

**Enrollment Form**

*Please complete form and submit with up to date immunization records before attending.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name(s) of person(s) other than parents/guardians to whom the child may be released:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

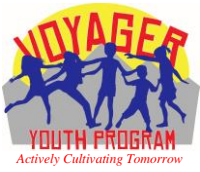
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**New this year: Shuttle Service from Ouray School Shuttle pickup @8:30 am; Dropoff @5:15pm**  
**Please indicate how often you will be attending and sign release:**

Not at all      Rarely      Sometimes      Often      Every day we attend

I hereby give my permission for Western Slope Rides to transport my child, \_\_\_\_\_, between Ouray School and Voyager Basecamp on the days he/she is registered to attend. I hereby release, waive, discharge and cover the members, officers, agents, servants, employees from any and all claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, to my minor child or me, or any of the property belonging to me, as result of, any way arising out of my child's participation in the program from Voyager Basecamp in a vehicle or vehicles owned or operated by Western Slope Rides.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_



Please indicate whether your child can:

- |                     |      |            |            |                       |
|---------------------|------|------------|------------|-----------------------|
| 1. Swim:            | Well | Marginally | Not At All | Hotsprings Pass#_____ |
| 2. Walk Home Alone: | Yes  | No         |            |                       |
| 3. Gets Car Sick:   | Yes  | No         |            |                       |

Please share any issues or concerns that would help Voyager Staff better understand and support your child during his/her time with us:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the Parent Handbook and agree to the Voyager Youth Program Policies and Procedures.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

**It is optional to share the information below. It helps Voyager better understand the community we serve and apply for appropriate grants. Thank you!**

I am currently... (circle response)

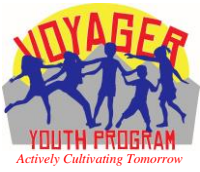
- |                       |   |                             |                   |
|-----------------------|---|-----------------------------|-------------------|
| 1) Married            | A single parent                                 |                             |                   |
| 2) Part-time employed | Full-time employed                              | Other                       |                   |
| 3) Ridgway employed   | Ouray employed                                  | Telluride employed          | Montrose employed |
|                       | Self-employed, work mainly outside Ouray County | Other                       |                   |
| 4) Living in Ouray    | Living in Ridgway                               | Living outside Ouray County |                   |

My spouse is currently... (circle response)

- |                       |   |                    |                   |
|-----------------------|---|--------------------|-------------------|
| 5) Part-time employed | Full-time employed                              | Other              | N/A               |
| 6) Ridgway employed   | Ouray employed                                  | Telluride employed | Montrose employed |
|                       | Self-employed, work mainly outside Ouray County | Other              |                   |

My child's ethnicity is... (circle response—all that apply)

- |                                    |   |                           |  |
|------------------------------------|---|---------------------------|--|
| American Indian or Alaska Native   | Asian                                     | Black or African American |  |
| Hispanic, Latino or Spanish origin | Native Hawaiian or Other Pacific Islander | White                     |  |
| Other, PLEASE SPECIFY:_____        |   |                           |  |



**CONTACT AUTHORIZATION**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, hereinafter “the Participant.”

I hereby give permission for the staff of the Voyager Youth Program to confer with the following persons and/or entities regarding participant:

1. Any of Participant’s Teachers or other school officials;

2. Participant’s **physician(s)** who is

\_\_\_\_\_;

Please write name, if applicable

3. Participant’s **mental health professional** who is

\_\_\_\_\_;

Please write name, if applicable

4. **Other caregivers** of Applicant who is/are

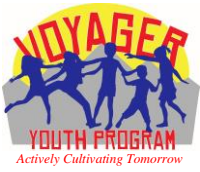
\_\_\_\_\_.

Please write name, if applicable

\_\_\_\_\_  
Parent or legal guardian

\_\_\_\_\_  
Date





**PERMISSION AND AUTHORIZATION FORM**

Check the “Y” box for each item you give permission. Check the “N” box for any item permission is **not** given.

**These authorizations are valid for one calendar year from the date of the signature below:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Transportation**

Y  N I give my permission for authorized Voyager Staff to transport my child to and away from program headquarters for the activities for which he/she is registered.

**Apply Sunscreen & Bug Spray**

Y  N I give my permission to Voyager Youth Program staff to apply Rocky Mountain sunscreen on my child as needed.

**Emergency Medical Care**

Y  N I hereby give my permission to program staff to call for medical care for my child should an emergency arise. I understand that effort will be made to locate me before action will be taken, but if this is not possible, I will accept responsibility for the expenses of emergency treatment or care.

**Administer Medication (if applicable)**

Y  N I give my permission to program staff to administer physician prescribed medication to my child. I agree to provide the medication in its original pharmacy container with my child’s name and medication name and dosage clearly marked.

**Field Trips**

Y  N I give my permission for my child to go on field trips away from the premises of the program headquarters (Ridgway or Ouray School), in the company of program staff, whether on foot or by vehicle.

