

Child's Name: _____
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## FunZone Before/After School Registration

Child's Full Name \_\_\_\_\_ Birthday \_\_\_\_\_ Start Date \_\_\_\_\_

Child is (circle one) Male / Female

Mother's Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Mother's Home Address/City/Zip: \_\_\_\_\_

Please check here if this is a location the child lives at least part of the time

Place of Business & Address/City/Zip: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Father's Home Address/City/Zip: (if different from above) \_\_\_\_\_

Please check here if this is a location the child lives at least part of the time

Place of Business & Address/City/Zip: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parents are (circle one): Married / Separated / Divorced / Widowed / Single / Living together

### **Emergency Contacts: (Three complete addresses are requested)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

*Additional persons **permitted** to pick up your child may be listed on the accompanying page and you must include their addresses and phone numbers*

Persons **NOT permitted** to pick up your child (please provide a picture if possible)

\_\_\_\_\_

Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* If the information on this page changes, we need to know ASAP, please ask for a new copy of this form to fill out – Thanks\*\*\***

<b>Child's Name:</b> _____
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**Medical and Emergency Information and Permissions**

I / We hereby give consent to Young People's Learning Center to call the local emergency care facilities, our physician or our dentist as listed on our registration form for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to reach me/us ASAP in any situation where medical services are needed.

I hereby give consent for Poudre Valley Hospital (1024 S. Lemay Ave. Ft. Collins 80524/495-7000) to be my hospital of choice unless I notify Young People's Learning Center otherwise.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Complete addresses for physician and the dentist are required.**

**Do not leave any spaces blank**

Child's Physician/Physician's Office Name: \_\_\_\_\_  
Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist/Dentist's Office Name: \_\_\_\_\_  
Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any chronic or/or medical conditions your child has (i.e. asthma) as well as any special dietary needs- Please note, we will need documentation from the doctor in order to administer medication for allergies, asthma, medication, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies your child has (Include FOOD, MEDICATION, BEE STINGS, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

In the past year, my child has been screened (Please check all that apply):  
 By a dentist       For Hearing Issues       For Vision Issues  
 For Speech Issues       For Developmental Issues       Other: \_\_\_\_\_

*If you would like information on any of the above screenings, please see a program director for information and resources!*

**Please be aware that in order to make sure all children are safe in our care, many medical conditions and allergies will require additional paperwork from you and possibly your doctor **BEFORE** your child is able to start in our program.**

<b>Child's Name:</b>
_____

**Schedule, Tuition and Financial Information**

**My child's schedule will be as follows:**

Circle part or full time for the days the child will be in attendance.

	Approx. Arrival Time	Approx. Departure Time
<b>Please circle one choice for each day you will attend</b>		
Monday:                Before School    After School		
Tuesday:             Before School    After School		
Wednesday:         Before School    After School		
Thursday:            Before School    After School		
Friday:                Before School    After School		

My child's school is: \_\_\_\_\_ Their start and end time are: \_\_\_\_\_

Tuition is as follows: \$16 per day for before school care only, \$21 per day for after school care only, and \$34 per day for both before and after school care. School out full day charges will be \$65.

I will notify YPLC as soon as I know if I will need care on school out days.

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated in the Young Peoples policy handbook and provided with this registration form.

**FAQ's about financial policies:**

- You are expected to pay for the schedule as listed above, until or unless you submit a schedule change form or notice of withdrawal (2 weeks) in writing. You pay for this schedule regardless of attendance.
- Weekly statements for the current week are sent on Mondays and tuition is pulled on Fridays. If your payment is not received by Friday, you will be charged a \$30.00 late fee per week until you are up to date on your payments.
- Registration fee is \$100.00 and happens only once based on continuous enrollment in FunZone or camp.
- At YPLC, rates adjust by about 5% each year in September.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Authorizations and Permissions

*Please note that we will ask you to re-sign these authorizations annually. You may opt out of any of these permissions by speaking with a director prior to signing and submitting this document and we will create an individual plan for your family and child and note it in their file.*

**Photo Release:** I hereby grant permission of any photographs or digital images taken of my child while at YPLC to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.

**Lotion Use:** We often find lotion a useful tool for calming children and also to be helpful in preventing some skin irritation issues at times. We will never put lotion on a child's skin if it is cracked or the lotion is being used as "treatment" without a doctor's permission. If we feel it is helpful, do we have your permission to use lotion on your child's skin?

- Yes, you have my permission to use lotion on my child
- No, please do not use lotion on my child

Young Peoples Learning Center has my permission to use the following on my child:

- Any sunscreen provided by me
- Bug spray (we only use bug spray when we are playing somewhere there are lots of bugs, usually walks near the river, but possibly more often if necessary)

Do you have any special notes/requests about sunscreen or bug spray application for your child:

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**Field Trips:** I give permission for my child to go on field trips, whether by vehicle or by foot, to public parks, the library, pet stores, etc., with proper supervision and to go to out-of-town locations such as the Children's Museum, the Denver Zoo, etc. with proper supervision and prior notice. All field trips will be announced on monthly schedules and sign-in clipboards. Neighborhood walks may be taken daily without additional permissions.

