

# 1<sup>st</sup> Choice Before and After School Kare (A.S.K.) Enrollment Section

Thank you for enrolling your child in the 1<sup>st</sup> Choice Before and After School Kare Program (A.S.K.). Our goal is to make sure your child has a fun yet educational experience while staying at the A.S.K. program.

## The enrollment process made simple

- 1) Please fill out the information requested below and then return the completed paperwork to the 1<sup>st</sup> Choice ASK Director at your child's school. Do not return the paperwork to the school's front office, as they do not handle our records.
- 2) We will need a copy of your child's immunization records, transcribed onto the approved State of Colorado form we provide.
- 3) We will NOT need a doctor's signature on any of the forms unless your child needs to take "Over the Counter" medication.
- 4) On the "Authorization for draft form", simply put "Signature on file" in the space that asks for your credit card number; authorize and date.

That's it, you're done!

Thank you again, we look forward to serving you and your family's needs.

Sincerely,

Bill Black  
Pres. 1<sup>st</sup> Choice A.S.K.  
1525 Pelican Lakes Pt. Unit B  
Windsor, Co. 80550  
970-460-0031

# 1<sup>st</sup> Choice A.S.K. Enrollment Form

School Name \_\_\_\_\_ Academic Year \_\_\_\_\_ / \_\_\_\_\_

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

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone # \_\_\_\_\_

Description of Child (race, hair color, eye color) \_\_\_\_\_

\_\_\_\_\_

Mother/ Guardian Information	Father/ Guardian Information
Name:	Name:
Home phone (if different from above):	Home phone (if different from above):
Address (if different from above):	Address (if different from above):
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-mail:	E-mail:
Employer/Company Name & Address:	Employer/Company Name & Address:

## Emergency Contact Info if Guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child: \_\_\_\_\_

# 1<sup>st</sup> Choice A.S.K. Authorization for Draft

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SCHOOL NAME

I authorize After School Kare, Inc. dba 1<sup>st</sup> Choice After School Kare to auto draft my credit card monthly. I understand, with a two-week notice, I may cancel the draft at any time.

Credit card type, (please circle) MC, Visa, Check Debit or Discover  
Account # --Please call in card number to Office—970-460-0031

## Signature for Authorization to charge credit card

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Print Name Here

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Signature & Date

# 1<sup>st</sup> Choice A.S.K. Medical Information

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

Primary Care Provider/Pediatrician	Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

In case of a medical or other emergency situation while your child is under our care, you understand that After School Care, Inc dba 1<sup>st</sup> Choice After School Kare's (A.S.K.) staff will attempt to contact you immediately; however, in the event that you cannot be reached or when a delay could further jeopardize your child's health, you hereby authorize 1<sup>st</sup> Choice A.S.K. to act on your behalf and to take the emergency measures indicated below if deemed necessary by 1<sup>st</sup> Choice A.S.K. or by medical authorities for the care and protection of your child.

- Consult a physician or dentist named above if you cannot be reached.
- Administer first aid and or cardiopulmonary resuscitation (CPR)
- Transport your child via ambulance or other emergency medical service to a local hospital or their urgent care facility if deemed necessary, by paramedic, police or their emergency personnel.

**Please circle your hospital of choice:**

Northern Colorado Medical Center  
1801 16<sup>th</sup> St. Greeley, CO. 80634  
(970) 352-4121

Poudre Valley Hospital  
1024 S. Lemay Ave. Ft. Collins, CO.  
80524 (970) 495-7000

Mckee Medical Center  
2000 Boise St. Loveland, CO.  
80538 (970) 669-4640

Medical Center of the Rockies  
2500 Rocky Mtn. Ave., Loveland, CO.  
80538 (970) 624-2500

- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- If there is an emergency we will call Poison Control Center in case of accidental ingestion of a poisonous substance.

