

Neighborhood Center

Information Card 2017-2018

Child Information

First Name		M.I.	Last Name	
Date of Birth	Gender	Age	Grade	Student ID # (6 digits)
Ethnic Group you consider the child to be a member of:			<i>(Ethnicity is needed for Federal Food Program)</i>	
School/Neighborhood Center Site Child Will Attend:			START DATE: 8/21/2017	

**PARENT/GUARDIAN INFORMATION

Child lives with: <i>(Check one or more)</i>	Mother	Father	Other <i>(Please Specify)</i>
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MOTHER/GUARDIAN	First Name	Last Name			
Address		City	State	Zip	
Home Phone		Cell/Pager			
Employer Name					
Employer Address					
Work Phone		City	State	Zip	
Preferred Contact Number during Discovery Link Hours - Check one: HOME CELL WORK		Order of Emergency Contact: <i>(please circle or check one)</i>		First	Second

FATHER/GUARDIAN	First Name	Last Name			
Address		City	State	Zip	
Home Phone		Cell/Pager			
Employer Name					
Employer Address					
Work Phone		City	State	Zip	
Preferred Contact Number during Discovery Link Hours - Check one: HOME CELL WORK		Order of Emergency Contact: <i>(Please circle or check one)</i>		First	Second

**REQUIRED- ALTERNATE EMERGENCY CONTACT (ALL EMERGENCY CONTACTS MUST BE 18 AND OLDER)

Name	Relationship to Child:	Order of Emergency Contact: <i>(CHECK ONLY ONE)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Address		City/State/Zip			
Home Phone	Office Phone	Cell/Pager			

Additionally, the following people are allowed to pick up my child from Neighborhood Center:

Name	Relationship	Phone Number

****Required Information – complete contact information must include names, addresses, & phone numbers wherever indicated**

THE ABOVE PERSONS ARE AUTHORIZED TO PICK UP MY CHILD AND WHOM THE NEIGHBORHOOD CENTER MAY CONTACT IN THE EVENT OF AN EMERGENCY IF PARENT(S) OR GUARDIAN(S) CANNOT BE REACHED. (ALL EMERGENCY CONTACTS MUST BE 18 AND OLDER.)

Parent/Guardian Signature: _____	Date: _____
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****MEDICAL/HOSPITAL INFORMATION**

Child's Name _____

Doctor's Name		Phone	
Address	City	State	Zip
Dentist's Name		Phone	
Address	City	State	Zip
Preferred Hospital		Phone	
Address	City	State	Zip
<p>**Required Information – complete contact information must include name, address & phone numbers for doctor, dentist and preferred hospital.</p> <p>I do hereby authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of the child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for medical assistance. The staff is also authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.</p>			
Parent/Guardian Signature: _____			Date: _____

SPECIAL NEEDS INFORMATION




Has your child been identified with a disability?	Yes	No	If yes, what special accommodations or modifications are needed?	
Does your child have an IEP or a 504 Plan in place?	Yes	No	If yes, what special accommodations or modifications are needed?	
Check any of the following that apply to your child.	<input type="checkbox"/> Learning Disabilities		<input type="checkbox"/> ADHD, ADD	<input type="checkbox"/> Physical Therapy
	<input type="checkbox"/> Speech/Language		<input type="checkbox"/> Autism/Asperger's Syndrome	<input type="checkbox"/> Vision/Hearing
If any of the above questions have been answered YES a meeting with the Program Specialist is required before my child may begin the program.				Parent/Guardian Initials

ALLERGY/HEALTH INFORMATION





Yes	No	ALLERGIES (Please Explain)
Yes	No	Does your child take medications for Allergies? (if yes, please note the specific medications below)
Yes	No	ASTHMA
Yes	No	Does your child take medications for Asthma? (if yes, please note the specific medications below)
Yes	No	Medical Problems (That Require Special Accommodations)
Yes	No	Dietary Needs (That Require Special Accommodations/Additional Forms May Be Required)
Yes	No	Other (That Require Special Accommodations)
Yes**	No	Emergency Medications Required **A current copy of each Medication Authorization MUST BE provided
Please list all EMERGENCY MEDICATIONS your child takes:		Parent/Guardian Initials
Yes**	No	Will your child require Daily Medications DURING PROGRAM HOURS? **A current copy of each Medication Authorization MUST BE provided
Please list all DAILY MEDICATIONS to be administered to your child during program hours :		Parent/Guardian Initials
Please list all DAILY MEDICATIONS to be administered to your child during Dismissal Day & Break Camp hours :		Parent/ Guardian Initials
Yes	No	Does your child take medications on a daily basis? We must record all daily medications your child takes, even if they will not be administered during program hours. In an emergency, this information must be provided to paramedics.
Please list all DAILY MEDICATIONS your child takes, at any time of day :		Parent/Guardian Initials

