

Scholars Unlimited

Student Enrollment/Information Form

Summer Scholars 2018



PLEASE PRINT. This form may be used for up to 3 children in a household. If any of the information is different for specific children another form must be filled out.

ALL sides of this form must be COMPLETED and SIGNED before the student(s) may attend.

www.scholarsunlimited.org

The Summer Scholars Full-Day program begins June 11th, 2018

Student Information:

Student's First Name:		Student's Middle Name:		Student's Last Name:	
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	'17-'18 School Year Grade:	DPS Student ID#:	Student in Summer Academy (Y / N) Sibling in Summer Academy (Y / N)	
Student's First Name:		Student's Middle Name:		Student's Last Name:	
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	'17-'18 School Year Grade:	DPS Student ID#:	Student in Summer Academy (Y / N) Sibling in Summer Academy (Y / N)	
Student's First Name:		Student's Middle Name:		Student's Last Name:	
Student's Birth Date (mm/dd/yyyy):	Gender: Male Female	'17-'18 School Year Grade:	DPS Student ID#:	Student in Summer Academy (Y / N) Sibling in Summer Academy (Y / N)	
Home Address:		City:		State:	Zip:
Home Phone:		School:			
Student's Race and Ethnicity (Circle all that apply)			Languages spoken in the home: (Circle all that apply)		Who does the student live with? (Circle all that apply)
Is this child Hispanic/Latino?	Yes	No	English		Mother Grandmother
American Indian or Alaska Native	Asian		Spanish		Father Grandfather
Black or African American	White		Other _____		Stepmother Other relative _____
Native Hawaiian or Pacific Islander	Other				Stepfather Other _____

Parent/Guardian Information:

Name of Parent/Guardian (first middle last):			Relationship to student(s):		
Home Phone:	Cell Phone:	Email Address:			
Employer:			Employer's Phone:		
Employer's Address:		City:	State:	Zip:	

Parent/Guardian Information:

Name of Parent/Guardian (first middle last):			Relationship to student(s):		
Home Phone:	Cell Phone:	Email Address:			
Employer:			Employer's Phone:		
Employer's Address:		City:	State:	Zip:	

Parent/Guardian Signature: _____ Date: _____

Persons who are authorized to pick up my student(s) and whom Scholars Unlimited may contact in the event of an emergency if parent(s) or guardian(s) cannot be reached:

Other Emergency Contact Information:

Name of Emergency Contact (<i>first middle last</i>):		Relationship to student(s):	
Home Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	

Other Emergency Contact Information:

Name of Emergency Contact (<i>first middle last</i>):		Relationship to student(s):	
Home Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	

Student Medical Information & Emergency Medical Authorization:

Date of most recent medical check-up (mm/dd/yyyy): _____

Doctor's Name:	Doctor's Phone:
Doctor's Address (<i>street, city, state, zip</i>):	
Dentist's Name:	Dentist's Phone:
Dentist's Address (<i>street, city, state, zip</i>):	

Preferred Hospital:

- _____ Denver Health Medical Center, 777 Bannock St Denver, CO 80204; Phone: 303-436-6000
- _____ The Children's Hospital, 13123 East 16th Ave, Aurora, CO 80045; Phone: 720-777-1234
- _____ Porter Adventist Hospital, 2525 Downing St, Denver, CO 80205; Phone: 303-778-1955
- _____ Presbyterian St. Luke's Medical Center (PSL), 1719 E 19th Ave, Denver, CO 80218; Phone: 303-839-6000
- _____ Rose Medical Center, 4567 E 9th Ave, Denver, CO 80220; Phone: 303-320-2121
- _____ St. Joseph's Hospital, 1835 Franklin St, Denver, CO 80218; Phone: 303-866-8600
- _____ University of Colorado Hospital, Anschutz Campus, 12605 E 16th Ave, Aurora, CO 80045; Phone: 303-372-0000

Other Preferred Hospital (*if not listed above*): _____

If no Doctor or Hospital is chosen, Scholars Unlimited will use emergency services at Denver Health Medical Center (303)436-6000, or the Children's Urgent Care Walk-In Clinic 777 Bannock St. 1st floor, (303)436-6180. If no medical provider is listed Denver Health and the Children's Urgent Care Walk-In Clinic will be the medical provider of record.

Please review each category below and mark all boxes that apply to your student(s). Please specify any medication your student(s) takes regularly and complete the medication request form on the last page.

