

On or before your child's first day of attendance we will need:

___ Enrollment Application

___ Completed emergency contact information form

___ Financial Agreement and Payment Policy

Form (signed by both parents if applicable)

___ Family Handbook Agreement

___ Signed Permission Forms

___ General Health Appraisal Form signed by physician

___ Current records of immunization

___ Allergy, Asthma, and Special Health Conditions

___ Health Care Plan, if required

___ USDA Income Eligibility Form

___ Door Access Badge completed and turned into Susan

Your \$50.00 registration fee and tuition for the first month/remainder of the month paid by credit card on the website

<https://commerce.cashnet.co/myrrccc/depay>

APPLICATION FOR ENROLLMENT

Date of Enrollment _____ Date of termination _____

Child's Name _____ Nickname _____

Birth Date _____ Place of Birth _____ Gender _____

Phone _____ Child lives with _____

Relationship to child _____

Address _____ City _____ State _____ Zip _____

Does your child have medical insurance? _____ Documented vision screening? _____ Documented hearing screening? _____ Documented dental screening? _____ Do you need resources on how to obtain medical insurance? _____

Name and phone of child's primary care provider _____

Family Member #1 _____ Relationship to child _____

___Parent___ Step Parent___ Legal Guardian___ Temporary

Guardian___ Other___ Joint Custody___ Not Joint Custody

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cellular _____

Pager _____ email _____

Social Security # _____ Driver's license # _____

Employer _____ Occupation _____

Address _____

If we cannot immediately contact you at work, who could find you:

Name _____ Phone # _____

Employer Address _____ City _____ State _____ Zip _____

Family Member #2 _____ Relationship to Child _____

___Parent___ Step Parent___ Legal Guardian___ Temporary

Guardian___ Other___ Joint Custody___ Not Joint Custody

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Pager _____ email _____

Social Security # _____ Drivers License # _____

Employer _____ Occupation _____

Address _____

If we cannot immediately contact you at work, who could find you:

Name _____ Phone # _____

Employer Address _____ City _____ State _____ Zip _____

Are there legal restrictions on who can have contact with your child? ___No

___Yes

If yes, please list and submit legal papers.

Persons Name _____ Relationship to child _____

Photo on file? ___No ___Yes

Other's living in home:

First & Last Names _____ Age _____ Relationship to child _____

First & Last Names _____ Age ____ Relationship to child _____
First & Last Names _____ Age ____ Relationship to child _____
First & Last Names _____ Age ____ Relationship to child _____
Ethnic Information for use in writing grant proposals:

What language is spoken in the home? _____

Check one: Alaskan Native/American Indian Asian/Pacific
Islander Black, not Hispanic Hispanic White

People who may be called in an emergency and who are authorized to take your child from our Center. We cannot release your child to anyone NOT on the list, other than parents/guardians. Please indicate who to call first in an emergency.

Name #1 _____ Relationship to Child _____
Address _____ Phone # _____

Name #2 _____ Relationship to Child _____
Address _____ Phone # _____

Name # 3 _____ Relationship to child _____
Address _____ Phone # _____

Health Care Practitioner Name _____ Phone _____

Dentist's Name _____ Phone _____

Preferred hospital _____

Address _____ Phone _____

We understand it is our responsibility to inform the Children's Center @ Red Rocks Community College any time the above information changes. We also understand that the center will attempt to reach one of the people on this form, trying to reach us as parents/guardians first, if there is an emergency, before any action is taken. In the event that we cannot be reached, the staff has our permission to use discretion in securing medical aid. We give permission for emergency medical or hospital personnel to perform the necessary care needed for our child during an emergency. We further understand that the Children's Center @ RRCC, the staff at the Children's Center @RRCC, Red Rocks Community College, the staff at Red Rocks Community College and/or any person responsible for obtaining medical aid for our child will not be responsible for any expense incurred by our family due to medical aid being given to our child.

