



FOR VOYAGER YOUTH PROGRAM STAFF USE ONLY

Date Received _____ Staff Initials _____

Enrollment Form _____

Contact Authorization _____

Health Status Form _____

Immunization Record _____

Permission Form _____

Behavior Contract _____

Collection Policy _____

ENROLLMENT FORM

Date: _____ Child's Name: _____ Date of Birth: _____ Child's Age: _____ Child's Gender: Boy / Girl

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: _____

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

1. _____ Phone _____ 2. _____ Phone _____

Persons unable to pick up child(ren) _____

My child can self transport (walk or bike) home. Circle one: Yes No

Pre-registration for all Camps is REQUIRED; Please complete this packet and return to Voyager to enroll your child. Pre-registration for each camp must be at least one week in advance of the camp. If the minimum enrollment is not met, the camp will be cancelled.

Camp my child is enrolling in (Please circle the camps you in which you would like to enroll your child):

Salon Camp: 6/13-15, Ages 6-10
Registered by 6/1/11 Min: 5

Skateboarding: 6/20-22, Ages 8-11
Registered by 6/8/11 Min: 5

Science: 6/27-29, Ages 6-9
Registered by 6/15/11 Min: 5

Basketball: 7/11-13, Ages 7-10
Registered by 6/29/11 Min: 6

Nature Art: 7/18-20, Ages 6-10
Registered by 7/6/11 Min: 5

Soccer: 7/25-27, Ages 7-10
Registered by 7/13/11 Min:5

T-Ball: 8/1-3, Ages 7-10
Registered by 7/20/11 Min: 5

Gadgets and Gizmos: 8/8-10, Ages 6-11
Registered by 7/27/11 Min:5

Tastes of the West: 8/15-17, Ages 6-9
Registered by 8/3/11 Min:5

If enrollment is not met, camp will be cancelled

Summer Enrichment, Ages 5-11 → Enrichment runs every Thursday and Friday, as well as 7/5-6 and 8/22-24; Registration for Enrichment is NOT required

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR VOYAGER YOUTH PROGRAM GRANT APPLICATION PURPOSES

I am currently... (circle response)

- 1) Married A single parent
- 2) Part-time employed Full-time employed Other
- 3) Ridgway employed Ouray employed Telluride employed Montrose employed Self-employed, work mainly outside Ouray County Other
- 4) Living in Ouray Living in Ridgway Living outside Ouray County

My spouse is currently... (circle response)

- 5) Part-time employed Full-time employed Other N/A
- 6) Ridgway employed Ouray employed Telluride employed Montrose employed Self-employed, work mainly outside Ouray County Other



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 _____;
Please write name if applicable
- 3. Applicant's **mental health professional** who is _____;
Please write name if applicable
- 4. **Other caregivers** of Applicant who is/are _____.
Please write name if applicable

Parent or legal guardian signature

Date



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 _____

COLORADO DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

MINIMUM DOSES REQUIRED	VACCINE	ENTER DATES EACH IMMUNIZATION WAS GIVEN																																																																										
<table border="1"> <tr> <td>VACCINE</td> <td>Preschool (15mo-4yrs)</td> <td>Grades K-6 (5-11yrs)</td> <td>Grades 7-12 (12-18yrs)</td> <td>College</td> </tr> <tr> <td>DTP/Td/DT</td> <td>3</td> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>Polio</td> <td>2</td> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>Measles*</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>Mumps*</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>Rubella*</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>Hib**</td> <td>1</td> <td></td> <td></td> <td></td> </tr> </table> <p>Any student starting or completing the vaccine series within 6 months of first enrollment in a Colorado school may be certified with:</p> <table border="1"> <tr> <td>VACCINE</td> <td>Preschool (15mo-4yrs)</td> <td>Grades K-6 (5-11yrs)</td> <td>Grades 7-12 (12-13yrs)</td> </tr> <tr> <td>DTP/DT</td> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>CR</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Td (Age 7+)</td> <td></td> <td>2</td> <td>2</td> </tr> <tr> <td>Polio</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Measles*</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Mumps*</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Rubella*</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>Hib**</td> <td>1</td> <td></td> <td></td> </tr> </table> <p>* 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.</p>	VACCINE	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)	College	DTP/Td/DT	3	4	4		Polio	2	3	3		Measles*	1	1	2	2	Mumps*	1	1	2	2	Rubella*	1	1	2	2	Hib**	1				VACCINE	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-13yrs)	DTP/DT	3	3		CR				Td (Age 7+)		2	2	Polio	2	2	2	Measles*	1	1	2	Mumps*	1	1	2	Rubella*	1	1	2	Hib**	1			DIPHTHERIA – TETANUS – PERTUSSIS (DTP) - OR - TETANUS – DIPHTHERIA (Td, DT)				
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TO THE BEST OF MY KNOWLEDGE, THIS PERSON HAS RECEIVED THE ABOVE IMMUNIZATIONS. SIGNED _____ DO NOT SIGN UNLESS MINIMUM (PHYSICIAN, NURSE OR SCHOOL HEALTH AUTHORITY) IMMUNIZATION REQUIREMENTS TITLE _____ DATE _____ ARE MET																																																																												

