ENROLLMENT 2019 - 2020



GO TO WWW.RMKCOLORADO.COM

Select the 'Enroll for 2019-20' button on the home page. Then click, 'Enroll with RMK here'. This will take you to the SchoolCareWorks enrollment.



CHOOSE LANGUAGE & LOCATION

Select your school age (K-8 or Pre-K - families with both may start at either and reselect the correct age when adding a second child before checkout), then continue.

**ECE program only available at Highline Academy Northeast!

Choose Language	
English English	\$
Thoose a Location	
ocation	
ocation Rocky Mountain Kids	¢
ication Rocky Mountain Kids Wurora Frontier	\$
scation Rocky Mountain Kids Aurora Ponster Aurora Guest	•
kation Booty Mountain Kidis Aurora Grotter Aurora Guest Contury Elementary	0
ocation Rocky Mountain Kds Aurora Porteler Aurora Quest Century Elementary Conduction Academy	•
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**Now availabe in Spanish!

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CHOOSE PRIMARY SITE

Select your childs primary school, and if attending full day or summer programming, select the additional site(s) for where you would send them for breaks.

rom the State of Colorado

*Enrolling at multiple sites will still only charge one enrollment fee per household.

receive funding assistance fi

ree Lund

Reduced Lunch CCAP None of the above

PROGRAM QUESTIONS

Complete the questionnaire. If you qualify for any of these, please provide proof of qualification.



STUDENT INFORMATION

Complete the questions regarding your child, including address information, grade, birthday, consent information, medical information & support, etc.

ADDRESS & EXTRA

Student Information	Student Information	Student Information			
	First Name		Last Name		
Address Information	TEST	La TEST			
Extra Information	Gender*	Gender*			
	🛉 Male 💠 Female 🦞 Unassigned			*	
Consent Information	Eye Color		Hair Color		
	Le Brown	*	Black	*	
Medical Information	Child Resides With		Race		
Allergy Information	M N/A	\$	🟛 Asian	\$	
	Ethnicity	Ethnicity			
Medical Conditions	1 Not Hispanic or Latino	\$			
Support & Instructions					
ΙΝΓυ	Extra information				
	Grade	e			
	Cither	*	Ulabilas Assidents Mashasat		

Hospital Address

& Doctor's Name

C Doctor's Phone

Dentist's Addres

Doctor's Name

Doctor's Phone

Dentist's Address

**Telephone Account Access Password is created

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by guardian/parents for persons not listed on authorized pick-up, but have permission by the parents/guardians to pick up (i.e. family friends, relatives, etc.). Identification is still required at pick up along with password.

😋 Yes 😋 No 🕑 N/A	Choose File no file selected	
anguage Spoken	Secondary Language	
Canguage Spoken	* Secondary Language	
terpreter Needed	Interpreter Language	
🕽 Yes 🔿 No 🥑 N/A	Interpreter Language	
an Emergency Call First (Phone Number)	Telephone Account Access Password	
a 1234567890	* Q _t Telephone Account Access Password	
bling Names (separated by commas)	The following person(s) may not remove my child from the facility	
Sibling Names (separated by commas)	The following person(s) may not remove my child from the fac	
	The following person(s) may not remove my child from the facility	
	A The following person(s) may not remove my child from the fac	
Medical Information	Insurance Company	
🕑 Yes 🕑 No	Insurance Company	
Insurance Policy Number	Hospital Preferred	
Insurance Policy Number	Hospital Preferred	
Monental Address	Hornital Dhone	

4 Hospital Phone

Doctor's Addr

B Dentist's Name

C Dentist's Phor

Dentist's Phone

Doctor's Address

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CONSENT INFORMATION

Let us know if you give consent for your child to be in the program's photos, which may be posted on our social media, in emails, or on our bulletin boards onsite.

Sunscreen & swim level are for summer program.

MEDICAL INFORMATION

By licensing requirements, you must list your child's doctors' information and dentist's information in case of an emergency.

ALLERGY, MEDICAL CONDITIONS, SUPPORT & INSTRUCTIONS

Please complete the information regarding your child's medical needs, allergies, or any support & instructions (if applicable) that may help the staff at your child's site.

