



2017-2018 After School Kids Program LIC # 1535106
908 Yuma Street
Colorado Springs, CO 80909
Phone: (719) 884-1044 | Fax (719) 636-2186

REGISTRATION FORM

PLEASE PRINT.

FOR Phone: NUMBERS AND Email: S, PLEASE SPECIFY WHOSE CONTACT INFORMATION.

GENERAL INFORMATION

Child name: _____ DOB: _____ Age: _____ Shirt size: _____

Gender: _____ School: _____ Grade entering: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____ Birthmarks/scar: _____

Caucasian Asian/Pacific Islander Hispanic African American Native American Other

Church attending: _____ Child's preferred name: _____

Interests & hobbies: _____

Mother/Guardian Name: _____

Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate Phone: _____

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Father/Guardian Name: _____

Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alternate Phone: _____

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Days child will attend: Monday Tuesday Wednesday Thursday Friday

I acknowledge that the information on contained in this application packet is true and accurate as of the date below.

Parent/Guardian signature: _____

Parent/Guardian name: _____ Date: _____

Office use only: Date received _____ Staff initials _____ PIN _____
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**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Kids Program**

EMERGENCY CONTACTS/AUTHORIZED VISITORS/ Authorized To Pick Up

Name 1:			Relationship to child:				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Alternative Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
Address:			City:		Zip:		
Name 2:			Relationship to child:				
Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Alternative Phone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>
Address:			City:		Zip:		

PARENTAL STATEMENT

I wish to enroll (child name) _____ in the 2017-18 After School Program at The Salvation Army Colorado Springs Red Shield. In signing this application, I agree that after a place has been secured, my child will participate in all activities while he/she is attending After School Program unless dismissed for breach of program policy. In the event of dismissal or certain voluntary withdrawal, there will be no refund of fees.

Notification to parents will not be made for minor injuries or illnesses unless requested. In case of serious illness or injury (i.e., cut requiring stitches, head injury, broken bones), I wish that my child be sent to a hospital and/or that a skilled medical aid be contacted at once, for which I will be responsible for charges incurred. I would like Colorado Springs Red Shield Program to contact me at once for any injury requiring hospitalization or serious medical attention.

The Colorado Department of Human Services has the authority to interview children or staff without prior consent (CCR, Title 22, Section 101200). Colorado Springs Red Shield After School Program will ensure that provisions are made for private interviews with any children or staff members should CDHS deem it necessary. The CDHS has the authority to inspect, audit, and copy any child or child care center records upon demand during normal business hours. We will ensure that provisions are made for the examination of all records relating to the operation of the child care center. The CDHS has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.

I understand and agree to the above statements.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian Name (Print): _____



**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Kids Program**

AUTHORIZATION FOR CONSENT TO MEDICAL OR DENTAL CARE OF MINOR

The undersigned, being the (relationship to child) _____ and the person having legal custody of (child's name) _____, a minor born on (date of birth) _____, hereby authorizes Colorado Springs Red Shield After School Program to secure emergency medical and/or dental treatment, if necessary, in case of illness or medical or dental emergency during the 2017-18 School Year. It is understood that every effort will be made to contact me (guardian) or the listed emergency contacts.

I understand that reasonable precautions for health and safety will be taken and that participation in all program activities are at the students' own risk. I will be responsible for any medical expense.

Hospital of Choice: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

CHILD HEALTH STATUS

Please list below any known drug reactions or allergies (food or otherwise) of which staff should be aware:

Please list any medications currently being taken by your child. Include dosage, time of admission and condition being treated:

Please list any significant medical history or chronic medical conditions of which staff should be aware:

Please list any food restrictions or special diet requirements of which staff should be aware:

Physician Name:	Phone:
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Address:	City:	Zip:
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Dentist Name:	Phone::
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Address:	City:	Zip:
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**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Kids Program
TUITION AGREEMENT (Per Week)**

Full time (3 or more days) <input type="checkbox"/>			Part time (2 or fewer days) <input type="checkbox"/>						
M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
		One Child	Two or more				One Child	Two or more	
August 21, 2017				August 21, 2017					
through	\$ 75.00	\$10.00 discount per		through	\$ 30.00	\$10.00 discount per			
May 24, 2018	per week	child per week		May 24, 2018	per week	child per week			

A New Application must be filled out to attend the Summer Day Camp Program

Child's name: _____ Starting Date: _____

I, (parent's full name) _____, hereby agree to pay according to the schedule indicated above to The Salvation Army Colorado Springs Red Shield After School Program.

