

DARREN PATTERSON CHRISTIAN ACADEMY



3 Years – 8 Years Old SUMMER ENRICHMENT PROGRAM

2020-2021

Darren Patterson Christian Academy believes in the value of all human life, and admits students without regard to race, color, national or ethnic origin. DPCA does not discriminate on the basis of race, color, or national or ethnic origin in the administration of any of its student policies or educational programs.

- CHECKLIST -

Family Name: _____ # of Students: _____

1. Please complete the following packet, using this checklist:



	Parent(s)	Office Use Only
Class Registration Information		
Parent/Guardian Contact & Student Registration Information		
Emergency Contact & Pick-Up Authorization		
Emergency Medical Treatment Authorization		
Permission for Prescription Medication (if needed)		
General Health (one per student)		
Screening Permission & Sunscreen Permission		
Statement of Authorization		
Parent & Student Agreement		
Outdoor Expeditions Waiver		
Get To Know My Child (optional)		
Acknowledgement of Handbook		
Please Attach:		
Immunization Records (ALL Grades – each student) Up-to-date and on Colorado State form signed by medical authority.		
Copy of Birth Certificate		
☐ Class & Attend List ☐ B-Day ☐ Directory ☐ Contacts ☐ Remind		

2. There is no registration fee.

3. If you are new to DPCA, please tell us how you heard about the school:

___Website ___Social Media ___Print Promotional

___Referred by another family, please name: _____

Questions? Please call 719.395.6046, or email office@dpcaweb.org

Family Name: _____ Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____

- CLASS REGISTRATION INFORMATION -

We're happy to offer this Summer Enrichment Program for children 3-8 years of age for June, 2020. In order to provide this opportunity, there are some guidelines that we will need to adhere to in order to keep our students and community safe. We will also need your help in this regard. If there is any chance that your child, or a family member, are not feeling well, please keep them home. We will be checking temperatures and have a quick health survey to fill out at daily drop-offs. We will also be doing our due diligence to keep our facilities clean and sterilized. Please complete this entire form and return it to us with necessary documents (as specified). We will need all documentation before your child will be able to attend. This will be an exciting opportunity for your child(ren) and we look forward to having them learn with us.

3 Year – 8 Year Old Summer Enrichment Program: This enrichment program will consist of developmentally appropriate activities, time for the students to learn and explore, a weekly outdoor field work for students to be interact with nature and all of God's wonders. The purpose of our program is to spark a lifelong love of learning, inside and outside the classroom.

*Bring your own snacks (nut-free).

Summer Enrichment Program						
Student's Name	3 years old	4 years old	5 years old	6 years old	7 years old	8 years old

SPACE IS LIMITED

Programs run Tuesdays and Thursdays

June Program: June 4th - 30th 8:30 am – 10:30 am Cost: \$200 per student

July Program: July 2nd - 23rd 2:30 pm - 4:30 pm Cost: \$200 per student

**No refunds unless State Mandated shutdown.*

Program Totals: Minimum 5 students. Maximum 20 students.

Family Name: _____ Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____

- PARENT/GUARDIAN CONTACT-

Name:	Name:
Relationship: Mother – Father – Other:	Relationship: Mother – Father – Other:
PRIMARY (preferred contact):	SECONDARY:
Address: (pls include PO Box)	Address: (pls include PO Box)
Cell #	Cell #
Home #	Home #
Email:	Email:
Work #	Work #
Employer:	Employer:
Occupation:	Occupation:
Student(s) reside(s) with: both parents - mother – father – other:	

- STUDENT REGISTRATION INFORMATION-

Student's Full Name:		DOB:	Grade:
Male / Female	Last School Attended:		Grades Skipped/Repeated:
Ever Dismissed or Suspended? Y/N If yes, please submit explanation on separate sheet.	DPCA Start Date:		Allergies: EpiPen Needed/Provided* Y / N
Student's Full Name:		DOB:	Grade:
Male / Female	Last School Attended:		Grades Skipped/Repeated:
Ever Dismissed or Suspended? Y/N If yes, please submit explanation on separate sheet.	DPCA Start Date:		Allergies: EpiPen Needed/Provided* Y / N
Student's Full Name:		DOB:	Grade:
Male / Female	Last School Attended:		Grades Skipped/Repeated:
Ever Dismissed or Suspended? Y/N If yes, please submit explanation on separate sheet.	DPCA Start Date:		Allergies: EpiPen Needed/Provided* Y / N

