAMILY DENTIST

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

PREFERRED HOSPITAL

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

Has your child ever received special services, such as speech, OT, etc.? No Yes, please explain:

Language spoken at home: English Spanish Chinese Other _____

Communication abilities: How does your child make his/her needs know: _____

Does your child wear: Hearing Aids: Yes No

Glasses: Yes No

Tie own shoes: Yes No

Child Name: (Last, First): _____

CHILD HEALTH AND BEHAVIOR INFORMATION continued...

Briefly comment on your child's: (please use additional sheet of paper if necessary)

SWIMMING ABILITY	ATHLETIC ABILITY	COORDINATION
PLAY SKILLS	PEER INTERACTIONS	DISRUPTIVE BEHAVIOR (Acting out, hitting, etc...)
GENERAL LIKES	GENERAL DISLIKES	Does your child use Time Outs at home and/or school? ___No ___ Yes, How Long? ____ Will stay in time out by self? ___ Yes ___No What is helpful?

How does your child act when?

Challenged: _____

Frustrated: _____

Afraid: _____

Bored: _____

How are the above behaviors handled at home?

Are there any special methods of behavior support you have found to be most effective?

Medication

All medications, whether by prescription or over the counter, require physician and parent authorization. If your child requires medication during the day at the Summer Recreation Program, the following Town of Mead Permission Form **MUST BE COMPLETED BY A Parent/Guardian AND your Family Physician**. The completed and signed form must be returned to the Summer Recreation Program Manager a minimum of one week prior to your child's first day of the program.

Child Name: (Last, First): _____

Permission for Medication

Dear Parent,

We attempt to discourage administration of medication in the Summer Recreation Program. However, if your physician decides it is necessary for your child to receive medication during the program times, his/her approval and specific directions must be provided to the Town of Mead Summer Recreation Program. It is recommended the first doses of medication be administered at home.

Send the medication to the Summer Recreation Program in the original or a duplicate box or bottle with the current prescription label on the container. Upon request, pharmacists have made labeled empty containers to be used.

Please have your physician record his/her instructions regarding the administration of your child's medications.

Name of Participant: _____

TO BE COMPLETED BY PHYSICIAN

Medication: _____ Dosage: _____

Purpose of Medication: _____

Time of day medication is to be given: _____

Possible side effects:

Anticipated number of days it needs to be given at Summer Rec Program: _____

Date	Printed Name of Physician	Signature of Physician	Phone #
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TO BE COMPLETED BY PARENT

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Town of Mead, the undersigned parent or guardian hereby agrees to release the Town of Mead and its personnel from any legal claim which they now have or may hereafter have arising out the administration of or failure to administer the medication to the participant.

I hereby give my permission for _____ to take the above prescription at the Town of Mead Summer Recreation Program as ordered. I understand that it is my responsibility to furnish this medication.

Date	Signature of Parent or Guardian	Phone #
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Date	Summer Recreation Program Director Signature
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Child Name: (Last, First): _____

Parent/Child Summer Recreation Program Agreement

This contract outlines expectations of the Summer Recreation Program participant while attending our program. Please read through this contract with your child. All program participants are held responsible for the choices they make while at our program. Please initial each box, one for parent, one for child, and sign at the bottom.

____ ____ I will treat all participants in the Summer Recreation Program with respect so they will know how to treat me.

____ ____ If I cause a problem, I will solve it. If I can't solve the problem, or choose not to, a Summer Recreation Staff member will help me find a workable solution.

____ ____ I will behave in ways that ensure my safety and the safety of others. Positive behavior is always our expectation. The things that will result in behavior management include, but are not limited to: abusive or inappropriate language, play wrestling, fighting, hitting, theft, bullying and any other behavior deemed as negative by camp staff.

____ ____ I will follow all instructions given by the Summer Recreation Program Staff.

____ ____ If I feel that something is unfair, I will calmly talk to a Summer Recreation Program Staff member.

____ ____ I understand that decisions concerning discipline are handled privately between Summer Recreation Program Staff, participants and their families and will not be discussed with other parties.

____ ____ I will not bring a personal electronic devices to the Summer Recreation Program unless it is on the program schedule or has been pre-authorized by the program manager. I understand that if I bring personal electronic devices, they will be taken away by a staff member and returned to my parent at the end of the day. After three occurrences, I understand that my electronic device will be taken and returned at the end of the Summer Recreation Program.

____ ____ I will respect all Town of Mead and Summer Recreation Program equipment and facilities.

____ ____ I will be an active participant during activities.

____ ____ I will do my personal best to have a great time this summer at the Summer Recreation Program.

By signing below, you state that you have read and agree to the terms of the agreement. Not following this agreement may be cause for removal for the Town of Mead Summer Recreation Program.

Participant Signature

Date

Parent/Guardian Signature

Date

Child Name: (Last, First): _____

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given
Hep B	Hepatitis B
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)
DT	Diphtheria, Tetanus (pediatric)
Tdap	Tetanus, Diphtheria, Pertussis
Td	Tetanus, Diphtheria
Hib	Haemophilus influenzae type b
IPV/OPV	Polio
PCV	Pneumococcal Conjugate
MMR	Measles, Mumps, Rubella
Varicella	Chickenpox
Vaccines recorded below this line are recommended. Recording of dates is encouraged.	
HPV	Human Papillomavirus
Rota	Rotavirus
MCV4/MPSV4	Meningococcal
Hep A	Hepatitis A
TIV/LAIV	Influenza
Other	

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

A) Child Care Up to Date
Up to date through 6 months of age for Colorado School Immunization Requirements

B) Child Care Up to Date
Up to date through 18 months of age for Colorado School Immunization Requirements

C) Child Care/Pre-school/Pre-K*
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements

D) Complete for K-5th Grade
Up to date for K-5th Grade for Colorado School Immunization Requirements

Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____

Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____

Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____

Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Hep B DTaP Tdap Hib IPV PCV MMR VAR