Additional Instructions if any: \_\_\_\_\_

- As a condition of enrollment, you must authorize 1<sup>st</sup> Choice A.S.K. to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If your wish is to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted.
- In addition, parents must complete any state-specific medical authorization forms required by individual state licensing regulations.
- You authorize 1<sup>st</sup> Choice A.S.K. staff to apply sunscreen and or bug spray (SPF 15 or higher), that you provide (with child's name on it) or we provide. The teachers will only apply sunscreen to exposed areas when the child is to go outside.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

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

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

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

Vaccine	Enter the month, day and year each immunization was given					
Hep B	Hepatitis B					
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)					
DT	Diphtheria, Tetanus (pediatric)					
Tdap	Tetanus, Diphtheria, Pertussis					
Td	Tetanus, Diphtheria					
Hib	Haemophilus influenzae type b					
IPV/OPV	Polio					
PCV	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					
Vaccines recorded below this line are recommended. Recording of dates is encouraged.						
HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

Healthcare Provider Documentation Date \_\_\_\_\_ Lab Verification Date \_\_\_\_\_

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

- A) Child Care Up to Date**  
Up to date through 6 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- B) Child Care Up to Date**  
Up to date through 18 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- C) Child Care/Pre-school/Pre-K\***  
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- D) Complete for K–5th Grade**  
Up to date for K–5th Grade for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

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

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.**  
**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

**EXENCION POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

**Medical exemption to the following vaccine(s):**

**La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):**

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico) \_\_\_\_\_  
Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

**EXENCION POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

**Religious exemption to the following vaccine(s):**

**Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):**

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)  
Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

**EXENCION POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

**Personal exemption to the following vaccine(s):**

**Exención por creencias personales de la(s) siguiente(s) vacuna(s):**

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)  
Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR



# 1st Choice After School Kare (A.S.K.)

School Name \_\_\_\_\_

## Release and Indemnification (Permission Slip)

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless After School Kare, Inc. dba 1<sup>st</sup> Choice After School Kare, (Your School Name Here \_\_\_\_\_ please fill in), its affiliates, officers, directors, volunteers, employees, all sponsoring businesses, organizations, their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in all events and related activities including but not limited to field trips, transportation of field trips – whether it results from accidental negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image or voice as may be captured by photograph or recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion or advertisement.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read and explained the foregoing release and indemnification agreement to my child, and hereby agree to its terms on behalf of the Participant and myself.

By signing this sheet you are also confirming that you have read the Policies and Procedures for the A.S.K. program.

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

# 1st Choice After School Kare Child Health Evaluation Form

School Name \_\_\_\_\_

Child Name \_\_\_\_\_

General Health Appraisal for Enrollment in After School Care

**Please include a copy of your child's Immunization Records.**

<b>Describe your child's health history &amp; medical information pertinent to routine childcare and emergencies:</b>
<input type="checkbox"/> None
Description:
Special diet:
Allergies:
<ul style="list-style-type: none"> <li>• Type of reaction: _____</li> </ul>
Current Medications:

<b>Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?</b>
<input type="checkbox"/> None
Description & Comments to child care providers :

Date of most recent examination of child within the last 12 months: \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_  
**Vision** \_\_\_\_\_ **Hearing** \_\_\_\_\_ **Dental Screening** \_\_\_\_\_

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
Date



# 1<sup>st</sup> Choice A.S.K. Authorized To Pick-Up Chart

School Name \_\_\_\_\_

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

Please list the names and phone numbers of the individuals you authorize to pick up your child from 1st Choice A.S.K. Individuals listed below must have a current, valid form of identification.

Name	Phone Number

- Unless otherwise noted, we will use the above listed names to call in case of an emergency.
- By authorizing this sheet, you are giving the 1st Choice After School Kare staff and/or associates permission to let any of the above names listed pick your child up from the program.

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 Please initial here \_\_\_\_\_ ONLY if you are authorizing your child to sign themselves out of the facility.  
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Parent (Guardian) Signatures:

\_\_\_\_\_  
 Mother/Guardian

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

\_\_\_\_\_  
 Father/Guardian

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

## 1 Hour Group Tutoring with A.S.K.

At 1<sup>st</sup> Choice Before and After School Kare our mission is create more family time by completing most, if not all, homework while your child(ren) are in our care. Our goal is to help improve or maintain successful academic scores.

We dedicate an hour per day to work on your child's homework assignments. Our directors try extremely hard to help every student finish their assignments before parents pick them up in hopes of providing more quality time with family and friends.

Please inform your child's A.S.K. director if you have specific requests for them to focus on while completing their homework. For example, maybe you would rather our director's focus more on your child's spelling or writing vs. math or foreign language courses. We will certainly do everything we can within the allotted hour to bring support in that requested area.

Not only do we try to get as much homework completed as possible in the allotted hour but we also pay specialty event professionals to come in weekly to teach your children a variety of activities. We hope you will be able to find your child's passion without having to enroll them in several costly activities.

Thank you for your understanding and patronage of the 1<sup>st</sup> Choice A.S.K. Program. We look forward to having your child(ren) as part of the A.S.K. Team!