

# Colorado Dream Foundation

Registration Form – Summer 2025

Questions: 303-861-5005  
abetancourt@coloradodream.org

**\*required information**

## PARENT/GUARDIAN INFORMATION (PRIMARY)

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Relationship to Student: Parent Grandparent  Legal Guardian  Adult Sibling  Other (specify) \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street City State Zip Code

\*Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ \*Email: \_\_\_\_\_

This category of demographic information is optional to complete. Your responses are being requested so that organizations can effectively report on services provided, fund-raise, and conduct advocacy as needed.

Are you employed?  Full Time  Part Time  Unemployed  
Employer name/address: \_\_\_\_\_

Currently in the military?  Yes  No A veteran?  Yes  No \* Preferred language: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION (SECONDARY)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student:  Parent  Grandparent  Legal Guardian  Adult Sibling  Other (specify) \_\_\_\_\_

Is this person authorized to pick up the student(s)?  Yes  No

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_ Email: \_\_\_\_\_

This category of demographic information is optional to complete. Your responses are being requested so that organizations can effectively report on services provided, fund-raise, and conduct advocacy as needed.

Are you employed?  Full Time  Part Time  Unemployed  
Employer name/address: \_\_\_\_\_

Currently in the military?  Yes  No A veteran?  Yes  No

## EMERGENCY CONTACTS (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)

Emergency contacts listed below are authorized to pick up child.

### Emergency Contact #1

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Relationship to Student:  Parent  Grandparent  Legal Guardian  Adult Sibling  Other (specify) \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

### Emergency Contact #2

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Relationship to Student:  Parent  Grandparent  Legal Guardian  Adult Sibling  Other (specify) \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

**STUDENT INFORMATION**

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street City State Zip Code

\*Does this student attend Denver Public Schools (including charters)?  Yes  No

\*School Name: \_\_\_\_\_ \*Student ID (Lunch Number): \_\_\_\_\_

\*Birthdate (mm/dd/yyyy): \_\_\_\_\_ \*Grade in 2025-26: \_\_\_\_\_

\*Gender:  Female  Male  Non-binary  Prefer not to disclose  
\*Hispanic/Latino  Yes  No  Prefer not to disclose

\*Race:  American Indian/Native Alaskan  Asian  Black/African American  Hispanic of Any Race  
 Middle Eastern/North African  Native Hawaiian/Pacific Islander  White  Two or more races  
 Prefer not to disclose

Free/Reduced Lunch:  Yes  No  Prefer not to disclose  
504 Plan  Yes (Explain) \_\_\_\_\_  No  Prefer not to disclose

IEP  Yes (Explain) \_\_\_\_\_  No  Prefer not to disclose  
Language(s) spoken at home \_\_\_\_\_

**MEDICAL CONSIDERATIONS**

Select all that apply. Specify if applicable.

- |                                                    |                                                  |
|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Allergies _____           | <input type="checkbox"/> Asthma _____            |
| <input type="checkbox"/> Special Diet _____        | <input type="checkbox"/> Hepatitis C _____       |
| <input type="checkbox"/> Learning Disability _____ | <input type="checkbox"/> ADHD _____              |
| <input type="checkbox"/> ADD _____                 | <input type="checkbox"/> Autism/Asperger's _____ |
| <input type="checkbox"/> Vision/Hearing _____      | <input type="checkbox"/> Physical Therapy _____  |
| <input type="checkbox"/> Other _____               | _____                                            |

**Medical Contacts**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Medication**

Does the student need to take medication during program hours?  Yes  No  
*If applicable, attach a copy of your student's Medication Authorization Form (required in order for your student to attend the program).*

## WAIVERS AND PERMISSIONS

Waivers are collected so that there is clarity and agreement between you and the organization about your child's participation in this program. Please select a response for each waiver. If "No" is selected for a waiver, we will contact you if we have any questions or concerns. In order for your child to participate in this program, an answer of "Yes" to the first three waivers is mandatory. If you have any questions, please contact the organization directly.

