

1st Choice Before and After School Kare (A.S.K.) Enrollment Section

Thank you for enrolling your child in the 1st 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 1st 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.
- 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. 1st Choice A.S.K.
1525 Pelican Lakes Pt. Unit B
Windsor, Co. 80550
970-460-0031

1st 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: _____

1st Choice A.S.K. Authorization for Draft

SCHOOL NAME

I authorize After School Kare, Inc. dba 1st 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

Print Name Here

Signature & Date

1st 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 1st 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 1st Choice A.S.K. to act on your behalf and to take the emergency measures indicated below if deemed necessary by 1st 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 16th 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 1st 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 1st 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 _____

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

1905 W. 8th St. Loveland CO 80538

(970) 460-0031

Child's Name _____ Date of Birth _____

I have notified your program that my child _____ has the following medical condition(s) _____
_____.

However, at this time I do not wish to supply you with any medications for the above mentioned conditions(s). I take full responsibility for any reactions or problems related to my child's medical condition while in your care. Initial _____

I acknowledge that if any situation occurs that the program considers to be an emergency, 911 will be called to provide care for my child. Initial _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____ Initial _____

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 1st 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.

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

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development?
<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

1st Choice Before And After School Kare Child Illness Policy

For the protection of our staff and all the students attending our program, we ask that parents/guardians keep sick children home. In the event that a child becomes sick during before or after school care hours while attending our program, the child's parents/guardians will be notified immediately and pick up arrangements will be made.

If a child is unable to participate in regular daily activities, feels nauseous, running a fever of 100.0 degrees or higher, vomiting, diarrhea or has any type of infectious illness they cannot attend.

A child may return when he/she is symptom free for a minimum of 24 hours medication free.

Parent/Gardian Signature

Date

1st 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.

 Please initial here _____ ONLY if you are authorizing your child to sign themselves out of the facility.

Parent (Guardian) Signatures:

 Mother/Guardian

Date: _____

 Father/Guardian

Date: _____



Student Transportation Form

Child Name: _____
Parent/Guardian Name: _____
Parent/Guardian Contact: _____
Emergency Contact: _____
School Attending: _____
Allergies: _____

Please indicate below whether your child will be attending our Before Care Program, After Care Program or both by circling “BC” for Before Care or “AC” for After Care Monday through Friday.

Monday: BC or AC
Tuesday: BC or AC
Wednesday: BC or AC
Thursday: BC or AC
Friday: BC or AC

Before Care = BC
Aftercare = AC

I give 1st Choice ASK permission to transport my child
from: _____ to _____
(School Name) (School Name)

Parent/Guardian Signature: _____ Date: _____

If monthly schedule stays the same, no need to complete monthly.

Any and ALL schedule changes to your child’s schedule require a new transportation form to be completed





1st Choice A.S.K. Transition Permission Slip

Dear Parents,
State Regulations require a child is signed in and or out once they are under our supervision. For that reason we must have this form signed if your child needs to leave the ASK Program for a specific amount of time to go to an event and then return.

Student Name: _____

Student School: _____

Name of Club: _____

Start Date: _____

End Date: _____

Start Time of Club (release from A.S.K.): _____

End Time of Club (return to A.S.K.): _____

By signing below, you are giving your child permission to sign themselves out of the A.S.K. program to attend a specified club listed above and agree all information listed above is accurate.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

