

Mountain Kids Day Camp Registration Packet 2025





Campers should be at camp <u>no later than **8:45** am.</u>
Campers may come as early as 7:15 am and stay as late as 5:45pm for no additional charge.



ALL forms included in our enrollment packet must be entirely complete and submitted at the time of registration.

Camper registration fee and 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.

Immunization forms: If your doctors immunizations are not printed on the Colorado State Health Form, please transfer your records onto the Colorado State Health Form provided in this packet. Signed immunization forms must be provided at the time of registration.

Tuition

Minimum enrollment of FOUR WEEKS for the summer is required.

Choose either full or part-time attendance for each week of camp. Prices include gymnastics and swimming lessons!

Full Time: Mon-Fri (4 or 5 days) \$440/ week
Part-Time: Prearrange any 3 days
Camper registration fee: \$100/child

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

Summer Day Camp Payment 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)
- ❖ A credit card will be put on file and your weekly payments will be processed automatically on Mondays.
- ❖ A \$10 late fee will be assessed each week tuition is overdue.
- Please see detailed policies in the Day Camp Manual available upon request.

Schedule Change Policies

- Changes must be made by the Wednesday before the week being rescheduled.
- Same week changes are not allowed.
- ❖ If a camp week is dropped the \$50 deposit is NON-REFUNDABLE. The deposit can be applied to an unreserved week of camp.
- * There are no credits or make ups for missed or sick days.
- ❖ You are required to pay for a minimum of four weeks, even if you drop a week.

Summer Office Hours:

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



















© We keep your kids safe and your information confidential ©

** PLEASE PRINT** Mountain Kids Summer Day Camp Registration Form 2025

<u>a</u>	_												
Grou	Cam	per's	Nan	ne:					Birthdate: Age: Gender: Grade next Fall:	_			
Camp Group	<u>E-Ma</u>	ail Ad	dres	s (req	uired)):			Primary Phone Number:				
	Hor	ne Ad	ldre	ss:					<u>City</u> <u>Zip</u>	_			
	Gua	ırdian	Naı	me				c	Cell # Employer/Address Work#	_			
	Guardian Name Ce							Cell # Employer/Address Work#	- ,				
		sician	1:						ddress Phone	_			
		tist:_						Ac	ddress Phone	_			
		dical I rgies:		rance	Carrie	er:							
										-			
ame:			-					an parent) :han parent)	Address/Phone	_			
Camper Last Name:			-					R THAN PARE		<u>-</u> _			
er L										_			
Camp		-						e otner thai	n parents are picking up your child/ren. A photo ID is required upon pick up.				
-						N SCI							
						\$100 p			Please place a check next to the appropriate camp group for your camp	<u>er:</u>			
a \$		•	_					st week's	Little A Camp (entering Kindergarten must be 5 by their first day of camp)				
tuition is due at the time of registration								v prior to	A Camp (entering 1st grade) C Camp (entering 3rd or 4th grade)				
II.C.		-				week Mi		• •	B Camp (entering 2 nd grade) D Camp (entering 5 th or 6 th up to a	ge 12)			
Circle	THRE	E part	time	days f	<mark>or eacl</mark>	ı week	or FT f	or full time.	Camp groupings are subject to change based on enrollment.				
		_		-		ne days		Weekly Deposit	I understand that remaining weekly tuition is due the Monday prior to the week rese	ved.			
Weel June 2	_	<u>M</u> 2	<u>T</u> 3	<u>w</u> 4	<u>R</u> 5	<u>F</u> 6	FT						
Weel June 9		<u>М</u> 9	<u>T</u> 10	<u>W</u> 11	<u>R</u> 12	<u>F</u> 13	FT		CHANGES & CANCELLATIONS: Schedule changes and week transfers must be made by the Wednesday price	r to			
Weel	<u>(3</u>	<u>M</u>	I	<u>w</u>	<u>R</u>	<u>F</u>	FT		the week being rescheduled. No changes will be accepted after that Wednes	day			
June 16	<u>(4</u>	16 <u>M</u>	17 <u>T</u>	18 <u>W</u>	19 <u>R</u>	20 <u>F</u>	FT		and are accepted as space allows. Initial: Drops must be made by the Wednesday prior to the week being cancelled in	1			
June 23 Week		23 <u>M</u>	24 <u>T</u>	25 <u>W</u>	26 <u>R</u>	27 <u>F</u>	FT		order to receive a Credit <i>minus the \$50 deposit</i> . There are no refunds for camp deposits. Initial:				
une 30-J Weel		30 <u>M</u>	1 <u>T</u>	2 <u>W</u>	3 <u>R</u>	Х <u>Е</u>			Minimum payment of four weeks required even if a week is dropped. Initial:	, ic			
July 7	-11	7	8	9	10	11	FT		refundable when an enrolled camper is absent. Initial:	13			
<u>Weel</u> July 14		<u>M</u> 14	<u>T</u> 15	<u>w</u> 16	<u>R</u> 17	<u>F</u> 18	FT						
Weel July 21		<u>M</u> 21	<u>T</u> 22	<u>W</u> 23	<u>R</u> 24	<u>F</u> 25	FT		AUTO DEBIT AUTHORIZATION (Required) IAuthorize Mountain Kids to debit my c	redit			
Weel		<u>M</u> 28	<u>T</u> 29	<u>w</u> 30	<u>R</u> 31	<u>F</u> 1	FT		card on the Monday, prior to each camp week reserved. I understand camp	•			
Week	Week10 M T W R F FT			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									
Aug 4	⊦-8	4	5	6 Vookl	7 v Dor	8 oosit T	otal		aware of the scheduled automatic debit.				
ET A	140/	l-	⊣۲			oosit T ration		\$100	Parent/Guardian SignatureDate				
FT-\$4 (\$390-			\parallel	тK	egisti		b total	9100	 				
PT-\$3	<mark>344/</mark> \	<mark>wk</mark>				eks Tui			I acknowledge and agree to the <u>Payment/ChangePolicies</u> listed above and in Day Camp Manual.	the			
(\$294-	\$294-less dep) TOTAL DUE: Parent/Guardian Signature Date												

