

# DENVER RED SHIELD CORPS & COMMUNITY CENTER

2915 HIGH ST • DENVER, CO 80205  
PHONE: (303) 295-2107 • FAX: (303) 294-0221

## AFTER SCHOOL APPLICATION

PROGRAM DATES: AUGUST 20, 2018 - MAY 31, 2019

### COMPLETED APPLICATION INCLUDES:

- REGISTRATION PACKET
- COLORADO IMMUNIZATION RECORDS
- \$2500 REGISTRATION FEE



CHILD'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ MALE OR FEMALE

CHILD'S HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD'S SCHOOL GRADE \_\_\_\_\_ CHILD'S SCHOOL: \_\_\_\_\_

WILL TRANSPORTATION PREP BE REQUIRED? YES NO

WHAT DAYS OF THE WEEK WILL YOUR CHILD BE ATTENDING? M TUES WEDS THURS FRI

PERSON(S) RESPONSIBLE FOR PAYMENTS: \_\_\_\_\_

WILL YOU BE USING CCAP FUNDING? YES NO

NAME OF 1<sup>ST</sup> LEGAL GUARDIAN \_\_\_\_\_

1<sup>ST</sup> LG'S HOME ADDRESS (IF DIFFERENT THEN ABOVE) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

1<sup>ST</sup> LG'S HOME PHONE \_\_\_\_\_ 1<sup>ST</sup> LG'S CELL PHONE \_\_\_\_\_

1<sup>ST</sup> LG'S WORK PHONE \_\_\_\_\_ 1<sup>ST</sup> LG'S EMAIL: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME OF 2<sup>ND</sup> LEGAL GUARDIAN \_\_\_\_\_

2<sup>ND</sup> LG'S HOME ADDRESS (IF DIFFERENT THEN ABOVE) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2<sup>ND</sup> LG'S HOME PHONE: \_\_\_\_\_ 2<sup>ND</sup> LG'S CELL PHONE: \_\_\_\_\_

2<sup>ND</sup> LG'S WORK PHONE: \_\_\_\_\_ 2<sup>ND</sup> LG'S EMAIL: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

OTHER EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT'S HOME PHONE: \_\_\_\_\_ CONTACT'S WORK PHONE: \_\_\_\_\_

CONTACT'S CELL PHONE: \_\_\_\_\_ CONTACT'S EMAIL: \_\_\_\_\_

NAME(S) OF PERSON(S) AUTHORIZED TO PICK UP THE CHILD AT THE END OF EVERY DAY: (IN ADDITION TO PARENT(S)/GUARDIAN(S) LISTED ABOVE)

NAME	PHONE #	RELATIONSHIP
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

UN-AUTHORIZED PEOPLE WHO MAY NOT SIGN FOR CHILD:

NAME	RELATIONSHIP
1 _____	_____
2 _____	_____
3 _____	_____

# MEDICAL INFORMATION

PLEASE PROVIDE ALL KNOWN HEALTH INFORMATION, INCLUDING MEDICAL HISTORY, CHRONIC MEDICAL PROBLEMS, AND IMMUNIZATION HISTORY. WE MUST HAVE THE CHILD'S CURRENT CO STATE IMMUNIZATION RECORDS YOU CAN OBTAIN A COPY FROM YOUR SCHOOL OR DOCTOR. IN ADDITION, PROVIDE ANY INFORMATION THAT WOULD HELP US TO UNDERSTAND YOUR CHILD (ALLERGIES, EATING HABITS, PERSONALITY, FEARS, ILLNESSES, ETC.)

