Ram Kidz Village Registration Packet

We are so happy to have your children join us in our wonderful program! Please carefully read and complete the following forms. Your child's safety is our top priority, so we appreciate you taking the time to fill out the forms completely.

RKV Registration Checklist:

_____Rules and Procedures Form – Please initial each item on this form.

_____Informed Consent and Release of Liability Waiver Form

_____Registration Form – Please include information for each child registered.

_____Medical Information Form – Must have separate form for each child registered.

_____Immunization Record

_____Proof of dependency for each child registered. The following are acceptable:

- child's birth certificate
- child's passport
- tax forms
- guardianship or adoption papers

_____Photography Consent Form and Media Release

_____Activity Kit Registration Form (*Optional* - Page 13)

When you have completed the Registration Packet & Gathered Documents:

Email the packet and supporting documents to alvs_rkv@mail.colostate.edu

Or Bring the Registration Packet and supporting documents to RKV (Morgan Library Room 201a).

Our staff members will go over the completed forms with you at that time and make sure that all of your questions are answered.

Ram Kids Village Information Sheet

Bold sections are required on this page.

Name:_____ **CSU ID:**_____

Major:_____ Minor:_____

1. I am a (check Undergraduate or Graduate and any others that apply to you):

☐ **Undergraduate**
☐ **Graduate**
☐ International Student
☐ Domestic Student
☐ Online Student
☐ Transfer Student
☐ Student Veteran
☐ First Generation Student

2. I am interested in learning more about the campus resources below (check all that apply):

☐ Morgan Library
☐ Student Disability Center
☐ Writing Center
☐ Student Legal Services
☐ Tutoring Services
☐ Career Services
☐ Financial Aid
☐ Veteran Education Benefits
☐ Cultural Resource Centers (CSU)
☐ Adult learner & Veteran Services (ALVS)
☐ ALVS Peer Advisors
☐ ALVS Workshops
☐ ALVS Community Events (Kids Welcome)
☐ Student Parent Week
☐ Student Veteran Week
☐ Single Parent Scholarships

3. What days do you plan to utilize the RKV?

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Saturday
☐ Sunday

Ram Kidz Village at Morgan Library

Drop-in Activities for Children
Rules and Procedures Form

_____ **Parents <u>MUST</u> stay in the library while their children are being cared for at Ram Kidz Village. Failure to do so will result in the loss of privilege to use Ram Kidz Village.**

_____ **Student parents will fill out and complete a Registration Packet which includes: Rules and Procedures Form, Registration Form, Medical Information Form *for each child registered*, and Informed Consent and Release of Liability Waiver Form. Parent must show proof of dependency (child's birth certificate, child's passport, tax forms or adoption or guardianship papers) before their child(ren) may be left for the first time.** These forms will be kept in a confidential file accessed only by RKV staff, if needed. **Parents will need to re-register their children each year at RKV**

_____I understand I must review these documents with a staff member of RKV. Both I and a staff member will sign these documents before I utilize RKV for the first time. **A copy of the documents will be kept by the parent to refer to if necessary.**

_____ I understand that I, the currently enrolled Colorado State University (CSU) student, will have to show CSU Student ID when dropping off my child (ren) and picking up my child(ren). I understand that only I, the currently enrolled CSU student, can drop off or pickup my child and I am responsible for being in the Morgan Library while my child is at RKV.

_____I understand the Ram Kidz Village (RKV) program at Morgan Library provides drop-in activities for children ages one (1) year to eleven (11) years old on a first come, first serve basis and I may be unable to utilize RKV services if the program is at capacity.

_____ I understand as a student parent that I may only use RKV services for a maximum of two (2) hours and 45 minutes per day.

_____ I understand I will allow RKV staff to call/text me when utilizing RKV. If I am contacted via text or call, I will respond to the message within 5 minutes and return to RKV. If I am called/texted, I will respond to the message within 5 minutes and return to RKV. **Every student parent is subject to a random text to test service. If the student parent does not respond to the message within 5 minutes more than three (3) times in a semester they will lose the privilege of using RKV.**

_____I understand all efforts will be made by RKV staff to meet the needs of a child with special needs. If the child's needs exceed what the RKV staff is able to provide, I understand RKV may not be able to care for the child.

