



Please fill this packet out entirely and return to front desk. Brittany will then call you to register. Thanks!

DinoMites Enrollment Form April 2020 - April 2021

FOR STAFF ONLY:

Name: _____

Enrollment Date: _____

Time: _____

Dates of Program Enrolling in (please include ALL weeks you want to commit to):

Child's Name: _____

Date of Birth: _____ Child's Age: _____ Child's Gender: Boy / Girl

Mailing Address: _____

Physical Address: _____

Email Address: _____

Home Phone: _____ Cell Phone(s): _____

Mother's Name: _____

Address if different from child's: _____

Employer: _____ Work Phone: _____

Work Address: _____

Father's Name: _____

Address if different from child's: _____

Employer: _____ Work Phone: _____

Work Address: _____

Special Instructions for reaching parent or guardian: _____

Emergency Contact: Person other than parent to be notified in an emergency situation

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I give permission for my child to walk to and from camp and sign themselves in/out. YES or NO

Child may be dropped off & picked up by: (we will not release your child to anyone unless they are listed here)

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Issues, concerns, special needs staff should be aware of: *(Your child must be toilet trained, able to feed self, and able to behave appropriately in group situations. If your child does not meet these requirements, participation will not be permitted. Any issues with these requirements or failure to provide accurate information on this form will result in removal from the program.)* _____

I have read the Parent Handbook and agree to the Program Policies and Procedures. (ask front desk for this)

Parent or legal guardian signature

Date

Your child must be toilet trained, able to feed self, and able to behave appropriately in group situations. If your child does not meet these requirements, participation will not be permitted. Any issues with these requirements or failure to provide accurate information on this form will result in removal from the program.)

STATEMENT OF HEALTH STATUS

Type of Facility: School Age Child Care

The child care facility must obtain for every child who enrolls in child care programs a signed dated statement of the child's current health status which indicates the abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a parent or legal guardian of the child.

Child's Name: _____ Sex: ____ Date of birth: _____

Past Illness- Check those the child has had and give approximate dates if known:

Ear Infections _____ Diabetes _____ Heart Disease _____ Seizures _____ Nosebleeds _____
Measles _____ Mumps _____ Flu or Flu Shot _____ Chicken Pox _____ Epilepsy _____
Ruseola _____ Rubella _____ Rheumatic Fever _____ Asthma _____ Diabetes _____
Hay Fever _____ Whooping Cough _____ Poliomyelitis _____ Other _____

Any Allergies (include food)? Please explain type and treatment. **If you child has a food allergy, they need to bring their own a.m. and p.m. snack.**

Surgery/Accident/Illness/Chronic Heart Problems (type and dates):

Describe any physical, medical or dietary condition requiring special attention:

If tuberculin test given: Date: _____ Results: _____ If chest x-ray taken: Date: _____ Results: _____
Vision: _____ Hearing: _____

Date of most recent examination of the child: _____

Name of Child's Physician _____

Address: _____

Street City State Zip Phone Number

Name of Child's Dentist: _____

Address: _____

Street City State Zip Phone Number

Hospital preferred for emergency treatment: _____

Address: _____

Street City State Zip Phone Number

Does your child require medication to be administered during camp hours? _____

If so, you must have a Permission to Administer Medication form filled out by your child's health provider.

I _____ give consent for my child's health care provider and child care provider to discuss my child's health concerns in order to best care for my child. I also give my consent that the above information is accurate.

Parent or legal guardian signature

Date

Authorization for Emergency Medical Care
(Permission to call 911)

I hereby give my permission to City of Fruita 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,

_____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signature:

_____ Date _____

BEHAVIOR CONTRACT

All staff will be trained to address any inappropriate behavior of a child, such as name-calling, not following directions, and/or physical aggression. Methods of discipline such as diversion, separation from the problem situation, discussion with the child, and praise for appropriate behavior will be applied. Separation, when used, will be appropriate to the child's age and circumstances. Any child in separation will be in full view of a staff member at all times. Children will not be allowed to address any behavior situation concerning their peers. Staff will assume full responsibility in this situation. Behavioral situations and consequences will be discussed with parents immediately. Open communication will be maintained at all times to establish a supportive rapport and possible solutions. The **three strike rule** will be imposed for continued negative behavior and children will be **removed** from the program for an established period of time when necessary. Each incident will be reported and written up accordingly. Upon a **fourth strike** the child will be removed from the program entirely and no refund will be issued. This decision will only be made following careful discussion between parents and City of Fruita staff.

I understand that my conduct should be appropriate to the standards of City of Fruita Programs at all times and that failure to follow these guidelines may result in my dismissal from the program. Staff will counsel students whenever possible to avoid dismissal.

I have read and understand the conditions of this agreement.

Parent Signature _____ Date _____

Student Signature _____ Date _____

PERMISSION/AUTHORIZATION FORM AND LIABILITY WAIVER

Child's Name: _____

Check the "Y" box for each item you give permission. Check the "N" box for any item permission is not given.

Field Trips

Y N

I give my permission for my child to attend field trips away from program headquarters, whether by foot or vehicle in the company of City of Fruita staff.

Transportation

Y N

I give my permission for City of Fruita staff to transport my child to and away from program headquarters, whether by van or district 51 school bus.

Participation in Activities

Y N

I give my permission for my child to participate in all program activities: except for the following:

Apply Sunscreen & Bug Spray

Y N

I give my permission for City of Fruita staff to apply NO-AD Sport Sunscreen Lotion SPF 50 on my child as needed. (Backwoods OFF Bug Spray is available if needed.) If no, please explain how you will provide sunscreen to your child _____

Swimming

Y N

I give permission for my child to participate in swimming at the Fruita Community Center during regular hours when lifeguards are present. Can your child swim completely %100 on their own? _____

Media Release

Y N

I give my permission for my child to be photographed by program staff and/or local press as he/she is engaged in program activities for the purpose of program promotion and communication.

Movies

I give my permission for my child to watch the following rated movies:

Y N

Rated **G**

Y N

Rated **PG**

This Permission and Authorization form will be effective from the date signed below, up to one year. I understand that I may, at any time, revoke this Permission and Authorization form by submitting written notification to City of Fruita Program staff.

I also understand the hazards and exposures to danger that may be connected with such activities (including use of the facility) and the certain real and unpredictable risks involved with participating in such activities, inside the facility and on facility property. I have been given opportunity to ask questions and I acknowledge that my questions have been answered to my satisfaction, by the appropriate City personnel. I understand the risks and dangers inherent with the activities in which I will be participating and acknowledge that I am fully capable of participating in these activities. I am in good health with no defects that would prevent me from engaging in these activities and I willingly assume the risk of injury as my sole responsibility. I understand and agree that any bodily injury, death, or loss of personal property and expense as a result of my negligence, or the negligence of the City, are my responsibility. As lawful consideration for being permitted to participate in the above activities, I release from any legal liability and agree not to sue, file claim against the property of, or prosecute; and to indemnify and hold harmless, the City of Fruita and all of its officers, agents and employees for any and all liability, injury, or death caused by or resulting from my voluntary participation in the activities mentioned above; whether or not such liability injury or death was caused by their negligence, or by my negligence, or any other cause. This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estates, assigns, legal guardians and my personal representatives. I have carefully read the Release and fully understand its contents. I am aware that I am releasing my legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks. I understand the refund policy. The City of Fruita offers accessible accommodations to patrons with ADA requirements. Please notify Parks and Recreation staff if you are in need of special assistance by calling (970) 858-0360 or write your special accommodations below.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THE RELEASE IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR AGREE WITH ANY OF ITS TERMS.

Signature

Date