Student's Full Name:		DOB:	Grade:
Male / Female	Last School Attended:		Grades Skipped/Repeated:
Ever Dismissed or Suspended? Y/N If yes, please submit explanation on separate sheet.		DPCA Start Date:	Allergies: EpiPen Needed/Provided* Y / N
Additional information regarding any of the above-noted students:			
* PARENT MUST PROVIDE EPI PEN, IF REQUIRED.			

- EMERGENCY CONTACT -

In the event of an emergency, we will always contact the parent(s)/guardian directly. Should we not be able to reach you, please let us know who we can contact with respect to the above-noted student(s):

Name: _____

Relationship: _____

Phone: _____

Address: _____

Name: _____

Relationship: _____

Phone: _____

Address: _____

- PICK-UP AUTHORIZATION -

In order to ensure your child's safety, please list all persons that are permitted to pick-up your child(ren), noted on the reverse page, from school. DPCA/Busy Bees will not release your child(ren) to persons not listed. Please let the authorized person know that photo identification may be required if a staff member is unfamiliar with them. Parents and legal guardians may revise list when necessary.

If regular pick-up person changes please let us know so we know who to expect. However, if you have not notified us of the change and someone from your authorized list comes to pick up, we will release your child to this person without calling you first. Busy Bees requires a form from parents indicating that someone else will be picking up their child.

If the pick-up person is not on your authorized list: We will require a written note with your signature be sent in, or a phone call made before the end of the school day, authorizing the non-listed person to pick-up. You will be notified immediately if someone not on your list comes to pick up your child and we have not received a written note or phone call with authorization.

I **AUTHORIZE** the following person(s) to pick-up my child(ren) from school. I understand this permission will be in place until I communicate a change to the school.

Please print clearly: _____

The following person(s) are **NOT AUTHORIZED** to pick up my child(ren): Please print clearly: _____

Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____

Dated: _____

Family Name: _____	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____

- EMERGENCY MEDICAL TREATMENT AUTHORIZATION -

I/We, the parent(s)/guardian of the above-noted children, hereby give my/our permission to Darren Patterson Christian Academy/Busy Bees Preschool to secure emergency medical treatment in the event of an injury or accident or emergency situation that involves my child(ren). I/We understand that a conscientious effort will be made to contact me/us as to the injury and treatment of our son/daughter.

In the event that parent(s)/guardian, other persons named, or physicians, cannot be contacted, school officials, emergency personnel and/or hospital physicians are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of the student. I/We will not hold the school, emergency personnel, or hospital physician responsible for the emergency care and/or transportation for said student.

I/We further agree to give our permission to Darren Patterson Christian Academy/Busy Bees Preschool to administer, according to medication directions, to the above-noted child(ren), as needed:

Tylenol _____ (please initial)	Ibuprofen _____ (please initial)	Tums _____ (please initial)
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Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____

Dated: _____

- PERMISSION FOR PERScription MEDICATION -

☐ **Not Applicable**

This form is only required if regular medication needs to be administered at school (eg. Inhaler).

Name of student: _____ Grade: _____

Medication: _____

Time/frequency of medication administration: _____

Purpose of medication: _____

Possible side effects: _____

Physician's Name & Phone: _____

Signature of Physician: _____

Date: _____

... Continued on next page ...

It is understood that the medication noted is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designated employee of Darren Patterson Christian Academy/Busy Bees Preschool, the undersigned parent or guardian hereby agrees to release Darren Patterson Christian Academy/Busy Bees Preschool and its personnel from any legal claim, which they now have or may hereafter have, arising out of side effects or other medical consequences of the medication.

I hereby give my/our permission for _____ to take the above prescription at school, as ordered. I understand that it is my responsibility to furnish this medication.

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated: _____

Note: the medication is to be brought to school in a container appropriately labeled by the pharmacy or physician, stating the name of the patient, name of the medication and the dosage.

