



City of Lakewood School Age Services  
**2021 Summer Day Camp Program**  
 Registration and Financial Agreement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*Mother/Guardian* \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

*Father/Guardian* \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Are there any restrictions on who can come into contact with this child? YES  NO   
 If yes, please attach a copy of the legal order to this form.

***Please indicate the camp and weeks your child will be attending.***

- Camp ECO - Deviny Cottages, 12268 W. Wisconsin Dr. Lakewood, 80228
- Camp Galaxy - Lasley Cottages, 1393 S. Kendall Ct. Lakewood, 80232
- Camp Odyssey - TBD

- |  |  |
|--|--|
| <input type="checkbox"/> June 7 - June 11  | <input type="checkbox"/> July 12 - July 16   |
| <input type="checkbox"/> June 14 - June 18 | <input type="checkbox"/> July 19 - July 23   |
| <input type="checkbox"/> June 21 - June 25 | <input type="checkbox"/> July 26 - July 30   |
| <input type="checkbox"/> June 28 - July 2  | <input type="checkbox"/> August 2 - August 6 |
| <input type="checkbox"/> July 6 - July 9   |  |

***Camp Fees***

Non-refundable registration fee: \$50/child  
 4 days of camp: \$140/week  
 5 days of camp: \$175/week

Discount for second child: 20%  
*No refunds or credits will be issued.* (Initial)

***Late fees will be applied for same day payments.*** (Initial)

The information I have supplied is accurate and complete. I have read and agree to the terms of this financial agreement. I understand this is a contract and I am obligated to pay in full for all weeks that I have scheduled. I understand it is my responsibility to inform the City of Lakewood School Age Services Child Care Program in writing of any changes in this contract. My signature on this registration and financial agreement shall constitute an acknowledgement that I have read and understand the contents.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CITY OF LAKEWOOD SCHOOL AGE SERVICES EMERGENCY FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD:***

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

***RELATIVE OR FRIEND WE MAY CONTACT IN CASE OF EMERGENCY SHOULD PARENTS/GUARDIAN BE UNAVAILABLE:***

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Additional Contact Number: \_\_\_\_\_

**PHOTOGRAPH PERMISSION:**

*I grant permission for my child's picture to be used in publications related to City of Lakewood School Age Services Programs.*

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

**Continued on back ►**

**MEDICAL INFORMATION:**

***Please attach photocopy of current immunization card to this emergency form.***

Is your child taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate: \_\_\_\_\_

Is your child restricted from normal physical activity in any way? Yes \_\_\_ No \_\_\_ If yes, please indicate: \_\_\_\_\_

Known allergies/Dietary needs: \_\_\_\_\_

Any other special attentions/behaviors? (i.e. seizures, ADD, ADHD, asthma, etc.) \_\_\_\_\_

Behavior concerns? If so, what techniques are used to help your child cope? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE NOTE:** 1.) A child who appears ill upon arrival will not be admitted to the program. 2.) Medical authorizations and physician information are essential to properly care for your child during an emergency. 3.) It is the responsibility of the parents(s) to provide truthful and accurate information on this emergency form. Further, it is the responsibility of the parent(s) to update this information as needed.

*I authorize the City of Lakewood to take my child to the above named physician or facility for medical treatment in the event of an emergency, in which neither parent or guardian can be reached. I authorize the employees and agents to act for me (and/or my child) according to their best judgment and ability in case of emergency. I authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## City of Lakewood School Age Services Program Policies and Procedures

**PLEASE READ ALL THE POLICIES & PROCEDURES, THEN SIGN THE ACKNOWLEDGEMENT ON THE LAST PAGE, WHICH MUST BE TURNED IN WITH THE COMPLETED REGISTRATION PACKET.**

### **Purpose & Goals**

The purpose of the School Age Services Program is to provide a safe, supervised environment for children 5-12 years of age, before and after school and during the summer. This program is designed to provide an alternative to daycare for working parents in the community.

### **Registration**

Registration is complete when the following forms have been turned in: Registration and Financial Agreement, Emergency form (front and back), Permission to Participate and Permission to Receive Medical Care, Policies and Procedures Acknowledgement and a copy of your child's current immunization record.

### ***Incomplete packets will not be accepted.***

A \$50 non-refundable registration fee is required at registration.