Mountain Kids Release Form

	Responsible Adult's Name:	Phone:	
	Responsible Addit 5 Hame.	Email:	ountain Kids
	Child's Name:		A great place to gro
	PLEASE INITIAL FOR EACH NUMBERED STATEMI	ENT AND SIGN AT THE BOTTOM	rigical place to gro
1.	PARTICIPANT AGREEMENT: I, the Responsible Adult, agree that the child(ren) named at activities and programs of Mountain Kids (the organization with other persons, may be risky even under the best of colimited to gymnastics, dance, tumbling, trampoline, swin gymnastics and other sports equipment, could result in potent other personal property belonging to me or the child.	 n). I understand that participating in such activitieghtions. I understand that participating in all such mming, cheerleading, acrobatics, and parent-shatentially severe injuries or illness to me or the child 	es, including group activities in activities, including but not ared gymnastics, and using
2.	RELEASE REGARDING PERSONAL INJURY AND PROPERTY I agree, on behalf of myself and the child, to assume all risl and those acting on its behalf from liability for any injury o other personal property belonging to me or the child. I agree and other representatives from any and all claims, demar employees, and other representatives for any expenses, with any injury or illness to me or the child or any damag have obtained adequate insurance to cover any such injury damage myself. Initial:	sks in connection with the activities described above illness incurred by me or the child and for any doe to indemnify and hold harmless the organization ands, causes of action and to reimburse the or including attorney fees and court costs, that the ge to equipment or other personal property, how	amage to any equipment or and its officers, employees, ganization and its officers, ey may incur in connection wever caused. I certify that I
3.	REPRESENTATION OF ABILITY TO PARTICIPATE:		
	I understand the nature of the activity, and I represent the stin the activity. Should I ever believe any of the above represafe or is no longer safe for the student, then it will be my activity. Initial:	esentations have become untrue, or if I should ev	er believe the activity is not
4.	RELEASE REGARDING MEDICAL TREATMENT: I give permission to the organization and those acting on its believe are reasonably necessary to provide for the safet medical care for the child. I have provided to the medicines, and medical items needed by the child for the permission to the organization and those acting on its be in the manner specified: If hospitalization is required, the aforementioned children we unless otherwise specified here: Address	ty and protection of the child, including administ child all food, clothing, sunscreen, prescription activities and programs of the organization. In a sehalf to keep and administer to the child ONL will be sent to Poudre Valley Hospital 1025 S Lema	stering first aid or seeking medicines, nonprescription addition, I request and give LY the following medicines
5.	RELEASE REGARDING PICTURES AND VIDEOS: I, on behalf of myself and the child, agree that the organi images of me or the child during any of the organizatio right to use and publish the pictures, videos, and images in media, wall hangings, web sites, and other media and that use of the pictures, videos, and images. Initial:	on's activities and programs. I understand that the any fashion for the organization's promotional pu	ne organization reserves the urposes on brochures, print
6.	TRANSPORTATION AND FIELD TRIP CONSENT:		
	I, the child's Parent or Guard field trips, by foot or bicycle and including transportation by August 9, 2024. I understand transportation and field tencountered at Mountain Kids and may include potentially other personal property. I have obtained adequate insurance such injury, illness, or damage myself. It is the camper's remountain Kids vehicle, it is the camper's responsibility to a designated time-NO EXCEPTIONS Initial:	y Mountain Kids Staff, using Mountain Kids, vehicl trips may involve activities, risks, and responsiby severe injuries or illness and damage to my child ce to cover any such injury, illness, or damage, or esponsibility to be on the vehicle at the appointed	les during the dates of June 3 illities beyond those normally d or my child's equipment and else I agree to bear the costs o time. If a camper is late to the
7.	MEDIA AUTHORIZATION: I give my permission for my child in Mountain Kids camp to	n view video or TV programs during scheduled cam	n hours <mark>Initial:</mark>

