



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, drop off at the Arapahoe or Longmont Y or mail to: YMCA of Boulder Valley, Registration • 2800 Dagny Way, Lafayette, CO 80026. Must return forms to the Y site director at your school after August 15, 2016.

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
- Program Option
- Payment Option
- 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 _____ Child's Age _____ 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 programs. 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 _____



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

Child's Name _____

CHILD'S 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 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, site director and VP 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 site 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: _____



**YMCA OF BOULDER VALLEY BEFORE & AFTER SCHOOL PROGRAM
2016/2017 SCHOOL YEAR PROGRAM OPTION FORM: PAGE 3**

Fully complete all forms. All fields are required.

Start Date: _____

Child's Name _____ School _____ Grade _____ DOB _____

Parent/Guardian _____ DOB _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Previous Child Care Experience _____ Select if Applicable: CCAP Client YMCA Financial Assistance

FEE SCHEDULE OPTIONS: Check the plan you are registering for. Monthly or daily tuition fees listed are listed per plan.

SCHOOL-YEAR PLANS: The School-Year Plan provides care from the first day of school-May 24, 2017. Fees listed are monthly, August 2016-May 2017. The registration fee is \$75 per family annually. Registered children may participate in any Y program and receive the member rate from August 16, 2016-May 16, 2017. School-Year Plan includes a 50% discount on a Y Family Membership from August 16, 2016-May 16, 2017. School Day Off Camp plans include all School Day Off Camps, Early Release and Late Start Days. Please note: Registration to add on the School Day Off Camps option is not available after September 9, 2016. You must pay the drop-in rate for each day after this deadline. 10% second child discount applies to these programs.

| AFTER SCHOOL PLAN OPTIONS | PART-TIME (1-3 DAYS A WEEK) | FULL-TIME (4-5 DAYS A WEEK) |
|--|--|--|
| After School Care Only | \$285 per month <input type="checkbox"/> (Aug \$124) Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$415 per month <input type="checkbox"/> (Aug \$180) |
| After School Care and School Day Off Camps | \$380 per month <input type="checkbox"/> (Aug \$165) Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$510 per month <input type="checkbox"/> (Aug \$222) |

| BEFORE & AFTER SCHOOL PLAN OPTIONS | PART-TIME (1-3 DAYS A WEEK) | FULL-TIME (4-5 DAYS A WEEK) |
|---|--|--|
| Before and After School Care | \$409 per month <input type="checkbox"/> (Aug \$178) Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$521 per month <input type="checkbox"/> (Aug \$227) |
| Before and After School Care and School Day Off Camps | \$505 per month <input type="checkbox"/> (Aug \$220) Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$615 per month <input type="checkbox"/> (Aug \$267) |

| BEFORE SCHOOL PLAN OPTIONS | PART-TIME (1-3 DAYS A WEEK) | FULL-TIME (4-5 DAYS A WEEK) |
|----------------------------|-----------------------------|--|
| Before School Care Only | N/A | \$235 per month <input type="checkbox"/> (Aug \$102) |

YEAR-ROUND PLANS: The Year-Round Plan provides care from the first day of school -August 4, 2017. Fees listed are monthly, August 2016-July 2017. The registration fee is an initial, one-time fee of \$75 per family. The Year-Round Plan includes School Day Off Camps, Early Release and Late Start Days and 10 weeks (camp sessions 1-10, 5/30/2017-8/4/2017) of Fun in the Sun or Sports camp. However, you may apply the weekly tuition credit towards any Y summer camp program and pay the fee difference (please note that weekly credits cannot be combined). *Part-time Summer Camp can only be accommodated in Fun in the Sun Excursion Day Camp. A free Y Family Membership is included from August 16, 2016-August 4, 2017. Please note: Registrations or plan changes received after August must back pay the camp fee portion of the monthly tuition from August 2016 through your plan start date. 10% second child discount applies to these programs.

