



## Registration Instructions

Read and follow the instructions below, completing necessary forms and electing an option for care.

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1. Visit our website [www.rockymtnkids.com](http://www.rockymtnkids.com) if you haven't already to get started.
2. Download the required annual enrollment packet, listed under the 'Registration' tab.
3. Email the completed packet to [rockymtnkidsinfo@gmail.com](mailto:rockymtnkidsinfo@gmail.com)
  - ✓ *You may be contacted by our Service Manager if any items are incomplete or further details are needed regarding setting up your account.*
4. Once the registration packet is completed and received (including this form and your selected package), the \$35 registration payment will be processed, and you will be sent the link for your school's registration website, hosted thru SignUpGenius.com.

### **Mark below which package option you would like to enroll in:**

- Maroon Bells Package (Gold option):** Purchase the month pass and receive a 20% discount off our daily rate.
  - Mornings only**
  - Afternoons only**
  - Mornings and Afternoons**
- *[Under this option you can also opt in to have your debit/credit card charged the last Sunday of every month for a recurring monthly pass, allowing you to always pay the lowest pricing. Option available on the Credit Card Authorization form].*
- Mt Evans Package (Silver option):** Under this option, we retain your payment information, and you simply select which sessions you would like your kid(s) to attend by Saturday at midnight each week for the following weeks care using the SignUpGenius site. We then charge the total to your card each Sunday for that next week's care only. By scheduling and paying ahead we give you a 10% discount off of your total!
- Pikes Peak Package (Bronze option):** Not a frequent user? That's okay, we still have an option for you. Simply bring your debit/credit card with you at drop off or pick up, and pay our regular daily rate on site with the click of a button. This option is not intended for regular users. Please choose silver or gold if you intend on using care at least once per week.

- ✓ To receive the discount of the Gold or Silver options, scheduling must be completed by midnight on Saturday the week prior to care using the provided SignUpGenius link. This step gives us a more accurate roster and ensures we stay within state regulations providing proper ratios of providers to children. Parents will be required to pay the regular daily rate (silver option) for any care not scheduled by this time.
- ✓ Credit cards on file must process without error for your selected option, or you will be asked to pay the daily rate on site on the day of care at pickup or drop-off.
- Check here if you are US Military, or Staff/faculty on-site. (Please include a photocopy of your appropriate ID). *\*additional discount not available for Gold option*
- Check here if you are CCCAP or free and reduced lunch. (We will contact you for further action required).



# Enrollment Form

**Student Lives With:**     Both Parents     Mother Only     Father Only     Joint Custody     Other

**Student's Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade/Track: \_\_\_\_\_ Teacher: \_\_\_\_\_  
First Day of Attendance: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

**Persons Authorized To Pick Up Child**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Work/Cell \_\_\_\_\_ Home \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Work/Cell \_\_\_\_\_ Home \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Work/Cell \_\_\_\_\_ Home \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Work/Cell \_\_\_\_\_ Home \_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have all the state required immunizations? \_\_\_\_\_ If yes, please provide a copy of the record before enrollment.  
Does the program need to be aware of any physical, medical, vision, and/ or hearing needs? If yes please explain. \_\_\_\_\_

Please list any allergies: \_\_\_\_\_  
Please list any medications: \_\_\_\_\_

**IMPORTANT: IF YOU'RE CHILD REQUIRES MEDICATION OR HAS SEVERE ALLERGIES PLEASE READ THE MEDICATION AUTHORIZATION INFORMATION ATTACHED.**

# Parent Permission

Parents/guardians please read the following information and initial where indicated. A signature is required at the bottom of the page to complete this form:

**1. Emergency Procedure:** In case of emergency, I authorize the program staff to directly contact the persons named on the emergency contact form. I authorize the following physician: \_\_\_\_\_ at (phone) \_\_\_\_\_ to provide necessary medical treatment in case of emergency. If the parent/guardian, or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child.

