



DENVER
PUBLIC
SCHOOLS



DISCOVERY LINK
THE DPS AFTERSCHOOL PROGRAM

DISCOVERY LINK SCHOOL YEAR REGISTRATION 2017-2018

Registration Checklist

Families must provide the following at the time of registration in addition to a completed registration packet:

- A copy of your child(ren)'s Immunization Records (**required for ALL sites**)
- A copy of your child(ren)'s Health Appraisal Form IF you will attend any of the following "Center Sites"*
 - o **Any aged child attending Valdez, Lincoln, Sandoval, Sandra Todd Williams, CEE, and Swigert**
 - o **Any child aged 5 and under attending Isabella Bird, Brown, Roberts or Westerly Creek**
 - o Each Health Appraisal Form must have a physician's signature and date your child must return to the doctor for next well child visit or per AAP Guidelines
 - o Find a Health Appraisal Form for your doctor at <http://discoverylink.dpsk12.org/family-resources>

*"Center Sites" are programs which serve children ages 3-4 as well as school aged youth. These sites have additional requirements mandated by the State of Colorado in order to protect our young children's health and wellbeing.

REGISTRATION INSTRUCTIONS:

You may return your Registration Packet in one of the following ways:

- ♦ Scanned registrations can be emailed to discovery_link@dpsk12.org
 - o Files must be legible and smaller than 10mb.
 - DPS email rejects emails with attachments totaling more than 10mb.
 - Cell phone pictures of pages cannot be accepted

(Incomplete forms will be returned to you to complete.)

- o Every single blank box must have a response filled in, even if the response is "none" or "N/A"
- o Complete your child's health information, special needs, allergies, and any chronic health issues (if applicable)
- o Helpful Tip: *An emergency contact name, address and phone number are **required** and are the most frequently skipped part of the form.*
- o Sign and date where required:
 - Helpful Tip: *You must sign and/or date 30+ times – look for the arrows*
- Complete the 2017-2018 Payment Agreement that includes the following information:
 - o The responsible party for the account
 - o Your child's Discovery Link site, program, schedule & monthly tuition
 - o Helpful Tip: *Clearly mark days of the week and a.m. and p.m. needs*
 - o Your Tuition Express ID Number if applicable
 - o Read and initial where indicated
- o All registrations are taken on a first come, first served basis and a spot in Discovery Link is not guaranteed.
 - o All completed registration packets will be date and time stamped upon acceptance
 - o The availability at each site will be periodically updated on the Discovery Link website.
- o The registration fee WILL NOT be taken at the time of the registration.
- o You will receive a confirmation of your place in the program or on the waitlist within 48 hours of receipt of a completed packet.

**IF YOU HAVE ANY QUESTIONS
PLEASE CONTACT THE
REGISTRATION OFFICE AT
720-423-1781**

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Discovery Link

Payment Agreement 2017-2018

(Current rates can be found on our website at discoverylink.dpsk12.org)



Parent/Guardian Name		Phone	
Email #1	Email #2		
Child Name	Age	DOB	
Child's DPS Student ID Number			
Discovery Link Site			
Email Statements	<input type="radio"/> Yes	<input type="radio"/> No	(If YES, you will no longer receive statements via US Mail.)

Please Mark One:	Single Child	Multiple Children	School Year Camps Only
Fall Registration Fee	<input type="radio"/> \$60.00	<input type="radio"/> \$75.00	<input type="radio"/> \$15.00

Please designate your schedule below. 3 day minimum per program.	
Early Risers (6:30am – classroom start time)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
Kadoodles* (*Sandoval & Lincoln Only)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
After School (School Release – 6:00pm)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F

Friday Early Release Care – Only a few Discovery Link Sites have Early Release Days on Fridays – this is not applicable to most sites.		
Fridays, 1 – 3 pm (at certain sites)	ONLY AVAILABLE AT ROBERTS AND DENVER LANGUAGE SCHOOL. TO STUDENTS REGISTERED FOR A 3-DAY MINIMUM PROGRAM	<input type="checkbox"/> \$25.00
Fridays, 1 – 6 pm (at certain sites)		<input type="checkbox"/> \$100.00

Automatic Payment Option:
If you are not currently enrolled in Tuition Express and would like to set up automatic payments, please complete the Tuition Express enrollment form found at http://discoverylink.dpsk12.org/familyresources/ .