1. I will make payments as listed below and in accordance with the policies stated in this Tuition Agreement.
 - All payments are due on the Friday prior to the session enrolled. After which, payments are considered late.
2. I understand that 30 days' notice will be given prior to any rate change.
3. Fees will not be prorated for days missed due to illness, holidays or personal days.
4. A \$25.00 Late Payment Fee will be charged to parents who have not paid the total tuition amount by the third working day following the first of the month. Payments that are not received for two (2) consecutive months will need to be paid in full immediately and may result in the termination of the child's enrollment in the Red Shield After School Program.
5. If children are picked up later than 6:00PM, a Late Pick-up Fee will be assessed per child. If the child is picked up within 15 minutes, a \$15.00 charge will apply. The rate of \$1.00 per minute will apply for every minute thereafter. Late Pick-up Fees accumulated during the week must be paid by the Friday of the week accumulated. Late Pick-up Fees accumulated on Fridays will need to be paid on the upcoming Monday. After three (3) late pick-ups, failure to pick up your child on time will result in his/her termination from the Red Shield After School Program.
6. A \$25.00 Returned Check Fee will be assessed for any check returned by the bank. After two (2) returned checks, only cash or money orders will be accepted for subsequent payments.
7. Refund Policy: Written notice received 15 days prior to discontinuing a child's enrollment in the program will be subject to a 25% processing fee deducted from the refunded amount. Written notice received 10-14 days prior to the discontinuing of a child's enrollment will be subject to a 50% processing fee from the refunded amount. Refunds will not be issued with notice of nine (9) days or less. *(Refunds may be prorated for time the child has spent in the Red Shield After School Program.)*
8. Termination Policy: We reserve the right to terminate and/or discontinue services for non-payment and/or partial payment.
9. PIN Reset Fee - All parents are issued a PIN with which to enter the building to pick up their child(ren). If this PIN is given out to people who are NOT authorized to pick up their child(ren) per this application, a \$15.00 Reset Fee will be charged and new PIN will be selected for the parent.

Parent/Guardian signature: _____ Date: _____



The Salvation Army Colorado Springs Red Shield 2017-2018 After School Program

GENERAL RULES

Respect yourself.

No foul or inappropriate language.

Shoes must be worn at all times.

Appropriate dress is expected; no revealing attire or inappropriate messages.

Respect others.

No real or play fighting, wrestling, tripping or hitting.

No bullying or teasing.

No stealing or touching things that don't belong to you.

Listen and follow the direction of the staff.

Respect the building.

No running to and from rooms, in the classrooms, Snack Room or the Chapel.

Other rules

Cell phones and electronic devices capable of Wi-Fi connection are not allowed at the Center.

All Red Shield Staff carry cell phones on their person. In case of an emergency, children may ask to use the Staff Phones. Cell Phones/Electronics that are brought to the center will be confiscated, held in a secure cabinet, and returned to the parent/guardian upon pickup. Please note that The Salvation Army is not responsible for the damage, loss or theft of cell phones/electronic devices brought to the program.

iPods and all other electronics are not to be brought into the facility. We are not responsible for these items or any damage or loss that may occur.

Notes on personal items

Any item that is a distraction to the program and other children will be taken away and returned to the parent/guardian.

Failure to follow these rules will result in disciplinary action and possible suspension from the program.

DISCIPLINARY ACTIONS

Self-discipline, re-direction, and positive conflict resolution are the discipline goals of our After School Program. Positive behavior is reinforced and rewarded. The child is encouraged to act in a more appropriate manner.

If there is an ongoing problem, we will request a conference with you. A notice with an explanation of the circumstances will be sent home. You will be asked to assist in developing a plan of action to deal with the behavior. If the problem is not resolvable, your child may be suspended for a period of three days and/or expelled from the program.

We reserve the right to dismiss any child upon our discretion. Running away, excessive profanity, destruction of property, striking a teacher, lack of cooperation or aggression towards other children is grounds for immediate dismissal. **Physical punishment is never used in our center.**

We have implemented a Behavior Chart for our After School Program. The charts are hung by the sign-out desk.