SIGN IN/OUT AUTHORIZATION

Child's Name _____

	I understand that the Neighborhood Center is not responsible for children who walk or bus from the program site once they are signed out.	Parent/Guardian Initials	
	I understand that the Neighborhood Center requires parents to sign their children IN to Early Risers.	Parent/Guardian Initials	
	I give permission for my child (who is 8 or older) to sign him/herself OUT of the Neighborhood Center. Release Time _____ <i>Sign-out authorization is not available at the following locations: LINCOLN, SANDOVAL, SWIGERT, VALDEZ</i>	Parent/Guardian Initials	

ACTIVITY AUTHORIZATION

Yes	No	I give permission for my child to appear in any media coverage approved by the Neighborhood Center.				Parent/Guardian Initials		
Yes	No	I give permission for my child to view: <i>(please circle any that apply)</i>	G Movies	PG Movies	No Movies	Parent/Guardian Initials		
Yes	No	Are there any activities your child cannot participate in due to physical, social or religious reasons?	<i>(If yes, please specify)</i>			Parent/Guardian Initials		
Personal Release Statement: I understand that there is risk of injury in any recreational or sport activity and I voluntarily assume such risk. I take full responsibility for the actions and physical condition of my child. I agree to indemnify and hold harmless the Department of Extended Learning and Denver Public Schools from liability, loss, cost or expense (including attorney's fees, medical, dental and ambulance costs) that my child may incur while participating in Neighborhood Center activities.							Parent/Guardian Initials	

SUNSCREEN AUTHORIZATION


Neighborhood Center will be providing **Rocky Mountain Sunscreen SPF 30** (Find ingredients on our website) to students for use before any outdoor play or activities.

Children 4 years of age and older must apply sunscreen to themselves under the direct supervision of a staff member. Neighborhood Center staff **will not** apply sunscreen to your child(ren).
Neighborhood Center staff **will be** responsible for reminding your child to apply sunscreen prior to outdoor activities.
Neighborhood Center staff **will be** responsible for applying sunscreen to children that are 3 years old.

If you do not want your child to use Rocky Mountain Sunscreen, please provide an individual bottle of sunscreen with your child's full name to Neighborhood Center.

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/>	YES , I authorize my child to apply Rocky Mountain Sunscreen SPF 30 while at Neighborhood Center.
<input type="checkbox"/>	YES , I authorize Neighborhood Center staff to apply Rocky Mountain Sunscreen SPF 30 to my 3-year-old child while at Neighborhood Center.
<input type="checkbox"/>	YES , I authorize my child to apply sunscreen which I will provide while at Neighborhood Center. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	YES , I authorize Neighborhood Center staff to apply sunscreen I will provide to my 3-year-old child while at Neighborhood Center. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	NO , I do not authorize sunscreen to be applied to my child while at Neighborhood Center and will apply sunscreen to my child daily.

Parent/Guardian Signature: _____ **Date:** _____ 

PARENT PERMISSION FOR EXCURSION

During Neighborhood Center programming, students will be given the opportunity to participate in excursions. On excursions, children take school buses, walk, or use some other means of transportation. **If you sign the space below, your child will be allowed to join in these excursions.** Neighborhood Center will send information home before each excursion – by note or some other means – to provide information on the place to be visited and the date of the excursion. At that time, you may revoke your permission for your child to go on any specific excursion. The district and Neighborhood Center are not responsible for any student injury sustained on an excursion.

I have read the above information and consent to my child's being taken on excursions during Neighborhood Center programming.

Parent/Guardian Signature: _____ **Date:** _____ 