



FOR VOYAGER YOUTH PROGRAM STAFF USE ONLY

Date Received _____ Staff Initials _____

- Enrollment Form _____
- Contact Authorization _____
- Health Status Form _____
- Immunization Record _____
- Permission Form _____
- Behavior Contract _____

ENROLLMENT FORM

Date: _____

Child's Name: _____ Date of Birth: _____

Mailing Address: _____ Physical Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Hours: _____ Work Phone: _____ Work Hours: _____

Email Address: _____ Cell Phone(s): _____

Person other than parent to be notified in an emergency situation when parents are not available:

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name(s) of person(s) other than parent to whom the child may be released:

1. _____ Phone _____ 2. _____ Phone _____

3. _____ Phone _____ 4. _____ Phone _____

Persons unable to pick up child(ren) _____

My child:

- 1) cannot swim at all is a marginal swimmer is a strong swimmer
- 2) may walk home from Voyager needs to wait to be picked up
- 3) gets car sick does not get car sick

Other issues or concerns Voyager staff should be aware of: _____

I have read the Parent Handbook and agree to the Voyager Youth Program Policies and Procedures.

Parent or legal guardian signature

Date



CONTACT AUTHORIZATION

I, _____, am the parent or legal guardian of _____, hereinafter "the Applicant".

I request that the Applicant be authorized to attend the Voyager Youth Program.

I hereby give permission for the staff of the Voyager Youth Program to confer with the following persons and/or entities regarding applicant:

1. Any of Applicant's Teachers or other school officials;
2. Applicant's physician(s) who is _____;
3. Applicant's mental health professional who is _____;
4. Other caregivers of Applicant who is/are _____.

Parent or legal guardian signature

Date



FOR VOYAGER YOUTH PROGRAM STAFF USE ONLY

- Allergies _____
- Asthma _____
- Medication _____
- Other Conditions _____
- Notes _____

STATEMENT OF HEALTH STATUS
Type of Facility: School Age Child Care

The child care facility must obtain for every child who enrolls in child care programs a signed dated statement of the child's current health status which indicates the abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a parent or legal guardian of the child.

Child's Name: _____ Sex: _____ Date of birth: _____

Address: _____
Street City State Zip

Past Illness- Check those the child has had and give approximate dates:

- Chicken Pox _____ Ruseola _____ Rubella _____ Rheumatic Fever _____ Asthma _____ Hay Fever _____
- Diabetes _____ Mumps _____ Epilepsy _____ Whooping Cough _____ Poliomyelitis _____
- Other _____

Comments: _____

Surgery/Accident/Illness/Chronic Heart Problems: _____

Describe any physical or medical condition requiring special attention: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

If tuberculin test given: Date: _____ Results: _____ If chest x-ray taken: Date: _____ Results: _____

Vision: _____ Hearing: _____

Date of most recent examination of the child: _____ Name of Health Care Professional: _____

Address: _____
Street City State Zip Phone

Hospital preferred for emergency treatment: _____ Address: _____

Health Insurance Company: _____ Policy #: _____

Please record immunizations and dates administered on the Colorado Department of Health Certification of Immunization and attach to this form.

I _____ give consent for my child's health care provider and child care provider to discuss my child's health concerns in order to best care for my child.

 Parent or legal guardian signature

 Date

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED

Name _____ Date of Birth _____

Parent/Guardian _____

MINIMUM DOSES REQUIRED					VACCINE	ENTER DATES EACH IMMUNIZATION WAS GIVEN				
VACCINE	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)	College	DIPHTHERIA – TETANUS – PERTUSSIS (DTP)					
DTP/Td/DT	3	4	4		- OR -					
Polio	2	3	3		TETANUS – DIPHTHERIA (Td, DT)					
Measles*	1	1	2	2	POLIO					
Mumps*	1	1	2	2	HAEMOPHILUS INFLUENZA TYPE b** (ENTER MONTH, DAY, YEAR)					
Rubella*	1	1	2	2	MEASLES* (ENTER MONTH, DAY, YEAR)					Written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to this certificate or record test results and dates in the boxes at left.
Hib**	1	1			MUMPS* (ENTER MONTH, DAY, YEAR)					
					RUBELLA* (ENTER MONTH, DAY, YEAR)					
Any student starting or completing the vaccine series within 6 months of first enrollment in a Colorado school may be certified with:					TO THE BEST OF MY KNOWLEDGE, THIS PERSON HAS RECEIVED THE ABOVE IMMUNIZATIONS.					
VACCINE	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-13yrs)		DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS					
DTP/DT		3	3		SIGNED _____ (PHYSICIAN, NURSE OR SCHOOL HEALTH AUTHORITY)					
Td (Age 7+)		2	2		TITLE _____ ARE MET _____ DATE _____					
Polio	2	2	2							
Measles*	1	1	2							
Mumps*	1	1	2							
Rubella*	1	1	2							
Hib**	1	1								