- IMMUNIZATION SCHEDULE -

This immunization schedule allows you to quickly determine if your child(ren) is/are up-to-date on immunizations for their grade. Select your child's age/grade level on the left and follow across the row to determine how many doses of each vaccination your child should have received before his/her current age/grade level. () indicates how many doses are required.

Age: 2	MMR (1)	HB (3)	VAR (1)	DTP (4)	POLIO (3)
Age: 3	MMR (1)	HB (3)	VAR (1)	DTP (4)	POLIO (3)
Age: 4	MMR (1)	HB (3)	VAR (1)	DTP (4)	POLIO (3)
Kindergarten	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
1 st Grade	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
2 nd Grade	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
3 rd Grade	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
4 th Grade	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
5 th Grade	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
6 th Grade	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)
7 th Grade	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)
8 th Grade	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)

You have the right to exempt your child from these immunizations based on:

- Medical Exemption: must be signed by a physician stating that the immunizations would endanger your student's life or health.
- Religious Exemption: must be signed by a parent or guardian stating religious belief opposed to immunizations.
- Personal Exemption: must be signed by a parent or guardian stating personal belief opposed to immunizations.
- **However**, in the event of an outbreak, exempted persons may be subject to exclusion from school and quarantined.

Please update your child's shots, then submit a copy of their immunization record to Darren Patterson Christian Academy/Busy Bees Preschool before program starts.

Family Name: _____ Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____

- GENERAL HEALTH -

FOR ALL STUDENT(S) NOTED ABOVE

Family Doctor:		Phone:	
Address:			
Family Dentist:		Phone:	
Address:			
Family Eye Doctor:		Phone:	
Address:			
** This section below is required for <u>EACH</u> student separately (additional sections on next pages)...			
Student's Full Name:			
Asthma... Yes No	Bleeding/Nose Bleeds... Yes No	Bone/Joint Pain... Yes No	
Concussion/Head Injury... Yes No	Diabetes/Insulin Injections... Yes No	Ear Problems/Hearing Aids... Yes No	
Eye/Vision Problems... Yes No	Headaches/Migraines... Yes No	Heart Problems... Yes No	
Hepatitis... Yes No	Frequent Infections (ear/strep/other)... Yes No	Kidney Disease... Yes No	
Lead Poisoning... Yes No	Measles... Yes No	Meningitis... Yes No	
Seizures... Yes No	Rheumatic Fever/Scarlet Fever... Yes No	Sickle Cell Anemia... Yes No	
Stomach Aches/Ulcers... Yes No	Limits on Activity/Disability... Yes No		
Does your child need special attention at school related to a health problem? Yes No			
Surgeries? Yes No		Year:	Reason: Hospital:
Other Hospitalization? Yes No		Year:	Reason: Hospital:
Prescribed drugs and over-the-counter drugs, such as vitamins/inhaler, etc...			
Allergies to medications, foods, insects, pollens, other ...			
Allergen:		Reaction:	
Allergen:		Reaction:	
EpiPen Required? Y / N (If yes, parent/guardian must provide)			
Has the student ever been diagnosed with...		ADD	ADHD OCD
Other Information:			

- GENERAL HEALTH CONTINUED -

Student's Full Name:					
Asthma...	Yes No	Bleeding/Nose Bleeds...	Yes No	Bone/Joint Pain...	Yes No
Concussion/Head Injury...	Yes No	Diabetes/Insulin Injections...	Yes No	Ear Problems/Hearing Aids...	Yes No
Eye/Vision Problems...	Yes No	Headaches/Migraines...	Yes No	Heart Problems...	Yes No
Hepatitis...	Yes No	Frequent Infections (ear/strep/other)...	Yes No	Kidney Disease...	Yes No
Lead Poisoning...	Yes No	Measles...	Yes No	Meningitis...	Yes No
Seizures...	Yes No	Rheumatic Fever/Scarlet Fever...	Yes No	Sickle Cell Anemia...	Yes No
Stomach Aches/Ulcers...	Yes No	Limits on Activity/Disability...	Yes No		
Does your child need special attention at school related to a health problem?					Yes No
Surgeries? Yes No		Year:	Reason:	Hospital:	
Other Hospitalization?		Year:	Reason:	Hospital:	
Prescribed drugs and over-the-counter drugs, such as vitamins/inhaler, etc...					
Allergies to medications, foods, insects, pollens, other ...					
Allergen:		Reaction:			
Allergen:		Reaction:			
EpiPen Required? Y / N (*If yes, parent/guardian must provide)					
Has the student ever been diagnosed with ...		ADD	ADHD	OCD	
Other Information:					