Available Financial Assistance (Only one discount will apply per family)	Parent/Guardian Initials
I understand if I apply for financial assistance it will not be applied to my account until the Extended Learning Financial Office has determined my eligibility. Required Paperwork for Financial Assistance: <input checked="" type="checkbox"/> Completed Financial Assistance Application(Available at discoverylink.dpsk12.org/familyresources/)	

Human Services	Parent/Guardian Initials	
I understand that as a CCAP recipient, I must present written authorization from my county caseworker for the correct time frame and site. If I do not have written authorization I will be responsible for all tuition charges and registration fees at the time of registration. CCAP Case Number:		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%; height: 20px;"> </td> </tr> </table>		

OFFICE USE ONLY	Received By (Name):	Date:	Time:

SCHEDULE OF PAYMENTS

Payment	Billing Cycle Run Date	Tuition Due Date & Tuition Express Run Date	Late Fee Assessed	Non- Payment Withdrawal Date	Coverage Period
1 of 9	August 15	9/1/17	9/8/17	9/15/17	8/21/17 – 9/30/17
2 of 9	September 15	10/2/17	10/9/17	10/13/17	10/1/17 – 10/31/17
3 of 9	October 15	11/1/17	11/8/17	11/17/17	11/1/17 – 11/30/17
4 of 9	November 15	12/1/17	12/8/17	12/15/17	12/1/17 – 12/31/17
5 of 9	December 15	1/5/18	1/12/18	1/19/18	1/1/18 – 1/31/18
6 of 9	January 15	2/1/18	2/8/18	2/16/18	2/1/18 – 2/28/18
7 of 9	February 15	3/1/18	3/8/18	3/16/18	3/1/18 – 3/31/18
8 of 9	March 15	4/2/18	4/9/18	4/20/18	4/1/18 – 4/30/18
9 of 9	April 15	5/1/18	5/8/18	5/18/18	5/1/18 – 5/31/18

TERMS OF PAYMENT <i>(Please read and initial all statements)</i>	Parent/ Guardian Initials
PAYMENT - Once your child’s enrollment is secured, we will contact you to confirm your enrollment site, schedule, and your preferred payment method. Upon confirmation of enrollment, you must pay your registration fee, and set up a payment method.	←
REQUIREMENTS – A completed health appraisal form (with physician signature and date of required return) and immunization documentation are all required at the time of registration.	←
INVOICES - I understand that Discovery Link will generate and send monthly invoices on the 15 th of each month.	←
DUE DATE - I understand that it is my responsibility to pay monthly tuition by the 1 st business day of each month.	←
LATE FEE - I understand that if my payment is not received within 5 business days of the Tuition Due Date, a \$25 <i>non-reversible</i> late fee will be assessed to my account.	←
SERVICE FEES - I understand that a \$30 service fee will be assessed for every returned check.	←
TERMINATION DUE TO UNPAID BALANCE - I understand that if payment is not received by the non-payment withdrawal date, my child’s (children’s) enrollment will be terminated.	←
REINSTATEMENT - I understand that if my child is withdrawn due to an unpaid balance, I must contact the Discovery Link registration office to obtain reinstatement eligibility information before returning to the program.	←
SPLIT PROGRAM BILLING - Discovery Link will not process split billing between two parents or guardians on <u>one</u> account. I understand that if I elect to create <u>two</u> accounts to split program billing that each parent will be fiscally responsible and must register and apply for financial assistance if needed. If non-payment occurs on one account the child will be withdrawn from the program that corresponds to the unpaid account.	←
WITHDRAWAL - I understand in order to withdraw from the program I must complete the proper forms one week in advance. Failure to do so will result in my account being charged full price for that current billing month. I understand that my withdrawal is official when I receive confirmation from the Discovery Link Registration Office.	←
CREDITS OR REFUNDS - I understand that credits or refunds are NOT issued for routine absence or illness. Credits will be considered for extended absence or illness with signed documentation from a medical professional.	←
SCHOOL CLOSURES - I understand that credits or refunds are NOT issued for days Discovery Link is closed due to district or school closures or for circumstances such as inclement weather.	←
CCAP Recipients - I understand that if I am receiving Human Service assistance that it is my responsibility to provide Discovery Link with all eligibility certificates. If I do not have written authorization, I will be responsible for all tuition charges and registration fees	←
CCAP Recipients - I understand that I am responsible for paying parental fees, drop-ins, late pick up fees and the costs of any other unauthorized care assessed to my account. (write N/A if it does not apply)	←

As the signer of this document, I understand that I am fully responsible for payment of all Discovery Link fees in accordance with all Terms of Payment.

