



Enrollment Form

Member Number _____ Enrollment Date _____

Child's Name _____
Last First Middle

Date of Birth _____ Home Phone _____

Address _____

Allergies _____

Mother/Guardian's Name

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

What is the best way to contact you while your child is here? (i.e. cell, assistant, etc) _____

Father/Guardian's Name

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

What is the best way to contact you while your child is here? (i.e. pager, assistant, etc) _____

Emergency Contacts

Primary Contact (In Town)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Secondary Contact (In Town)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Tertiary Contact (Out of State)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Preferred Hospital _____ Phone _____

Address _____



Pick-Up Authorization Form

Child's Name _____

Parent/Guardian Name _____

The following people are authorized to pick up the above named child other than the Parent/Guardian:

Valid Photo ID Required at Pick-Up

Name

Address

Phone

Relationship to Child

Valid Photo ID Required at Pick-Up

Name

Address

Phone

Relationship to Child

Valid Photo ID Required at Pick-Up

Name

Address

Phone

Relationship to Child

Your child will not be allowed to leave The DAC Children's Center without prior authorization from the responsible parent/guardian. If someone on the above list is going to pick up your child, please inform your child's teacher ahead of time. All persons allowed by parent to pick up the child must be listed on this form. The DAC staff reserves the right to ask for identification for the safety and well being of each child.

Parent/Guardian Signature

Date



Emergency Medical Authorization Form

Child's Name

In the case of an injury, accident or illness, I authorize The DAC, its program instructors or employees, or medical/first aid personnel, to render first aid and obtain whatever medical treatment is deemed necessary for my child's welfare.

If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital.

I further understand that I will be fully responsible for any and all charges and fees incurred in the rendering of said treatment or transport, regardless of whether my medical insurance would cover such charges and fees.

Parent/Guardian Signature

Date



Class Directory Form

Child's Name

I give permission for our contact information to be put in a classroom directory for every classroom my child is in or will be while they are enrolled at the DAC Children's Center.

Parent/Guardian Signature

Date



Baby Bjorn Authorization Form

Child's Name

I give permission for my infant to be carried in a Baby Bjorn as the Infant classes go on walks around the block.

Parent/Guardian Signature

Date



Mat/Cot Authorization Form

Child's Name

I give permission for my child to sleep on a 2" mat or cot upon entering the Toddler #1 classroom and in every classroom thereafter.

Parent/Guardian Signature

Date



Photography Release Form

Child's Name

The Denver Athletic Club (DAC) and the Children's Center staff might take photographs of participants in DAC activities including, but not limited to, the Children's Center, Camp and other Club-wide events. Such photographs might be used in DAC and/or Children's Center advertising, brochures and social media.

The undersigned hereby authorizes the Denver Athletic Club and/or the Children's Center to take, use, display, publish, reproduce and distribute any and all photographs of my child/family for use in all markets, media or technology now known or hereafter developed.

I, the undersigned, acknowledge that I have read and understood the DAC Children's Center's Photography Release Form.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date



Sunscreen Authorization Form

Child's Name

The DAC Children's Center staff has my permission to apply sunscreen to my child. I understand that the sunscreen being used is Rocky Mountain Sunscreen SPF 50. Sunscreen will be applied every thirty minutes. Sunscreen will not be applied to broken skin or if a skin reaction has been observed. Any skin reaction will be reported promptly to parent or guardian.

Parent/Guardian Signature

Date



Field Trip/Excursion Authorization Form

Pre-School 2 and School Age Camp Children

Child's Name

I give permission for my child to participate in field trips or excursions whether walking or being transported by bus. I understand that I will be notified in advance of this outing. A specific field trip permission form must be completed for each individual trip. Verbal permission will not be accepted.

Parent/Guardian Signature

Date



Field Trip/Excursion Authorization Form

All Classes

Child's Name

I give permission for my child to walk around the block in which the DAC is located. I understand that the walk is limited to the area between Welton Street, Glenarm Place, 14th Street and 13th Street. I will not be notified in advance of these excursions.

Parent/Guardian Signature

Date



Passive Media Authorization Form

Child's Name

I give permission for my child to watch movies or videos upon entering the Preschool #1 or Preschool #2 classrooms. Videos will be relevant to the classroom's current theme, they will be no more than 30 minutes in length and they will be rated "G". Videos or movies will be watched occasionally.

Parent/Guardian Signature

Date



Passive Media Authorization Form

School Age Camp

Child's Name

I give permission for my child to watch movies or videos at The Denver Athletic Club School Age Camp. Movies will be watched occasionally and they will be rated "G". A "PG" movie will only be watched with prior approval of Children's Center management and with notification of the parents.

Parent/Guardian Signature

Date