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Caprock Academy Childcare Enrollment

FOR OFFICE USE ONLY
Date and Time Enrollment Forms were received in their entirety: Date: _____ Time: _____
□Enrollment Form and Fee ($25) □Emergency Medical Consent □Sunscreen Consent □Immunization Record

Student Information: (*List information as it appears on the child's Birth Certificate*)

Last Name:			First Name:	
Middle Name:			Prefers to be called:	
Physical Address:			☐ Male ☐ Female	Date of Birth:
City:	State:	Zip:	Home Phone #:	

Child Lives with: (Check only one)
□ Both Parents □ Mother Only □ Father Only □ Legal Guardian
□ Both Parents Alternatively (If both parents alternatively, please indicate custodial parent: _____)
Please check if applicable:
□ Non-custodial parent does not live locally
□ Non-custodial parent is legally prohibited from contact (please provide legal documentation)

Parent/Guardian Information:

Parent Name:			☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian		
Home Phone #:	Cell Phone #:		Work Phone #:		
Physical Address:			Mailing Address: (☐ Same as Physical Address)		
City:	State:	Zip:	City:	State:	Zip:
Email Address:					
Employer Name:	Employer Address:				

Parent Name:			☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian		
Home Phone #:	Cell Phone #:		Work Phone #:		
Physical Address:			Mailing Address: (☐ Same as Physical Address)		
City:	State:	Zip:	City:	State:	Zip:
Email Address:					
Employer Name:	Employer Address:				

Registration Information:
Before and after school care will only be available for students currently enrolled in Kindergarten through sixth grade, ages 5-12, at Caprock Academy.

Student's age on the first day of childcare attendance: ___ yrs. ___ mos.
Student's grade level during childcare attendance: _____

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Attendance and Absences:
Parents must provide a weekly attendance schedule (see below) at the time of registration. Schedule changes may be requested throughout the year and will be accommodated as space allows. Please notify the Childcare Director at least 24 hours in advance of known absences in order to avoid charges. A "no show" student will be charged the attendance fee if 24 hours' notice is not given. Four (4) consecutive "no shows", regardless of whether notice was given, will constitute removal from the program.

_____ I have read and understand the above conditions about attendance and absences

What days of the week will your child participate in Caprock Academy Childcare?
(Circle all that apply. Days circled indicate an obligation to pay for regular use on that day)

Monday ($12.00/day, 3-6pm)

Tuesday ($12.00/day, 3-6pm)

Wednesday ($12.00/day, 3-6pm)

Thursday ($12.00/day, 3-6pm)

Friday Full Day
($36.00/day flat rate, 7am-6pm)

Morning childcare is available on an as needed basis with at least 24 hours' notice. Morning childcare is $12.00/day, 6:30-7:15. YES / NO I will need before school childcare.

Names and phone numbers of individuals, other than custodial parents/guardians, allowed to pick up your student
(Picture I.D. is required in order to have a child released from childcare to any unfamiliar person)
Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Are there any special instructions for reaching parent/guardian while child is in the care of Caprock Academy Childcare?
_____
_____

Emergency Contact Name:_____ Phone #:_____
Address: _____

Emergency Contact Name:_____ Phone #:_____
Address: _____

Please read and initial each line:

_____ If there are changes to emergency contact information, authorized pick-up names, or medical/immunization records, I will immediately notify the school and childcare.

_____ I understand that if I require morning childcare, I will provide at least 24 hours' notice.

_____ I understand that my student's childcare registration is not considered complete until all required elements are submitted, including registration fee, enrollment form, emergency medical treatment consent form, sunscreen consent form, and a complete immunization report form; these forms must be provided separate from any school registration paperwork.

_____ I certify that the above named student's contact and emergency information is correct and up to date to the full extent of my knowledge.

_____ I acknowledge that I received a copy of the Caprock Academy Childcare Policies and Procedures. I agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

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Childcare Emergency Medical Consent Form

Caprock Academy Childcare (CACC) has my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in treating my child would be dangerous for him/her.

Mother/Guardian's Name:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

E-mail Address:_____

Father/Guardian's Name:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

E-mail Address:_____

My insurance provider is:_____

My child's medical record number is:_____

My preferred hospital or treatment center is:_____

Hospital/Treatment Center Address:_____

Hospital/Treatment Center Phone #:_____

My child's dentist's name and phone #:_____

My child takes the following medications:_____

My child has the following allergies:_____

_____

My child has the following medical conditions/diet restrictions (*please attach any existing student health plan or doctor directions*):_____

_____

☐ **I understand that I assume all financial responsibility for any medical treatment or injuries sustained by my child while he/she is in childcare.**

_____ _____
Signature of parent/guardian Date

_____ _____
Signature of parent/guardian Date

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Childcare Sunscreen Information and Consent

According to the American Academy of Pediatrics, published in 2011:

> When a child or adolescent might sunburn, he or she should use sunscreen to reduce the known risks for sun exposure and sunburn, including the increased risk for skin cancer. Sunscreen with a sun-protection factor (SPF) of at least 15 should be applied every 2 hours and after swimming, sweating, or drying off with a towel.
>
> *-And-*
>
> Because outdoor physical activity should be strongly encouraged, this should be promoted in a sun-safe manner.

In light of this statement, Caprock Academy Childcare recommends applying sunscreen to children before engaging in outdoor activities.

☐ I have read and understand the AAP recommendation about sun exposure.

Please mark one of the following boxes regarding the application of sunscreen to your child while they are attending Caprock Academy Childcare:

☐ My child **does not need to** apply sunscreen before playing outside/ I have already applied sunscreen to my child.

-OR-

☐ My child **needs to** apply sunscreen before engaging in outdoor activities and I will supply it to Caprock Academy Childcare.

If you have checked the second box, please check one of the following boxes:

- ☐ My child can apply sunscreen on their own; they do not need assistance applying sunscreen.

  -OR-

- ☐ My child needs assistance applying sunscreen and I give Caprock Academy Childcare staff permission to help apply the sunscreen.

_____ _____
Signature of parent/guardian Date

_____ _____
Signature of parent/guardian Date

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Caprock Academy Childcare Immunization Information

Dear Parent/Guardian,

Beginning in February of 2016, the Colorado Department of Human Services revised rules surrounding immunization reporting. These changes may or may not affect you as a parent/guardian of a child who attends school or childcare facilities. A letter from the CDHS has been attached to this document that explains the changes and how they may affect you. Please take a moment to read through the CDHS document and initial the appropriate lines below.

_____ I have read and understand the new CDHS rules regarding immunization reporting (*required*)

Please initial one of the following:

_____ My child's immunizations are up to date and I have submitted immunization forms to the school

□ The immunization forms are attached to this application

□ I have previously submitted complete and up-to-date immunization forms to the school

-OR-

_____ My child has an immunization exemption and I have submitted the exemption through the CDHS website listed in the information sheet (*Children with an exemption may be kept out of childcare during a disease outbreak*).

By signing below, you are certifying that the above information is true and correct to the full extent of your knowledge. Falsifying any information on this form will constitute immediate removal from the Caprock Academy Childcare program.

_____

Printed Parent/Guardian Name

_____ _____

Parent/Guardian Signature Date