

The Club@DurangoSchools Student Information 2023-2024

A NEW FORM MUST BE FILLED OUT EVERY SCHOOL YEAR

Please take this form to the front office at your school or email it to the appropriate address listed below:

Animas Valley: theclub.animasvalley@bgclaplata.org
Florida Mesa: theclub.floridamesa@bgclaplata.org
Fort Lewis Mesa: theclub.fortlewismesa@bgclaplata.org
Needham: theclub.needham@bgclaplata.org
Park: theclub.park@bgclaplata.org
Riverview: theclub.riverview@bgclaplata.org
Sunnyside: theclub.sunnyside@bgclaplata.org

Children will not be allowed to attend without this form and will need to wait in the office for parent pick up if it has not been turned in.

SIGNATURE REQUIRED. STATE LICENSING DOES NOT ACCEPT ELECTRONIC SIGNATURES ON THIS FORM.

Please remember to update site staff with every phone number and address change.

SCHOOL: _____ **DATE:** _____

Transportation to and from school: _____

Best way to reach parent/guardian: _____

Is your child authorized to sign him/her self out? _____ **Date:** _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ **Home:** _____

Birthday: _____ **Grade:** _____ **Teacher:** _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ **Home:** _____

Birthday: _____ **Grade:** _____ **Teacher:** _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ Home: _____

Birthday: _____ Grade: _____ Teacher: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Place of employment: _____

Work address: _____

Work phone: _____ Email: _____

Name: _____ Relationship: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Place of employment: _____

Work address: _____

Work phone: _____ Email: _____

Persons (other than parent/guardians) authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact (to be used if parent/guardian cannot be reached):

THESE CONTACTS MUST BE LOCAL (WITHIN LA PLATA COUNTY)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Medical Information:

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital of choice _____ Phone: _____

Address: _____

Are your child's immunizations up to date? _____

Does The Club @DurangoSchools need to be aware of any physical, medical, vision, and/or hearing needs? If yes, please explain:

Please list any allergies: _____

Does your child require an epi pen or an inhaler? _____

Medications? _____ *The Club @DurangoSchools does not dispense any medications other than emergency medications (epi pens, inhalers, etc.).*

Please list any dietary restrictions: _____

Does your child have any special needs that are addressed during the school day that we need to be aware of? _____

Does your child receive one to one support during the school day?

Please initial that you have read and agree to the following:

_____ **PERMISSION:** The Boys and Girls Club is partnering with Durango School District 9-R to provide this program. I give permission for Durango School District 9-R to share pertinent information including, but not limited to, academic, legal, medical, behavior, and contact information with The Boys and Girls Club staff working at The Club@DurangoSchools.

_____ **Emergency Procedure:** I give permission to The Club@DurangoSchools to take any necessary action for the health and welfare of my child during any emergency situation. This may include contacting the local emergency units prior to contacting the child's physician or parent or guardian. In cases of a medical emergency, I understand that my child will be transported to the local emergency unit for medical treatment if the local emergency unit deems it necessary.

_____ **Media:** In conjunction with my child's attendance in the afterschool program, I give the Boys & Girls Club of La Plata County permission to use photographs of my child in print and social media.

_____ **Parent Handbook: BY INITIALING I ACKNOWLEDGE THAT I HAVE READ THE HANDBOOK AND AM RESPONSIBLE FOR ABIDING BY THE CLUB@DURANGOSCHOOLS POLICIES.** I understand that when I register my child(ren) in The Club@DurangoSchools I must abide by the policies and procedures stated in the Parent Handbook. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, I will be required to find alternative childcare services and my child(ren) will be withdrawn from the program.

_____ **CCCAP:** If my family participates in the Colorado Child Care Assistance Program, I agree to check my child(ren) IN and OUT each day using the Attendance Tracking System (ATS) available on the technology provided at The Club@DurangoSchools.

_____ **Refunds/Credits/Transfers:** I understand that I will NOT receive a credit or refund for unused days and I will not be allowed to transfer from one registered day to another if my schedule changes. There are no credits or refunds for school cancellations.

_____ **Sign Out Procedure:** I understand that it is state law that I sign my child out of The Club@DurangoSchools every day they attend.

_____ **Student Information:** I agree to update my child(ren)'s information and all contact information when changes occur.

_____ **Field Trips:** The Club@DurangoSchools does not leave school grounds.

Media: My child (please pick one) **DOES**_____ **DOES NOT**_____ have permission to watch appropriate movies and access the computer lab as outlined in the handbook.

Sunscreen: The Colorado Department of Human Services has issued regulations for the use of sunscreen and shade requirements at child care centers. Children over the age of four are allowed to apply sunscreen themselves. If you would like your child to wear sunscreen at recess, please provide them with a bottle for their backpack. We will remind all children to apply it before heading outside for the day.

Parent/Guardian Name: _____

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

Parent/Guardian Name: _____

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

State licensing requirements do not allow us to accept electronic signatures on this form.