



# 2016 YMCA OF BOULDER VALLEY

## REGISTRATION FORM: PAGE 1

General and Emergency Pickup Information

Must be completed annually and updated as needed.

Please print clearly. One form is required for *each* child. Additional copies are available at ymcabv.org or at the Arapahoe, Mapleton or Longmont Ys.

**Fully complete all forms. All fields are required.**

Email form to reg@ymcabv.org or mail to or drop off at:  
YMCA of Boulder Valley, Registration • 2800 Dagny Way, Lafayette, CO 80026

**For registration questions, contact stacie.hoffmann@ymcabv.org or call 303-443-4474 x3996.**

### REGISTRATION CHECKLIST. DON'T MISS A STEP!

- General Information
- Emergency Pickup & Authorization
- Health History Information & Immunization
- Medical Authorization & Release
- Camp Options
- Camp Payment
- Sign Parent/Guardian Agreement
- Sign All Agreements

*Review the Parent/Guardian Handbook available online*

### GENERAL INFORMATION

Child's Name \_\_\_\_\_  Returning Participant  New Participant

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at Camp \_\_\_\_\_ Grade Entering in 2016 \_\_\_\_\_ School \_\_\_\_\_

Parental Custody \_\_\_\_\_ Child Lives With: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Parent/Guardian 2 Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

(All updates sent by email. Please print clearly.)

(All updates sent by email. Please print clearly.)

### EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, **ONLY** those on the below list will be allowed to pickup a child from a Y program. I understand that the following contacts must be at least 18 years old and have photo ID. Myself or one of the below listed contacts will be available to pick up my child and/or assume emergency responsibility within a half an hour should an emergency or illness occur. I accept responsibility for **informing the YMCA, in writing**, when the information changes. If you want to limit the contacts below to emergency contact only, please check the box below: **EC=Emergency Contact Only**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ **EC**

### PARTICIPATION AGREEMENT AND RELEASE: Please read very carefully and sign. Please contact the Y with any questions.

I am aware of all Y program activities and allow my child to participate fully unless otherwise noted on this form. I allow and hereby certify that my child named herein is capable of safely participating in Y program activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA program. I consent, unless noted, that photographs and video taken of him or her are the property of the YMCA of Boulder Valley and may be reproduced and publicized for program and marketing purposes, free of claims on my part. I agree to allow my child to be transported by BVSD or other district bus, YMCA vehicles, RTD bus or walking. I understand that children must be signed in and out every day by an authorized adult 18 years and older. Parents and any of my emergency pick up/ contacts must have a photo ID available to show staff every day. I agree to adhere to all program policies published by the Y.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



**2016 YMCA OF BOULDER VALLEY  
REGISTRATION FORM: PAGE 2**  
Health History and Medical Release Information

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

**CAMPER HEALTH HISTORY INFORMATION**

May participate in all activities  Please restrict from these activities: \_\_\_\_\_

Current medical, mental or psychological condition pertinent to routine care of child including any current treatment/care (i.e. interests, guidance techniques, current chronic illnesses, current fears, life impacting events): \_\_\_\_\_

Additional information you feel helpful: \_\_\_\_\_

None  Yes Routine Medications: Include prescription, holistic/over the counter, vitamins, lotions, lip balms, etc.

1. \_\_\_\_\_ Times: \_\_\_\_\_ For: \_\_\_\_\_ 2. \_\_\_\_\_ Times: \_\_\_\_\_ For: \_\_\_\_\_

**Must fill out a YMCA medication release form signed by physician and parent if medications are needed during program times. Pick up at either Y or download at ymcabv.org. Please refer to Parent Handbook for specific regulations.**

**IMMUNIZATION RECORDS:** You must provide an immunization record on a form approved by the Colorado Department of Health and Human Services (a print out from your child's school, physician's office or immunization card completed and signed).

None  Yes ALLERGIES/ASTHMA Type: \_\_\_\_\_ Reactions if exposed: \_\_\_\_\_

Treatment: \_\_\_\_\_

**You must also complete a YMCA allergy/asthma treatment form for any condition requiring medication or emergency treatment. Pick up at either Y or download at ymcabv.org.**

None  Yes DIETARY RESTRICTIONS: \_\_\_\_\_ Reason: \_\_\_\_\_ Reaction: \_\_\_\_\_

You may be required to provide healthy snacks which accommodate your child's dietary restrictions.

