

KOHL STREET KIDS ENROLLMENT AND EMERGENCY INFORMATION

Child's Name _____ Birthdate _____ Age & Grade _____

Address _____ City _____ Zip Code _____

Home Phone (or N/A) _____ Enrollment Date _____ New or returning? _____

Parent/Guardian #1

Name _____ Relationship _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Email address _____ Employer _____

Employer Address _____ Work Phone _____

Parent/Guardian #2

Name _____ Relationship _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Email address _____ Employer _____

Employer Address _____ Work Phone _____

Please * the best way to contact each parent or guardian during KSK hours.

Emergency Contacts: People other than parent/guardian to be notified in an emergency situation when parent or guardian is not available. Emergency contact person must be allowed to pick up your child. Please list two.

Emergency Contact #1 Name _____ Relationship _____

Address _____ Cell Phone _____

Home Phone (or N/A) _____ Work Phone _____

Emergency Contact #2 Name _____ Relationship _____

Address _____ Cell Phone _____

Home Phone (or N/A) _____ Work Phone _____

Names of people other than parent/guardian or emergency contact who are authorized to pick up child from KSK. Listing names here does not give parental permission to pick up. Permission must be given by parent as needed.

1. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

2. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

3. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

Medical and Emergency Information

Food Allergies _____ Other Allergies _____

Health Concerns _____

Other conditions KSK staff need to be aware of _____

Immunization Records are required before child's first day at KSK and current General Health Appraisal from physician's office within 30 days of enrollment.

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Hospital preferred for emergency treatment Hospital _____

Address _____ Phone _____

I give permission to Kohl Street Kids staff to secure emergency medical and/or surgical treatment for _____ when parents/guardians are unavailable, while in the care of Kohl Street Kids. Signature _____

What other information about your child would be helpful to KSK staff?

- _____ My child has permission to watch G rated movies.
- _____ My child has permission to watch PG rated movies.
- _____ Kohl Street has permission to photograph my child for use in the center.

The above information is true and correct to the best of my knowledge. To be in compliance with the State of Colorado, all information requested on this form must be provided. I understand that it is my responsibility to inform the center in writing of any changes to the above information.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

For future years: I have thoroughly reviewed and made the necessary updates to the above information.

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____

KOHL STREET KIDS PARENT AGREEMENT

- I hereby agree to accept full responsibility for the fees required for my child to attend Kohl Street Kids.
- Outstanding accounts for the previous school year must be paid before enrollment in the current year can be finalized.
- I understand that my child's tuition rate will not be prorated for days my child is not in attendance or for holidays the center is not in operation. This includes snow days.
- A \$20.00 late fee will be assessed to my account for any bounced checks, plus any other bank charges that may incur.
- Late pick up fees are added to your invoice. Please read the parent handbook for description and rates. Continual lateness could be cause for termination from the program.
- I understand that fees for my child are due on the 1st of each month, and that a \$25.00 fee will be assessed to my account after the 10th day of the month.
- I understand that the staff of Kohl Street Kids can suspend my child/myself for unacceptable behavior, i.e. fighting, name calling, etc. Fees for days suspended will not be prorated. I also understand that the staff can have me or my child withdrawn from the program if the behavior continues, or would jeopardize the safety of a child, parent, or staff. It is the policy of this center to try to provide a safe and healthy environment, and if we cannot adequately meet the needs of your child termination from the center will occur. Please see the parent handbook for other withdrawal information.
- I agree to provide all necessary paperwork and medical forms for my child's file in a timely manner.
- I give permission to Kohl Street Kids staff to consult with Boulder Valley School district employees concerning my child.
- I have received a copy of the parent handbook provided by Kohl Street Kids and have read and understand these policies.
- We do not offer a summer program.
- If you need to drop or change from the program you are currently enrolled in, a 2 weeks written notice must be given. If a written notice is not given, you will be charged the current program rate for those two weeks. This includes taking your child out of Kohl Street Kids. All changes must be approved by the director and enrollment is not guaranteed.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Kohl Street Kids - Authorization for Emergency Medical Care
United Church of Broomfield, 825 Kohl Street, Broomfield, CO 80020
303-466-8355 ext. 103

CHILD'S NAME _____

Authorization for Emergency Medical Care must be obtained from the parents of each child before the child/children can attend the center.

I/We, _____, hereby give my/our permission to any person supervising Kohl Street Kids school age program to call a health care professional for medical, dental, emergency or surgical care for my child should an emergency arise.

It is understood that a conscientious effort will be made to locate the parents or guardians when emergency action will be taken. All expenses for emergency, medical, and/or dental treatment or care will be accepted by the parents/guardians.

It is also understood that in the event of illness or accident that requires immediate attention, it will be the decision of the director or staff whether 911 will be called first or the parent/guardian. All expenses for the transportation and emergency or health care provided for the child at the center or away from the center is the sole responsibility of the parent.

I understand this policy and hereby give authorization for emergency medical care.