As a custodial parent or legal guardian of my child (Child) who is under the age of 18 and who is identified above, and in consideration for my Child being accepted into the program run by the organization identified above (Organization), I agree in all respects to the following:

**General Liability (required)** : I am hereby assuming and accepting, on behalf of myself, my Child, and my family, any and all risk of injury, illness, disability or death and the theft, loss or damage to property that may be associated with my Child's participation. I, on behalf of myself, my Child, and my family, agree and promise not to sue and forever release, waive and discharge the Organization, the Denver After School Alliance, and the City and County of Denver from any and all legal liability to me, my Child, my family and my Child's personal representatives, executors, heirs, beneficiaries, guardians and subrogees, for any and all claims, causes of action, judgements, liens, costs or expenses of any nature whatsoever (collectively, Claims) that arise from or are in any way connected with any injury or illness or any theft, loss or damage to property, directly or indirectly, related to or associated with my Child's participation. I, on behalf of myself, my Child, and my family, further agree, jointly and severally, to defend, indemnify and hold harmless the Organization, Denver After School Alliance, and the City and County of Denver from and against any and all Claims that arise from or are associated with any injury or illness or any theft, loss or damage to property caused by my deliberate actions or my Child's deliberate acts or by my negligence or my Child's negligence.

\*Do you Agree?  Yes  No

**Participation Agreement & Personal Property (required)** : I understand that participation is voluntary and have confidence that every precaution will be taken to ensure the safety and well-being of my Child. I further understand that participation is a privilege and can be revoked at any time. I understand the Organization has the right to send my Child home at any time due to discipline issues. I understand that in the event a parent or emergency contact cannot be reached for pickup, the police will be called. I understand the Organization will make every attempt possible to contact the parent or emergency contact before this step is taken. I understand the Organization is not responsible for the loss of personal property. I understand my Child is encouraged to leave valuables at home .

\*Do you Agree?  Yes  No

**Health & Medical Emergency (required)** : I hereby warrant that, to the best of my knowledge, the above listed Child is in good health, and I assume all responsibility for his/her health. I understand that the organization's activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of my Child participating in such activities. I agree on behalf of myself and my Child to hold harmless for any injury arising from participation in the program and its activities or in connection with any illness, injury or cost of medical treatment in connection therewith. I understand the organization is not responsible for my child's health conditions. I understand the Organization is not responsible for knowledge of medical conditions or allergies. I understand it is my responsibility to ensure my Child monitors their own meals and snacks. In the event of serious illness or injury to my Child, I hereby give permission for the Organization's staff to secure medical and/or surgical treatment and/or transportation for my Child, and I will accept all expenses of such care. If my Child requires daily or emergency (including prescription or over-the-counter) medication, I understand I must complete the additional paperwork and agree to follow all necessary requirements. I understand that over the counter medications, such as Tylenol, will not be administered by the Organization's staff to my Child.

\*Do you Agree?  Yes  No

**\*Health & Medical Emergency Signature** \_\_\_\_\_

**Parent Communication** : I understand that communication with parents/guardian and families pertaining to special events and/or emergencies will happen in person, via social media and/or our mass communication system which includes text messages, emails and voicemails. I agree to provide an email address and cell phone number to be used for such communications.

\*Do you Agree?  Yes  No

**Field Trip Agreement** : I understand that on occasion, the Organization will provide members with the opportunity to participate in field trips. On field trips, members take school buses, walk or use some other means of transportation. By initialing here, I am authorizing my Child to join in these field trips during the current membership year. I understand the Organization will send information home before each excursion to provide information on the place to be visited. At that time, I may revoke my permission for my Child to attend a specific excursion. I understand the Organization is not responsible for injury sustained by my Child on an excursion or field trip. If my Child arrives late for a field trip and the group has departed, I assume full responsibility for my child and agree that s/he will not be left unsupervised at the program site. In addition, I understand that I am responsible to pick my Child up on time from the field trip and if I do not then future field trip privileges may be revoked. I understand that if parent emergency contact cannot be reached for pickup, then the police will be called.

\*Do you Agree?  Yes  No

**Program Curriculum Permission :** I hereby give permission for my Child to attend any programs/classes with this Organization. I understand that programs may be run by the Organization and/or by its partners. If my Child is not allowed to participate due to physical, social and/or religious reasons, I will notify staff. I understand that programs may include discussions around character development, healthy living, violence prevention, drug abuse prevention, eating disorder education, healthy relationship education, etc. I understand that program staff make every effort to notify parent/guardians in advance of sensitive programs.

\*Do you Agree?  Yes  No

**Media Release :** I understand that photos, audio and/or video may be taken of my Child participating in program activities. I authorize the Organization and its partners to use and reproduce any and all photographs, audio and/or video which may be taken in connection with program activities for any purpose whatsoever (including print materials, audio, video and internet) without compensation. I understand that all negatives and positives together with prints and video footage shall constitute the Organization's property, solely and completely.