Name _____ Date of Birth _____

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)



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

I give my 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

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

I hereby give my permission to program 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- only necessary if your child takes medication)

 Y N

I give my 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.

Immunization Records

 Y N

I confirm that my child's immunization records are kept on file with Ouray / Ridgway School (circle one) and subsequently give my permission for a copy to be released to Voyager Youth Program.

Field Trips

 Y N

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

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

 Y N

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

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:

YOUR RIGHTS & RESPONSIBILITIES

You have the *right* to:

- A safe VYP experience and environment
- Make choices
- Your own thoughts and ideas
- Be treated fairly
- Be yourself

You are *responsible* for:

- Maintaining a safe VYP experience and environment
- The consequence of your choices
- Respecting others
- Your own actions

CODE OF CONDUCT

As a participant in Voyager Youth Program I will:

- Respect self, others and the environment
- Arrive prepared and willing to participate with a positive, can-do attitude
- Do all I can to make sure everyone (myself included) has a great Voyager experience

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 and feet to yourself at all times
- No rough play, foul language, or fighting will be tolerated.
- No throwing of any objects unless it is part of a game or activity
- Clean up after yourself

DISCIPLINE POLICY

Voyager's discipline protocol consists of a color/consequence progression using four increments: green, yellow, orange, and red. All students have name cards that upon arrival are placed under the green "attendance" card. VYP wants students to focus on self-control and positive change, however, students who demonstrate repeated or excessive negative behavior will be asked to move their name to the yellow card representing an "official" warning. If this behavior persists, students are subsequently asked to move their name to the orange card indicating a "timeout" consequence from the current activity. Students do have the opportunity to earn their way back to green through positive behaviors. As a final consequence, persistent negative behavior results in moving to the red card requiring an indefinite timeout and communication with parent/guardian. Depending on the circumstances and severity of the behavior, this communication may take place immediately or may wait until pickup. As a last resort and at the discretion of the Program Director students who repeatedly receive red cards may not be allowed to attend the program for an appropriate amount of time. This decision will only be made following careful discussion between parents and Voyager Youth Program staff.

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 _____

Voyager Youth Program Collection Policy

Voyager Youth Program is a nonprofit which exists to serve the families of Ouray County by providing quality programming for youth. These programs are only able to be maintained by the receipt of timely payments made by the participants. It is the responsibility of the participant families to help maintain the financial well being of the program and thereby play an important part in its success.

1. Invoices are sent out for the prior month's services stating the balance due before the end of the month.
2. 30 days - If payment is not made by the end of the month, parents are required to notify Voyager of the date funds will be received. Any arrangement must include a partial payment to be made before the account is 45 days past due.
3. 45 days - If no payment has been made and/or no contact has been made, a letter is sent to parents asking them to contact the office to make payment arrangements and notifying the parent if they do not contact us and/or the first arranged payment is not received by the 60th day due, services will be stopped. Any account with balances 45 days past due is assessed a \$20 late charge (waived if payment arrangements are made and a partial payment received).
4. 60 days - If no contact is made OR if the first arranged payment is not received a letter is sent stating that the child is ineligible to receive services from Voyager until such time as payment is received. Further, if arrangements are not made AND the first arranged payment is not received before the account becomes 90 days past due the account will be turned over to a collection agency and reported to the credit bureau. An additional \$20 late fee is assessed.
5. 90 days - account turned over to the collection agency.

NOTE: Help to offset the cost of childcare can be applied for through Social Services. Call 626-2299 for more information.

Scholarships may be available. Contact the Voyager office at 626-4279 for more information.

I have read and agree to the preceding Collection Policy

Signature

Date

Parent's name

Child/Children's name