



# Daycamp Registration Packet



## Camp Hours: 9:00am-4:30pm

Campers should be at camp no later than 8:45 am.  
Campers may come as early as 7:15 am and stay as late as 5:45pm for no additional charge.

### Registration Fees & Forms

ALL forms included in our enrollment packet must be submitted at the time of registration.

Camper registration fee and a \$50 deposit for each week of camp you reserve is required when you register, as well as the first week's tuition. **The registration fee and weekly deposits are non-refundable.**

**Immunization forms:** If your doctors immunizations are not printed on the Colorado State Health Form, please transfer your records onto the Colorado State Health Form provided in this packet.

### Tuition

**Minimum enrollment of four weeks for the summer is required.**

Choose either full or part-time attendance for each week of camp. **Prices include gymnastics and swimming lessons!**

**Full Time:** Mon-Fri (4 or 5 days) **\$305/ week**

**Part-Time:** Prearrange any 3 days **\$235/week**

Camper registration fee: **\$50/child** Registration fee increases to **\$75.00** after May 13<sup>th</sup>.

There is an automatic 10% discount on weekly camp fees for additional family members or for additional dance or gymnastics classes.

### Summer Day Camp Payment Policies:

- ✓ Weekly tuition balance is due each **Monday**, one week prior to the camp week reserved. (ie: wk 3 payment is due Mon. of wk 2)
- ✓ Credit card can be put on file & your weekly payments will be processed automatically on Mondays! **See office for details!**
- ✓ A **\$10 late fee** will be assessed each week tuition is overdue.
- ✓ Please see detailed policies in the day camp manual.

### Schedule Change Policies

- ✓ Changes must be made by the **Wednesday** before the week being rescheduled.
- ✓ **Same week changes are not allowed.**
- ✓ If a camp week is dropped the \$50 deposit is **NON-REFUNDABLE**. The deposit can be applied to an unreserved week of camp.
- ✓ There are no credits or make ups for missed or sick days.

### Daycamp Manual

- ✓ A copy of the Daycamp Manual may be requested at the front desk for further information regarding policies and procedures.

### Summer Office Hours :

**Monday– Friday 7:30 am-7:00 pm ☺ Saturday ☺ 9:00 am- 12:30 pm**

**419 E Stuart St Fort Collins, CO 80525**

**(970) 482-3118**

**[www.mountain-kids.com](http://www.mountain-kids.com)**

**[info@mountain-kids.com](mailto:info@mountain-kids.com)**



Transportation



Birthday Parties



Dance



Summer Day Camp



Gymnastics



Preschool



Warm Water Swimming



Warmups  
Coffee & Clothing



Sports Acro





Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Mountain Kids Release Form



Responsible Adult's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## PLEASE INITIAL BY EACH NUMBER AND SIGN AT THE BOTTOM

### 1. PARTICIPANT AGREEMENT:

I, the Responsible Adult, agree that the child(ren) named above may participate in any of the sporting, recreational, and other physical activities and programs of Mountain Kids (the organization). I understand that participating in such activities, including group activities with other persons, may be risky even under the best of conditions. I understand that participating in all such activities, including but not limited to gymnastics, dance, tumbling, trampoline, swimming, cheerleading, acrobatics, and parent-shared gymnastics, and using gymnastics and other sports equipment, could result in potentially severe injuries or illness to me or the child and damage to equipment and other personal property belonging to me or the child. Initial: \_\_\_\_\_

### 2. RELEASE REGARDING PERSONAL INJURY AND PROPERTY DAMAGE:

I agree, on behalf of myself and the child, to assume all risks in connection with the activities described above. I release the organization and those acting on its behalf from liability for any injury or illness incurred by me or the child and for any damage to any equipment or other personal property belonging to me or the child. I agree to indemnify and hold harmless the organization and its officers, employees, and other representatives from any and all claims, demands, causes of action and to reimburse the organization and its officers, employees, and other representatives for any expenses, including attorney fees and court costs, that they may incur in connection with any injury or illness to me or the child or any damage to equipment or other personal property, however caused. I certify that I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself. Initial: \_\_\_\_\_

### 3. REPRESENTATION OF ABILITY TO PARTICIPATE:

I understand the nature of the activity, and I represent the student is qualified, in good health and in proper physical condition to participate in the activity. Should I ever believe any of the above representations have become untrue, or if I should ever believe the activity is not safe or is no longer safe for the student, then it will be my responsibility immediately to discontinue the student's participation in the activity. Initial: \_\_\_\_\_

### 4. RELEASE REGARDING MEDICAL TREATMENT:

I give permission to the organization and those acting on its behalf to administer sunscreen to the child and to take any measures they believe are reasonably necessary to provide for the safety and protection of the child, including administering first aid or seeking medical care for the child. I have provided to the child all food, clothing, sunscreen, prescription medicines, nonprescription medicines, and medical items needed by the child for the activities and programs of the organization. In addition, I request and give permission to the organization and those acting on its behalf to keep and administer to the child ONLY the following medicines in the manner specified: \_\_\_\_\_

If hospitalization is required, the aforementioned children will be sent to Poudre Valley Hospital 1025 S Lemay, Fort Collins CO 80524 unless otherwise specified here: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Initial: \_\_\_\_\_