Family Name: _____ Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____

- GENERAL HEALTH CONTINUED -

Student's Full Name:			
Asthma... Yes No	Bleeding/Nose Bleeds... Yes No	Bone/Joint Pain... Yes No	
Concussion/Head Injury... Yes No	Diabetes/Insulin Injections... Yes No	Ear Problems/Hearing Aids... Yes No	
Eye/Vision Problems... Yes No	Headaches/Migraines... Yes No	Heart Problems... Yes No	
Hepatitis... Yes No	Frequent Infections (ear/strep/other)... Yes No	Kidney Disease... Yes No	
Lead Poisoning... Yes No	Measles... Yes No	Meningitis... Yes No	
Seizures... Yes No	Rheumatic Fever/Scarlet Fever... Yes No	Sickle Cell Anemia... Yes No	
Stomach Aches/Ulcers... Yes No	Limits on Activity/Disability... Yes No		
Does your child need special attention at school related to a health problem?			Yes No
Surgeries? Yes No Year: Reason: Hospital:			
Other Hospitalization? Year: Reason: Hospital:			
Prescribed drugs and over-the-counter drugs, such as vitamins/inhaler, etc...			
Allergies to medications, foods, insects, pollens, other ...			
Allergen:		Reaction:	
Allergen:		Reaction:	
EpiPen Required? Y / N (If yes, parent/guardian must provide)			
Has the student ever been diagnosed with ...		ADD	ADHD
			OCD
Other Information:			

- GENERAL HEALTH CONTINUED -

Student's Full Name:			
Asthma... Yes No	Bleeding/Nose Bleeds... Yes No	Bone/Joint Pain... Yes No	
Concussion/Head Injury... Yes No	Diabetes/Insulin Injections... Yes No	Ear Problems/Hearing Aids... Yes No	
Eye/Vision Problems... Yes No	Headaches/Migraines... Yes No	Heart Problems... Yes No	
Hepatitis... Yes No	Frequent Infections (ear/strep/other)... Yes No	Kidney Disease... Yes No	
Lead Poisoning... Yes No	Measles... Yes No	Meningitis... Yes No	
Seizures... Yes No	Rheumatic Fever/Scarlet Fever... Yes No	Sickle Cell Anemia... Yes No	
Stomach Aches/Ulcers... Yes No	Limits on Activity/Disability... Yes No		
Does your child need special attention at school related to a health problem?			Yes No
Surgeries? Yes No Year: Reason: Hospital:			
Other Hospitalization? Year: Reason: Hospital:			
Prescribed drugs and over-the-counter drugs, such as vitamins/inhaler, etc...			
Allergies to medications, foods, insects, pollens, other ...			
Allergen:		Reaction:	
Allergen:		Reaction:	
EpiPen Required? Y / N (If yes, parent/guardian must provide)			
Has the student ever been diagnosed with ...		ADD	ADHD OCD
Other Information:			

Family Name: _____ Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____
 Student: _____ DOB: _____

- SCREENING PERMISSION -

From time to time DPCA/Busy Bees Preschool are contacted by local health services to provide free screenings for our students. Once we have dates for the screenings, we'll email parents to let them know.

With respect to the child(ren) noted above:

I, _____ (parent(s)/legal guardian printed name), give permission to DPCA/Busy Bees Preschool to do developmentally appropriate screens on:

Yes, please initial below:	"TBD" = dates to be determined	No, please initial below:
	Developmental/Social/Emotional: TBD	
	Hearing: TBD	
	Vision: TBD	
	Dental: TBD	

OR... No, I, _____ (parent/legal guardian printed name), **DO NOT** give permission for any screening on my child(ren).