| PLAN OPTIONS | FEE |
|--|--|
| Full-time Before and After School Care (4-5 days a week), School Day Off Camps and Full-time Summer Camp (5 days of camp per week) | \$703 per month <input type="checkbox"/> |
| Full-time After School Care (4-5 days a week), School Day Off Camps and Full-time Summer Camp (5 days of camp per week) | \$605 per month <input type="checkbox"/> |
| Part-time After School Care (1-3 days a week), School Day Off Camps and Full-time Summer Camp (5 days of camp per week) | \$516 per month <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F |
| Part-time After School Care (1-3 days a week), School Day Off Camps and *Part-time Summer Camp (1-3 days of camp per week) | \$460 per month <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F |

DROP-IN PLAN: The Drop-In Plan provides care on the days you need from the first day of school -May 24, 2017. Fees listed are daily, per usage. There is an annual \$25 registration fee per family. Drop-in fees are incurred as before/after school, Early Release and Late Start Days and School Day Off Camp services are utilized. School Day Off Camps have limited spaces, so register early with your site director. No sibling discount applies to Drop-In Plan.

| DROP-IN OPTIONS | FEE |
|---|--|
| After School Care | \$36 per day |
| Before School Care | \$20 per day |
| Before and After School Care (on same day) | \$45 per day |
| School Day Off Camps | \$65 per day (when you register 3+ weeks in advance) |
| School Day Off Camps | \$75 per day (without 3 weeks advance notice) |
| Early Release Days (Twin Peaks Charter Academy) | \$45 per day |
| Late Start Days (SVVSD Schools) | \$30 per day |



YMCA OF BOULDER VALLEY BEFORE & AFTER SCHOOL PROGRAM

PAYMENT AUTHORIZATION FORM: PAGE 4

Fully complete all forms. All fields are required.

Registration fee and first month's tuition is due at time of registration.

Child's Name School Grade DOB

Responsible Party (Full Name) Relationship to child

Address City State Zip

Home Phone Cell Phone

Work Phone Email

YMCA Financial Assistance and CCAP participants must be authorized before registering. For more information call 303-443-4474 x2730 or email elizabeth.baker@ymcabv.org before registering. All YMCA Financial Assistance and CCAP participants must complete and sign this form.

I am a CCAP Client I am applying for YMCA Financial Assistance I have been approved for YMCA Financial Assistance

PROGRAM FEES

School-Year and Year-Round Plans: A statement will be issued around the 20th of each month stating the fees owed for the upcoming month. Fees are determined by plan selection. You must notify the Y Business Office of any errors immediately upon receiving your statement. The School-Year Plan provides care from the first day of school-May 24, 2017. The billing cycle is August 2016-May 2, 2017. The Year-Round Plan provides care from the first day of school-August 4, 2017. The billing cycle is August 2016-July 2, 2017. Auto draft accounts are charged on the 2nd of every month; manual payments are due by the 1st of every month. Program fees must be paid in full to receive services for the month.

Drop-In Plan: The Drop-In plan provides care on the days you need from the first day of school-May 24, 2017. Fees are incurred as services are utilized. Fees will be charged the week after care is provided. A credit card must be on file to utilize the Drop-In Plan. Drop-In fees will be charged to the card on file unless a manual payment plan exception is approved prior to starting program. Manual payment must be received the same day of service. Must contact your site director 24 hours in advance to reserve a spot; space is not guaranteed.

School Day Off Camps, Early Release and Late Start Days: School-Year families with the School Day Off Camp option and Year-Round families simply sign up with your site director. School-Year families without the School Day Off Camp option and Drop-In families must register for all School Day Off Camps, Early Release and Late Start Days that your child(ren) will attend. Register with your school's site director. If not included in your plan, fees must be paid in full prior to camp start date. Cancellations must be received in writing at least two weeks before camp start date. No credits or refunds without a two-week written notice.

Late Fees: A \$25 late fee will be assessed when payment is not received by the 7th of each month. Please ensure that you submit a new Payment Authorization Form before the month your charge card expires. This can be done with your site director.