Category	Yes	No	Student's Name (if marked "yes"):	Please State any Allergies, Medical Conditions, Medications Taken, Side Effects to Watch For, Special Needs or Special Instructions:
Allergies				
Asthma				
Medical Problems				
Special Dietary Needs				
Hepatitis C				
Other				

Please note: A current copy of your student's immunization record is required in order for your student to attend Summer Scholars. Your student's immunization record must be attached to this form.

Immunization Record Attached

Immunization Record Provided By School

Student Medical Release Statement & Signature:

I authorize Scholars Unlimited, Denver Public Schools, The City of Denver and Denver Parks & Recreation to contact directly the persons designated on this form as emergency contacts, and I authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency for the health of this child. It is understood that a conscientious effort will be made to locate the parent(s) or guardian(s) before any action will be taken. In the event of an emergency, or the parent(s)/guardian(s), or other designated emergency contacts cannot be reached, or if the name of a doctor, dentist, or hospital has not been provided, the staff is hereby authorized to call 911 for immediate medical assistance. The staff is hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child. Parent or guardian agrees to accept all expenses incurred.

Parent/Guardian Signature: _____ **Date:** _____

Drop off & Pick up Procedure Release & Permission

I understand that Scholars Unlimited, Denver Public Schools and Denver Parks & Recreation are responsible for my student(s) from the time he/she signs themselves into the Summer Scholars program until he/she is signed out either by him/herself or by a parent/guardian or other authorized adult. As a parent/guardian of the student(s), I am responsible for my student(s) while he/she is in route to and from the program site, as well as *before* he/she is signed in and *after* he/she is signed out.

Sign In Method Before Program (please check box):

I authorize my student(s) to sign themselves into the Summer Scholars program each day

Release Method After Program (check only one that applies):

I authorize my student(s) to walk home from the Summer Scholars program by him/herself

My student(s) shall always be picked up by an authorized adult (person 18 yrs. or older)

Persons Who May **NOT** Pick up My Student(s)

Name:	Relationship to student:	Address (if known):	Phone (if known):	Photo Provided Yes/No:	Restraining Order Yes/No (if "yes," please attach a copy):

For any restrictions on parental rights for this child, Scholars Unlimited staff must have legal documentation of custody specifications, restraining orders, or other legal information concerning the child on file.

Late Pick Up Procedure & LATE FEES

Closing Times: Program ending times vary by site, but are generally at 4:00 PM. Please confirm your school's specific ending times with your Scholars Unlimited Site Leader.

1. **Late Pick up Procedure:** It is very important to pick up your student(s) on time.
2. You will be charged a **late pick up fee of \$5.00 for the first 10 minutes after dismissal and \$1.00 for every minute thereafter.** Students may not return to the recreation portion of the program until the late pick up fee is paid.
3. If a student is not picked up on time, staff will call all contact numbers on the Emergency Contact List as provided by the parent. Calls will be made 5 minutes after dismissal, and again 10 minutes after dismissal, with final calls being made 20 minutes after dismissal.
4. **25 minutes after dismissal, Scholars Unlimited will notify the police** to pick up your student and take him or her to the nearest Denver District Police station. The police will be given the emergency contact information, and they will continue to try to reach someone to pick up the student. This may include the Denver Department of Human Services.

Scholars Unlimited will make every effort to contact someone at the emergency numbers you have provided. In the event of an emergency and you are not able to pick up your student(s) at dismissal time, please notify Scholars Unlimited as soon as possible.

Please remember to notify Scholars Unlimited of any and all emergency phone number changes.