Initials \_\_\_\_\_

**2. Parent Handbook:** I understand and agree that when I register my child(ren) in Rocky Mountain Kids programs that I must abide by the policies and procedures stated in the Parent Handbook. I have received and read the program's Parent Handbook and agree to be responsible for, comply with and abide by the procedures as stated herein. I understand that the policies and procedures are subject to change and that I will be notified of any changes. 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 child care services and my child(ren) will be withdrawn from the program.

Initials \_\_\_\_\_

**3. Sign In/Sign Out Procedure and Responsibility:** I agree to abide by the Sign In/Sign out procedures as stated in the Parent Handbook. I understand the program is not responsible for my child before arriving to the program, before he/she is correctly signed in. I also understand that the program is not responsible for my child en route to his or her home or authorized destination after he/she is correctly signed out.

Initials \_\_\_\_\_

**4. Student Records Updates:** I agree to keep my child's records up to date, including but not limited to, current home and work phone numbers and current phone numbers of those authorized to pick up my child.

Initials \_\_\_\_\_

**5. Television and G-Movie Permission:** Television and G-rated movies will only be viewed by children with parental permission.

Television programs Initials \_\_\_\_\_

G-Rated Movies Initials \_\_\_\_\_

PG-Rated Movies Initials \_\_\_\_\_

**6. Photo and Video Consent:** Rocky Mountain Kids may occasionally photograph or video your child during program activities. Photographs or videos will be for public view and may be displayed in program areas or used for company promotion or advertising. I understand that my child may be participating in activities that could produce photos or videos of my child without any financial compensation, and I understand that this releases Rocky Mountain Kids from any futures claims as well as any liability arising from the use of said photograph or video.

Yes, I give permission for my child to be photographed or video taped. Initials \_\_\_\_\_

No, I do not want my child to be photographed or video taped. Initials \_\_\_\_\_

**7. Transportation of Children:** I give permission for my child to participate in field trips where he/she may be transported in approved vehicles away from the program location. I understand that I will be informed in advance of all program field trips and also sign specific permission for each field trip.

Initials \_\_\_\_\_

**8. Activities:** List any activities you do not want your child to participate in below, and initial. If none, just initial.

Initials \_\_\_\_\_

**9. Sunscreen Consent:** Rocky Mountain Kids. on occasion may find it necessary to assist or apply sunscreen to your child. Each child must supply his or her own sunscreen with a minimum SPF of 35 and labeled in the original container. The program may also supply sunscreen for your child, if necessary. The program will always use sunscreen with an SPF of 35 or greater. I understand if my child does not have sunscreen applied, any exposure to the sun will be limited or may be denied.

\_\_\_\_\_ Yes, I give permission for Rocky Mountain Kids to supply sunscreen to my child.

**Allergies and/or Application instructions:** \_\_\_\_\_

\_\_\_\_\_ No, I do not want Rocky Mountain Kids to apply sunscreen to my child.  
Initials \_\_\_\_\_

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



## Credit Card Authorization Form

*Please print form, complete each section, check the box for your payment election, and sign below before returning.*

### CARDHOLDER INFORMATION

Name (on card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Direct Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ School site: \_\_\_\_\_

Name & Age of children participating: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I authorize a recurring charge against my credit card for the following package:**

- Every Sunday for the sum of my scheduled upcoming weeks care. *Silver option*
- The last Sunday of each month for the sum of my scheduled upcoming months care. *Gold option*
- I do not authorize recurring payment and agree to pay full price on site every session. *Bronze option*

### CREDIT CARD INFORMATION

**Please list your current card information if you elected either the Silver or Gold options above. We will retain a secure copy of your current card information in our records. It is your responsibility to complete a new form and update your profile with us by emailing your new information to us before your payment due date. If the payment information listed below is denied you will be required to pay the full daily rate on site on the day of care. *Bronze option***

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Emergency Contact Child Release Form

|                       |                     |                  |
|-----------------------|---------------------|------------------|
| CHILD'S NAME _____    | DATE OF BIRTH _____ |                  |
| ADDRESS _____         | SCHOOL: _____       |                  |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |

## PARENT IDENTIFICATION INFORMATION (2 ITEMS REQUIRED)

Code Word-OR-Question \_\_\_\_\_ Answer \_\_\_\_\_  
Code Word-OR-Question \_\_\_\_\_ Answer \_\_\_\_\_

Note: This information will be used to verify parent identity in the event of an unauthorized pick up from the center.