### **Payment/Financial Assistance/Scholarship Information**

The fees for before and after school care and summer camp are as follows:

#### **Summer camp:**

\$140 for 4 days/week

\$175 for 5 days/week

**Parents/Guardians are responsible for the on-line pre-payment of program fees for services rendered. You must create an online City of Lakewood account to pay fees. Payments will no longer be accepted at the sites. Pre-payments must be made at least 24 hours before your child(ren) can attend the SAS Program so Site Coordinators have accurate rosters. If a parent has paid for a session and the child is not in attendance, we will immediately call the parent to inform them. We do not offer drop-in care and cannot offer refunds once payments have been made.**

**A \$15 administration fee will be applied when paying late.**

There is a 20% discount given to daily/weekly fees if there is more than one child in the program at the same time. The discount applies to all children after the first child.

Financial Assistance such as CCAP (Colorado Childcare Assistance Program) or scholarships may be available. Please ask for information and applications at the time of registration or contact 303-987-2490 for more information.

### **Release of Children**

Participants will be released to authorized persons only, (parents, guardian or individuals listed on the emergency form), unless prior arrangements have been made. If the parent designates another individual to pick up their child, this must be confirmed in writing to the Site Coordinator. The site personnel has the right to request a valid driver's license or photo ID to release a child/children to anyone other than a parent or guardian. If a person arrives at the site that is not authorized to pick-up the child, the legal parent or guardian will be contacted immediately. If the child is in danger due to an unauthorized person at the location, staff will contact the authorities immediately.

### **Signing IN and OUT/Hours of Operation/ Late Pick-Up**

All parents/guardians must sign their child in and out of the program each and every time they attend. Please do not drop them off or send them in on their own. ***This is a licensing requirement and no exceptions will be made regarding this policy.***

The City of Lakewood Before and After School Program's hours of operation are from 7 am until 6 pm, Monday through Friday. Hours of operation for summer camp are 7 am to 6 pm. After 6 pm, a late fee is assessed at the rate of \$8.00 per child, per 15 minutes or any part thereof.

The late fee payment is due upon your arrival that evening. If you are late more than twice, your child could be suspended from the program based on circumstances. Any children not picked up by 7 pm will be turned over to the Child Protective Agents of the City of Lakewood Police Department.

### **Illness/Accidents/Injury**

The parent/guardian will be called if your child becomes ill/injured. The child will need to be picked up immediately. Staff members will determine the symptoms and begin relief measures/first aid. The parent/guardian will be contacted and the symptoms or description of the illness/injury will be relayed. If a staff person becomes sick/ill, the supervisor will determine what length of time away from work the employee will need before they can return to regular duties.

If a parent/guardian cannot be reached, the staff members will try the emergency contacts provided by the parents. These individuals will be contacted according to the emergency form signed by the parents. If no parties can be reached, the Site Coordinator will decide the course of action to take. Life threatening emergencies will result in emergency care by calling 911.

In the case of communicable disease e.g. chickenpox, lice, pink eye, common cold, flu, hand foot & mouth, pertussis and symptoms such as fever, coughing, rash, vomiting, etc. Parents will be informed that their child will be excluded from programming (potentially 1-5 days) until a doctor releases them back to school or they are symptom free for at least 24 hours. The Jefferson County Department of Health will also be notified in extreme cases.

If your child requires medication during program hours, all medications must be in their original prescription container that states your child's name, dosage and times. A Permission to Medicate form must be complete and on file before medication can be administered. **You must have written permission from your physician for each medication to be dispensed.** Please do not send any over the counter medications with your child.

If a staff member demonstrates signs of illness e.g. flu, vomiting, sore throat/fever etc. They will be excluded from work until they are healthy enough to perform work duties by their supervisor.

### **Transportation**

Children are transported to City of Lakewood recreation centers, swimming pools and field trips in vehicles leased or owned by the City of Lakewood. Safety education is required and provided to the staff as part of their training. Safety education is reviewed with the children by the staff and again by the driver prior to each departure. Seating on any vehicle does not exceed the state law.

Transportation of children for camp field trips and activities will be provided on busses leased from the Jefferson County School District and driven by licensed and approved drivers.

If the group is away on a field trip and the parent arrives to the site late, it is their responsibility to bring their child(ren) to the location we are at for them to participate on the field trip.

### **Personal Belongings**

All personal belongings should be **clearly marked with your child's name.** The City of Lakewood is not responsible for lost or stolen items. Please check the lost and found for missing items.

Participants are highly discouraged from bringing personal belongings to the program. We do not want your child's prized possessions lost or broken. The City of Lakewood and its representatives cannot guarantee that personal belongings will not be destroyed or lost.