### 5. RELEASE REGARDING PICTURES AND VIDEOS:

I, on behalf of myself and the child, agree that the organization and its representatives may take and use pictures, videos, and other images of me or the child during any of the organization's activities and programs. I understand that the organization reserves the right to use and publish the pictures, videos, and images in any fashion for the organization's promotional purposes on brochures, print media, wall hangings, web sites, and other media and that the organization will not pay compensation to me or to the child for the use of the pictures, videos, and images. Initial: \_\_\_\_\_

### 6. TRANSPORTATION AND FIELD TRIP CONSENT:

I, \_\_\_\_\_ the child's Parent or Guardian, consent to allow \_\_\_\_\_ my child to participate in field trips, by foot or bicycle and including transportation by Mountain Kids Staff, using Mountain Kids vehicles during the dates of May 30-August 18, 2017. I understand transportation and field trips may involve activities, risks, and responsibilities beyond those normally encountered at Mountain Kids and may include potentially severe injuries or illness and damage to my child or my child's equipment and other personal property. I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself.

It is the camper's responsibility to be on the bus at the appointed time. If a camper is late to the Mountain Kids bus, it is the camper's responsibility to arrange alternate transportation to the activity. Buses will leave at the designated time-NO EXCEPTIONS

Initial: \_\_\_\_\_

I acknowledge that I have read this entire document, that I understand and agree with each statement in it, and that I am signing it voluntarily and with full knowledge of its contents.

Responsible Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Child's Statement of Health Status

All child care facilities must retain a signed and dated statement of each child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Preschoolers must have this form filled out and signed by a licensed health care professional. Parents of school aged children may fill out and sign this form, it does not need a health care professional's signature.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Past Illnesses: Give approximate dates of when child had illness

|                   |                      |                     |                       |
|-------------------|----------------------|---------------------|-----------------------|
| _____ Chicken Pox | _____ Rubeola        | _____ Rubella       | _____ Rheumatic Fever |
| _____ Asthma      | _____ Hay Fever      | _____ Diabetes      | _____ Mumps           |
| _____ Epilepsy    | _____ Whooping Cough | _____ Poliomyelitis | _____ Other           |

Comments: \_\_\_\_\_

Date of tuberculin test (if given): \_\_\_\_\_ Date of chest x-ray (if taken): \_\_\_\_\_

Vision Normal or Requires Corrective Lenses \_\_\_\_\_ Hearing Normal or Requires Aid \_\_\_\_\_

Surgery/Accidents: \_\_\_\_\_

Illnesses/Chronic Health Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Allergy Treatment(s): \_\_\_\_\_

Describe any physical condition requiring special attention: \_\_\_\_\_

Current Prescribed Medication(s): \_\_\_\_\_

\*IF PRESCRIPTION MEDICATION IS TO BE GIVEN AT CAMP/SCHOOL YOU WILL NEED TO FILL OUT THE  
"INDIVIDUAL CHILD'S RECORD OF MEDICATION ADMINISTRATION" FORM. (available at the front office).

This record must be signed by the parent authorizing staff to administer medication. All prescription medication must be given

to your child's head camp counselor/teacher in it's original prescription bottle and must be labeled with written permission from your medical provider and the parent. This label must contain the child's name, physician's name, pharmacist, name of medication, dosage, frequency, starting date and expiration date, if applicable.

Date of last examination of child: \_\_\_\_\_

NAME OF HEALTH CARE PROFESSIONAL: \_\_\_\_\_

ADDRESS: (include street/city/zip): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF CHILD'S DENTIST: \_\_\_\_\_

ADDRESS: (include street/city/zip): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Signature(s) below verify that this information is correct and current with pediatric guidelines:

PARENT Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

(Required for preschool and school age children)

PHYSICIAN'S Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

(Required for preschool age children)

**\*NOTE:** Proof of immunizations is also required and must be on the Colorado State Department of Health standardized form.



# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**  
Department of Public  
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*

MM/DD/YY

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Hep B Hepatitis B                               |  |  |  |  |  |  |  |
| DTaP Diphtheria, Tetanus, Pertussis (pediatric) |  |  |  |  |  |  |  |
| Tdap Tetanus, Diphtheria, Pertussis             |  |  |  |  |  |  |  |
| Td Tetanus, Diphtheria                          |  |  |  |  |  |  |  |
| Hib <i>Haemophilus influenzae</i> type b        |  |  |  |  |  |  |  |
| IPV/OPV Polio                                   |  |  |  |  |  |  |  |
| PCV Pneumococcal Conjugate                      |  |  |  |  |  |  |  |
| MMR Measles, Mumps, Rubella                     |  |  |  |  |  |  |  |
| Measles   |  |  |  |  |  |  |  |
| Mumps   |  |  |  |  |  |  |  |
| Rubella   |  |  |  |  |  |  |  |
| Varicella Chickenpox                            |  |  |  |  |  |  |  |

Varicella - date of disease

Varicella - positive screen  
date

\*A positive laboratory titer report must be provided  
to the school to document immunity.

\*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

Immunization date(s) MM/DD/YY

|                          |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|
| HPV Human Papillomavirus |  |  |  |  |  |  |  |
| Rota Rotavirus           |  |  |  |  |  |  |  |
| MCV4/MPSV4 Meningococcal |  |  |  |  |  |  |  |
| Men B Meningococcal      |  |  |  |  |  |  |  |
| Hep A Hepatitis A        |  |  |  |  |  |  |  |
| Flu Influenza            |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |

Health care provider signature or stamp:

Date:

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_