**Transportation:** By signing below I authorize Young Peoples Learning Center to pick up and/or drop off my child from school and transport them during participation in our program.

**Movies:** I give permission for my child to view movies while at Young Peoples Learning Center. Parents will be notified of what the movies are and have an option for their child to opt out of movie time.

**Activities:** Parents must notify staff 2 days in advance if their child wants to opt out of a planned activity.

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Parent Signature

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Date

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Parent Signature

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Date

<b>Child's Name:</b>
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**FunZone Financial Policies**

**Fee Schedule**

- For our before and after school program you will be charged \$16 per day for before school care only, \$21 per day for after school care only, and \$34 per day for both before and after school care. We do not follow the PSD school schedule, we will provide care for any and all school out days and most early release days. Keep an eye on our website and emails for more information. We will be closed on New Year's Day, President's Day, Memorial Day, the first week of PSD summer break, July 4<sup>th</sup>, Labor Day, Columbus Day, Thanksgiving and the day after, and the week between Christmas and New Year's.

**Registration Fee**

- There is a \$100.00 Registration Fee per child due at the time of registration. There is an additional Registration Fee for school-age children who attend one of our summer day camp programs.

**Tuition Payments**

- Weekly payments are due on Fridays of the current week. If your account is not current by Monday of the following week, a \$30.00 late fee will be assessed.

**Illnesses**

Except for long-term illnesses, you will be charged for absences due to illness or unexpected days off. Even though your child is absent, our costs remain the same. In the event of a long-term illness, and provided a one week's written notice is given, you will not be charged beyond the first week and your child's spot will be saved for up to 2 more weeks.

**Schedule Changes and Withdrawal Notice**

For FunZone: A one-week's **written** notice is required prior to any permanent schedule change other than withdrawal (see withdrawal notice above.) Schedule changes will be approved based on availability and must be approved by a Director. A minimum two-week **written** notice is necessary before withdrawing your child from Young Peoples Learning Center. You will be charged for two weeks after the written notice is given.

**Other**

I will not be charged if stay-at-home orders are reinstated within the city, county or state. I will be charged if I am asked to not to attend due to a failure to turn in necessary paperwork, an illness, my child's behaviors, or a failure to follow policies. If I am utilizing CCCAP, Women Give, or CCAMPIS programs, signing below is an acknowledgement that I will abide by all policies and procedures as outlines by YPLC, Larimer County, and the financial aid program. FULL FINANCIAL POLICIES ARE OUTLINED IN THE PROGRAM HANDBOOK.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

<b>Child's Name:</b>  _____
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**Additional Information**

**Priority Phone Number**

On the forms above, we asked you for A LOT of information. We would like to know the FIRST phone number you would like us to call in case we need to contact you during the day:

Name of the person we are trying to reach: \_\_\_\_\_  
Best number: \_\_\_\_\_

Additionally, we would like to know if you would prefer to receive a text message if it is not an emergency/we have something brief to communicate:

\_\_\_\_\_ Yes, please text me                      \_\_\_\_\_ No, please do not text me

Number to text: \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_ Google Search

\_\_\_\_\_ Recommended by another parent  
Name \_\_\_\_\_

\_\_\_\_\_ Advertising:  
Where? \_\_\_\_\_

**What were the biggest factors in you choosing Young Peoples to care for your child(ren)?**

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<b>Child's Name:</b>  _____
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### Information On My Child

*Your child's new teacher would like some information that will be helpful to ensure a smooth transition into the classroom. Please take time to answer the questions below. Thank you!*

1. **Is there anything we should know about your child, such as any behavioral information, concerns, delays, additional services your child is receiving, or any current home-life disruptions or variations?**

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### Information On My Family

*Your child's teacher would like some information that will be helpful to insure a smooth transition into the program. Please take time to answer the questions below. Thank you!*

Please list any other languages spoken in the home: \_\_\_\_\_

**Please indicate here if it would be helpful to you to have translation services for paperwork– we will accommodate if we can!    Yes    No**

Describe your approach to parenting and/or education. We are really interested in how YOU describe your style, so feel free to just say a few sentences in whatever way you would like!

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What are your expectations of our teachers and program? You might take this time to express any experiences you have before

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We asked this question earlier, but sometimes this context gives families more ideas. Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family?

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<b>Child's Name:</b> _____
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### Additional People Allowed to Pick Up My Child

*Anyone listed on this form must also have their address and phone number listed.*

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

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_