



Homework Club Colorado

Locations

4097 Main Street
Westminster, CO 80031
(720) 355-5384

3960 East 128th Avenue
Thornton, CO 80241
(720) 355-5437

1303 South Bross Lane
Longmont, CO 80501
Coming Soon!

Lisa Caronna (760) 285-1765 or
lisa.caronna@desertsands.us
Ann Otterson (303) 956-3737 or
ann@homeworkclubcolorado.com

Letter from the Department of Human Services

Dear Parent:

You have enrolled your child in a program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. If you have not done so, please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse or neglect is:

1-844-CO-4-KIDS (844-264-5437)

Colorado requires that child care providers report all known or suspected cases of child abuse or neglect. Child care services play an important role in supporting families. Strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well---planned and run program. Remember to observe the program regularly, especially regarding children's health and safety, camp equipment and play materials, and staff. For additional information regarding licensing, or if you have concerns about a child care facility, please consult:

Colorado Division of Child Care
1575 Sherman Street, 1st Floor
Denver, CO 80203
1-800-799-5876

For any direct program concerns or comments please contact our local representative:

Ann Otterson at (303) 956-3737 or ann@homeworkclubcolorado.com

or

Lisa Caronna at (760) 285--1765 or lisa.caronna@desertsands.us

Admission Agreement with Homework Club Childcare Program

Payment Due Dates:

- Monthly: by the 5th day of each month
- Semi---monthly: 1st & 15th of each month
- Weekly: Friday of each week (summer only)

Child's Name: _____

Days attending: M T W TH F

1. I understand that my child is enrolled in the after school/summer day camp program for the year(s) _____. I understand that I am responsible for the weekly/monthly fee denoted on the registration form.
2. I understand that the program is **CLOSED** for the Holidays listed on the posted calendars at each site.
3. I understand that I am responsible for the payments to be paid in advance of the due date or a \$20.00 late fee will be charged.
4. I understand that I am responsible for a **two week written notice** prior to withdrawing from the program and the tuition to cover this period. A **two week advance notice** is required for changes to summer enrollment dates to not incur the daily charge.
5. I understand that I am responsible for making prior arrangements in writing with the Site Director for absences. I understand that my vacation credit and school closures credits are already included in the monthly fee for after school care. There is an additional daily fee for full day childcare offered during the school year.
6. I understand that the staff will assume responsibility for my child(ren), from the time I sign them in until the time they are signed out by an authorized person. ONLY WRITTEN AUTHORIZATION FROM THE PARENT WILL BE ACCEPTED, VERIFIED BY THE SITE SUPERVISOR, FOR PERSONS OTHER THAN THOSE LISTED ON THE AUTHORIZATION LIST TO PICK UP MY CHILD.
7. I understand that the Homework Clubs do not provide accident insurance.
8. I understand if a medical emergency arises, the staff will first attempt to contact the parents. The staff will be responsible for calling appropriate emergency personnel to attend to and transport my child.
9. I understand that I may pick up my child until the center closes at 6pm. After closing there will be a late charge of \$1.00 per minute. In addition, I understand:
 - This fee must be paid at the time of pick---up.
 - Should I not have the money, it is then due the following day.
 - If I fail to pay the late fee the following day or if I am constantly late in picking up my child(ren) I risk losing my childcare spot.
 - If my child is not picked up by closing time, the staff will attempt to call those listed on the emergency form. After ONE (1) HOUR, the proper authorities will be called and the child handed over to them.
10. I understand that a non--refundable, non---transferable annual registration/membership fee of \$50.00 for school year and \$125.00 for summer is due in order to reserve a spot.
11. I understand should it be determined by collaboration between staff and parents that the damage to facility, properties herein, grounds or play equipment was the fault of the child; I am responsible for the cost or repair.
12. I understand should it be determined by the staff, Site Director or Director of Child Care Services that my child poses a serious discipline problem; my child may be dismissed from the program immediately. I understand there is no refund or credit given if the child is dismissed from the program or is in the process of being dismissed.
13. I understand that I am responsible and will abide by all the policies concerning admission, financial obligations and program operations set forth in the Parent Manual.
14. I have received and read the Parent Manual which include the following documents:
 - Personal Rights
 - Parents Rights
 - Caregiver Background Check Process
 - Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse
15. Child Care licensing has my permission to interview my child when needed.