\*Do you Agree?  Yes  No

**Partner Information Release :** I hereby give permission for the Organization to share my child's registration information to approved Subcontractors in order to provide a safe and secure environment for my child. I understand that these Subcontractors may or may not provide a direct service to my child, but that they may have a need to access my child's information during the course of routine operations. I also understand that I may request the names of any/all Organizations and Subcontractors who have access to my child's information at any time, that I can opt my child out at any time, and that this list may change throughout the duration of the program.

\*Do you Agree?  Yes  No

**Data Collection - Sharing Data with the City and County of Denver :** I give permission to the Organization to release my Child's identifying information (first name, last name, date of birth, student ID, race/ethnicity, and gender identity), attendance records, grades, survey responses and state assessment test (or other test) scores to the City and County of Denver, for the purposes of evaluating the success of the programs and to improve services for my Child.

\*Do you Agree?  Yes  No

**Data Collection - Survey Data :** I give permission for my Child to respond to surveys that assess my Child's experience with the Organization and provide feedback on programs to gauge if programs are providing a positive impact on my child's school performance and behavior.

\*Do you Agree?  Yes  No

**Data Collection - Data Retention :** My child's information will be retained for no more than five years and will be used to evaluate the success of the program. My child's information will be kept confidential, de-identified to the extent possible, and be protected by law and industry standards. My authorization expires in five years but may be revoked or modified by me by contacting the organization at any time. My child's participation in this program is not conditional to my signing this waiver.

\*Do you Agree?  Yes  No

**Technology Release :** I understand that my Child will have access to the Internet via any mobile or electronic device including but not limited to: computers, tablets and mobile phones, and it is possible that s/he may access inappropriate sites. Should my Child commit any violation of the Organization's code of conduct, I understand the Organization may take disciplinary action, including revoking access privileges and taking personal mobile devices away during the program.

\*Do you Agree?  Yes  No

**Information Update:** I understand it is my responsibility to keep the information on this form current. I will inform the Organization immediately when my phone number, address, employment, student's health, emergency contact information and/or other pertinent information changes.

\*Do you Agree?  Yes  No

**Swimming Release:** I hereby give permission for my Child to take swimming lessons and to participate in recreational swimming.

\*Do you Agree?  Yes  No

**Sunscreen Release:** I hereby give permission for my Child to apply sunscreen I provide. Sunscreen must be labeled with my Child's full name and be applied by my Child. I understand the Organization will not provide sunscreen.

\*Do you Agree?  Yes  No

**Movie/Video/DVD Viewing Release:** I hereby give permission for my Child to view age appropriate G and PG Rated movies. I understand Organizational staff will make every effort to notify parents/guardians, ahead of time, if a movie with a higher rating will be played at the program.

\*Do you Agree?  Yes  No

**Program/Parent Handbook:** I understand that on my Child's acceptance into the program, I will receive, read and sign the Organization's Parent Handbook. I am also aware that the complete Employee Handbook is available upon request. I hereby agree to abide by the policies outlined in the Parent Handbook. I further acknowledge that program policies are subject to change at the discretion of the Organization.

\*Do you Agree?  Yes  No

### PICKUP RELEASE

I understand that the Organization is not responsible for supervising my Child before arriving or once departing from the program, and that I am responsible for arranging transportation to and from the program. I understand that it is my responsibility to ensure that my Child is picked up and signed out of the program by an authorized person unless the child is authorized to leave on their own and that staff will not physically restrain children who insist on leaving without parent permission.

The student will be (check all that apply):

Picked up by a parent or guardian  Take public transportation/walk/bike on own

Picked up by an authorized adult (please specify if not already listed)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Do Not Release:** Is there anyone who is **not** legally allowed to pick up the student?  Yes  No

*Please provide legal documentation if applicable.*

Student may not be picked up by:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

### APPLICATION SIGNATURE - REQUIRED

I acknowledge that I have read, clearly understand, and voluntarily give consent to the above releases. I acknowledge that I am over the age of 17, that I have legal authority to give consent, sign the above releases and waivers on behalf of my Child, and that these consents and release are legally binding. I understand that failure to complete and properly sign this release and waiver will result in the denial of permission of my Child to participate. I agree to support the Organization's code of conduct and member expectations, including any membership decision impacting my Child. I attest that the information provided in this application is true and accurate to the best of my knowledge. I agree to notify the Organization regarding any changes to this application, either in person, writing or through edits to my online program registration system.

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

*Thank you for your application! Once reviewed, the organization will notify you if your child has been accepted into the program.*