We feel that children should be responsible for their own actions. With the chart, parents are made more aware of how

DISCIPLINARY ACTIONS (cont'd)

We feel that children should be responsible for their own actions. With the chart, parents are made more aware of how their children are behaving through the day. The consequences are listed below:

Each child begins the day with a green card.

1st offense - Child will receive a verbal warning and color card will remain green.

2nd offense - Child will receive a time out* and color card will change from green to yellow

Child must also complete an Apology Letter Form for the offense to ask for forgiveness.

3rd offense - Child will receive an additional time out*, color card will change from yellow to red and child must complete an additional Apology Letter Form. A phone call to the parent may be made or the child may be sent home depending on the severity of the offense. *Time out protocol is one (1) minute per each year of the child's age.

Regardless of which offense, a letter will be sent home with a copy of the Apology Letter Form completed by the child to inform the parent of what happened during the day.

Corporal punishment will not be accepted nor tolerated as it is a violation of personal rights.

Parent conferences will be held if a child's behavior is consistently disruptive and no improvement is made.

If a child's behavior has caused him/her to reach a Red Card three (3) times within a week, he/she will be suspended from the program for the remainder of the week. If the child is enrolled in other sessions, he/she will be allowed to attend, but if he/she receives two (2) Red Cards within the following weeks enrolled, the child's enrollment will be terminated for the remainder of the school year. Any fees paid for the sessions attended will not be refunded.

SENDING A CHILD HOME

We have a zero-tolerance policy for fighting, hitting and physical and verbal abuse. In such cases, the child will be sent home. Please know that we will make sure that we have the complete story and are appropriate in our response. This is done only by the director/supervisor and after contact has been made with a parent/guardian. No child will be sent home alone; a parent/guardian must pick up the child. The child will be a "non-participant" in group activities with a staff member assigned specifically to the child until a parent/guardian arrives to pick up the child and speaks with the director/supervisor. The child will not be left alone while he/she waits to be picked up nor will he/she be sent home without the approval of the director/supervisor.

Please take the time to go over this policy with your child. Then, both you and your child must sign below.

I have read and understand the rules and disciplinary actions and will abide by them in order to participate in
The Salvation Army Colorado Springs Red Shield After School Program.

Date:

Child signature:

Child name:

Parent/Guardian signature:

Parent/Guardian name:



**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Program
BULLYING PREVENTION POLICY**

The Colorado Springs Red Shield After School Program needs to be aware of issues that might offer risks to our young people, and we realize that bullying is an issue that can occur in school and at places where parents are not present. Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick or put down another person with intent to hurt him/her. At Colorado Springs Red Shield After School Program, bullying is inexcusable, and we have a firm policy against all types of bullying. Our philosophy is based on our mission statement which ensures that every child is provided a positive and safe Christian experience that will quicken their spirit.

Bullying is not acceptable and will not be tolerated in our program. Children who are found to be bullying others will be immediately dismissed from our After School Program.

Our leadership addresses all incidents of bullying, and we take it seriously. Our staff promotes communication with children so that children feel comfortable to express to staff any issues that may cause problems for them during the week. Every person has the right to expect to have the best possible experience at our After School Program. We want to ensure you that incidents of bullying can be managed by a strong partnership between the After School Program and the parents. To form this partnership, we ask that you and your child read this Bullying Policy and sign below stating that you agree to it.

I, the parent or legal guardian, have read and reviewed the policy regarding bullying, and I have also reviewed this information with my child. We both understand and agree to abide by these policies and accept that any violations to these policies may be a cause for immediate dismissal from the Red Shield After School Program.

Please take the time to go over this policy with your child. Then, both you and your child must sign below.

Date:

Child signature:

Child name:

Parent/Guardian signature:

Parent/Guardian name:



**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Program**

ACTIVITY RELEASE

I (parent's full name), _____, acknowledge the potential risks that may be associated with my child's participation in The Salvation Army Colorado Springs Red Shield After School Program. Further, I represent and confirm that, to the best of my knowledge, my child suffers from no permanent or temporary physical or mental disability or impairment that requires any special attention, auxiliary hearing aids or services except as set out herein:

(Please be specific; please also list any allergies. If this section is not applicable, complete with "None")

I agree to conditions, regulations and policies of The Salvation Army and accept full financial and legal responsibility for my child's conduct. Additionally, I authorize the administrators of Colorado Springs Red Shield After School Program to provide reasonable and necessary emergency medical treatment should it become necessary during my child's participation in this program. I agree to relieve The Salvation Army, its directors, officers, employees, volunteers, agents or other representatives from any and all liability in connection with any loss, damage or injury arising from my child's participation in this program, except as such loss, damage or injury arises from The Salvation Army's sole negligence.