Does your child have an I.E.P. with his/her school:  NO  YES (Please attach a copy if applicable to your child's care with the Y)

Any special need/accommodation/restriction must be determined with the parents/guardian, program director and executive director of program and approved at least 4 weeks prior to start date. Attendance for children who require additional staffing is dependent on availability of staff and may be at family's expense. Please refer to Special Needs Policy in Parent Handbook.

**MEDICAL CONTACTS/INFORMATION**

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

**MEDICAL AUTHORIZATION AND LIABILITY RELEASE: Please read very carefully and sign. Please contact the Y with any questions.**

*In case of illness or emergency, as parent/legal guardian, I authorize the Y program director or trained and certified personnel to provide care or secure the services of a doctor if necessary. I hereby hold harmless the YMCA staff, volunteers and all involved with YMCA programs from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed for my child, at my expense. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child's health. I understand that medical information and personal data will be used only in Y programs, when necessary, to protect a child's well being.*

Parent/Guardian Signature: \_\_\_\_\_

**Deep Water Swim:** If you would like your child to take a test to participate in deep water swim (above his/her nipple line) on YMCA swim field trips, please sign below. *Note: All campers attending Camp Santa Maria will be swim tested.*

Parent/Guardian Signature: \_\_\_\_\_

**Person(s) restricted from contact with RESTRAINING ORDER/photo attached:** Please provide any of the information below which is available. In the event that this person should try to pick up child, the staff will contact the police, contact you and do everything possible to prevent them from taking your child, without risking the safety of the participants and staff.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Last Known Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Court Order \_\_\_\_\_ Date \_\_\_\_\_

**I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.**

**1ST PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2ND PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_







**2016 YMCA OF BOULDER VALLEY**  
**REGISTRATION FORM: PAGE 5**  
 Camp Options Continued and Payment Information

Child's Name \_\_\_\_\_  
 Y Member /  Non-member

**CAMPS** (Select the camp location you are attending and check the camp session you are registering for. No camp on May 30 and July 4)

**Arts and Humanities Day Camp Locations:** Sessions 1-10 meet at Twin Peaks Charter Academy (Longmont)

| Y SPECIALTY ART CAMPS                                                                                              | S1*<br>5/31 | S2<br>6/6 | S3<br>6/13 | S4<br>6/20 | S5<br>6/27 | S6*<br>7/5 | S7<br>7/11 | S8<br>7/18 | S9<br>7/25 | S10<br>8/1 |
|--------------------------------------------------------------------------------------------------------------------|-------------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|
| <b>LIGHTS, CAMERA, ACTION CAMP (Ages 6-12)</b><br>Weekly Fee (M/NM): \$255/\$305                                   | NONE        |           | NONE       | NONE       |            | NONE       | NONE       | NONE       | NONE       |            |
| <b>MESSY ART CAMP (Ages 6-12)</b> Weekly Fee (M/NM): \$255/\$305<br>Session 1 and 6 Weekly Fee (M/NM): \$204/\$244 |             | NONE      | NONE       | NONE       | NONE       |            | NONE       | NONE       |            | NONE       |
| <b>MULTI MEDIA ART CAMP (Ages 6-12)</b><br>Weekly Fee (M/NM): \$255/\$305                                          | NONE        | NONE      |            | NONE       | NONE       | NONE       |            | NONE       | NONE       | NONE       |
| <b>CARTOONING AND COMIC BOOK CAMP (ages 6-12)</b><br>Weekly Fee (M/NM): \$255/\$305                                | NONE        | NONE      | NONE       |            | NONE       | NONE       | NONE       |            | NONE       | NONE       |

**Growing Gardens Camp Location:** Sessions 9 and 11 meet at Longmont Y Education Farm

| GROWING GARDENS CAMP                                               | S9<br>7/25 | GROWING GARDENS CAMP                                                      | S11<br>8/8 |
|--------------------------------------------------------------------|------------|---------------------------------------------------------------------------|------------|
| <b>Birds, Butterflies and Bees (Ages 6-8)</b><br>Weekly Fee: \$285 |            | <b>Art and Photography in the Garden (Ages 8-11)</b><br>Weekly Fee: \$285 |            |

**YMCA Financial Assistance & CCAP** participants must be authorized **BEFORE REGISTERING**. For more information email elizabeth.baker@ymcabv.org or call 303-443-4474 x2730 **BEFORE** registering.

