

Ouray County Schools Community Resource Consortium
(OCSCRC), dba Voyager Youth Program
PO Box 709 · Ridgway, Colorado · 81432
970-626-4279
www.voyageryouthprogram.org
info@voyageryouthprogram.org

ENROLLMENT FORM

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 using this service 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 covenant not to sue OCRSC (Voyager Youth Program), Western Slope Rides, and its individual members, officers, agents, servants, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child or me, or any of the property belonging to me, as result of, or in any way arising out of my child traveling to and or from Voyager Basecamp in a vehicle or vehicles owned or operated by Western Slope Rides.

Parent Name: _____ Parent Signature: _____ Date: _____



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Actively Cultivating Tomorrow

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 _____

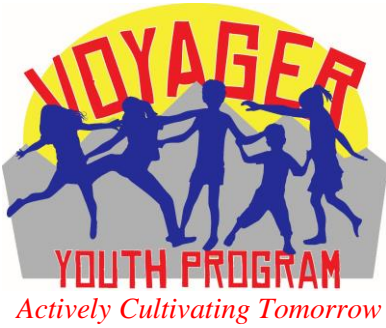
It is optional to share the information below. It helps Voyager better understand the community we serve and apply for appropriate grants. Thank you!

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 | |



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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



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STATEMENT OF HEALTH STATUS

Voyager Youth Program, as a licensed day care provider for school aged children, is required to collect the following information on participants each year. This form should be filled out by a parent or legal guardian. **Please email or bring in current immunization records with your registration form.**

Child's Name: _____ Date of birth: _____ Gender: M/F

Past Illness- Check those the child has had and give approximate dates:

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

Comments: _____

Surgery/Accident/Illness/Chronic Heart Problems:

Describe any physical or medical condition requiring special attention:

Medication(s): _____

Allergies: _____ Care routine for reactions: _____

Vision issues: _____ Hearing issues: _____

Date of most recent medical exam: _____

Health Care Provider: _____

Address: _____
Street City State Zip

Hospital preferred for emergency treatment: _____

Health Insurance Provider: _____

Policy #: _____



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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 sunscreen and bug spray 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

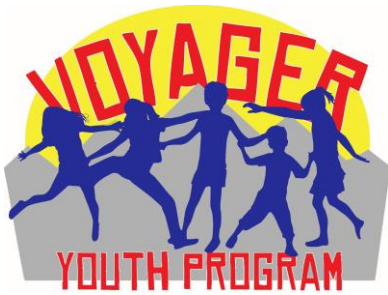
Y N

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



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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

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.

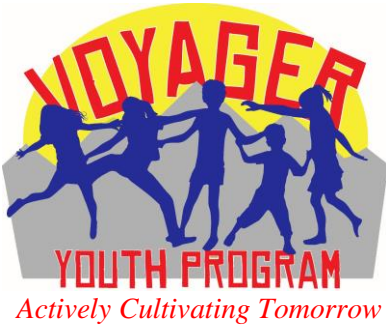
Pool Rules:

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 _____



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**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.

**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

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 _____