**Items that should NOT be brought to the program/camp include:** personal game systems, iPhones, iPads, cell phones, gum, candy, energy drinks (Red Bull, Monster, etc), matches, lighters, knives, weapons, toys, money, illegal drugs or alcohol.

If any child brings inappropriate items to the program, these items will be confiscated and returned directly to the parent only. Repeat offenses of dangerous items will be grounds for removal from the program.

### **Program Ratios**

Programs shall follow the state licensing enrollment limit for each site. The number of participants in attendance shall not exceed the allotted amount that licensing has established. The ratio is 15 children to 1 staff member. Staff members are to monitor staffing/participant levels at all times. Field trip ratios are 10:1.

### **Discipline/Rules for Participation/Behavior Management**

Discipline will be conducted to educate and redirect, rather than punish. The techniques used will include, talks, mild reprimands and time away from the activity, (within the room). We emphasize thinking about what they did and what they will do differently next time.

In cases of extreme behavior issues, in which participants are not responding to the above listed techniques, a write-up will be completed. Parents will be asked to sign the write-up. If your child is still unable to successfully function within the program setting, your child is subject to expulsion. **School Age Services utilizes a behavior policy allowing children 3 write ups before they are subject to being expelled from the program.**

In cases of destruction of facility property, parents may be held financially responsible for their child's actions.

### **Abuse**

Any form of suspected child abuse (neglect, physical, emotional, or sexual) is immediately reported to the Site Coordinator and/or Program Administrator and they will initiate an investigation. The School Age Services program is a mandated reporter of suspected abuse.

Child Abuse is:

1. Neglect: Failure to provide adequate nutrition, clothing, shelter, medical care, or supervision for a child that results in injury or medical complications for that child. Neglect is different from poverty and may occur regardless of family's economic standing.
2. Physical Abuse: Non-accidental trauma that results in injury or death to a child by any person in a position of trust.
3. Emotional Abuse: Consists of a pattern of behavior that impairs a child's emotional development and positive sense of self, possibly resulting in psychological damage. Emotional abuse includes the presence of a pattern of belittlement, criticism, rejection and threats and the absence of supporting behaviors such as praise, pride in the child and expressions of love and concern.
4. Sexual Abuse: Any sexual exploitation involving a child or adolescent who does not fully comprehend the situation and is unable to give informed consent. This includes any sexual contact between adults and children where the child is less than 15 years old/and or there is a four-year age difference between the suspect and victim.

Staff is required, by state licensing standards to report any suspected child abuse to the Department of Human Services.

### **Emergency Procedures**

Emergency procedures have been established for the safety of the children. Emergencies occurring at the facility/school will also follow Jefferson County Public School emergency policies.

#### A. FIRE

Each room is marked with a visible sign, which directs persons in that room to the closest and safest exit door. The counselors quickly walk the children to the meeting point and take attendance. This is reported to the Site Coordinator in charge. The Site Coordinator conducts a check of the building and calls the appropriate emergency personnel.

#### B. TORNADO

In the event of a tornado warning, all children are brought into the building and are to sit against the inside walls away from windows and doors. The staff will keep the children occupied with activities that can be done quietly in this safe place. Attendance will be taken often. Children will stay until an all clear has been announced.

#### C. SEARCH AND RESCUE

Immediately upon determining a child is missing, the Site Director reports to the Program Administrator the child's name and description. A search is conducted by all available staff of the grounds and school premises. If the child is not found in 15 minutes, the local police department is notified by the Program Administrator. At this time, parents of the missing child are notified. While waiting for the police, the staff continues their search efforts. When the police arrive, the search and rescue is entirely turned over to them.

#### D. Field Trips

Emergencies while on field trips are handled by all of the SAS staff. Site Directors and the Program Administrator are notified immediately as to what has happened and what actions were taken or need to be taken.

#### E. INCLEMENT WEATHER OR EXCESSIVELY HOT WEATHER

The City of Lakewood has adopted the following as guidelines for inclement and/or excessively hot weather. Children will not be allowed to play outside when the temperature exceeds 90 degrees or when the temperature falls below 20 degrees. Site Directors will also take into consideration heat indexes, wind chills, smoke concerns and ozone alerts. The program will provide alternative indoor activities including but not limited to movies, games and group activities. Staff will remove children from inclement weather to a safe location. Television and video viewing is limited to "G" rated programs, videos and cartoons. Television and videos will be viewed only during before and after camp care, inclement weather or excessively hot weather, or special occasions. Swimming field trips can still occur on cooler days as long as the water in the pool is over 80 degrees or if the outside temperature is over 65 degrees.