Any person having legal custody of this child must sign this form. Please check with your health care provider and hospital to see if they require this authorization form be notarized. If required, please have the form notarized before returning. Thank you.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Primary Doctor and Phone _____

Dentist Name and Phone _____

Preferred Hospital and Phone _____

Health Insurance Information: Insurance Company _____

Policy Holder's Name _____ **Policy Number** _____

Customer Service Phone _____

**KOHL STREET KIDS
BATHROOM HELP PERMISSION FORM**

Please print your name, and then initial which tasks you are allowing Kohl Street Kids staff to help your child with. Then please sign and date at on the Parent/Guardian Signature line.

I, _____, allow the staff of Kohl Street Kids to help my
child, _____, in the bathroom when needed with the
following tasks:

_____ Help pulling my child's pants up and down when needing to use the restroom.

_____ Help my child change his or her clothes as needed.

_____ Help my child wipe his/her bottom after using the bathroom.

By initialing and signing this document, you are giving the Kohl Street Kids staff permission to
help you child with their bathroom needs.

Parent/Guardian Signature

Date

Director Signature

Date

Kohl Street Kids

Photo Release Form for Minors (if under 18) and Adults

Kohl Street Kids (please check one)

- has my permission
- does not have my permission

to use my or my child's photograph publicly for promotional purposes. I understand that the images may be used for any legal use, including but not limited to: print publications, online publications, presentations, websites, illustrations, advertising and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name: _____

Parent/Guardian's Name: _____

Phone Number: _____

Parent/Guardian's signature: _____

Date: _____

KOHL STREET KIDS (KSK) SUNSCREEN PERMISSION FORM

Child's Name _____ **Date** _____

Sunscreen Brand and the SPF Number _____

KSK applies Banana Boat SPF 50 sunscreen 15 to 20 minutes before going outside, every time we go outside.

If you provide an appropriate substitute specified above, then that will be applied in the same manner. The sunscreen must be permanently labeled with the child's first and last name and giving to the KSK director to be stored at KSK. Sunscreen can not be left in your child's backpack or basket.

If you choose to not have your child use sunscreen, your child must wear long sleeves, long pants, and a hat to protect their skin from sun exposure.

_____ **do not apply sunscreen**

Please sign this form and return it to KSK staff.

Parent Signature _____

Kohl Street Kids - PERMISSION FOR FIELD TRIPS AND EXCURSIONS
United Church of Broomfield, 825 Kohl Street, Broomfield, CO 80020
303-466-8355 ext. 103

I/We hereby give permission for my child _____ to go on trips away from the premises of Kohl Street Kids (United Church of Broomfield, 825 Kohl Street, Broomfield, CO) in the company of a staff member whether on foot or by vehicle.

Transporting children to and from school while walking is also included.

Parents will be notified in advance of field trips. Walking excursions in the neighborhood or to Kohl Elementary do not require advance notice, but they will be posted at the center.

Participation in field trips or excursions is voluntary, and such participation potentially involves risks and obligations that are beyond the scope of those normally associated with the day care center. These risks may include, but are not limited to, injury, illness, disease, emotional distress, death and/or property damage to your child. Should an emergency arise, it is understood that a conscientious effort will be made to locate parents/guardians before emergency action will be taken. In the event of the need for immediate attention, 911 will be called first. All expenses for emergency, medical, dental, or any treatment or care of my child will be accepted by the parent/guardian.

I/We voluntarily release, indemnify, hold harmless and discharge Kohl Street Kids from any and all liability claims, demands, actions or rights of action, whether personal to myself or my child, which are related to participation in field trips, excursions, or transportation to and from school.

Parent Signature

Date

Parent Signature

Date

If you do not give permission for your child to participate in field trips or excursions, including a walk in the neighborhood or to Kohl Elementary, please sign below. All trips away from the center meet or exceed required staff to student ratios. If you choose to exclude your child from excursions and field trips, it is the parent's responsibility to provide alternative care during those times.

Parent Signature

Date

GENERAL HEALTH APPRAISAL FORM
-for Enrollment in Child Care (2-12 years)
Kohl Street Kids @ the United Church of Broomfield
825 Kohl Street, Broomfield, CO 80020
303-466-8355 x103 broomfielducc.org/ksk

Child's Name _____ Date of Birth _____

PARENT/GUARDIAN please complete and sign this section – required

Health History and Medical Information pertinent to routine child care:

Allergies: _____

Type of reaction: _____

Special Diet: _____

Current Medications: _____

Describe any recurring health problems (asthma, seizures, ear infections, diabetes, etc) or concerns with development _____

Separate forms and health plan are needed for medications, inhalers, etc ... see director.

Parent Signature: _____ Date: _____

HEALTH CARE PROVIDER please complete after parent section is complete – as needed

Date of Last Health Appraisal: _____ Weight @ Exam _____

Physical Exam: Normal _____ Abnormal _____

Explain: _____

Allergies: None or Describe _____

Type of Reaction: _____

Significant Health Concerns: _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: _____

Date of Next Appointment: _____

HEALTH CARE PROVIDER SIGNATURE

This child is healthy and may participate in all routine activities in child care. Any concerns or exceptions are identified on this form.

Provider Name _____ Provider Signature _____ Date _____

Address _____ Telephone _____

COLORADO CERTIFICATE OF IMMUNIZATION

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 6th 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	
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*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							
COVID-19							
Other							

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: _____