**CAMP FEES:** Camp fees must be paid in full prior to camp start date. Participant must be the active member to receive member rates (M) or non-member (NM) rates will apply.

**CANCELLATIONS:** Refunds or credits, **less \$50** per week per participant will be authorized when a cancellation form is submitted at least **2 weeks in advance** of camp start date. No credits or refunds without a 2 week written notice. No refunds will be given if there is a balance owed for any Y program.

**CHANGE FEES:** A \$25 change fee will be assessed per week when camp week changes are submitted on an add/change/cancellation form at least **1 week in advance** of program start date.

**ADDS:** Additional camp weeks can be added after initial registration by submitting an add/change/cancellation form or registering online **1 week prior** to camp start date.

**PAYMENT OPTIONS:** Camp fees may be paid in full upon registration or remaining balance will be automatically drafted per fee schedule below. For drafted balances YOU MUST: 1.) Register for 4 or more weeks, at least 2 weeks prior to the draft date; 2.) Pay a \$25 per week non-refundable deposit; 3.) Provide an approved debit or credit card for scheduled balance payments.

\$ \_\_\_\_\_ Total Camp Fees \$ \_\_\_\_\_ Total Fees Paid At This Time \$ \_\_\_\_\_ Balance Due

**Payment Method**

I have enclosed a check for \$ \_\_\_\_\_ Check# \_\_\_\_\_ OR Credit/Debit (check one)  VISA  MC  AMEX  DISC

Name on Card: \_\_\_\_\_ Card# \_\_\_\_\_

Exp. \_\_\_\_\_ VCODE \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee Schedule:** By providing my signature below, I authorize the YMCA of Boulder Valley to charge my credit card on the following dates:

\$ \_\_\_\_\_ on May 1, 2016 for registered weeks 5/31, 6/6, 6/13, 6/20

\$ \_\_\_\_\_ on June 1, 2016 for registered weeks 6/27, 7/5, 7/11, 7/18

\$ \_\_\_\_\_ on July 1, 2016 for registered weeks 7/25, 8/1, 8/8, 8/15

**Y COMMUNITY SUPPORT CAMPAIGN**

More than 35% of our participants attend camp on some form of scholarship. If your family would like to help another child attend camp, please add a donation amount.

\$ \_\_\_\_\_

I/We understand and agree to the above payment terms. I/We understand that completion of all required summer camp forms is a required condition of participation in summer camp programs.

**1ST PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2ND PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**2016 YMCA OF BOULDER VALLEY/BVSD LIFELONG LEARNING SUMMER DAY CAMP  
REGISTRATION FORM: PAGE 6  
(Ages 6-12 years )**

**CAMPER INFORMATION** (Please fill out one form for each camper.)

Camper Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Y Member: YES  NO  Card# \_\_\_\_\_

For Full Day (7:30am-6:00pm) you must select ONE age appropriate AM camp class and ONE age appropriate PM camp class held at the same location. For a detailed list of specific program offerings, please visit [www.bvsvd.org/LLL](http://www.bvsvd.org/LLL) for camp class listings. Fee may be higher for some specialty camp classes.