* Measles, mumps and rubella vaccines must have been administered on or after the first birthday to be acceptable for certification.
Beginning July 1, 1992, 7th graders and college freshmen born since January 1, 1957 must have 2 measles doses, 2 mumps doses and 2 rubella doses: if the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The measles, mumps and rubella doses must have been administered on or after the first birthday and at least one month apart. By July 1, 1995 all college students born since January 1, 1957 must comply. By July 1, 1997 all students in grades 7-12 must comply.
** One Hib vaccine dose must have been administered at age 12 months or older. Children age 5 and older are exempt from Hib requirements.
Your doctor or clinic may recommend additional doses.

Name _____	Date of Birth _____
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STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.

MEDICAL EXEMPTION

THE PHYSICAL CONDITION OF THE ABOVE NAMED PERSON IS SUCH THAT IMMUNIZATION WOULD ENDANGER LIFE OR HEALTH, OR IS MEDICALLY CONTRAINDICTED DUE TO OTHER MEDICAL CONDITIONS.

SIGNED _____ DATE _____
(PHYSICIAN)

RELIGIOUS EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A RELIGIOUS BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
(PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)

PERSONAL EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A PERSONAL BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
(PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)



FOR VOYAGER YOUTH PROGRAM STAFF USE ONLY

<input type="checkbox"/> Transportation	<input type="checkbox"/> Administer Medication
<input type="checkbox"/> Participation in Activities	<input type="checkbox"/> Field Trips
<input type="checkbox"/> Apply Sunscreen & Bug Spray	<input type="checkbox"/> Media Release
<input type="checkbox"/> Emergency Medical Care	<input type="checkbox"/> Movies

PERMISSION AND AUTHORIZATION FORM

Check (✓) the "Y" box for each item you give permission.
 Check the "N" box for any item permission is **not** given.

Child's Name _____

Transportation

Y	N
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I give permission for authorized Voyager Staff to transport my child to and away from program headquarters (Ridgway or Ouray School). If necessary, I also give permission to Voyager Staff to transport my child in a personally owned vehicle.

Participation in Activities

Y	N
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I give my permission for my child to participate in program activities except for the following:

Apply Sunscreen & Bug Spray

Y	N
---	---

I give my permission to Voyager Youth Program Staff to apply sunscreen and bug spray on my child as needed.

Emergency Medical Care

Y	N
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I hereby give my permission to Voyager staff to call for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible, I will accept responsibility for the expenses of emergency treatment or care.

Administer Medication (if applicable)

(this is only necessary if your child takes medication)

Y	N
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I give permission to program staff to administer physician prescribed medication to my child. I agree to provide the medication in its original pharmacy container with my child's name and medication name and dosage clearly marked.

Field Trips

Y	N
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I give my permission for my child to go on field trips away from the premises of the program headquarters (Ridgway or Ouray School), in the company of program staff, whether on foot or by vehicle.

Media Release

Y	N
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I give my permission for my child to be photographed by program staff and/or local press as he/she is engaged in program activities for the purpose of program promotion and communication.

Movies

I give my permission for my child to watch the following rated movies:

Y	N
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Rated **G**

Y	N
---	---

Rated **PG**

This Permission and Authorization form will be effective from the date signed below, up to one year. I understand that I may, at any time, revoke this Permission and Authorization form by submitting written notification to Voyager Youth Program staff.

Parent or legal guardian signature

Date



BEHAVIOR CONTRACT

Students and parents should read the following information *together* and sign below:

GENERAL RULES

- You must get permission at all times from your group leader to leave the room or group
- Always wash your hands thoroughly with soap after going to the bathroom, before eating, after playing or before and after preparing food
- Keep your hands to yourself at all times
- No rough play, foul language or fighting will be tolerated. Children need to talk through their problems with one another in a peaceful manner. If children cannot work it out between themselves, staff will help children resolve a problem or dispute
- Children must adhere to the discipline policy at all times while at Voyager Youth Program
- No throwing of any objects
- Clean up after yourself

POOL RULES

- No one can get in the pool until staff gives permission to swim
- Running, splashing or dunking is not permitted
- You must successfully pass the swim test to swim in the deep section, Voyager Youth Program requires written authorization from a parent or legal guardian for students to take the swim test
- All rules of the pool apply and must be adhered to

I understand that my conduct should be appropriate to the standards of Voyager Youth Program at all times and that failure to follow these guidelines may result in my dismissal from the program. Staff will counsel students whenever possible to avoid dismissal.

I have read and understand the conditions of this agreement.

Parent Signature _____ Date _____

Student Signature _____ Date _____