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated: _____

- SUNSCREEN PERMISSION -

As the parent(s)/legal guardian of the student(s) named above, I hereby give my/our permission for staff members of DPCA/Busy Bees Preschool to apply sunscreen product 15spf and higher to my/our child(ren), as specified below, when he/she will be engaging in outdoor activities during school hours. I/We understand that sunscreen may be applied to exposed skin, including but not limited to the face, neck, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I/We have initialed next to the directives regarding the type of application of sunscreen:

_____ Staff members may use the sunscreen of their choice according to package directions.

_____ Staff members should only use the sunscreen provided by the parent(s)/guardian.

_____ Staff members may not use any sunscreen on my/our child, **ever**.

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated: _____

- STATEMENT OF AUTHORIZATION -

As parent(s)/guardians to the student(s) noted on the previous page:

- _____ I/We give permission for my/our child(ren) to use all outdoor equipment in the DPCA/Busy Bees Preschool yard under the direct supervision of staff and to participate in all activities of the school.
- _____ I/We give permission for my/our child(ren) to participate in walking field trips supervised by DPCA/Busy Bees Preschool staff. I/We understand that I/we will receive information prior to each adventure with details.
- _____ I/We give my/our permission for my/our child(ren) to watch short curriculum related audio-visual clips, on occasion.
- _____ I/We give my/our permission for DPCA/Busy Bees Preschool to take photos of my/our child for use in the classroom, website, promotional materials, and social media.
- _____ I/We understand that I/we can file a complaint with the state licensing board ***after*** discussing the concerns with DPCA/Busy Bees Preschool directors. I/We can also contact the Head of School directly at admin@dpcaweb.org.
- _____ I/We have received the State of Colorado immunization information (see page in enrollment package) and have the paperwork filed with DPCA/Busy Bees Preschool to show that my/our child(ren) is/are properly immunized or that I/we have an authorized statement (exemption form) showing my/our reasoning for requesting exemption.

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated:_____

Family Name: _____	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____

- PARENT-STUDENT AGREEMENT -

In registering for enrollment at Darren Patterson Christian Academy/Busy Bees Preschool (herein referred to as "DPCA") for the above-noted student(s), and following the enrollment of my/our child(ren) in the school, I/we the parent(s)/guardian, understand(s) and agree(s) that:

1. DPCA is a private religious organization, and approval for initial or continuing enrollment is at the sole discretion of the DPCA administration. Approval for enrollment means that in the best judgement of personnel involved in the admissions process, the school community and academic services are an appropriate fit for my/our child(ren). The privilege of enrollment may be withdrawn if, in the best judgment of school staff, the school is not able to provide the levels of academic, emotional, community, behavioral, or spiritual support needed by my/our child(ren). Enrollment may be granted on a probationary basis for no fixed time period when fit between student and school appears uncertain, but both parents/guardians and school personnel agree to a probationary period. The probationary period will be documented; all parties concerned will evaluate the wisdom of continuing enrollment following the probationary period. I/We agree that final decision regarding continuing enrollment always rests with school administration.

_____ Initial

2. I/We will support and uphold the school staff and the religious mission, intent, policies, rules, and requirements of DPCA. I/We understand that the privilege of enrollment may be withdrawn if the student(s) or parent(s)/guardians are no longer supportive of the school's mission, intent, policies, rules, or requirements. I/We acknowledge that a copy of the Parent-Student Handbook is available in either print form through the school office, or in digital form through the school website at www.dpcaweb.org, and that I/we have had opportunity to read the Handbook and are supportive of the school's religious mission, intent, policies, rules, and requirements described therein. I/We further agree that I/we have had sufficient opportunity to ask questions or receive clarification regarding any school policies about which I/we felt uncertain, and that both my/our signature(s) below, and my/our enrollment of my/our child(ren) at DPCA, indicate my/our wholehearted support for the school, the school staff, and the religious mission, intent, policies, rules, and requirements of DPCA.

_____ Initial

3. No guarantee of continuing enrollment during a school year, or from year-to-year, is implied or conferred. I/we agree that continuing enrollment is approved when school personnel agree that the environment and level of services provided by the school are appropriate to and helpful for the student; and when sufficient evidence of continued parental and student support is apparent. I/We acknowledge and agree that the school's disciplinary process for students includes provision for suspension and expulsion should school administration decide that the behavior being addressed warrants such action, or in the event that I/we can no longer be supportive of school personnel or school policy following disciplinary or any other action.