**Site Location:** *Bear Creek Elementary, Eisenhower Elementary, Foothill Elementary, Louisville Elementary, Superior Elementary, Kohl Elementary*

**May 31-June 3 (No camp May 30):** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**June 6-10:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**June 13-17:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**June 20-24:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**June 27- July 1:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**July 5-8 (No camp July 4):** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**July 11-15:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**July 18-22:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**July 25-29:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

**August 1-5:** Location Attending \_\_\_\_\_

AM Option \_\_\_\_\_ PM Option \_\_\_\_\_

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



**CHILD'S INFORMATION** (Please fill out one form for each child.)

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

School/Camp: \_\_\_\_\_ Grade: \_\_\_\_\_

1) I will follow all policies in the YMCA Parent Handbook, fee schedule, site regulations and this agreement. The handbook is at [ymcabv.org](http://ymcabv.org) on the program registration page. If you do not have access, please ask for a hard copy. I understand that completion of all necessary forms is a required condition of participation in YMCA school age and camp programs.

2) I am responsible for ensuring that my child is signed in and out by an authorized person (over the age of 18 years) each day that my child participates in the YMCA. Full signature is required by state licensing. Photo ID is required every day!

3) I authorize my child to participate in all YMCA scheduled activities. I understand that some scheduled activities may change due to program needs, weather or other circumstances. I will notify my site director if I do not want my child to participate in an activity and understand that I may need to find alternative care for that day if necessary. I understand that it is my responsibility to list these activities on the emergency form under physical/emotional/personal limitations and discuss them with my site director.

4) Field trips are part of many of our programs. Due to safety issues and state licensing regulations, children may not be dropped off or picked up from any location other than the program site/camp unless there are plans for the entire group to do so. All children are expected to participate in all field trips.

5) I may not leave my child at the YMCA program site until a YMCA staff person is there to care for my child. If I arrive at the site and a staff person is not there, I understand I need to call the Arapahoe facility office at 303-664-5455. They will contact the director and/or appropriate supervisor and have them contact you asap.

6) The YMCA staff may communicate with any school staff in regards to the wellbeing of my child.

7) If I arrive after published program closing time to pick up my child, I will be charged a **late fee of \$10 per 10 minutes per child beginning at 6:01pm**. I will pay the fee on the evening that I am late by check or money order to the YMCA. The fee must be paid by check made out to the YMCA of Boulder Valley. Continual violations may result in disenrollment.

8) YMCA staff will discourage anyone who appears to be incapable of getting a child home safely from leaving with that child. Law enforcement authorities may be contacted to provide for any child's safety.

9) The YMCA is mandated by state law to report any signs of possible child abuse or neglect to the appropriate authorities for investigation. State law prohibits notification to parents in this situation. A report does not mean that our staff assumes there is abuse happening; that determination is made by professionals at Child Protection Services.

10) The YMCA may end my families' participation in YMCA programs for any of the following reasons:

- Failure to adhere to YMCA or Health and Human Services Policies
- Behavior by my child that poses a threat to the safety of him/herself or others or is in violation of handbook policies
- Behavior by my child that is disruptive to the overall goals of the program or destructive to property
- Leaving the direct supervision of a staff person without permission
- Parent behavior which is disrespectful to staff, children, community or property
- Non-payment, late payment or return of payments by financial institution for any fees

11) Photographs or videos of my child in YMCA activities may be used as promotion or for educational/training purposes for the YMCA unless otherwise requested in writing on an exemption form provided by the YMCA.

12) **I will notify the site director by 8:00am on school day off and summer camp days and by 1:00pm for after school programs, if my child will be absent on any day which s(he) regularly attends.** A \$25 "no notification" fee is charged if my site director has to search for my child or contact me. If my child is not located after school, emergency contacts will be notified. If there is no confirmation of the child's safety in a reasonable time, police will be notified and will take responsibility for searching for your child so that our staff may return their attention to the program. If my child is absent from school for a day, the YMCA director must be notified personally rather than getting the information second hand from school personnel. Please ensure that you have his/her cell and email at all times.

13) I will give all **medications** with completed YMCA medication release form to the designated staff person for safe keeping and dispensing according to the guidelines listed in the handbook. Medications include prescription and over the counter drugs, vitamins, holistic treatments, lotions/skin care products, chapstick/lipgloss and cosmetics. Please refer to the handbook for more detailed information. A physician signature on a YMCA Medication Release Form is required.

