



2018-2019 Husky PACK Registration

Please read the following information carefully

For Current and NEW Families of Husky PACK

- A new (2018-19) application must be submitted for each child- NO EXCEPTIONS

 - All registrations are taken on first come, first served basis and a spot in Husky PACK is not guaranteed.

 - ✓ Registration check list must be complete before your child's spot is secured in PACK
 - Complete a 2018-2019 Husky PACK registration packet including following information
 - Husky PACK Information
 - Activity Authorization
 - Husky PACK Payment agreement
 - Submit a copy of your child's current Health Appraisal and Immunization record
 - One Time Registration- fee \$35 single child or \$50 per family

 - Confirmation of a spot in Husky PACK will be emailed to parent/guardian once registration check list is complete space permitting.
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If you have any questions you may contact PACK Director- Timiya Jackson at

303-921-2033

Or

Tjackson@highpointacademy.net

HUSKY PACK Application 2018-2019

Child Information

First Name	Last Name	Grade:
Date Of Birth	Gender	Age

Please mark the scheduled days of the week for reach program		Amount
A.M PACK ONLY (6:30am-7:45am)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$190
P.M PACK ONLY (School Release-6:00pm)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$233
A.M and P.M PACK	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$320
Wednesday ONLY (2:00pm-6:00pm)	<input type="checkbox"/> W	\$50
PLEASE MARK ONE	Single Child	Multiple children
2018/2019 Registration Fee	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$50.00

**Medical Release

Husky Pack staff shall attempt to notify the parents in the case of accident or illness. I, the undersigned, hereby authorize the school staff to take whatever action necessary in their judgment to preserve the life, limb, or wellbeing of my child, including the use of ambulance and use of a differing physician or dentist if referred physician or dentist is unavailable. I also give permission to the school to provide emergency transport as needed for my child, at my expense.

I have read and understand, agree and /or acknowledge all of the information on this form. I understand that is my responsibility to inform Husky Pack of any changes to my child's health. I understand that this form will be kept in my child's file and is available for review by the Licensing Division of Colorado Department of Social Services.

Parent/Guardian Signature: _____ Date: _____

Special Needs Information

Has your child been identified with a disability?	Yes No	If yes, what accommodations or modification are needed?	
Does your child have an IEP or 504 Plan in place?	Yes No	If yes, what accommodations or modification are needed?	
Check any of the following that apply	Learning Disabilities ADHD,ADD	Physical Therapy Speech Therapy	Vision/Hearing

Allergy/Health Information

Yes	No	Allergies (Please Explain)
Yes	No	Does your child take medications for Allergies? (If yes, please note specific medication below)
Yes	No	Asthma
Yes	No	Does your child take medication for Asthma? (If yes, please note specific medication below)
Yes	No	Medical Problems (That Require Special Accommodation)
Yes	No	Dietary Needs (That Require Special Accommodation/Additional Forms May Be Required)
Please list all EMERGENCY MEDICATION YOUR CHILD TAKES:		Parent/Guardian Initials

Activity Authorization

Yes	No	I give permission for my child to appear in any media coverage approved by Husky PACK			Parent/Guardian Initials	
Yes	No	I give permission for my child to view(circle all that apply	G Movie	PG Movies	No Movies	Parent/Guardian Initials
Yes	No	Are there any activities that your child cannot participate in due to physical, social, or religious reason		(If yes, please specify)	Parent/Guardian Initials	
Personal Statement: I understand that there is risk of injury involved 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 Husky PACK and High Point Academy from liability, loss, or cost or expense (including attorney's fees, medical, dental, and ambulance cost) that my child may incur while participating in Husky PACK activities.					Parent/Guardian Initials	

Parent Permission for Excursion

During Husky PACK programming, students will be given the opportunity to participate in field trips. During field trips children will take school buses and walk. **If you sign the space below, your child will be allowed to join in these field trips.** Husky PACK 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. High Point Academy and Husky PACK are not responsible for any student injury sustained on an excursion.

I have read the foregoing information and consent to my child being taken on excursion during Husky PACK programming.

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

Payment Agreement

Terms of payment (Please read and initial all applicable statements.)

Payment- once your child's enrollment is confirmed into Husky PACK, we will contact you regarding your preferred method of payments. _____ (Parent Initial)

Requirements- confirmed payment arrangements, a completed health appraisal form and immunization documentation are required prior to your child attending PACK. _____ (Parent Initial)

Invoices- I understand that Husky PACK will generate and send invoices on the 15th of each month. _____ (Parent Initial)

Payment Responsibility – I understand that I, the signer of this documents am fully responsible for payment. I understand that it is my responsibility to pay monthly tuition by the 1st calendar date of each month. _____ (Parent Initial)

Late Fees- I understand that if my payment is not received by the 5th of each month a \$25 non-reversible late fee will be assessed to my account. _____ (Parent Initial)

Service Fees- I understand that a \$20 service fee will be assessed for every returned check and a \$12 service fee will be assessed for every credit card decline. _____ (Parent Initial)

***Drop In Husky PACK :** is for **emergency** use only. In order for your child to drop into PACK you must contact Husky PACK director at least 24 hours in advance. Payment for drop in PACK will need to be paid before your child arrives to PACK. A completed application and registration fee will also need to be completed before the child can attend PACK. _____ (Parent Initials)

Termination Due to Unpaid Balance- I understand that if payment is not received by the withdrawal date listed above my child's enrollment in PACK will be terminated. _____ (Parent Initial)

Withdrawal- I understand that in order to withdraw my child from the program I must inform PACK director one week in advance. Failure to do so will result in my account being charged full price for that current billing month. _____ (Parent Initial)

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



General Health Appraisal

Parent Section

Child's Full Name (Last, First, MI): _____ Birthdate: _____

Allergies: _____

(If allergies are listed, student must have an allergy plan completed by the physician.)

Diet: Age Appropriate or Special (provide an explanation below):

By checking this box, I acknowledge that in order for sunscreen to be applied to my child, I must provide HPA with a written request. Sunscreen will not be applied in any instance if my child's skin is broken or bleeding.

I, _____ give consent for my child's healthcare provider or school employees to discuss my child's health concerns. My child's healthcare provider may fax this form (and applicable attachments) to High Point Academy at (303) 217-5153.

Parent or Guardian Signature

Date

*Please supply this page to your child's healthcare provider to complete the bottom section. Students **must** have this on file to be enrolled at High Point Academy.*

HealthCare Provider: *Please complete after parent section has been completed.*

Date of last examination: _____ Weight: _____ HCT: _____ B/P _____ Lead Level _____

Physical Exam: Normal Abnormal (Please provide a supplemental document providing a detailed explanation)

Significant Health Concerns:

- None Seizures Diabetes Developmental Delays Asthma Speech/Language Vision Hearing
- Hospitalizations Severe Allergies Other (Provide an explanation below):

Current Medications: None List _____

(A separate medication form is required for HPA to administer medications to the above student)

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

Date of next well visit: _____

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

Signature of Health Care Provider

Date of Last Examination

(Health Appraisal expires 1 year after this date)

Please provide a stamp bearing office name, address and phone number