



Mountain Kids Cares Camp Registration Packet



Camp Hours: 8:30am-3:30pm

Registration Forms

ALL forms included in our enrollment packet must be submitted at the time of registration.
A \$50 deposit for each week of camp you reserve is required when you register,
as well as the first week's tuition. **The registration fee and weekly deposits are non-refundable.**

Tuition

Minimum enrollment of two weeks is required.

Full Time: Mon-Fri \$325/ week

There is an automatic 10% discount on weekly camp fees for additional family members.

Camp Policies:

- Weekly tuition balance is due each **Monday**, one week prior to the camp week reserved.
(ie: wk 3 payment is due Mon. of wk 2)
- Credit card can be put on file & your weekly payments will be processed automatically on Mondays!
See office for details!
- Please see detailed policies in the day camp manual.

Schedule Change Policies

- Changes must be made by the **Wednesday** before the week being rescheduled.
- **Same week changes are not allowed.**
- There are no credits or make ups for missed or sick days.

Add Ons:

- Register for one of our Dance or gymnastics classes after camp and receive a **20% discount on that class.**
- Register for **Study Hall-3:30pm-5:30 pm** for an additional \$ 20/Day or \$100/ Week

Office Hours :

Monday– Friday 8:30 am-6:00 pm ☺ **Saturday ☺ 9:00 am- 12:30 pm**

419 E Stuart St, FtC, CO 80525 (970) 482-3118 FAX: (970) 493-4095 www.mountain-kids.com



Mountain Kids Cares Camp Registration Form 2020

Camp Group
Camper Last Name:

Camper's Name: _____ Birthdate: _____ Age: _____ Gender: _____ Grade next Fall: _____

E-Mail Address (required): _____ Primary Phone Number: _____

Home Address: _____ City _____ Zip _____

Guardian Name _____ Cell # _____ Employer/Address _____ Work# _____

Guardian Name _____ Cell # _____ Employer/Address _____ Work# _____

Physician: _____ Address _____ Phone _____

Dentist: _____ Address _____ Phone _____

Medical Insurance Carrier: _____

Allergies: _____ Medications: _____

Emergency Contact: (someone other than parent) _____ Address/Phone _____

Emergency Contact 2: (someone other than parent) _____ Address/Phone _____

PEOPLE AUTHORIZED TO PICK UP CHILD OTHER THAN PARENTS: _____

Always bring a note when someone other than parents are picking up your child/ren. **A photo ID is required upon pick up.**

PEOPLE NOT AUTHORIZED TO PICK UP CHILD :(Please specify): _____

RESERVATION SCHEDULE

A \$50 deposit for each week reserved, and your first week's tuition is **due at the time of registration**. Remaining tuition for each week is due the Monday prior to the week reserved. **TWO week Minimum**. Please also indicate if you are wanting to add **Study Hall after camp for an additional \$100**.

\$325/ wk	Deposit	Study Hall
Week 1: Aug 31-Sept		Y / N
Week 2: Sept 8-11 <small>(No Monday-Labor Day)</small>		Y / N
Week 3: Sept 14-18		Y / N
Week 4: Sept 21-25		Y / N
Week 5: Sept 28-Oct 2		Y / N
Week 6: Oct 5-9		Y / N
Week 7: Oct 12-16		Y / N

I understand that weekly tuition is due the Monday prior to the week reserved.
Initial: _____

CANCELLATIONS:
Drops must be made **by the Wednesday prior** to the week being cancelled . There are **NO CASH REFUNDS** for drops. Deposits will be credited to accounts if dropping.
Initial: _____
Absences may not be made up in another week, and no part of the camp fee is refundable when an enrolled camper is absent. **Initial:** _____

Weekly Deposit Total	
<small>Sub total</small>	
+ First Weeks Tuition <small>(less \$50 Dep) \$275</small>	
TOTAL DUE:	