Parent/Guardian #1 Signature _____

Date _____

Parent/Guardian #2 Signature _____

Date _____

A \$50.00 non-refundable registration fee is due with this application.

CHILDREN'S CENTER @RED ROCKS --EMERGENCY INFORMATION

Child's Name: _____ Birthdate: _____

Legal Guardian # 1 Name: _____

Telephone Numbers: Home _____ Work _____

Legal Guardian #2 Name: _____

Telephone Number Home: _____ Work _____

Emergency Contacts (to whom child may be released if legal guardian is unavailable)

Name # 1 _____

Address: _____

Telephone Numbers: Home _____ Work _____

Name # 2 _____

Address: _____

Telephone Numbers: Home _____ Work _____

Child's Usual Source of Medical Care

Name _____

Address: _____

Telephone Number _____

Child's Usual Source of Dental Care

Name: _____

Address: _____

Telephone Number _____

Child's Health Insurance

Name of Insurance Plan: _____ ID # _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Transport Arrangements in an Emergency Situation

Ambulance service _____ Child will be taken to: _____
(Parents/guardians are responsible for all emergency transportation charges)

Parents/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed to **act on my behalf** until I am available I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Legal Guardian's Signature # 1 _____

Date: _____ Parent/Legal Guardian's Signature #2 _____

FAMILY HANDBOOK AGREEMENT

I HAVE READ AND UNDERSTAND THAT OUR FAMILY WILL FOLLOW THE PRACTICES AND POLICIES SET FORTH IN THE MOST CURRENT FAMILY HANDBOOK FOR THE CHILDREN'S CENTER AT RED ROCKS COMMUNITY COLLEGE. I KNOW IF I HAVE QUESTIONS THAT I AM TO CONTACT THE DIRECTOR OF THE CENTER FOR ANSWERS TO MY QUESTIONS.

Parent/Guardian #1 _____ Date _____

Parent/Guardian #2 _____ Date _____

FINANCIAL AGREEMENT AND PAYMENT POLICIES

- **Payment is due for the month of care of the first of each month. A late fee of \$25.00 will be assessed on the 10th of the month if tuition has not been paid.**
- **Check:** Make checks payable to The Children's Center.
- **Credit Card:** All credit card payments (preferred method) are made on line at <https://commerce.cashnet.com/rcccdcpay>. Responsible party must log in **the first attendance day of each month to make payment.**
- **Cash:** Cash payment must be made at college cashiers dept. Please pick up a Miscellaneous Deposit Form to take with your payment.
- Tuition is based on contracted days, not on actual days of attendance.
- **Payment is due for enrolled days whether child attends or not. We cannot substitute attendance days if your child does not attend on his/her scheduled days of attendance.**
- There is a non-refundable \$50.00 registration fee per child due at time of registration and each August. A portion of this fee pays for the on line assessment program used to track each child's development. Families who enroll after May 31 will not be charged the annual fee until the following year.
- Holidays and in-service days are fee days. Families are not charged for 1 week of closure in Aug. and 1 week of closure in Dec. Tuition is calculated multiplying weekly rate x 50 weeks /12 months and rate is consistent each month.
- Childcare may be denied for any child for whom tuition is more than 2 weeks late.
- Accounts are subject to a \$25.00 processing fee for returned check or denied card.
- Late pick up fee is \$1.00 per minute after 6pm. Consideration is made for weather conditions and circumstances.
- Vacations-full payment is due for 2 consecutive weeks of vacation, and 50% for additional consecutive weeks, if written notice of vacation is provided.
- Parent fees for families receiving CCCAP assistance must be paid in full on the first attendance day of each month.

I understand the monthly fee for my child is _____ and I have read and agree to the financial policies outlined in the Family Handbook and above.