In every emergency situation, the family reunification process is to take children to a designated safe area and call all parents to let them know where their children are and how they can be picked-up. Also communication through email or text will be conducted if said parents cannot be reached by phone. If transportation needs to be provided, the City of Lakewood will make that determination with all resources available at that time. Individual staff members will be assigned to help with any children who have special needs with evacuation protocol and assisting them (including taking all medication and medical devices) to the designated safe area. Attendance for all children and staff members will be taken before, during and after all emergency situations.

### **Visitors Procedures/Volunteer Policy**

All visitors must check-in/sign-in with the Site Coordinator upon arrival before entering program areas. Proper identification will be required and verified. All visitors will state the reason for the visit in the staff communication log. Visitors must wear a visitor badge while at the site.

Parents/guardians are encouraged and welcome to visit the program any time and participate in activities and attend field trips when appropriate. Parents who wish to volunteer need to complete a City of Lakewood volunteer packet which includes the following forms: Volunteer Application, Release of Information, TRAILS, Emergency Contacts and provide three written references. Anyone under the age of 18 must also have a parent/guardian sign a Child/Parent Release.

**Filing A Complaint**

We hope that families will feel comfortable approaching the School Age Services (SAS) Administrator to share concerns regarding the SAS program. To file a formal complaint, please contact:

The Colorado Department of Human Services  
Division of Child Care  
1575 Sherman Street  
Denver, CO 80203-1714  
Or Call 1-800-866-5958 or 1-800-799-5876

**Americans with Disabilities Act**

Services are offered to children with special needs in compliance with the Americans with Disabilities Act. We review each case in order to ensure we are meeting the needs of each individual child and use all available City of Lakewood resources to ensure your child’s welfare.

**NO CHILD WILL BE PERMITTED IN THE PROGRAM UNTIL ALL COMPLETED FORMS ARE ON FILE.**

**CITY OF LAKEWOOD  
SCHOOL AGE SERVICES PROGRAM**

**ACKNOWLEDGMENT OF POLICIES AND PROCEDURES**

I/we acknowledge that we have received a copy of the School Age Services Policies and Procedures and agree to follow them. I/we acknowledge that we have read the School Age Services Policies and Procedures and understand them.

Child’s Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_  
*Signature*

Parent/Legal Guardian: \_\_\_\_\_  
*Signature*

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

**PHOTOCOPY AGREEMENT.**

I agree that any and/or all completed forms may be photocopied for fieldtrips. The information on the School Ages Services registration forms is gathered to assist in providing appropriate care. The information will be held in strict confidence and distributed only to staff as needed.

Parent/Legal Guardian: \_\_\_\_\_  
*Signature*

Date \_\_\_\_\_

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation or disability in the provision of services. For persons needing reasonable accommodations to attend or participate in a city service or program, call 303-987-2490. Alternative formats of this document are available upon request.





## *City of Lakewood School Age Services Program*

### **Permission to Participate in Program Activities & Permission to Receive Emergency Medical Care**

I hereby grant permission for my child, \_\_\_\_\_  
First Name Last Name

to participate in all of the activities of the City of Lakewood School Age Services Program. These may include, but not limited to: swimming, games, recreational sports, arts and crafts, sailing, canoeing, hiking, community service projects and visits to off-site locations, traveling either on foot or in approved transportation with approved drivers and participating in activities applicable to the off-site locations.

I further grant permission for the Program Administrator to take whatever steps may be necessary to obtain emergency medical care for my child if deemed necessary. These steps may include, but are not limited to, the following:

- Having the child taken to the emergency room in the company of a staff member or having the appropriate emergency personnel respond to the incident.
- Attempts to contact mother, father or guardian.
- Attempts to contact the persons listed on the emergency form.

Any expense incurred will be the responsibility of the child's family. Where appropriate, a conscientious effort will be made to contact the parent/guardian before any action is taken. The program will not be responsible for anything that may happen as a result of false information given either verbally or on the Emergency form. It is the parent/guardian's responsibility to supply the program with correct and current information.

The parent/guardian agrees to hold harmless the City of Lakewood and its employees from any claim or judgment that may arise by virtue of their child's activities or presence in the program.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*