**Media Release**

Y  N I give my permission for my child to be photographed by program staff and/or local press as he/she is engaged in program activities for the purpose of program promotion and communication.

**Movies**

I give my permission for my child to watch the following rated movies:

G  PG  None



## **BEHAVIOR AGREEMENT**

*Please read this agreement with your child and sign below:*

### **PARTICIPANT RIGHTS & RESPONSIBILITIES**

You have the **right** to:

- A safe experience and environment
- Make choices
- Your own thoughts and ideas
- Be treated fairly
- Be yourself

You are **responsible** for:

- Maintaining a safe experience and environment for yourself and others
- The consequence of your choices
- Respecting others
- Your own actions

### **Covid19 Guidelines and Regulations:**

- Children and staff will abide by public health recommendations which include temperature monitoring, wearing face masks, remaining in the assigned group and maintaining physical distance within the group, washing hands frequently, and returning all packaging and leftovers back into a closable lunch pack and backpack.
- Children and staff who have symptoms or known exposures to persons who have tested positive for COVID-19 must be isolated. Children and staff should stay home if they are ill and be sent home if they develop symptoms while in care. If a child cannot be picked up right away, they will be isolated from other children while staff continue to supervise them.
- **Executive Order D2020 035 issued on April 14, 2020, mandates** that if a facility has a positive or suspected case of COVID-19 in a child, parent of a child, or staff member at the childcare, the facility must close the facility or affected portion of the facility for no less than 24 hours, implement protocols for responding to COVID-19 pursuant to CDPHE guidance and in partnership with their local public health agency. Staff and children in the same group as the positive or suspected case and anyone the case interacted with at facility will be screened for symptoms.
- Anyone with signs of illness consistent with COVID-19 will be treated as a new case, isolated and sent home. Closures should be reported to your licensing specialist and your local health department or CDPHE.
- During the 24-hour closure, facilities must thoroughly clean and disinfect surfaces, particularly those that are commonly touched, such as toys, tables, chairs, cots, door knobs, and light switches. Toys that may be mouthed and tables or countertops that may be used to prepare or serve food should be rinsed with clean water after they have been disinfected and before they are returned for use.



**GENERAL RULES**

**General Rules:**

1. Treat everyone and everything around you with respect and kindness.
2. Clean up after yourself and participate in group clean-up.
3. Ask for permission from the Program Leader or Assistant if you need to leave the group.
4. Respect others' physical space and wishes by keeping your hands to yourself and listening.
5. Solve conflicts by talking to each other directly; ask for help from an adult if you can't resolve your conflict peacefully.

**Field Trip Rules:**

1. Treat guides, bus drivers, and other special helpers with respect.
2. Follow all safety rules on the bus.

**Pool Rules:**

1. Only get in the water when staff give permission.
2. Do not dunk or splash others.
3. Follow all the rules of the pool facility and its lifeguards.

I understand the above rights, responsibilities, and rules. I agree to abide them so that I and others can have a positive experience at Voyager. I understand that if I don't, I can be asked to leave the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**After School Enrichment**

While all of Voyager Enrichment activities are designed to foster resiliency in children, the After School Enrichment Program is funded through a Tony Grampas Youth Services grant that monitors impact. To improve program effectiveness and identify gaps, we ask that parents complete a survey each spring measuring impact through a Strengthening Families framework. For further information regarding the grant, Voyager's mission, or the survey, please contact Danelle at 970-318-6782.

Please indicate how you would like to complete the survey below:

I would like to complete the anonymous survey online. Please email the survey link to the email address provided.

I would like to complete the anonymous survey online. Please email the survey link to the following address: \_\_\_\_\_

I would like to complete the anonymous survey on paper. Please deliver the paper copy of the survey to: \_\_\_\_\_



**Colorado Works  
Eligibility Affidavit**

OCSCRC, Voyager Youth Program is provided in partnership with Colorado Works/TANF funds. Participation requires certain broad eligibility requirements. Eligibility information collected will be used specifically and only for determining eligibility to participate in this program. It is kept strictly confidential and will not affect the level of services provided to you. Thank you for your cooperation.

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**Residency in the United States  
Please Check Appropriate Choice Below**

- I am citizen of the United States, or
- I am a Permanent Resident of the United States, or
- I can verify lawful presence in the United States, pursuant to state law
- None of the Above

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**Family Income:**

- Less than \$75,000/year  Less than \$40,000/year
- Greater than \$75,000/year

**Family:**

- # of adult (18 and over) members in household \_\_\_\_\_
- # of children (under age 18) \_\_\_\_\_
- # of biological or legally adopted children (under age 18)  
who do not live in your house \_\_\_\_\_

**Race/Ethnicity (Optional):**

- White \_\_\_\_\_ Black/African American \_\_\_\_\_
- American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander \_\_\_\_\_
- Other: (Please specify) \_\_\_\_\_

**Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby declare and represent the information provided above to be TRUE and CORRECT to the best of my knowledge on this date signed below.

Signature \_\_\_\_\_

Date \_\_\_\_\_