## PARENT/GUARDIAN POLICY AGREEMENT CONT: PAGE 8

14) The YMCA is not responsible for loss of my child's personal property. Children should not bring the following items: money, toys, iPods, tablets and other electronics, cell phones, or dangerous items or weapons. The YMCA provides active, creative activities that contribute to the health of all of our participants. Nothing will be allowed in YMCA programs that conflicts with YMCA and/or BVSD school policies and expectations. We recognize that children's interests change and evolve. If your child has an interest in specific toys or equipment which we do not have, please talk to your director and we will take all reasonable steps to see if we can get those items in our program. The request must fit into our program philosophy and be implementable with groups of children.

15) Due to insurance liability, I understand that **it is against YMCA policy for staff to socialize with or babysit** my child(ren) outside the YMCA program. At no time should YMCA staff have contact with your child including email, phone, Facebook or other forms of contact outside of YMCA programs. Staff who do not adhere to this policy are at risk of losing their position with the YMCA. Please do not put our staff at risk by asking them to participate in the above activities.

16) I am responsible for providing 30SPF (+) sunscreen on full days labeled with my child's first and last name. My child may apply sunscreen to him/herself under supervision of a staff person or a staff person may assist my child if needed. Failure to provide sunscreen may result in limited activities for my child. Please provide a t-shirt and notify your site director if your child needs it for outdoor swimming. **I understand that I will need to apply sunscreen to my child before arrival** and that it will be reapplied throughout the day as needed on full days.

17) A nutritious lunch, which meets licensing standards, needs to be provided by parents. If a lunch is not provided or does not meet licensing standards, the staff will make an effort to contact the parent when possible. Otherwise the staff will provide a lunch or appropriate added food groups and the parent will be charged \$25, due at the end of the day. We do not provide refrigeration or microwaves for children's lunches. Please refer to the parent handbook for details on provided snacks and criteria for lunches. We serve fresh fruit and vegetables for snacks along with whole grain crackers, dairy or protein with an occasional "treat." If your child has a special diet, you may be required to provide snacks from home. Some field trips may require a disposable "brown bag" container for lunch which will be specified on our weekly calendars.

18) All communication concerning my child's schedule, account, billing, information updates and information concerning other YMCA programs will go directly to my site director. If s/he cannot help, they will provide the contact information to a YMCA staff person who can assist you.

19) **Missed Days:** Fees are non-refundable and credits or refunds are not given for missed days. A yearly two-week vacation is figured into our fee structure for School Year families, a three-week vacation for our Year Round families.

20) I understand that my child is to honor the YMCA core values: honesty, respect, responsibility and caring when in YMCA programs. As a parent, I am expected to model these values when participating in YMCA programs.

21) I agree to **refrain from cell phone conversations in YMCA program areas** or use of my cell phone to take photographs at any YMCA program. Your child and the YMCA staff need your full attention at pick up time.

23) I understand that my child does not have access to YMCA site cell phones while at the program. Site directors will determine if a parent needs to be contacted and call them directly if necessary.

24) Due to licensing regulations, allergies and safety issues, no animals are allowed in the YMCA program areas including playgrounds.

25) Planning for school day off and summer camps involves reserving an appropriate number of buses for field trips weeks in advance, making accurate reservations for field trips, purchasing appropriate supplies and snacks, staffing for appropriate ratios and accommodating all of the children who need care for the day. To provide quality programming and keep fees reasonable, cancellation and change policies are stated on forms and will be adhered to.

26) **School Day Off Camps:** School location for full days may vary depending on the school maintenance needs and the number of children attending. A BVSD calendar and list of deadlines is included in the registration information online and in packets. Please see our School Day Off information page for days the YMCA provides School Day Off Camps as well as which days we are closed. In order to be successful with planning and keeping program fees reasonable, we need to know how many children will be attending on each day, at least three weeks ahead of time.

- **School Year Families with the 21 School Day Off Camp option and Year-Round Families:** Your site director will have a sign up sheet with all of the children's names and the full days listed at least 6 weeks in advance. There will be a registration due date for each full day. Each family is required to list a "yes" or "no" for each day.
- **School Year Families without the 21 School Day Off Camp option and Drop-In Families:** You may request for School Day Off Camps directly with your site director at your school. Registration forms are available through your site director or at ymcabv.org. When you register, you are billed the drop-in fee. Cancellations must be received in writing at least two weeks before camp start date. No credits or refunds without a two-week written notice. Drop-In Fees: \$62 per day with 3+ week advance registration; \$72 per day under 3 weeks.