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ALLERGIES

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HAS YOUR CHILD SUFFERED A CONCUSSION?      YES                      NO  
IF YES, PLEASE PROVIDE DATE AND DESCRIBE THE INCIDENT

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DOES CHILD TAKE MEDICATION REGULARLY?      YES                      NO  
IF YES, PLEASE COMPLETE THE FOLLOWING

MEDICATION NAME \_\_\_\_\_ DOSAGE: \_\_\_\_\_ ADMINISTRATION TIME \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ DOSAGE: \_\_\_\_\_ ADMINISTRATION TIME \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ DOSAGE: \_\_\_\_\_ ADMINISTRATION TIME \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_ PHONE # \_\_\_\_\_ LOCATION \_\_\_\_\_

**Authorization for consent to Medical or Dental care of minor child:**

I, \_\_\_\_\_, grant permission for my child,  
(Printed name of parent / guardian)

\_\_\_\_\_, to participate in all activities sponsored by  
(Printed name of child) The Salvation Army Denver Red Shield.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff licensed under the provisions of diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Please list any known allergies, special medical conditions that the participant may have, or other information that may be useful to the Salvation Army staff and leaders.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parents' Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parents' Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Phone #1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Phone #2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Insurance Company

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

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Emergency contact Phone #

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

Date: \_\_\_\_\_

# WAIVERS

I HAVE RECEIVED AND READ A COPY OF THE SALVATION ARMY DENVER RED SHIELD CHILD CARE POLICIES & PROCEDURES (PAGE 7). I UNDERSTAND THAT BY ENROLLING MY CHILD IN THE SUMMER DAY CAMP PROGRAM I WILL FOLLOW AND ABIDE BY THEM. ANY QUESTIONS OR CONCERNS MAY BE DIRECTED TO THE PROGRAM DIRECTOR.

BY SIGNING THIS FORM YOU ARE GIVING THE SALVATION ARMY DENVER RED SHIELD PERMISSION TO TALK TO THE STAFF AT YOUR CHILD'S SCHOOL ABOUT HIS/HER ACADEMIC STATUS (IE. GRADES, PROGRESS REPORTS, AND OTHER TEST SCORES) PLEASE FEEL FREE TO CONTACT US AT ANY TIME REGARDING THIS FORM, THE TUTORING, OR ANY OTHER MATTER RELATED TO YOUR CHILD'S EDUCATION.

I HEREBY GIVE PERMISSION TO THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER TO OBTAIN SCHOOL RECORDS REGARDING THE PROGRESS OF MY CHILD. THIS INCLUDES, BUT IS NOT LIMITED TO GRADES, TEST SCORES, PROGRESS REPORTS, AND OTHER RELATED ACADEMIC MATERIAL. I UNDERSTAND THAT THIS INFORMATION WILL ONLY BE USED FOR THE PURPOSE OF IDENTIFYING AREAS IN WHICH HELP CAN BE PROVIDED TO MY CHILD DURING THE SCHOOL YEAR AND PROGRAM EVALUATION.

PARENTS OR LEGAL GUARDIAN INITIALS: \_\_\_\_\_

# TELEVISION / VIDEO'S

MY CHILD MAY VIEW TELEVISION AND/OR VIDEOS AT THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER AS LONG AS THEY ARE G & PG RATING. I UNDERSTAND THAT ANY TV VIEWING WILL BE DONE UNDER SUPERVISION.

PARENT OR LEGAL GUARDIAN INITIALS YES \_\_\_\_\_ PARENT OR LEGAL GUARDIAN INITIALS NO \_\_\_\_\_

# SUNSCREEN

I AUTHORIZE THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER TO USE AND APPLY SUNSCREEN TO BARE SURFACES INCLUDING THE FACE, TOP OF EARS AND BARE SHOULDERS, ARMS, LEGS AND FEET 15 - 30 MINUTES BEFORE OUTDOOR ACTIVITIES. THE SUNSCREEN WILL BE AT MINIMUM A SPF OF 15 UP TO 30. SUNSCREEN WILL NOT BE APPLIED TO BROKEN SKIN OR IF A SKIN REACTION HAS BEEN OBSERVED. ANY SKIN REACTION OBSERVED BY STAFF WILL BE REPORTED PROMPTLY TO THE PARENT/LEGAL GUARDIAN. IT IS THE PARENT'S RESPONSIBILITY TO PROVIDE SUNSCREEN WITH A MINIMUM SPF OF 15 (BOTTLE MUST BE LABELED WITH THE CHILD'S FIRST AND LAST NAME).