AUTO DEBIT AUTHORIZATION (Required)
I _____ Authorize Mountain Kids to debit my credit card on the Monday, prior to each camp week reserved. I understand camp tuition is due 7 days prior to my next scheduled week of camp. I understand I will **NOT** receive a tuition reminder and it is my responsibility to be aware of the scheduled automatic debit.
Parent/Guardian Signature _____ **Date** _____

I acknowledge and agree to the **Payment/ChangePolicies** listed above and in the Day Camp Manual.
Parent/Guardian Signature _____ **Date** _____

Please place a check next to the appropriate camp group for your camper:

RED (Kindergarten & 1ST Grade)

GREEN (2ND & 3RD Grade)

TEAL (4TH & 5TH Grade)

Camp groupings are subject to change based on enrollment.

Mountain Kids Release Form



Responsible Adult's Name: _____ Phone: _____

Email: _____

Child's Name: _____

PLEASE INITIAL BY EACH NUMBER AND SIGN AT THE BOTTOM

1. PARTICIPANT AGREEMENT:

I, the Responsible Adult, agree that the child(ren) named above may participate in any of the sporting, recreational, and other physical activities and programs of Mountain Kids (the organization). I understand that participating in such activities, including group activities with other persons, may be risky even under the best of conditions. I understand that participating in all such activities, including but not limited to gymnastics, dance, tumbling, trampoline, swimming, cheerleading, acrobatics, and parent-shared gymnastics, and using gymnastics and other sports equipment, could result in potentially severe injuries or illness to me or the child and damage to equipment and other personal property belonging to me or the child. **Initial:** _____

2. RELEASE REGARDING PERSONAL INJURY AND PROPERTY DAMAGE:

I agree, on behalf of myself and the child, to assume all risks in connection with the activities described above. I release the organization and those acting on its behalf from liability for any injury or illness incurred by me or the child and for any damage to any equipment or other personal property belonging to me or the child. I agree to indemnify and hold harmless the organization and its officers, employees, and other representatives from any and all claims, demands, causes of action and to reimburse the organization and its officers, employees, and other representatives for any expenses, including attorney fees and court costs, that they may incur in connection with any injury or illness to me or the child or any damage to equipment or other personal property, however caused. I certify that I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself. **Initial:** _____

3. REPRESENTATION OF ABILITY TO PARTICIPATE:

I understand the nature of the activity, and I represent the student is qualified, in good health and in proper physical condition to participate in the activity. Should I ever believe any of the above representations have become untrue, or if I should ever believe the activity is not safe or is no longer safe for the student, then it will be my responsibility immediately to discontinue the student's participation in the activity. **Initial:** _____

4. RELEASE REGARDING MEDICAL TREATMENT:

I give permission to the organization and those acting on its behalf to administer sunscreen to the child and to take any measures they believe are reasonably necessary to provide for the safety and protection of the child, including administering first aid or seeking medical care for the child. I have provided to the child all food, clothing, sunscreen, prescription medicines, nonprescription medicines, and medical items needed by the child for the activities and programs of the organization. In addition, I request and give permission to the organization and those acting on its behalf to keep and administer to the child ONLY the following medicines in the manner specified: _____

If hospitalization is required, the aforementioned children will be sent to Poudre Valley Hospital 1025 S Lemay, Fort Collins CO 80524 unless otherwise specified here: _____ Address: _____ Phone: _____ **Initial:** _____

5. RELEASE REGARDING PICTURES AND VIDEOS:

I, on behalf of myself and the child, agree that the organization and its representatives may take and use pictures, videos, and other images of me or the child during any of the organization's activities and programs. I understand that the organization reserves the right to use and publish the pictures, videos, and images in any fashion for the organization's promotional purposes on brochures, print media, wall hangings, web sites, and other media and that the organization will not pay compensation to me or to the child for the use of the pictures, videos, and images. **Initial:** _____

6. TRANSPORTATION AND FIELD TRIP CONSENT:

I, _____ the child's Parent or Guardian, consent to allow _____ my child to participate in field trips, by foot or bicycle and including transportation by Mountain Kids Staff, using Mountain Kids, vehicles during the dates of June 1-August 14, 2020. I understand transportation and field trips may involve activities, risks, and responsibilities beyond those normally encountered at Mountain Kids and may include potentially severe injuries or illness and damage to my child or my child's equipment and other personal property. I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself.