_____I understand all staff at RKV are Mandatory Reporters for Child Abuse.

_____I understand the staff at RKV will provide positive guidance while children are in their care. If all efforts have been exhausted by the staff in the room and/or my child is being unsafe or

disruptive towards staff and/or other children, I will be texted. At that time, the staff will discuss with me what positive guidance methods were attempted. I understand I will need to remove my child(ren) from care for the remainder of the day.

_____I understand RKV staff is prohibited from using physical discipline (spanking, slapping, etc.) or verbal discipline (yelling, belittling, etc.). Parent requests to use any form of punishment that is prohibited will be denied.

_____I understand if I have been contacted regarding my child(ren)'s disruptive behavior three or more times, I may lose privileges of RKV services.

_____If there is any chance that my child(ren) will sleep while at RKV, I will bring a blanket for them to sleep with/on.

_____I understand every time I bring my child(ren) to RKV, my child(ren) must wash their hands in the RKV portable sink before being allowed to play.

_____I understand NO diaper changing will be allowed in the room. If a child needs their diaper changed, RKV staff will text the parent. Parents must take the child to a diaper changing station in the library. Only parents may take the child to the bathroom or for diaper changes.

_____ I understand due to the large amount of children with food allergies, and Morgan Library policies, no food or drinks will be allowed in RKV. If my child incessantly complains of hunger or thirst I understand I will be texted to provide them with food or drink.

_____I understand if my child(ren) is in need of medication, I am expected to administer medication either before or after bringing my child to Ram Kidz Village.

_____I understand RKV staff will text me if my child(ren) begins to show any signs of illness while in RKV care and my child(ren) will need to remain out of RKV's care for the remainder of the day. **No medication will be administered by RKV staff, with the exception of emergency situations in which a prior medical form, signed by a doctor, is provided to staff. This includes the administration of Epipens and inhalers.**

_____ I understand that when dropping my child off, I will work with a RKV staff member to complete a COVID Symptom Report, complete with having my child's temperature taken by RKV staff.

_____ I understand if my child exhibits any of the following symptoms they must be kept home and will not be allowed in RKV for the evening:

- COVID symptoms
- Vomiting or diarrhea in the last 24 hours.
- A fever of 100 degrees or more in the last 24 hours.
- Excessive coughing or nasal discharge.
- Draining sore or rash.

- Strep throat that has not been treated for 24 hours with antibiotics.
- Untreated head lice or scabies.
- Red itchy matter in eyes that has not been treated with antibiotics for 24 hours.
- Symptoms of a possible communicable disease (these usually include sniffles, reddened eyes, sore throat, headache, and abdominal pain with fever).

_____I understand if my child(ren is injured while at RKV, staff will follow CPR/First Aid procedures. If the injury is minor the staff supply an incident report and will provide the student parent with a copy at the time they pick up their child. If the injury is serious (i.e. bleeding the staff will call the student parent immediately. If the injury is severe (i.e. suspected broken bone the staff will call 911 and text the student parent at the same time. A CPR/First Aid certified staff member will be on-site at all times.

_____I understand if I have a concern or complaint about daily operations, student employees, safety, rules and procedures, etc. I can contact Lisa Chandler, Assistant Director in the Adult Learner and Veteran Services office, room 282 of the Lory Student Center, (970) 491- 0415. If I do not feel that my concern/complaint was properly dealt with or if I have a concern/complaint about the Assistant Director I can call the Public Health Office, Jeanine Reiss, at 970-491-6121.

_____ I understand in the event of an emergency, where evacuation of the library is necessary, staff will follow the Library Emergency Procedures, which are posted in the room. Staff will take the children to a safe location, which will also be posted, where student parents will then be able to pick them up.