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		SexD	ate of Birth
Address			
Past Illnesses: Give approx	kimate dates of when child	d had illness	
Chicken Pox	Rubeola	Rubella	Rheumatic Fever
Asthma	Hay Fever	Diabetes	Mumps
Epilepsy	Whooping Cough	Poliomyelitis	Other
Comments:			
Date of tuberculin test (if g	given):	Date of chest x	-ray (if taken):
Vision Normal or Requires	Corrective Lenses	Hearing Norma	al or Requires Aid
Surgery/Accidents:			
Illnesses/Chronic Health Pr	roblems:		
Allergies:			
Describe any physical cond	lition requiring special atto	ention:	
Current Prescribed Medica	 tion(s):		
		N AT CAMP/SCHOOL YOU WIL	
		MINISTRATION" FORM. (availa	
This record must be signed by		to administer medication. All pre	
given	nselor/teacher in it's original	prescription bottle and must be	laheled with written nermission
•	·	t contain the child's name, physic	•
medication, dosage, frequence	· · · · · · · · · · · · · · · · · · ·		,,
Date of last examination of	child:		
ADDRESS: (include street/city/	/zip):		
PHONE NUMBER:			
NAME OF CHILD'S DENTIST	·:		
ADDRESS: (include street/city/	/zip):		
PHONE NUMBER:			
Signature(s) below	w verify that this informat	ion is correct and current with	n pediatric guidelines:
ARENT Signature: x			Date:
(F	Required for preschool and so	chool age children)	
IYSICIAN'S Signature: x			Date:
	(Required for preschool a	ige children)	

COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization



This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse [APN] or delegated physician's assistant [PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name:		Date of birth:					
Parent/guardian:(if student is under 18 year	rs of age and not	t emancipated)					
Required Vaccines	Immunization	n date(s) MM/DI	D/YY				Titer Date
HepB Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†							
Fdap Tetanus, Diphtheria, Pertussis†							
Td Tetanus, Diphtheria							
Hib Haemophilus influenzae type b							
PV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella ‡							
Measles							
Mumps							
Rubella							
/aricella Chickenpox							
/aricella - date of disease	Varicella - positive screen date *The shaded area under "Titer Date" not acceptable proof of immunity for						
In several instances, laboratory confirmation of positive titers are a immunity. More information on titers can be found within the Colo † For DTaP and Tdap, both the diphtheria and tetanus titers must be ‡ Laboratory confirmation of positive titers are an acceptable altern Recommended Vaccines	rado Board of Health rul e positive. A titer is neve	e 6 CCR 1009-2. er acceptable to demor ne only when titers for a	nstrate immunity to pe all three components	ertussis.		d to the school to docum	ent
HPV Human Papillomavirus							
RV Rotavirus							
ACV4 Meningococcal							
MenB Meningococcal							
HepA Hepatitis A							
ilu Influenza							
COVID-19							
Other							
Health care provider printed name/signature:						Date:	
tudent is current on required immunizatio mmunization record transcribed/reviewed		•	Yes	No			
ichool health authority signature or stamp:					Da	te:	
(Optional) I authorize my/my student's school Immunization Information System, the state's				Is with state/local	public health ag	gencies and the	Colorado
Parent/Guardian/Student (emancipated or ov					n-	ite:	
raicing duardiany student (emancipated of ov	ci io yis olu, sig				Da		