I understand that it is my responsibility to inform any other legal guardian/parents of all information in this document if they are not available to sign it.

1st Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent/Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_





**YMCA OF BOULDER VALLEY**  
**ALLERGY/ASTHMA INFORMATION: PAGE 9**  
 Required only if condition exists.

Child's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB: \_\_\_\_\_

Camps/Programs Attending: \_\_\_\_\_

Locations Attending: \_\_\_\_\_

**Severe Allergy Plan**

Medication(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Ingestion (or sting) could lead to a severe anaphylactic reaction. Signs of anaphylactic reaction include the followings symptoms:**

- Mouth: Itching and swelling of lips tongue or mouth
- Throat: Itching and/or sense of tightness in the throat, hoarseness, "hacking" cough, choking
- Skin: Hives, itchy rash and/or swelling about the face or extremities
- Stomach: Nausea, abdominal cramps, vomiting and/or diarrhea
- Lungs: Shortness of breath, repetitive coughing, and/or wheezing
- Heart/Blood Vessels: "Thready" pulse, "passing-out" (decreased blood pressure, "shock")

Food(s) or insect(s) which cause reactions in my child (list): \_\_\_\_\_

Symptoms which occur: \_\_\_\_\_

Recommended treatment: \_\_\_\_\_

If injected epinephrine (epi-pen) is given, staff must immediately call 911. The child will be transported to the nearest emergency department.

**Asthma Healthcare Plan**

Medication(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Peak flow meter (check one): Yes  No  Spacer: Yes  No

**Check triggers which apply to your child:**

- |                                                   |   |                                                              |   |                                                    |
|---------------------------------------------------|---|--------------------------------------------------------------|---|----------------------------------------------------|
| Exercise <input type="checkbox"/>                 | ⋮ | Emotions (when upset) <input type="checkbox"/>               | ⋮ | Animal dander <input type="checkbox"/> Type: _____ |
| Colds (viral illness) <input type="checkbox"/>    | ⋮ | Irritants: dust, smoke, paint, etc. <input type="checkbox"/> | ⋮ | Dust and dust mites <input type="checkbox"/>       |
| Weather changes <input type="checkbox"/>          | ⋮ | Molds <input type="checkbox"/>                               | ⋮ | Other _____                                        |
| Cold air weather changes <input type="checkbox"/> | ⋮ | Pollens (trees, grasses and weeds) <input type="checkbox"/>  | ⋮ |                                                    |

Describe child's symptoms when inhaler is needed: \_\_\_\_\_

Do you want the director to give your child his/her inhaler to carry each day? \_\_\_\_\_

**Symptoms of respiratory difficulty (any or all of the following):**

- Coughing, Chest Tightness, Shortness of Breath, Turning Blue, Wheezing, Rapid/labored breathing
- Pulling in of skin around neck muscles, above collar bone, between ribs and under breast bone
- Difficulty carrying on a conversation due to difficulty breathing
- Difficulty walking due to breathing problems
- Shallow, rapid breathing • Blueness (cyanosis) of fingernails and lips • Decreasing or loss of consciousness

**Intervention: always treat symptoms even if peak flow is not available.**

**CALL 911 IF THE FOLLOWING OCCUR/PERSIST AFTER IMPLEMENTING INTERVENTIONS AS STATED ON THIS ASTHMA HEALTH PLAN.**

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

| VACCINE   |                                                          | Enter date each immunization was given |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
|-----------|----------------------------------------------------------|----------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DTaP      | Diphtheria-Tetanus-Pertussis<br>(see footnote "c" below) |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| Td/DT     | Tetanus-Diphtheria                                       |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| OPV/IPV   | Polio                                                    |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| Hib       | <i>Haemophilus influenzae</i> type b                     |                                        |  |  | Required for children < 5 yrs. of age. (see footnote "j" below)                                                                                                                                                                                                                                                                                                      |
| Measles   | Measles                                                  |                                        |  |  | Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements.<br>Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left. |
| Mumps     | Mumps                                                    |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| Rubella   | Rubella                                                  |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| HB        | Hepatitis B                                              |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |
| Varicella | Chickenpox                                               |                                        |  |  | History of disease. Yes _____ year (optional) _____<br>(see footnote "e" below)                                                                                                                                                                                                                                                                                      |
| Other     |                                                          |                                        |  |  |                                                                                                                                                                                                                                                                                                                                                                      |