It is the camper's responsibility to be on the bus at the appointed time. If a camper is late to the Mountain Kids bus, it is the camper's responsibility to arrange alternate transportation to the activity. Buses will leave at the designated time-NO EXCEPTIONS

Initial: _____

I acknowledge that I have read this entire document, that I understand and agree with each statement in it, and that I am signing it voluntarily and with full knowledge of its contents.

Responsible Adult's Signature: _____ **Date:** _____

Child's Statement of Health Status

All child care facilities must retain a signed and dated statement of each child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Preschoolers must have this form filled out and signed by a licensed health care professional. Parents of school aged children may fill out and sign this form, it does not need a health care professional's signature.

Child's Name _____ Sex _____ Date of Birth _____

Address _____

Past Illnesses: Give approximate dates of when child had illness

_____ Chicken Pox	_____ Rubeola	_____ Rubella	_____ Rheumatic Fever
_____ Asthma	_____ Hay Fever	_____ Diabetes	_____ Mumps
_____ Epilepsy	_____ Whooping Cough	_____ Poliomyelitis	_____ Other

Comments: _____

Date of tuberculin test (if given): _____ Date of chest x-ray (if taken): _____

Vision Normal or Requires Corrective Lenses _____ Hearing Normal or Requires Aid _____

Surgery/Accidents: _____

Illnesses/Chronic Health Problems: _____

Allergies: _____

Current Allergy Treatment(s): _____

Describe any physical condition requiring special attention: _____

Current Prescribed Medication(s): _____

*IF PRESCRIPTION MEDICATION IS TO BE GIVEN AT CAMP/SCHOOL YOU WILL NEED TO FILL OUT THE "INDIVIDUAL CHILD'S RECORD OF MEDICATION ADMINISTRATION" FORM. (available at the front office).

This record must be signed by the parent authorizing staff to administer medication. All prescription medication must be given

to your child's head camp counselor/teacher in it's **original prescription bottle** and must be labeled with written permission from your medical provider and the parent. This label must contain the child's name, physician's name, pharmacist, name of medication, dosage, frequency, starting date and expiration date, if applicable.

Date of last examination of child: _____

NAME OF HEALTH CARE PROFESSIONAL: _____

ADDRESS: (include street/city/zip): _____

PHONE NUMBER: _____

NAME OF CHILD'S DENTIST: _____

ADDRESS: (include street/city/zip): _____

PHONE NUMBER: _____

Signature(s) below verify that this information is correct and current with pediatric guidelines:

PARENT Signature: x _____ **Date:** _____

(Required for preschool and school age children)

PHYSICIAN'S Signature: x _____ Date: _____

(Required for preschool age children)

***NOTE: Proof of immunizations is also required and must be on the Colorado State Department of Health standardized form.**

Participant name: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Mountain Kids has put in place preventative measures to reduce the spread of COVID-19; however, Mountain Kids cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Mountain Kids could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Mountain Kids may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Mountain Kids employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Mountain Kids or participation in Mountain Kids programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Mountain Kids, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Mountain Kids, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Mountain Kids program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Contact phone: _____



COVID Disclaimer: *These guidelines have been created based on the information we currently have. They will continue to evolve and become more specific as we get closer to the start of classes and as we are provided with more specific guidelines and recommendations from our state and local agencies. We reserve the right to change and adapt based on new information as it becomes available. We do not want to provide a false sense of security and while we will operate with strict precautions, these guidelines are the minimum of what can be expected in our Mountain Kids setting.*