_____I understand if my child(ren is/are not picked up within 15 minutes after RKV is closed, staff will call Colorado State University police.

_____ _____

Parent Signature Date

_____ _____

RKV Staff Signature Date

INFORMED CONSENT AND RELEASE FOR Ram Kidz Village at Morgan Library
DROP-IN ACTIVITIES FOR CHILDREN

I,_____ , hereby certify that I am the natural or legal guardian of the minor child(ren):_____ .

I authorize Colorado State University its officers, agents and employees acting through Adult Learner & Veteran Services (ALVS) to provide temporary care, custody, and control over my child(ren) during the times in which I place my child(ren) with **Ram Kidz Village at Morgan Library**.

I understand that I must remain, **at all times**, in CSU's Morgan Library while the **Ram Kidz Village at Morgan Library** provides children's activities to my child(ren). I further understand that the **Ram Kidz Village at Morgan Library** staff will connect with me via cell phone during my child(ren)'s stay at the **Ram Kidz Village at Morgan Library** and that I must respond immediately to the **Ram Kidz Village at Morgan Library** if I am called/texted during my child(ren)'s stay at the **Ram Kidz Village at Morgan Library**. I understand that violation of these rules will disqualify me and my child(ren) from further visits to the **Ram Kidz Village at Morgan Library**.

In case of emergency and I cannot be timely reached, I further authorize CSU, its officers, agents, and employees acting through the **Ram Kidz Village at Morgan Library** to obtain such emergency medical attention for my child(ren) as may appear reasonably necessary in my absence. I understand that said treatment may be carried out within or without the **Ram Kidz Village at Morgan Library**. I further understand and agree that I will be financially responsible for all charges and fees incurred in rendering said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I will disclose any medical, physical, mental, or emotional health conditions that would require the **Ram Kidz Village at Morgan Library** to render special care or assistance to my child(ren) or that would pose any risks to other children at the **Ram Kidz Village at Morgan Library**. I understand that the **Ram Kidz Village at Morgan Library** may not be able to provide such special care or assistance and may, therefore, not be able to host my child(ren).

I hereby waive any right to claims, damages, or other legal relief which may arise from injury to me, my child(ren), or my property from the acts or omissions of CSU, its officers, agents, and employees acting through **Ram Kidz Village at Morgan Library**. In consideration of the services provided to myself and my child(ren) by **Ram Kidz Village at Morgan Library**, I agree to indemnify and hold harmless CSU, its agents, and employees acting through **Ram Kidz Village at Morgan Library** with respect to any loss of any kind suffered by CSU or any third person as the result of my child(ren)'s visit or use of services at **Ram Kidz Village at Morgan Library**.

I understand that the terms of this Informed Consent and Release will apply to each occasion my child(ren) or I visit or use the services of **Ram Kidz Village at Morgan Library**.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.

Print Name: _____ Student ID#_____

Parent's Signature: _____ Date:

Print Name: _____ Student ID#_____

Parent's Signature: _____ Date:

Ram Kidz Village at Morgan Library
Registration Form

Today's Date

Child Information

Child # 1 _____ _____
(Child's First and Last Name) (Child's Address, City, State, Zip)

_____ _____
Date of Birth Gender

Child # 2 _____ _____
(Child's First and Last Name) (Child's Address, City, State, Zip)

_____ _____
Date of Birth Gender

Child # 3 _____ _____
(Child's First and Last Name) (Child's Address, City, State, Zip)

_____ _____
Date of Birth Gender

Child # 4 _____ _____
(Child's First and Last Name) (Child's Address, City, State, Zip)

_____ _____
Date of Birth Gender

Parent Information

Parent Name	Cell Phone	Email	Student ID#
Parent Name	Cell Phone	Email	Student ID#

Insurance Information

Provider	Provider Phone
Policy Holder	Policy Number

In case of an emergency, specify authorized persons to pick-up child:

Name	Relationship	Phone
Name	Relationship	Phone

Ram Kidz Village at Morgan Library
Medical Information Form
Must have separate form for each child registered

