



KidZone is an after school and school's out camp program brought to you by VRD Youth Services, with locations at Red Sandstone and Edwards Elementary Schools.



Completed registration forms can be mailed to: VRD Youth Services 395 East Lionshead Circle Vail, Colorado 81657 or faxed to: 970-479-2835

2009-10 KIDZONE REGISTRATION FORM/EMERGENCY CARD

CHILD'S INFORMATION

Child's Name M F Date of Birth Age Grade Permanent Mailing Address City/State/Zip Physical Address City/State/Zip School Teacher Room # What afternoons would you like to reserve a space in KidZone? Reservations and pre-payment required. Drop-in by availability only.

PARENT'S INFORMATION

Mother's Name Father's Name Phone (H) (C) Employer Phone Work Schedule/Hours Email

EMERGENCY CONTACTS

Person(s) in addition to mother and father to whom the child may be released: (Picture ID requested if person is unknown to staff) (1) (2) (3) Please inform KidZone Director of any custody issues. Please notify KidZone in writing if someone not noted here will pick up your child.

Person other than parent who can assume responsibility for the child in an emergency situation when parents are not available: Name Physical Address City/State/Zip Phone (H) (W) (C)

MEDICAL AND SOCIAL INFORMATION

Medications Allergies Please discuss administration of ANY medicine with KidZone Director per State requirements

Concerns, special challenges, physical conditions:

Instructions for staff related to above:

Physician Phone Dentist Phone Health Insurance Company Policy #

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by a VRD employee in their personal vehicle? Yes No Hospital preferred for treatment:

AGREEMENT TO WAIVE LEGAL RIGHTS

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity.

Parent/Guardian Signature Print Name Date

OFFICE USE ONLY

PAYMENT INFORMATION Cash Check # Amount Received \$ Date: Staff Initials: Visa/MC Discover American Express Card # Exp Cardholder's Name Signature:

Immunization Records: KidZone must have your child's immunization records on file per Colorado Department of Human Services licensing regulations. If your child attends Red Sandstone or Edwards Elementary School, you may sign below to allow KidZone to obtain these records. If your child does NOT attend Red Sandstone Elementary School or Edwards Elementary School, please provide his/her immunization records with this registration.

I, _____, give permission to RSES or EES administration to release _____'s immunization records to Vail Recreation District KidZone Unlimited program staff. I understand these records must be accessible to Division of Child Care licensing specialists for KidZone to adhere to Colorado Department of Human Services licensing requirements.

Parent/Guardian Signature

Print Name

Date

Important Policies and Procedures

Please read and initial next to the following items so we may comply with our license requirements from the State of Colorado:

_____ I have read KidZone Unlimited's complete Policies and Procedures. I understand and agree to abide by these regulations.

_____ I give permission for my child, _____, to sign him/herself in when arriving at KidZone.

_____ I give permission for my child, _____, to sign him/herself out at the end of the day.

_____ My child may may not: walk bike take the bus to _____ at the end of the day.

_____ My child may walk with KidZone staff to activities and may participate in all KidZone activities except for _____.

_____ My child may may not participate in field trips.

_____ I have notified KidZone staff of any concerns or special challenges my child may have, (including medication or learning needs), while attending the program and have listed any special instructions.

_____ I understand that pick up from KidZone is by 5:45 pm on Monday-Friday. Pick-up from School's Out Camp is by 5:30 pm.

_____ I understand that if I arrive late to pick up my child, I will be charged \$1 for each minute past the end time, starting at 5:46 (5:31 for School's Out Camp) and this fee is due immediately to the staff member who remains with my child.

_____ I will provide at least 48 hours notice of any School's Out Camp program reservation I must cancel. If Kidzone is able to fill my child's reserved space, I will receive a refund of the daily fee, minus a \$5 processing charge.

_____ I will allow my child to watch a video or movie rated: G PG PG-13.

_____ I agree to let KidZone staff put on and use No-Ad sunscreen with a SPF of 30 or higher on my child.

_____ If the above is not initialed I will provide sunscreen for my child in a container with their name on it for KidZone staff to apply.

_____ I give permission for KidZone staff to speak with school personnel regarding my child.

_____ If my child attends a school other than Red Sandstone Elementary School or Edwards Elementary School, I will provide a copy of my child's immunization records by or before their first day of attendance at KidZone.

_____ I agree not to send my child to KidZone if he/she is showing signs of illness or communicable disease.

_____ My child has had the following illnesses (give approximate dates): Chicken Pox_____, Rubella_____, Rubeola_____, Rheumatic Fever_____, Asthma_____, Hay Fever_____, Diabetes_____, Mumps_____, Epilepsy_____, Whooping Cough_____, Poliomyelitis_____, Other_____, Surgery/Chronic Health Problems_____

_____ TB Test Given: Date_____ Result_____, Chest x-ray taken: Date_____ Result_____

_____ I authorize VRD staff to charge the credit card provided on this form for initial payment and for future payments when they verbally inform me that I owe for services or to hold a space in School's Out Camp.

By signing this, I agree to the terms and conditions set forth above:

Parent/Guardian Signature

Print Name

Date

Scholarships Available

For complete information, including policies, procedures, fees, and daily operations, please visit www.vailrec.com.

395 East Lionshead Circle • Vail, Colorado 81657
970-479-2292 • Fax: 970-479-2835
Email: youthservices@vailrec.com • www.vailrec.com



Red Sandstone Elementary School Gym: 970-479-2288
Edwards Elementary School: 970-390-0048