Parent/Guardian's Signature _____ Date _____

Homework Club Participant Profile

Child's Name _____ Birth Date/Age _____ Sex: M F

Home Address _____

Mother or Guardian Name _____ Email _____

Address if different than child's _____

Employer Name _____

Employer Phone Number and Address _____

Preferred method of contact and special instructions _____

Father or Guardian Name _____ Email _____

Address if different than child's _____

Employer Name _____

Employer Phone Number and Address _____

Preferred method of contact and special instructions _____

Alternate Emergency Contacts:

Please list the individuals who should be contacted and can assume responsibility in an emergency if listed parent/guardian is unreachable.

1. Name _____ Relationship to child _____

Address _____

Preferred Emergency contact method and information _____

2. Name _____ Relationship to child _____

Address _____

Preferred Emergency contact method and information _____

Child Pick---Up Information:

Please list the name(s) of person(s) other than the parent to whom the child may be released.

(Photo ID must be shown).

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

Release to Apply Sunscreen:

If Homework Club determines that my child is in need of sunscreen, I give my permission for Homework Club staff to administer SPF 30 sunscreen.

Parent/Guardian's Signature _____ Date _____

Release for Fieldtrips:

I hereby give permission to Homework Club take my child on field trips, in which they would be transported by one of the following: bus, van, public transportation, or walking.

Parent/Guardian's Signature _____ Date _____

Release for Transportation:

I hereby give permission to Homework Club to transport my child to and/or from school as well as to and/or from field trips via the use of a Homework Club van, licensed staff vehicle or walking.

Parent/Guardian's Signature _____ Date _____

Release for Swimming Trips:

My child has permission to participate in scheduled swimming trips.

Parent/Guardian's Signature _____ Date _____

Release to view Movies or Videos:

Homework Club does not watch T.V. during site hours but may watch **G** or **PG** rated movies or videos either at the movie theater or at the center. My child has permission to watch these movies or videos.

Parent/Guardian's Signature _____ Date _____

Program Exclusions:

My child is permitted to participate in all program activities except the following activities:

Authorization for Medical Care

I hereby give my permission to the Homework Club staff to call a doctor or emergency medical service and for a doctor, hospital or other medical service(s) to provide emergency medical or surgical care for my child.

It is understood that Homework Club staff will make a conscientious effort to locate the parent(s)/guardian(s) and emergency contacts listed on the Homework Club Participant Profile before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical and/or surgical treatment.

In case of serious illness or injury, when neither parent(s)/guardian(s) can be reached, I give permission to Homework Club staff to transport my child to the nearest medical facility. Hospital preferred and address (does not guarantee child will be taken there in an emergency)

Parent/Guardian signature _____ **Date** _____

Hospital of Preference
(Please circle one)

The Children's Hospital
469 West State Highway 7
Broomfield, CO 80023
(720) 777-1340

Hospital of Choice: Name _____

Address _____

Phone _____

Insurance Carrier _____ **Group #** _____

Physician Name _____ **Phone** _____

Address _____

Practice Name _____

Dentist Name _____ **Phone** _____

Address _____

Practice Name _____



Medical Information

Immunizations Is your child fully immunized? (Please circle one) **Yes** **No**

Completed immunization records must be provided on or before the first day the child is in care.

My child has an EpiPen? (please circle one) **Yes** **No**

If your child uses an EpiPen at home, please advise the site director so that all necessary medical forms can be supplied. The completed health care plan must be provided on or before the first day of attendance.

Health History

Please select those that apply whether chronic or recurring

Ear Infections	
Diabetes	
Heart disease/defect	
Convulsion/seizures	
Asthma	
Measles	
Mumps	
Chicken Pox	
Nose bleeds	
Flu or Flu shot	

Allergies and Nature of the Reaction:

Animals	
Food	
Plants	
Insects	
Drugs (example: Penicillin)	
Hay Fever	
Other	

Operations or serious injuries (dates)	
Is the child on medications? If yes, please describe:	
Physical limitations? If yes, please describe:	
Dietary Limitations? If yes, please describe:	
Vision:	Hearing:

Aggressive Behavior Policy

The Homework Club has **ZERO TOLERANCE for AGGRESSIVE behavior**. This means that if any child uses his or her hands, feet, or any miscellaneous object with the intent to injure another child, they may be immediately dismissed from the program. Dismissal is at the discretion of the Homework Club and will be without a refund.

It is my promise to you that I will always keep your child safe and happy. Please help me by communicating.

Communication is the only way to insure a successful program.

I, _____, have read and understand the above
(print Parent/Guardian name)

conditions.

Child's Name _____

Parent/Guardian's Signature _____

Date _____