Parent/Guardian Signature	Date
Parent Guardian Printed Name	



Information Card 2017-2018

Child Information

First Name		M.I.	Last Name	
Date of Birth	Gender	Age	Grade	Student ID # (6 digits)
Ethnic Group you consider the child to be a member of:			<i>(Ethnicity is needed for Federal Food Program)</i>	
School/Discovery Link Site Child Will Attend:			START DATE: 8/21/2017	

**PARENT/GUARDIAN INFORMATION

Child lives with: <i>(Check one or more)</i>	Mother	Father	Other <i>(Please Specify)</i>
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MOTHER/GUARDIAN	First Name	Last Name			
Address		City	State	Zip	
Home Phone		Cell/Pager			
Employer Name					
Employer Address					
Work Phone		City	State	Zip	
Preferred Contact Number during Discovery Link Hours - Check one: HOME CELL WORK		Order of Emergency Contact: <i>(please circle or check one)</i>		First	Second

FATHER/GUARDIAN	First Name	Last Name			
Address		City	State	Zip	
Home Phone		Cell/Pager			
Employer Name					
Employer Address					
Work Phone		City	State	Zip	
Preferred Contact Number during Discovery Link Hours - Check one: HOME CELL WORK		Order of Emergency Contact: <i>(Please circle or check one)</i>		First	Second

**REQUIRED- ALTERNATE EMERGENCY CONTACT (ALL EMERGENCY CONTACTS MUST BE 18 AND OLDER)

Name	Relationship to Child:	Order of Emergency Contact: <i>(CHECK ONLY ONE)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Address		City/State/Zip			
Home Phone	Office Phone	Cell/Pager			

Additionally, the following people are allowed to pick up my child from Discovery Link:

Name	Relationship	Phone Number

****Required Information - complete contact information must include names, addresses, & phone numbers wherever indicated**

THE ABOVE PERSONS ARE AUTHORIZED TO PICK UP MY CHILD AND WHOM DISCOVERY LINK MAY CONTACT IN THE EVENT OF AN EMERGENCY IF PARENT(S) OR GUARDIAN(S) CANNOT BE REACHED. (ALL EMERGENCY CONTACTS MUST BE 18 AND OLDER.)

Parent/Guardian Signature: _____	Date: _____
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****MEDICAL/HOSPITAL INFORMATION**

Child's Name _____

Doctor's Name		Phone	
Address	City	State	Zip
Dentist's Name		Phone	
Address	City	State	Zip
Preferred Hospital		Phone	
Address	City	State	Zip
**Required Information – complete contact information must include name, address & phone numbers for doctor, dentist and preferred hospital.			
I do hereby authorize the above named physician to render such treatment as may be deemed necessary in an emergency for the health of the child. In the event that a parent/guardian, or alternate person named on this form cannot be reached, or if the name of a doctor, dentist or hospital has not been provided, the staff is hereby authorized to call 911 for medical assistance. The staff is also authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child.			
Parent/Guardian Signature: _____			Date: _____

SPECIAL NEEDS INFORMATION




Has your child been identified with a disability?	Yes	No	If yes, what special accommodations or modifications are needed?	
Does your child have an IEP or a 504 Plan in place?	Yes	No	If yes, what special accommodations or modifications are needed?	
Check any of the following that apply to your child.	<input type="checkbox"/> Learning Disabilities		<input type="checkbox"/> ADHD, ADD	<input type="checkbox"/> Physical Therapy
	<input type="checkbox"/> Speech/Language		<input type="checkbox"/> Autism/Asperger's Syndrome	<input type="checkbox"/> Vision/Hearing
If any of the above questions have been answered YES a meeting with the Program Specialist is required before my child may begin the program.				Parent/Guardian Initials

ALLERGY/HEALTH INFORMATION





Yes	No	ALLERGIES (Please Explain)
Yes	No	Does your child take medications for Allergies? (if yes, please note the specific medications below)
Yes	No	ASTHMA
Yes	No	Does your child take medications for Asthma? (if yes, please note the specific medications below)
Yes	No	Medical Problems (That Require Special Accommodations)
Yes	No	Dietary Needs (That Require Special Accommodations/Additional Forms May Be Required)
Yes	No	Other (That Require Special Accommodations)
Yes**	No	Emergency Medications Required **A current copy of each Medication Authorization MUST BE provided
Please list all EMERGENCY MEDICATIONS your child takes:		Parent/Guardian Initials
Yes**	No	Will your child require Daily Medications DURING PROGRAM HOURS? **A current copy of each Medication Authorization MUST BE provided
Please list all DAILY MEDICATIONS to be administered to your child during program hours :		Parent/Guardian Initials
Please list all DAILY MEDICATIONS to be administered to your child during Dismissal Day & Break Camp hours :		Parent/ Guardian Initials
Yes	No	Does your child take medications on a daily basis? We must record all daily medications your child takes, even if they will not be administered during program hours. In an emergency, this information must be provided to paramedics.
Please list all DAILY MEDICATIONS your child takes, at any time of day :		Parent/Guardian Initials