Change/Cancellation Policy: The responsible party must submit a change/cancellation form to the site director 30 days in advance. A \$25 fee will be assessed when plan changes are submitted on a change/cancellation form. No refunds are issued for fees already paid. A credit may be placed on the account for future Y programs at the discretion of the Executive Director of Community Programs. January 1 is the deadline to cancel any School-Year plan that includes School Day Off Camp. April 1 is the deadline to cancel any Year-Round Plan due to commitment for camp planning. No credits or refunds are issued for cancellation of any plan. Please make sure you are signed up for the correct plan.

Payment Options: You must select a payment plan option upon registration. The balance owed may include any program related fees due in accordance with the Parent Handbook, Parent Policy Agreement, Fee Schedule or additional K-5th Programs. This authorization shall remain in effect until service is canceled with a 30 day written notice. Any fees incurred by the YMCA of Boulder Valley due to collection efforts are owed by the responsible party and will be billed according to laws of the state.

Autodraft Pay Option (School-Year, Year-Round and Drop-In Plans): By providing my signature below, I authorize the YMCA of Boulder Valley to charge my debit/credit card. The amount charged may include any incurred fees related to the program in accordance to published policies. I understand it is my responsibility to update any changes or expiration dates for my card 30 days before the draft date. If I wish for my payment plan to change, I must submit a new Payment Authorization Form 30 days in advance of draft date.

Credit/Debit Card Holder Name

Visa/MC/Amex/Disc Card # VIN Code Exp. Date

Responsible Party Name (print) Signature Date

Manual Pay Option (School-Year and Year-Round Plans Only): An additional \$10 per month fee is charged for this option to cover the costs incurred by staff to process your payment. Payment must reach the Y Business Office, YMCA of Boulder Valley, 2800 Dagny Way, Lafayette, CO 80026 by the 1st of every month.

Responsible Party Name (print) Signature Date

Y Community Support Campaign: More than 35% of Youth Program participants receive some form of financial assistance. If your family would like to help another child in need, please add a donation amount.

Yes, I would like to make a monthly donation in the amount of: \$ or a one time donation of: \$

Print Name Signature Date

Payment made today: Registration amount \$ + payment for 1st month \$ = today's payment \$



YMCA OF BOULDER VALLEY
PARENT/GUARDIAN POLICY AGREEMENT: PAGE 5
Before and After School Care • School Day Off Camp • Summer Day Camps

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 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 6

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.

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 calendar is available from your site director or information can be found online at ymcabv.org. 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 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, early release and late start day. Each family is required to select the school site and days attending.
- **School Year Families without the School Day Off Camp option and Drop-In Families:** 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.

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 _____

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 (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. 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) _____ (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 ^e | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4f,+ | |
| Measles/Mumps/Rubella ^{e,g,+} | | | | 1 | 1 | 1 | 1 | 2 ^h | 2 ^{h,i} |
| <i>Haemophilus influenzae</i> type B ⁺ | 1 | 2 | 2 | 3/2/1 ^j | 3/2/1 ^j | 3/2/1 ^j | 3/2/1 ^j | | |
| Pneumococcal Conjugate ^{a,+} | 1 | 2 | 3/2 ^k | 4/3/2 ^k | 4/3/2 ^k | | | | |
| Hepatitis B ⁺ | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | |
| Varicella ⁺ | | | | | 1 ^g | 1 ^g | 1 ^g | 1 ^g | |

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 4th and 5th 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 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 4th dose was given at ≥ 48 months (i.e., on or after the 4th 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 3rd dose if it is given > 6 months after the 2nd 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 3rd dose was given ≥ 48 months (i.e., on or after the 4th 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 1st 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 1st 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 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st 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 1st birthday). If the 1st 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 1st dose was administered. If the 1st 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 1st 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 1st 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.



YMCA OF BOULDER VALLEY ALLERGY/ASTHMA INFORMATION

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.