

# Ram Kidz Village Registration Packet

Welcome to Ram Kidz Village at Morgan Library! We are so happy to have your children join us in our wonderful facility. **Please read and complete the following forms and bring them with you on your first visit to Ram Kidz Village.** Our staff members will go over the completed forms with you at that time and make sure that all of your questions are answered. Your child's safety is our top priority, so we appreciate you taking the time to fill out the forms completely.

*Please use the checklist below to make sure you have all the required forms and documents to bring with you on your first visit.*

\_\_\_\_\_ 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. Any of the following are acceptable:

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

\_\_\_\_\_ Photography Consent Form and Media Release

## Ram Kidz Village at Morgan Library

### Drop-in Activities for Children Rules and Procedures Form

Parents **MUST** 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 and I will pay my registration fee, 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 per day. There is a maximum of four children, per family, in RKV at one time.

\_\_\_\_\_ I understand I will have a pager checked out to me upon arrival at RKV. If I am paged, I will respond to the page within 5 minutes and return to RKV. Upon arriving back to pick-up my child(ren) I will return the pager to an RKV staff member. *\*Every student parent is subject to a random page to test service. If the student parent does not respond to the page 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 paged. 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 page 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 paged 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 page 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 if my child exhibits any of the following symptoms they must be kept home and will not be allowed in RKV for the evening:

- 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 page the student parent immediately. If the injury is severe (i.e. suspected broken bone) the staff will call 911 and page 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 288 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.

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Parent Signature

Date

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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 the Associated Students of Colorado State University (ASCSU) 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** will provide me with a pager when I drop off my child(ren). I understand that I must have the pager with me at all times 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 paged 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: \_\_\_\_\_  
ID# \_\_\_\_\_

Student

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_  
ID# \_\_\_\_\_

Student

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Ram Kidz Village at Morgan Library  
Registration Form**

Today's Date \_\_\_/\_\_\_/\_\_\_

**Child Information**

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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**

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\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Student ID#

**Insurance Information**

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\_\_\_\_\_  
Provider

\_\_\_\_\_  
Provider Phone

\_\_\_\_\_  
Policy Holder

\_\_\_\_\_  
Policy Number

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

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\_\_\_\_\_  
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#: \_\_\_\_\_

Child's 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***

**PHOTOGRAPHY CONSENT FORM/MODEL RELEASE/MEDIA RELEASE**

I, *(print name)* \_\_\_\_\_, hereby grant permission to Colorado State University, its representatives and employees the right to take and use *(check all that apply)*:

- Photographs
- Videotape
- Audio recording 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, Web sites or other electronic communication.

- I agree that my name and identity *(circle one)* may **OR** may NOT be revealed in descriptive text or commentary in connection with the image(s).
- I further agree that the media or university relations *(circle one)* may **OR** may NOT contact me regarding my connection with the image(s) and Adult Learners and Veteran Services.

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

I have read and understand the above:

\_\_\_\_\_  
(signature of adult participant) (date)

\_\_\_\_\_  
(street address, apartment #)

\_\_\_\_\_  
(city, state, zip code)

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

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

*(print child's name)* \_\_\_\_\_, hereby grant permission to Colorado State University, its representatives and employees the right to take and use *(check all that apply)*:

- 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, Web sites or other electronic communication.

- I agree that **my child's** name and identity *(circle one)* may **OR** may NOT be revealed in descriptive text or commentary in connection with the image(s).
- I further agree that the media or university relations *(circle one)* may **OR** may NOT contact me regarding my connection with the image(s) and Adult Learners and Veteran Services.

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

I have read and understand the above:

\_\_\_\_\_

(signature of adult participant)

(date)

---

(street address, apartment #)

---

(city, state, zip code)

Ram Kids Village Information Sheet Fall 2017

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please indicate your answers to the statements below:

**1. I am a (please check all that apply to you):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Transfer student | <input type="checkbox"/> International Student | <input type="checkbox"/> Graduate Student   |
| <input type="checkbox"/> Veteran          | <input type="checkbox"/> Domestic Student      | <input type="checkbox"/> Undergraduate Stu. |
| <input type="checkbox"/> First Generation | <input type="checkbox"/> Out-of-State resident |   |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Student Disability Center         | <input type="checkbox"/> Tutoring Services                  |
| <input type="checkbox"/> Writing Center                    | <input type="checkbox"/> Financial Aid                      |
| <input type="checkbox"/> Morgan Library                    | <input type="checkbox"/> Technology                         |
| <input type="checkbox"/> CSU Health Network                | <input type="checkbox"/> Campus Recreation Center           |
| <input type="checkbox"/> Student Legal Services            | <input type="checkbox"/> Parking and Transportation         |
| <input type="checkbox"/> Safe Walk Program                 | <input type="checkbox"/> Career Services                    |
| <input type="checkbox"/> Academic planning                 | <input type="checkbox"/> Academic Advising                  |
| <input type="checkbox"/> Study Abroad                      | <input type="checkbox"/> Adult Learner and Veteran Services |
| <input type="checkbox"/> Student Involvement/Organizations | <input type="checkbox"/> Veteran Benefits                   |

*(The following are Student Diversity offices at CSU)*

- |   |   |
|---|---|
| <input type="checkbox"/> Asian Pacific American Cultural Center | <input type="checkbox"/> Black/African American Cultural Center |
| <input type="checkbox"/> El Centro                              | <input type="checkbox"/> Native American Cultural Center        |
| <input type="checkbox"/> Pride Resource Center                  | <input type="checkbox"/> Women and Gender Advocacy Center       |

**3. I am planning to use RKV on (check all that apply to you):**

- |                                 |                                   |                                    |                                   |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday    |                                   |