I acknowledge that I have read this document, that I know and understand its content, and that I sign it by my own free act.

Child name: _____

Parent/Guardian signature: _____

Date: _____

Parent/Guardian name: _____

TRANSPORTATION CONSENT

I hereby give my consent to The Salvation Army Colorado Springs Red Shield to transport my child from any and all facilities necessary for After School Kid's Program (ASK) (i.e., school pick-ups/drop-off and/or field trips).

Please check here if you decline, and do not sign below.

Parent/Guardian signature: _____

Date: _____

FIELD TRIP PERMISSION

I hereby give permission for my child to attend all field trips that are provided through Red Shield After School Program, understanding that I will be notified in advance of where my child will be and when my child will be returning at all times.

Please check here if you decline, and do not sign below.

Parent/Guardian signature: _____

Date: _____

PHOTO RELEASE

I hereby give The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits or pictures of my child, or in which they may be included in whole or part, composite or distorted in character or form in conjunction with fictitious name or reproductions thereof in color or otherwise, made through any media, for art, advertising copy that may be used in connection therewith, or the use which it may be applied.

Please check here if you decline, and do not sign below.

Parent/Guardian signature: _____

Date: _____



**The Salvation Army Colorado Springs Red Shield
2017-2018 After School Program**

PARENT'S ACKNOWLEDGEMENT

I acknowledge receipt of The Salvation Army Parent Handbook and agree to read and abide by the rules, practices and guidelines for my child, _____, to participate in The Salvation Army Colorado Springs Red Shield After School Program.

I further understand that The Salvation Army is mandated by the Sate of Colorado to report any suspicious circumstances that might be a symptom of abuse.

Parent/Guardian signature: _____

Date: _____

Full legal name (printed): _____

The Salvation Army (ASK) & Summer Day Camp Program (SDC)
Tuition Assistance Application

PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION

STATUS: Single ___ Married ___ Common-Law ___ Separated ___ Widowed ___ Race _____

Yourself:

NAME: _____ D.O.B. ___/___/___ CO ID _____

Other Adult:

NAME: _____ D.O.B. ___/___/___ CO ID _____

ADDRESS: _____ City: _____ State _____ Zip _____ Phone: _____

Military Status: Active _____ Retired _____ Veteran _____

How many children live with you? _____ **Record all information for children on back of page.**

Annual Gross Income: _____

Living Situation: ___ Own House ___ Rent House ___ Apartment ___ Shelter ___ Homeless ___ Other: _____

Monthly **INCOME** in Dollar Amounts:

Monthly **EXPENSES** in Dollar Amounts:

\$ _____ ALIMONY

\$ _____ BUS OR GASOLINE

\$ _____ A.N.D.

\$ _____ CAR INSURANCE

\$ _____ CHILD SUPPORT

\$ _____ CAR PAYMENT

\$ _____ FOOD STAMPS

\$ _____ CHILD CARE

\$ _____ JOB/SALARY

\$ _____ CREDIT CARD DEBT

\$ _____ O.A.P.

\$ _____ ENTERTAINMENT

\$ _____ SOCIAL SECURITY

\$ _____ FOOD

\$ _____ S.S.D.I. or SSI

\$ _____ RENT/HOUSING

\$ _____ T.A.N.F.

\$ _____ MEDICAL & RX

\$ _____ UNEMPLOYMENT

\$ _____ PHONE

\$ _____ WORKERS COMP.

\$ _____ UTILITIES

\$ _____ VETERANS BENEFITS

\$ _____ CHILD SUPPORT

\$ _____ OTHER

\$ _____ OTHER

Why are you unable to PAY FULL TUITION at this time? _____

What do you think you can afford weekly or monthly? _____

Please Read & Sign

I certify this information is correct and true to the best of my knowledge and I understand that false or misleading information will disqualify me from receiving assistance. I authorize the release, reproduction and verification of this information and understand it may be shared with grantor(s). All confidential information will be kept so in accordance with our Confidentiality Policy.

SIGNATURE: _____ DATE: _____

Director Approved Payment: _____ Director Initial: _____ Date: _____