Reopening Guidelines

Mountain Kids is looking forward to resuming this Fall. We have established guidelines to do our very best to keep our families and students safe. However, there will always be an inherent risk when participating in any activity. **We ask that you register for classes only if you are 100% comfortable with our policies and procedures outlined below.**

We have based our policies and procedures from the recommendation of our childcare & gym licensure which are outlined below:

- Maintain consistent small groups per licensing guidelines.
- When using multi-purpose space for multiple groups, ensure there is space to accommodate 6 feet of social distancing.
- Adhere to all safety and sanitation guidelines as prescribed in child-care licensing guidelines.
- **Curbside drop-off/pick-up, restrict number of adults in the facility.**

Providing opportunity for social distancing in a learning environment.

- Limit number of classes at the facility.
- Staggered class start times to provide ample room for social distancing.
- Up to 50% reduction in individual class size.
- Create class instruction that allows for social distancing, using spacing and stations to keep students engaged and spaced to accommodate recommended social distancing.
- Encourage curbside drop-off and pick-up for students 5 years and older to restrict the number of adults in the facility.
- The above restrictions keep our capacity and ratios significantly under the guidelines provided by LCPH and our child care license.
- Comply with all ADA regulations and guidelines.

Safety and Health Checks

- Staff will complete a health check and touchless temperature checks upon arrival.
- All students will complete a health check upon and touchless temperature checks upon arrival.
- If your child has been TESTED for COVID we ask that they remain home until negative test results have been confirmed.
- Students will be supervised to wash their hands and/or effectively use hand sanitizer upon arrival and before leaving each location/activity.
- Staff will actively disinfect all high touch surfaces in all locations.

Continuation of previous safety and health guidelines:

- Adhering to a 100% well policy for all students. Students or families exhibiting a cough or other respiratory symptoms should stay home regardless of fever. Students arriving for class exhibiting any sign of illness regardless of fever will be asked to go home. Credits/refunds are not available for missed days for any reason.

- If a child becomes ill during the class, they will be isolated until a parent or emergency contact can pick them up.
- Increased disinfecting of high touch and common areas.
- Continued disinfecting of equipment before and after activities.
- Faculty will continue to remind and assist with hand washing before and after activities and carry sanitizer to use as needed.
- Faculty must stay home if feeling sick or showing any flu/cold-like symptoms.
- Faculty must wash hands frequently and always upon arrival, between activities, and prior to leaving the facility.
- Frequency and rigor of equipment cleaning, and disinfecting increased by both our faculty and our nightly professional cleaning crew.

Here is how you can help:

- Remind your student to wash their hands frequently and practice social distancing with their friends.
- Stay at home and away from others when sick – If ANYONE in your household displays cough or respiratory symptoms regardless of fever. ALL students should stay home until symptom free, whether displaying symptoms or not.
- **Wash your hands often with soap and water.**
If soap and water are not readily available, use a hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Cover your cough. If a cough is present, the student must stay home.
- Clean and disinfect frequently touched objects and surfaces at home.
- Following guidelines for public safety provided by local agencies.

Face Masks

- At this time, we will require face masks for all staff and campers whenever possible except for the following: masks are not required in the pool, in gymnastics, outside or when 6 ft distancing is not practical.

Cancelation Policy

In the event you would like to cancel your registration, please know that we are modifying our cancellation/refund policy. We are happy to offer the following:

- Full amount credited to your account for future use.
- If you are needing a refund please email us -accounting@mountain-kids.com.

Refunds will be issued - less a 10% processing fee, as soon as we are able to.

COVID-19 has hit us hard, and as a small business we are trying to navigate this unexpected and difficult situation the best that we can.

We are committed to being fully transparent and encourage you to make the best decision for your family. We suggest you only attend camp if you are 100% comfortable with our policies and procedures.

Thank you for your continued support during this unprecedented time.

Mountain Kids – Fort Collins