SIGN IN/OUT AUTHORIZATION

Child's Name _____

	I understand that Discovery Link is not responsible for children who walk or bus from the program site once they are signed out.	Parent/Guardian Initials	
	I understand that Discovery Link requires parents to sign their children IN to Early Risers.	Parent/Guardian Initials	
	I give permission for my child (who is 8 or older) to sign him/herself OUT of Discovery Link. Release Time _____ <i>Sign-out authorization is not available at the following locations: LINCOLN, SANDOVAL, SWIGERT, VALDEZ</i>	Parent/Guardian Initials	

ACTIVITY AUTHORIZATION

Yes	No	I give permission for my child to appear in any media coverage approved by Discovery Link.			Parent/Guardian Initials		
Yes	No	I give permission for my child to view: <i>(please circle any that apply)</i>	G Movies	PG Movies	No Movies	Parent/Guardian Initials	
Yes	No	Are there any activities your child cannot participate in due to physical, social or religious reasons?	<i>(If yes, please specify)</i>			Parent/Guardian Initials	
Personal Release Statement: I understand that there is risk of injury in any recreational or sport activity and I voluntarily assume such risk. I take full responsibility for the actions and physical condition of my child. I agree to indemnify and hold harmless the Department of Extended Learning and Denver Public Schools from liability, loss, cost or expense (including attorney's fees, medical, dental and ambulance costs) that my child may incur while participating in Discovery Link activities.						Parent/Guardian Initials	

SUNSCREEN AUTHORIZATION

Discovery Link will be providing **Rocky Mountain Sunscreen SPF 30** (Find ingredients on our website) to students for use before any outdoor play or activities.

Children 4 years of age and older must apply sunscreen to themselves under the direct supervision of a staff member. Discovery Link staff **will not** apply sunscreen to your child(ren).


Discovery Link staff **will be** responsible for reminding your child to apply sunscreen prior to outdoor activities.

Discovery Link staff **will be** responsible for applying sunscreen to children that are 3 years old.

If you do not want your child to use Rocky Mountain Sunscreen, please provide an individual bottle of sunscreen with your child's full name to Discovery Link.

PLEASE CHECK ALL THAT APPLY:


<input type="checkbox"/>	YES , I authorize my child to apply Rocky Mountain Sunscreen SPF 30 while at Discovery Link.
<input type="checkbox"/>	YES , I authorize Discovery Link staff to apply Rocky Mountain Sunscreen SPF 30 to my 3-year-old child while at Discovery Link.
<input type="checkbox"/>	YES , I authorize my child to apply sunscreen which I will provide while at Discovery Link. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	YES , I authorize Discovery Link staff to apply sunscreen I will provide to my 3-year-old child while at Discovery Link. Please provide an individual bottle of sunscreen labeled with your child's full name.
<input type="checkbox"/>	NO , I do not authorize sunscreen to be applied to my child while at Discovery Link and will apply sunscreen to my child daily.

Parent/Guardian Signature: _____ **Date:** _____ 

PARENT PERMISSION FOR EXCURSION

During DISCOVERY LINK programming, students will be given the opportunity to participate in excursions. On excursions, children take school buses, walk, or use some other means of transportation. **If you sign the space below, your child will be allowed to join in these excursions.** DISCOVERY LINK will send information home before each excursion – by note or some other means – to provide information on the place to be visited and the date of the excursion. At that time, you may revoke your permission for your child to go on any specific excursion. The district and Discovery Link are not responsible for any student injury sustained on an excursion.

I have read the above information and consent to my child's being taken on excursions during Discovery Link programming.

Parent/Guardian Signature: _____ **Date:** _____ 

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General Health Appraisal Form (ONLY IF REQUIRED)

Parent: *Please complete*

Child's Name: _____ **Birthdate:** _____

Allergies: None Describe: _____

Type of Reaction: _____

Diet: Breast Fed Formula: _____ Age Appropriate

Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: _____

Parent or Legal Guardian Signature Date: _____
Authorization expires 365 days after this date

Health Care Provider: *Please complete after parent section has been completed*

Date of Last Exam: _____ **Recent Weight:** _____ ****HCT:** _____ **** B/P:** _____ ****Lead Level:** _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays
 Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior, etc.) _____

Explain above concerns (if necessary, include instructions to childcare providers): _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:
Dose _____ See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:
Dose _____ See attached Dosage Schedule from our office

Immunizations: Up-to-date See attached immunization record Administered today: _____

Signature: ~~Physician Signature ONLY~~

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date

Office Stamp: *Or write Name, Address, Phone Number*

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