



Red Rocks School Age Child Care Registration & Medical Record Form

Child's Name: _____

Child's Address: _____
 Unit#: _____ City: _____ Zip: _____

Child's Information

Male Female Grade: _____

Date of Birth: _____

School: _____

Teacher: _____

Medical Information

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone #: _____

Hospital: _____

Hospital Address: _____

Hospital Phone #: _____

Dentist: _____

Dentist Address: _____

Dentist Phone #: _____

I understand RRCC SACC will call 911 in an emergency

Are there any legal restrictions on who may have contact with your child? (Court ordered documentation - **Copy Required**)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Restricted Person's Name: _____

Restricted Person's Name: _____

Authorized Individuals who may pick up child & Emergency contacts

	Emerg ency	or		Pick Up
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1) Name: _____

Relationship to child: _____

Primary #: _____

Address: _____

2) Name: _____

Relationship to child: _____

Primary #: _____

Address: _____

3) Name: _____

Relationship to child: _____

Primary #: _____

Address: _____

Medical Insurance: _____

Medical ID# _____

Dental Insurance: _____

Dental ID# _____

List dietary restrictions: _____

List any known allergies: _____

List any medications: _____

List any special needs / medical information your child has: _____

Parent/ Guardian Information

Name: _____

Relationship to child: _____ Child lives with this guardian/parent

Address: _____

Employer: _____ DL# _____

Work Address: _____

Home # _____ Cell # _____ Work # _____

Name: _____

Relationship to child: _____ Child lives with this guardian/parent

Address: _____

Employer: _____ DL# _____

Address: _____

Home # _____ Cell # _____ Work # _____

The information above is correct and true. I understand I am responsible to inform RRCC SACC in writing of any changes or additional medical needs my child may have. I agree to the terms, policies and procedures stated on the registration form and in the family handbook.

Signature: _____ **Date:** _____

We ask that you review and sign this document in person with the Site Manager. Electronic signatures are not accepted.

Red Rocks Community College School – Age Child Care Policies & Procedures

I hereby give my permission to RRCC SACC to:

- Call a doctor, dentist, or 911 should an emergency arise. Permission is granted for emergency, medical, or hospital personnel to perform necessary care in the event of an emergency. It is understood that conscientious efforts will be made to locate the parent or guardian before any action will be taken. Parent or guardian agrees to accept all expenses incurred.
- To release my child only to individuals specified on the reverse side of this form.
- Discuss issues concerning my child's welfare and development with necessary school personnel.
- Transport my child for the purposes of scheduled activities. The form of transportation will be Jefferson County Public School Buses, RTD or walking.
- Help my child apply sunscreen when necessary.

I understand:

- ***My child must be signed in and out by an authorized adult*** and that anyone who is authorized to pick up my child ***needs to have a picture ID*** available. Individuals not on the list of authorized adults must have parents written or verbal authorization. This authorization includes: full name, phone number, and address. If authorization is verbal the Site Manager will call the parent/guardian back to verify authorization.
- Any restrictions on parental rights for this child, RRCC SACC staff ***must have legal documentation*** of custody specifications, restraining orders or other legal information concerning the child on file.
- It is my responsibility to inform the RRCC SACC Office and Site Manager in writing any time information on the Registration Form changes.
- That it is RRCC SACC's belief that open, honest and direct communication between parents and staff is most beneficial. The communication between all parties will be done in a respectful manner. Therefore, I understand that the appropriate way to handle a concern with the program or my child's progress is to approach the Site Manager first and request a meeting. If at any time staff are disrespected, harmed or verbally assaulted, care will be terminated immediately. If an issue is not handled to my satisfaction, I should approach the Program Manager for my site and request a meeting. Office number is 303-914-6203.
- RRCC SACC offers a well-rounded program for children to participate in daily. I understand that I have the right to exclude my child from any particular program or activity. RRCC SACC strives to model, teach, and encourage good communication, skills, problem solving skills and positive social interactions between peers and staff. RRCC SACC believes that choices create an atmosphere that decreases the amount of discipline concerns. If concerns arise with my child, the staff will communicate those concerns with me and create a plan that will enable my child to participate in a more positive way. However, never will a child be allowed to remain in the program who is potentially dangerous to other children, staff or self. A child who continually disrupts, disrespects or destroys the goals created for the group, as a whole, will be asked to leave the program immediately.
- Waterproof, PABA free sunscreen with an SPF of at least 30 will be provided by RRCC SACC. If child requires a special sunscreen parent/guardian must provide for RRCC SACC.
- Photos or videos may be taken of my child for the purpose of curriculum or advertising.

I agree:

- To notify RRCC SACC when my child will not be attending on regularly scheduled sessions by leaving a message on the site cell phone. The message will state the date, child's name, parent's name, and phone number.
- To assist RRCC SACC staff in helping my child learn appropriate communication, behavior and problem solving skills.
- To let staff know promptly of any changes in my child's normal schedule in writing.