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET

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

**Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**

| Vaccine                                           | Level of School/Age of Student |                    |                     |                      |                      |                      |                    |                      |                  |
|---------------------------------------------------|--------------------------------|--------------------|---------------------|----------------------|----------------------|----------------------|--------------------|----------------------|------------------|
|                                                   | Child Care 2-3 mos             | Child Care 4-5 mos | Child Care 6-14 mos | Child Care 15-17 mos | Pre-school 18-23 mos | Pre-school 24-35 mos | Pre-school 3-4 yrs | Grades K-12 5-18 yrs | College          |
| Pertussis                                         | 1                              | 2                  | 3                   | 3                    | 4*                   | 4*                   | 4*                 | 5b,+,c,*             |                  |
| Tetanus/Diphtheria                                | 1                              | 2                  | 3                   | 3                    | 4*                   | 4*                   | 4*                 | 5b,+,d,*             |                  |
| Polio <sup>e</sup>                                | 1                              | 2                  | 2                   | 2                    | 3                    | 3                    | 3                  | 4f,+                 |                  |
| Measles/Mumps/Rubella <sup>e,g,+</sup>            |                                |                    |                     | 1                    | 1                    | 1                    | 1                  | 2 <sup>h</sup>       | 2 <sup>h,i</sup> |
| <i>Haemophilus influenzae</i> type B <sup>+</sup> | 1                              | 2                  | 2                   | 3/2/1 <sup>j</sup>   | 3/2/1 <sup>j</sup>   | 3/2/1 <sup>j</sup>   | 3/2/1 <sup>j</sup> |                      |                  |
| Pneumococcal Conjugate <sup>a,+</sup>             | 1                              | 2                  | 3/2 <sup>k</sup>    | 4/3/2 <sup>k</sup>   | 4/3/2 <sup>k</sup>   |                      |                    |                      |                  |
| Hepatitis B <sup>+</sup>                          | 1                              | 2                  | 2                   | 2                    | 3                    | 3                    | 3                  | 3                    |                  |
| Varicella <sup>+</sup>                            |                                |                    |                     |                      | 1 <sup>g</sup>       | 1 <sup>g</sup>       | 1 <sup>g</sup>     | 1 <sup>g</sup>       |                  |

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps, and Rubella (MMR-second dose) and Varicella (VAR).

**Footnotes:**

\*—The requirements for the 4<sup>th</sup> and 5<sup>th</sup> doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004.

+—Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

a—This requirement is indefinitely suspended.

b—Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4<sup>th</sup> dose was given at ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 4 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

c—For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d—Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3<sup>rd</sup> dose if it is given > 6 months after the 2<sup>nd</sup> dose.

e—For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing

immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f—Four doses of polio vaccine are required at school entry in Colorado unless the 3<sup>rd</sup> dose was given ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 3 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

g—The 1<sup>st</sup> dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1<sup>st</sup> birthday) to be acceptable. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

h—If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required. The 2<sup>nd</sup> dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

i—Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j—The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1<sup>st</sup> birthday). If the 1<sup>st</sup> dose is given at 12-14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

k—The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1<sup>st</sup> dose was administered. If the 1<sup>st</sup> dose was administered at: (i) ≤ 6 months of age, 3 doses are required at 6-14 months and 4 doses are required at 15-23 months of age with 1 dose administered on or after the 1<sup>st</sup> birthday; (ii) 7-11 months of age, 2 doses are required at 6-14 months and 3 doses are required at 15-23 months of age with 1 dose on or after the 1<sup>st</sup> birthday; (iii) 12-23 months of age, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