Today's Date:

Parent Name: _____ Student ID#:_____

Childs First and Last Name: _____ Child's age:_____

Medical Information: Please indicate any of the following that apply to your child:
☐ Allergy to medicine, food, animal
☐ ADHD (Attention Deficit Hyperactive Disorder)
☐ Asthma
☐ Seizures
☐ Heart Trouble
☐ Diabetes
☐ Bleeding disorders
☐ Other

Please explain any checked item from above:

_____

_____

Please list any medications your child is currently taking. Student workers are not authorized to administer medication to children*, with the exception of emergency situations in which a prior medical form, signed by a doctor, is provided to staff. This includes the administration of Epipens or inhalers.* If a child is in need of medication, the parent is expected to administer medication either before or after bringing their child to Ram Kidz Village.

What are your child's favorite toys, games, and things to do?

_____

How do you comfort your child when s/he is upset?

_____

What behaviors or skills are you currently working on with your child?

Please attach a copy of your child's immunization record or waiver form.

STUDENT PHOTOGRAPHY CONSENT FORM/MEDIA RELEASE

I, *(print name)* , hereby

Do grant permission to Colorado State University, its representatives and employees the right to take and use photographs, videotape, and audio recordings or quoted remarks of me or prepared by me, or of my property for use in promotional, educational, informational or news related materials. These materials might include printed or electronic publications, websites, or other electronic communication.

Agree that my name and identity may be revealed in descriptive text or commentary in connecting with the image(s).

Authorize the use of these materials indefinitely without compensation to me. All photos, prints, digital reproductions, and video and audio recordings shall be the property of Colorado State University.

OR

☐ **Do Not** grant permission to Colorado State University, its representatives and employees the right to take and use photographs, videotape, and audio recordings or quoted remarks.

I have read and understand the above:

_____

(signature of adult participant) (date)

RELEASE FOR MINOR CHILDREN *(less than 18 years of age)*

I, *(print name)* , official parent or guardian of

(print child's name) , hereby

Do grant permission to Colorado State University, its representatives and employees the right to take and use photographs, videotape, audio recording, or quoted remarks of my child for use in promotional, educational, informational, or news related materials. These materials might include printed or electronic publications, websites, or other electronic communication.

Agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

Authorize the use of these materials indefinitely without compensation to me. All photos, prints, digital reproductions, and video and audio recordings shall be the property of Colorado State University.

OR

☐ **Do Not** grant permission to Colorado State University. its representatives and employees the right to take and use photographs, videotape, and audio recordings or quoted remarks.

I have read and understand the above:

Additional Information

Please add any additional information that you would like our staff to know to help us better support you and your child(ren).

Activity Kits & Ram Reading Registration

The RKV team makes significant effort to research, plan, and review lessons so that they are developmentally appropriate for the age group your child is within.

It is the responsibility of each parent and caregiver to review the lessons and materials to ensure they are safe for their child, monitor their involvement in the activity, and remove/modify materials for the safety of your child. Each child has a unique developmental trajectory, and the activity that may be well-suited for one child, may be way too difficult, or easy for another child.

Name: _____ CSU Email: _____

CSU ID: _____ Secondary Email (optional): _____

How many children do you have that you would like to enroll in the activity kit program?_____

What are their nNames and ages? (ex: Emily, age 7; Henry, age 2)

_____

_____

Please select a pick-up location:

____ Ram Kidz Village (Room #201A in Morgan Library)

____ Adult Learner & Veteran Services Office (ALVS – Located in the Lory Student Center)

____ Aggie Village Family Office

____ University Village Office

If you selected Aggie Village or University Village, please include an apartment number _____

Activity kits will be delivered to the location indicated on your registration form monthly. Please pick up kits promptly, any kits remaining at the end of the semester will be repurposed. If you continue to not pick up kits, you will automatically be un-enrolled in the program.

Do you have any particular learning or developmental goals for your child(ren)?