Parent/Guardian Signature: _____ **Date:** _____

General Information		Please circle Yes or No. Leave none blank.	
During the 2017/2018 school year, was your household be eligible for the free or reduced lunch program?		YES	NO
Are there any activities your student cannot participate in due to physical, social or religious reasons? If yes, <u>please specify</u> :		YES	NO
Is your student(s) currently on an IEP? Name of student(s):		YES	NO
Are you willing to volunteer in the classroom during the Summer Scholars program?		YES	NO
Releases		Please Initial Each Release. Leave none blank.	
ASSESSMENT & RECORDS RELEASE: I allow Scholars Unlimited to assess my student's reading and cognitive skills to measure progress, and to access any of his/her Denver Public Schools records for diagnostic and program evaluation purposes to be used by Scholars Unlimited evaluators and for grant reporting.		_____	
PERSONAL RELEASE STATEMENT: I understand that there are risks of injury in any recreation or sports activity and that I voluntarily assume such risks. I take full responsibility for the actions and physical condition of my student. I agree to indemnify and hold harmless Scholars Unlimited, Denver Public Schools and Denver, Parks and Recreation from Liability, Loss, Costs or Expenses (including but not limited to: attorney fees, medical, dental or ambulance costs) that my student may incur while participating in the Scholars Unlimited program.		_____	
INFORMATION UPDATE AGREEMENT: I understand it is my responsibility to keep the information on this form current. I will inform Scholars Unlimited immediately when my phone number, address, employment, student's health or emergency contact information changes.		_____	
ATTENDANCE and BEHAVIOR AGREEMENT: I will notify Scholars Unlimited when my student will be absent. If my student misbehaves or staff has other concerns, I understand Scholars Unlimited staff will communicate and work with me to create a plan that will allow my student to participate in a more positive way in the program. A student who is potentially dangerous to other students or staff, or who continually disrupts the program or goals created for the group as a whole will not be allowed to remain in the program.		_____	
PROGRAM PERMISSION RELEASE: On my student's acceptance into the program I will receive, read, and sign the Scholars Unlimited Parent Handbook. I am also aware that the complete Employee Handbook is available upon request. I agree to abide by the policies outlined in Parent Handbook. I further acknowledge that program policies are subject to change at the discretion of Scholars Unlimited.		_____	
Optional Releases		Please circle Yes or No. Leave none blank.	
MEDIA RELEASE: I give permission to Scholars Unlimited to take and use photographs and video tapes of my student for educational and promotional purposes. My student's pictures may be seen in any media outlet including print, on the internet, and on TV. My student may appear in media coverage and promotional information approved by Scholars Unlimited, Denver Public Schools, Denver Parks and Recreation, and other partners as they arise.		YES	NO
MOVIE/VIDEO/DVD RELEASE: I give permission for my student to view a maximum of three G-rated and/or PG rated movies during the Recreation Program.		YES	NO
FIELD TRIP / SPECIAL EVENT PERMISSION: I give permission for my student to participate in all special trips or excursions where he/she will be walking; riding on an RTD or DPS bus, in a private transportation company bus, or in a Denver Parks & Recreation van, away from the school. <i>(Parents will be notified of dates and destinations of each excursion.)</i>		YES	NO
SWIMMING RELEASE: I give permission for my student to take Red Cross approved swimming lessons and to participate in recreational swimming.		YES	NO
SUNSCREEN RELEASE: I give permission for my student to apply sunscreen I provide. Scholars Unlimited, Denver Parks and Recreation or Denver Public Schools will not provide sunscreen. Sunscreen must be labeled with the student's full name and be applied by that student.		YES	NO
ADDITIONAL/SPECIAL NOTES FOR SCHOLARS UNLIMITED:			
Parent/Guardian Signature For All Releases and Agreements as Listed Above:			
Signature: _____		Date: _____	

Medication Request Form

Does your student take medication?	Yes	No
Will your student need to take medication during program hours?	Yes	No

Office Use Only

Date: _____	School: _____	Staff Member: _____
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Student's Full Name: _____

Birth Date (mm/dd/yyyy): _____ **Age:** _____

Name of Medication: _____
Dosage: _____
Route of Medication: _____
Time Medication is to be given: _____
Dates Medication is to given (mm/dd/yyyy): _____ to _____
Reason for Medication (unless confidential): _____
Special Instructions or side effects to watch for: _____

Doctor's Name (please print): _____ **Phone:** _____

Signature of the student's doctor or other practitioner with prescribing authority:

Signature	License #	Date Authorized
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If any type of medication, prescription or over-the-counter, is to be administered to your student by Scholars Unlimited staff, a parent/guardian must give us written permission to do so by submitting a medication form from a licensed medical professional. Medications must be in the original labeled bottle or container. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name. Prescription medications must contain the original pharmacy label that lists:

- Student's name
- Prescribing practitioner's name
- Pharmacy name and telephone number
- Date prescription was filled
- Expiration date of the medication
- Name of the medication
- Dosage
- How often to give the medication
- Length of time the medication is to be given

When no longer needed, medications shall be picked up by the parent/guardian or destroyed by Scholars Unlimited.

Parent/Guardian Signature: _____ **Date:** _____