NAME OF SUNSCREEN AND SPF NUMBER: \_\_\_\_\_

- IN THE EVENT THAT MY CHILD'S SUNSCREEN IS NOT READILY AVAILABLE, MY CHILD MAY USE THE SUNSCREEN PROVIDED BY THE SALVATION ARMY RED SHIELD CORPS & COMMUNITY CENTER.
- I DO NOT WANT MY CHILD TO USE ANY OTHER SUNSCREEN OTHER THAN THE ONE HE/SHE BRINGS.

PARENT OR LEGAL GUARDIAN INITIALS \_\_\_\_\_

# PHOTO RELEASE

I HEREBY IRREVOCABLY GRANT THE SALVATION ARMY THE ABSOLUTE RIGHT AND PERMISSION TO COPYRIGHT AND/OR PUBLISH OR USE PHOTOGRAPHIC PORTRAITS AND/OR PICTURES OF MY CHILD/ME, OR IN WHICH HE/SHE/I MAY BE INCLUDED IN WHOLE OR PART, OR COMPOSITE OR DISTORTED IN CHARACTER OR FORM IN CONJUNCTION WITH MY CHILD'S NAME OR A FICTITIOUS NAME, OR REPRODUCTION THEREOF IN COLOR OR OTHERWISE, MADE THROUGH ANY MEDIA, FOR ART, ADVERTISING, OR ANY OTHER LAWFUL PURPOSE WHATSOEVER. I ALSO GRANT THE SALVATION ARMY THE SAME RIGHT AND PERMISSION TO USE ANY STATEMENTS OR TESTIMONIALS MADE BY MY CHILD/ME.

SIGNATURE \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_\_

I (PRINT NAME) \_\_\_\_\_ DECLARE THAT ALL THE ABOVE DATA COMPLETED IS TRUE, AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF THE NUMBER OF WEEKS OF ATTENDANCE INDICATED. I ALLOW MY CHILD TO PARTICIPATE IN ANY PLANNED FIELD TRIPS AND ACTIVITIES AND KNOW THAT I WILL BE NOTIFIED PRIOR OF ANY EXCURSIONS OUTSIDE THE SALVATION ARMY DENVER RED SHIELD CORPS & COMMUNITY CENTER AREA.

SIGNATURE \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_\_

# TRANSPORTATION

BY SIGNING BELOW, I GIVE THE SALVATION ARMY DENVER RED SHIELD PERMISSION TO PROVIDE TRANSPORTATION FOR MY CHILD TO THE DENVER RED SHIELD FOR AFTER SCHOOL CARE. I UNDERSTAND THAT I AM REQUIRED TO NOTIFY THE DENVER RED SHIELD STAFF ANY DAY THAT MY CHILD WILL NOT BE NEEDING TRANSPORTATION.

SIGNATURE \_\_\_\_\_  
PARENT OR LEGAL GUARDIAN

DATE \_\_\_\_\_

THE FOLLOWING INFORMATION WILL ASSIST US IN GUIDING YOUR CHILD'S EXPERIENCE AT THE SALVATION ARMY DENVER RED SHIELD.

PLEASE LIST ADULTS THAT ARE PROVIDING REGULAR CARE TO THE CHILD:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

PLEASE LIST THE CHILD'S SIBLINGS

NAME	GRADE IN SCHOOL	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS?

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PLEASE LIST DAY CARE/PRESCHOOL THAT YOUR CHILD PREVIOUSLY ATTENDED:

NAME

REASON FOR LEAVING

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DOES YOUR CHILD HAVE ANY SPECIAL FEARS OR CONCERNS?

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PLEASE DESCRIBE DISCIPLINE TECHNIQUES USED AT HOME

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WHAT ARE YOU HOPING YOUR CHILD WILL ACCOMPLISH IN THE AFTER SCHOOL PROGRAM?

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DOES YOUR FAMILY CURRENTLY ATTEND CHURCH OR MINISTRY RELATED ACTIVITIES ANYWHERE? IF SO, PLEASE LET US KNOW WHERE

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DO YOU HAVE ANY OBJECTIONS TO YOUR CHILD TAKING PART IN DAILY DEVOTIONAL PROGRAM AND DEEPENING THEIR CONNECTION TO THE LORD'S WORD? IF YES, PLEASE LET US KNOW A LITTLE BIT MORE

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT OR LEGAL GUARDIAN