Signature _____ Date _____

Signature _____ Date _____

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____

Allergies: None or Describe _____
Type of Reaction _____

Diet: Breast Fed Formula _____ Age Appropriate
 Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: n/a DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Allergies: None or Describe _____ Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations
 Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: None or Describe _____

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

OR Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: Up-to-Date See attached immunization record Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

** Height @ Exam _____ ** B/P _____ **Head Circumference (up to 12 months) _____ **

** HCT/HGB _____ ** Lead Level Not at risk or Level _____

**TB Not at risk or Test Results Normal Abnormal

**Screenings Performed: Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal-

Recommended Follow-up _____

Provider Signature

Next Well Visit: Per AAP guidelines* or Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)

Date: _____

Office Stamp

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name:

Date of birth:

Parent/guardian:

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*
MM/DD/YY

Hep B Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (pediatric)								
Tdap Tetanus, Diphtheria, Pertussis								
Td Tetanus, Diphtheria								
Hib <i>Haemophilus influenzae</i> type b								
IPV/OPV Polio								
PCV Pneumococcal Conjugate								
MMR Measles, Mumps, Rubella								
Measles								
Mumps								
Rubella								
Varicella Chickenpox								

Varicella - date of disease		Varicella - positive screen date	
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus								
Rota Rotavirus								
MCV4/MPSV4 Meningococcal								
Men B Meningococcal								
Hep A Hepatitis A								
Flu Influenza								
COVID-19								
Other								

Health care provider Signature or Stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR
Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

RRCC CHILDREN'S CENTER DOOR ACCESS CONTROL BADGE REQUEST APPLICATION

College procedure requires parents/other approved adults, requiring access to the RRCC Children's Center secured area, to submit an access control badge request application. By signing and submitting an application, you confirm you have read and understand the below information.

- You are fully responsible for the safekeeping and proper use of your access control badge.
- You are required to immediately report a lost or stolen badge to the RRCC Police Department so the missing access control badge can be deactivated.
- The access control software records each time a security access badge is used for access.
- You are prohibited from loaning or borrowing badges, admitting unauthorized personnel or gaining unauthorized access to campus facilities.
- You are required to protect your access control badge from damage caused by bending, cracking, breaking or hole-punching, or by exposure to heat, pets, washing machines, etc.
- You are required to inform the RRCC Police Department of any changes to your association with the College.
- Your access control badge is college property and must be returned to the RRCC Police Department when you are no longer associated with the College.
- The initial cost for each badge is \$10.00. The replacement fee for a lost, or damaged (due to negligence) access control badge is \$10.00. Payments must be submitted through the RRCC Cashier's Office and receipts are required prior to the issuance of an access control badge.
- RRCC Emergency Alert Messaging: In the event of an unforeseen campus closure or an emergency, you will be notified immediately via the College's emergency alert system. In order to "OPT IN" to RRCC Emergency Alerts, please type/write "OPT IN" on the emergency notification line and include the cellphone number(s) you would like to receive emergency alert text messages to. You will automatically be subscribed to receive email and voice alerts with the email and phone number(s) you provide.
- Completed applications should be submitted to the College Police Department for processing. You will be notified once processed and asked to setup an appointment to take a photo and pick up your access control badge.

GENERAL INFORMATION:

Child's Name (1)	
Child's Name (2)	

PARENT INFORMATION (1):

Last Name, First Name	
Phone Number	
Email Address	
Emergency Alert Notifications	
Signature	

**RRCC CHILDREN'S CENTER DOOR
ACCESS CONTROL BADGE REQUEST APPLICATION**

PARENT INFORMATION (2):

Last Name, First Name	
Phone Number	
Email Address	
Emergency Alert Notifications	
Signature	

OTHER AUTHORIZED ADULT:

Last Name, First Name	
Phone Number	
Email Address	
Emergency Alert Notifications	
Signature	

RRCC CHILDREN'S CENTER DIRECTOR APPROVAL:

Director Printed Name	
Director Signature	
Date Signed	

DIVISION VICE PRESIDENT | PRESIDENT APPROVAL:

VP President Printed Name	
VP President Signature	
Date Signed	

PD USE ONLY:

Date Request Received:	
PD Leadership Approval:	
Date IT Ticket Created:	
Date of Badge Completion:	