**You will be sent forms required by licensing to complete prior to your child attending care. These forms must be completed and signed by your child's healthcare provider, and returned in to your RMK director with any medications needed.

Allergy Information Child allergic to food or other substances (If so, name fo substances to be avoided and procedure to follow if read occurs)? * 🔿 Yes 🕥 No Child's allergies and procedure to follow ٦. Child has special food needs? 🕑 Yes 🕑 No 🕑 N/A Tetails Child allergic to any medications? * 🕑 Yes 🕥 No (E) Details

*

*

ENROLLMENT 2019-2020

ROCKY MOUNCAIN KIDS

GUARDIAN INFORMATION

The primary account holder and contact should be listed first.

If your child resides in multiple households, we recommend you list BOTH guardians on one registration, email RMKColorado@gmail.com, and create SEPARATE login information.

ALL NO	al Household Income		House	fold Size
4	Annual Household Income	•		Household Size
First N	lame		Last Na	me
4	First Name	•	4	Last Name
Relatio	onship Type			
4	Please Select			5
Marita	al Status		Race	
Ē	Please Select	\$	盦	Please Select
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EMERGENCY CONTACT INFORMATION

Emergency contacts should be people not already listed on your child's registration. These contacts will be contacted in case the primary and secondary guardians cannot be reached.

Emergency Contact Information 1	
First Name	Last Name
La First Name	Last Name
Relationship Type	
Please Select	*
Home Phone	Work Phone
C Home Phone	* Work Phone
Cell Phone	Email
Cell Phone	Email *
Confirm Email	
Confirm Email	*

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"ADD TO CART"

Once you've completed all required information for registration, click "Add to Cart". You can see an overview of your registration and program selection.

If you have more than one child, you will select "Add a New Student" and complete the process of registration for that child. The multiple child discount will be added upon reviewing your application

Current Regi	strations	
8	Add More Programs	
Your Progra	am Selections	
® 🏛	TEST TESTER Highline Academy Northeast - K-8 Enrollment School Year Care 2019 - 2020: 07/24/2019 - 05/29/2020 Edit Program Information	Registration Fee:\$35.00Total:\$35.00

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Ion Questions Ion Questions wiedge that I have read and agree to abide by all terms set forth within the RMK parent handbook. <u>View Handbook</u> owledge that I must complete additional paperwork should my child require Medication to be dispersed by staff? wiedge that the processing fee for my payments using credit cards and debit cards will be a total of 3% of my total transaction. It blat I, or a designated delegate, will sign in and sign out using my assigned PIN number every time my child/ten) use care. It keep my child/ten's information up to date at all times whenever care is being used with RMK.	12
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tion Questions Solid Questions Solid Questions Solid Questions Solid Questions Solid Provide the processing fee for my payments, however if using ACH upon checkout my processing fee will be a total of 50 cents pe The solid provide the balance due, I understand care may be rejected until my balance is paid in full, unless otherwise negotiated with m rstand that I may elect to use ACH for my payments, however if using ACH upon checkout my processing fee will be a total of 50 cents pe	n the associated due MK.

O In case of emergency I authorize program staff to directly contact my emergency contact.

Go Back

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CREATE PORTAL ACCOUNT

On the same screen, create a portal login, then click continue (this is the username and password used to sign up for care).

You can create login information for the second guardian.

**You will be assigned an automatic PIN number upon enrollment approval upon enrollment approval, which can be found within your parent portal under 'Account' for check in/out purposes.

PAYMENT & CONFIRMATION

Click 'Continue' on the payment information screen. You may add automatic payments later.

Answer the final confirmation questions, then click 'Complete Registration'.

Payment Information		Edit
Payment Type		
\$ Check Out	ŧ,	
Go Back		Continue

We then review the enrollment, and approve the enrollment once all required items are confirmed, sending parents their approval confirmation email and instructions. Thanks for enrolling with RMK!

\$35.00

(\$35.00)

Amount Due \$0.00

Discount