List a minimum of (3) people, other than the above parent or guardian, to contact in the event of an emergency. Place names in the order you wish them contacted and provide instruction on how they may be contacted.

|                    |                             |                  |
|--------------------|-----------------------------|------------------|
| NAME _____         | HOME PHONE _____            | CELL PHONE _____ |
| ADDRESS _____      | WORK PHONE _____            |                  |
| INSTRUCTIONS _____ | RELATIONSHIP TO CHILD _____ |                  |
| NAME _____         | HOME PHONE _____            | CELL PHONE _____ |
| ADDRESS _____      | WORK PHONE _____            |                  |
| INSTRUCTIONS _____ | RELATIONSHIP TO CHILD _____ |                  |
| NAME _____         | HOME PHONE _____            | CELL PHONE _____ |
| ADDRESS _____      | WORK PHONE _____            |                  |
| INSTRUCTIONS _____ | RELATIONSHIP TO CHILD _____ |                  |

## MEDICAL RELEASE

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

I give permission to Rocky Mountain Kids 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 \_\_\_\_\_  
by the local emergency unit for medical treatment if the local emergency unit deems it necessary.

### EMERGENCY MEDICAL INFORMATION

Drug or Allergies/Special Medication Needs \_\_\_\_\_

Chronic Diseases/Other Health Problems \_\_\_\_\_

Insurance Coverage \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Rocky Mountain Kids Mobile Emergency Contact Card

|                       |                     |                  |
|-----------------------|---------------------|------------------|
| CHILD'S NAME _____    | DATE OF BIRTH _____ |                  |
| ADDRESS _____         | SCHOOL: _____       |                  |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |

|  |             |
|--|-------------|
| <b>MEDICAL RELEASE</b>   |             |
| Physician's Name _____   | Phone _____ |
| I give permission to Rocky Mountain Kids 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 _____ by the local emergency unit for medical treatment if the local emergency unit deems it necessary. |             |
| <b>EMERGENCY MEDICAL INFORMATION</b>   |             |
| Drug or Allergies/Special Medication Needs _____   |             |
| Chronic Diseases/Other Health Problems _____   |             |
| Insurance Coverage _____   |             |

|                          |            |
|--------------------------|------------|
| PARENT'S SIGNATURE _____ | DATE _____ |
|--------------------------|------------|

## Rocky Mountain Kids Mobile Emergency Contact Card

|                       |                     |                  |
|-----------------------|---------------------|------------------|
| CHILD'S NAME _____    | DATE OF BIRTH _____ |                  |
| ADDRESS _____         | SCHOOL: _____       |                  |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |
| PARENT/GUARDIAN _____ | HOME PHONE _____    | CELL PHONE _____ |
| EMPLOYER _____        | E-MAIL _____        | WORK PHONE _____ |

|  |             |
|--|-------------|
| <b>MEDICAL RELEASE</b>   |             |
| Physician's Name _____   | Phone _____ |
| I give permission to Rocky Mountain Kids 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 _____ by the local emergency unit for medical treatment if the local emergency unit deems it necessary. |             |
| <b>EMERGENCY MEDICAL INFORMATION</b>   |             |
| Drug or Allergies/Special Medication Needs _____   |             |
| Chronic Diseases/Other Health Problems _____   |             |
| Insurance Coverage _____   |             |

|                          |            |
|--------------------------|------------|
| PARENT'S SIGNATURE _____ | DATE _____ |
|--------------------------|------------|

Please attach your most current list of each registered child's immunizations with your packet.