_____ Initial

4. Emergency Care: I/We have authorized the persons listed as emergency caregivers for my child(ren) in the event I/we cannot be reached.

_____ Initial

5. Website/Social Media: DPCA has my/our permission in perpetuity to use photographs, rendered likenesses, videos, or other images of my/our child(ren), or quotations written or spoken by my/our child(ren) in any and all DPCA promotional materials and school publications, including digital publications such as websites and social media accounts which the school directly manages.

_____ Initial

... Continued on next page ...

6. Tuition: I/We agree that I/we will honor the terms and condition of my/our tuition payment agreement, and that non-payment of funds owed to the school under that agreement is grounds for suspension or termination of my/our child(ren)'s enrollment privileges. I/We further agree that DPCA has the right to pursue collection of unpaid balances by any and all legal means. I/We agree that any financial aid received is on a school-year basis, and that no guarantee of ongoing financial aid from year-to-year is conferred or implied. I/We agree that the family registration deposit is non-refundable, and that other tuition and fee charges may or may not be refundable according to conditions spelled out in the Parent-Student Handbook.

_____ Initial

7. Disputes: I/We agree to be bound by the terms and conditions of DPCA's grievance policy for the resolution of any and all disputes. I/We further agree to be bound by the DPCA Arbitration and Conciliation Agreement in the event a dispute with the school cannot be otherwise resolved, and agree that this Arbitration and Conciliation Agreement shall be the sole remedy for any controversy or claim arising from my relationship with the school. My/Our signature(s) below, and my/our decision to enroll my/our student(s) at DPCA are witness that I/we have received a copy of the Arbitration and Conciliation Agreement (available at the school office) and of the grievance policy (found in the Parent-Student Handbook). I/We further agree that by the action of signing this agreement, and by virtue of agreeing to enroll my/our child(ren) at DPCA, I/we am/are expressly and intentionally waiving my/our right to file any lawsuit against the school or against any school employees, board members, or volunteers in any court concerning any dispute or controversy, regardless of claim or alleged fault.

_____ Initial

8. I/We acknowledge and agree that if any element of this agreement is judged unenforceable in any court of law, each and all of the remaining elements remain in full force and effect.

_____ Initial

I/we have read this agreement carefully and indicate by my/our signature(s) below my/our affirmation and agreement to all the provisions and statements noted herein.

I/we warrant that ALL persons with parental, custodial, or guardianship interest in the child(ren) named herein have signed below:

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated: _____

Family Name: _____	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____

- OUTDOOR EXPEDITIONS WAIVER -

Acknowledgement and Assumptions of Risk & Indemnity Agreement

Please review this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. All parent(s)/guardians must sign this Document on behalf of their child(ren) listed above.

WARNING: *There are significant elements of risk in any adventure sport, activity, or training associated with hiking, backpacking, camping, indoor or outdoor rock climbing, xc skiing, snow sports, and any fieldtrips. In consideration of the services of Darren Patterson Christian Academy/Busy Bees Preschool, its faculty, staff, officers, employees, trustees, advisors, board members, physician advisor, volunteers, independent contractors, and all other persons or entities associated with it (collectively referred to in this Document as "DPCA"), in allowing students to participate in outdoor activities, participant and parents of a minor participant acknowledge and agree as follows:*

Acknowledgment and Assumption of Risks:

DPCA will always endeavor to plan any activities with recommended safety guidelines and experienced leaders. As such, I/we am/are aware that my child(ren)'s participation in DPCA activities is purely voluntary. No one is forced to participate and I/we elect to allow my/our child(ren) to participate in spite of the risks. I/we further agree and understand the following:

1. I/we am/are aware that these activities entail risks of injury or death to myself (if participating as a chaperone/leader and/or my child(ren)). I agree to assume responsibility for the risks identified herein and those not identified herein. In addition, DPCA will not be liable for any injury or death resulting from "acts of nature" and/or "acts of God."
2. Safety can only be accomplished by each student's compliance with all safety procedures and policies. It is mandatory that each student heed the instruction of all DPCA instructors and administrators. Failure to follow instruction and procedure could lead to a student's removal from any of the activities. In the event a student is removed, I/we agree to assume all costs in returning the student home. If this becomes a serious issue, the student will be removed from the program entirely, and will return home.
3. DPCA will not be liable for any injury and/or death resulting from the intentional and/or negligent conduct of another student or person(s) not employed by DPCA.
4. My/our child(ren)'s participation in any activity is purely voluntary. No one is forcing any student to participate and I/we elect to allow my/our child(ren) to participate in spite of any and all risks.

... Continued on next page ...

Activities are always planned with age/grade appropriateness. Some, but not all, of the risks that participants (age/grade appropriate) may be exposed to include: Travel and living in remote wilderness settings; rustic living in a rural setting; use of liquid fuel (gasoline) stoves and lanterns; transportation in private vehicles, busses, 15 passenger vans, and other vehicles; wilderness first aid and rescue; work or service projects using hand & power tools; misjudgments by self, others, or DPCA; inappropriate conduct or negligence by self, others, or DPCA; participant's mental, physical, or emotional conditions (known or unknown, disclosed or undisclosed); unpredictable weather, extreme cold and heat, storms and lightning, rain, snow, hail; unmarked or obscured hazards; moving water in streams and rivers, whitewater, stream crossings; high altitudes, steep slopes, difficult terrain, downed trees; falling; rocks, ice, snow, branches, and trees; snow avalanches, snow slides, and low temperatures; improper hygiene; hiking, backpacking, camping, rock climbing, belaying, rappelling, xc skiing, skiing, sports, games, etc.; sustained walking, hiking, running, carrying, and lifting; failure or misuse of equipment DPCA's or student's (whether student's own, or borrowed, rented or purchased from DPCA); gas explosion or fire, contaminated stream water; falling down or slipping; animal hazards: stings, bites, poisoning, and blows; dehydration; broken bones, concussions, wounds, cuts, burns; property damage or loss; heart or lung complications; mental/emotional trauma, temporary or permanent; other injury, damage, permanent disability, death or loss.

Therefore, in order to protect DPCA students and instructors, we ask that you agree to the following policies. I/We (parent(s)/guardian of a minor participant(s)) understand, acknowledge and agree: **PLEASE INITIAL BESIDE EACH** to indicate your understanding and approval.

_____My/Our child(ren) will follow any and all directives from the instructor with the understanding that the welfare and the welfare of the group depend upon it.

_____My/Our child(ren) will display an attitude of cooperation even when it involves seemingly trivial or unpleasant things.

_____My/Our child(ren) and myself (ourselves) will carefully read all DPCA program information received; review, complete and sign the provided forms and paperwork and abide by the terms of those documents (e.g. Enrollment Agreement and Medical Forms).

_____DPCA staff are available, should I/we have questions about the nature and physical demands of these activities and associated risks. Parent(s)/guardian give(s) permission for their child(ren) to participate in all activities and agree to discuss the nature of these activities and risks with their child.

_____DPCA cannot assure participant's safety or eliminate these risks, and all participants share in the responsibility for their own well-being. DPCA requires helmets or other safety gear for some activities. Use of safety gear may prevent or lessen injuries in some instances but is not a guarantee of safety, and injuries can occur even with the use of this gear.

_____The equipment comes 'AS-IS', and DPCA disclaims all warranties, expressed or implied (including any conditions of merchantability or fitness for a particular purpose) with regard to the equipment. Students agree to aid in inspection of all equipment before use and notify DPCA of any apparent problems or defects with the equipment.

_____Information provided here is not complete, and other unknown/unanticipated activities, risks, and outcomes may exist. DPCA will provide information on any activity to parent(s)/guardians through email or paper handouts and parent(s)/guardians are welcome to research any other possible risks involved.

_____I/We, the parent(s)/guardian, understand that my/our child(ren) is/are voluntarily participating, with knowledge of the risks, and can do so without causing harm to himself/herself or to others. Therefore, the student(s) (and parent(s)/guardian) assumes and accepts full responsibility for the student(s) for the inherent or other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by the student(s) (and parent(s)/guardian) resulting from those risks and/or resulting from the student's negligence or other misconduct.

Family Name: _____	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____

Release and Indemnity Agreement

Please read carefully! This Release and Indemnity Agreement contains a surrender of certain legal rights. With respect to the child(ren) noted above, I/We, the parent(s)/guardian, on behalf of the participating minor(s) agree as follows:

(1) to release and agree not to sue DPCA with respect to any and all claims, liabilities, suits or expenses (including attorney fees and costs) (hereafter referred to as 'claim' or 'claims'), for any injury, damage, death or other loss in any way connected with my/our child(ren)'s enrollment or participation in DPCA activities, use (including rental or purchase) of any equipment, and/or use of any facilities or premises. I/We understand that in signing this Document, I/we, my/our child(ren), and anyone acting on my/our or my/our child(ren)'s behalf, surrender my/our respective rights to make a claim against DPCA as a result of any injury, damage, death, or other loss suffered by me/us or my/our child(ren);

(2) to defend and indemnify ("indemnify" meaning protect by reimbursement or payment) DPCA, with respect to any and all claims: a) brought by or on behalf of myself/ourselves, my/our child(ren) or a family member for any injury, damage, death, or other loss in any way connected with my/our child(ren)'s enrollment or participation in DPCA activities, use (including rental or purchase) of any equipment and/or use of any facilities or premises; and/or, b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by myself/ourselves or my/our child(ren)'s gross negligence, or willful, wanton or criminal misconduct, in the course of participating in DPCA activities and/or using any equipment, facilities or premises.

This Release and Indemnity Agreement includes claims resulting from DPCA's negligence (but not its gross negligence or willful or wanton misconduct), and includes claims for personal injury or wrongful death (including claims related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or warranty or any other claim.

Other Provisions: I/We, the parent(s)/guardian of the above-noted minor participant(s), agree that Colorado substantive law (without regard to its conflict of laws rules) governs this Document, any dispute I/we have with DPCA and all other aspects of my/our relationship with DPCA, and agree that any mediation, suit or other proceeding must be filed or entered into only in Chaffee County, Colorado. I/We will attempt to settle any dispute through mediation before a mutually acceptable Colorado mediator. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions, and those remaining provisions shall continue in full force and effect.

Parent/Guardian (Printed):

Parent/Guardian Signature:

Dated: _____

- GET TO KNOW MY CHILD -

*Optional

Help us get to know your child(ren). This is helpful for all grades, but especially Preschool children.

Student's Name: _____

Briefly describe your child's personality (general attitude, social adjustment, special problems, fears, and whatever else might be helpful for a teacher to best care for your child):

Student's Name: _____

Briefly describe your child's personality (general attitude, social adjustment, special problems, fears, and whatever else might be helpful for a teacher to best care for your child):

Student's Name: _____

Briefly describe your child's personality (general attitude, social adjustment, special problems, fears, and whatever else might be helpful for a teacher to best care for your child):

Student's Name: _____

Briefly describe your child's personality (general attitude, social adjustment, special problems, fears, and whatever else might be helpful for a teacher to best care for your child):

Family Name: _____	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____
	Student: _____	DOB: _____

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and thoroughly reviewed a copy of the Darren Patterson Christian Academy Handbook. I understand that the provisions of the Handbook are the most current at this time and supersede all previous policies, manuals, or handbooks issued by Darren Patterson Christian Academy (DPCA).

Further, I understand that the provisions of the Handbook are subject to modification at any time, at the sole discretion of DPCA, with or without notice to me. I agree to comply with any such modification upon publication.

Additionally, I acknowledge that I have been notified of the nondiscriminatory policy employed by Darren Patterson Christian Academy, which is as follows: Darren Patterson Christian Academy believes all human life is created by God and has inherent value, and therefore admits students and employs staff without regard to religion, race, color, national, or ethnic origin.

Parent Signature: _____

Printed Name: _____

Date: _____

*Handbook can be viewed online at www.dpcaweb.org

**Hard copies of the Handbook can be obtained at the school office.