



Gilpin County Parks & Recreation Youth Camps  
250 Norton Dr. Black Hawk, CO 80422 | 303-582-1453



## 2025-2026 K-6th Registration Form and Information

Please complete one form per child and email to [acowles@gilpincounty.org](mailto:acowles@gilpincounty.org) or drop off at the Gilpin Community Center.  
New forms due annually.

*Gilpin County Youth Camps' mission is to promote healthy development through experiential, adventurous learning; and provide compassionate, accessible, fun, educational, and affordable child care to our community. We are a licensed, school-age child care (CDEC License #1518618).*

### Program Basics:

School Year: M-Th afterschool care, Full Day Fridays, School breaks & some holidays  
Summer: M-F Full Day Care (no camp Memorial Day or 4<sup>th</sup> of July week)  
Ages: 5 – 12 years old (K-6<sup>th</sup> grade)  
What to bring: **Every day:** Water bottle, outdoor clothes, a good attitude!  
**Full days:** 2 snacks, cold lunch, sun protection (or use ours)  
**Swim Days:** Swim suit & towel  
What not to bring: Electronics, valuables, money, personal items

### Daily Schedule for Afterschool Care

4:15 – 4:20 Drop-off and Attendance  
4:20 – 4:30 Snack  
4:30 – 4:45 Positive Action / Swimming  
4:45 – 6:00 Daily Activity / Swimming

### Daily Schedule for Full Day Care\*

7:30 – 9:00 Drop-off and free-time  
9:00 – 9:15 Snack  
9:15 – 11:15 Gym/Outdoor Games  
11:15 – 12:00 Lunch  
12:15 – 2:30 Swimming  
2:30 – 3:30 Arts/Crafts  
3:30 – 3:45 Snack  
3:45 – 5:00 Gym/Outdoor Games  
5:00 – 6:00 Pick-up and free-time

\*Some full days will include field trips in place of other activities. You will be notified in advance of any planned trips.

| Program Fees                        |             |          |                           |                                     |
|-------------------------------------|-------------|----------|---------------------------|-------------------------------------|
| Annual Registration Fee: \$25/child |             |          |                           |                                     |
|                                     | Afterschool | Full Day | Summer Camp<br>Field Trip | Summer Full Week<br>(\$25 Discount) |
| Gilpin Resident:                    | \$8         | \$45     | \$55                      | \$210                               |
| Non-Resident:                       | \$10        | \$54     | \$64                      | \$255                               |

Program fees are subject to change. All registered families will be notified of fee changes before implementation.

### Payment Policy and Enrollment Information

**Attached registration form and annual camp registration fee is due prior to enrollment.** Registration fee must be paid in-person at the Community Center or over the phone, 303-582-1453.

Processing may take up to two business days before enrollment is available.

Online enrollment is available here: <https://anc.apm.activecommunities.com/gilpinparksandrec/home>

- Now that you have an annual camp registration membership, you do not need to create a new

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account in Active Net. Go to the sign in page, click “forgot my password” and enter the email address you listed on your registration form to reset your password and access your account.

- Once you are signed in, select the session/month you would like to enroll, select the participant/child to enroll, select the days you would like each child to attend, and then checkout. Alternatively, you may enroll and submit payment directly at the front desk of the Community Center. **Payment is due at time of enrollment, unless you have set up an automatic payment plan.**
- Drop-in enrollments can be made any time at the front desk, if space is available. Calling ahead is recommended. Payment is due at the time of enrollment, or you can set up an automatic payment plan.
- We accept cash, check or credit cards. Returned checks will incur a fee of \$25.
- We accept payment through the **Colorado Child Care Assistance Program (CCCAP)**. For CCCAP questions, contact Gilpin County Human Services: 303-582-5444.
  - CCCAP payments are ultimately the responsibility of the beneficiary. If attendance is not properly recorded, allowed absences are exceeded, schedule changes are not promptly communicated, or other circumstances result in an unpaid balance, the CCCAP parent is responsible to pay for any remaining balance for child care.
  - Parent fees (the portion of care that CCCAP parents are responsible to pay themselves) are due by the 1<sup>st</sup> of each month to ensure continuation of benefits.

### **Late Pick-up Policy:**

Our program ends at 6:00 p.m. Parents whose children remain past 6:05 p.m. will be charged overtime fees: \$5 initially, and an additional \$5 for every 15 minutes past 6:00 p.m. Participants may be withdrawn after three overtime charges occur. Please contact the front desk, 303-582-1453, as soon as possible if you are going to be late.

### **Cancellation Policy:**

You may change, switch, or cancel a scheduled day for full credit with at least seven days’ notice during the school year. In the summer, changes must be made by the 25<sup>th</sup> of the month prior to care. Please email Aspen or Jacob for schedule changes.

There are no refunds or credit available for any changes, substitutions, cancellations, or absences with less than seven days’ notice (school year) or after the 25<sup>th</sup> of the month prior (summer). We will consider exceptions for certain illnesses and family emergencies on a case-by-case basis.

This policy allows us to schedule staff, order materials, and plan activities farther in advance, improving the overall safety and quality of our program.

### **Prevention Program Data Collection**

We currently receive substance use prevention grant funding to provide social/emotional lessons a couple days per week in our child care (“Positive Action”). In order to measure the effectiveness of the prevention curriculum, we may distribute surveys to children before and after they participate in the lessons. Their responses will be kept completely confidential. However, if you would prefer that your child not participate in the surveys, please contact Jacob Rippy, or make a note on one of the following pages to opt-out.

### **Communicable Illness Policy**

We will continue to follow the current public health guidelines for schools and child cares. Parents will be notified of any relevant changes, exposures, or outbreaks.

### **Questions?**

Parent Handbook: [tinyurl.com/GCYCParentHandbook](https://tinyurl.com/GCYCParentHandbook)

### **Or, Contact:**

Aspen Cowles, Child Programs Coordinator: [acowles@gilpincounty.org](mailto:acowles@gilpincounty.org)

Jacob Rippy, Youth Programs Supervisor: [jrippy@gilpincounty.org](mailto:jrippy@gilpincounty.org)



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## General Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address(es): \_\_\_\_\_

Home Phone(s): \_\_\_\_\_ School, Grade: \_\_\_\_\_

Sibling(s) registered in program: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

*Please put an asterisk (\*) next to the best way to reach you during camp hours*

## Emergency Contacts / Authorized to Pick Up

*Guardians listed above are authorized to pick up child at any time, by default*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to Pick up? Yes ☐ / No ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to Pick up? Yes ☐ / No ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to Pick up? Yes ☐ / No ☐

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Authorized to Pick up? Yes ☐ / No ☐

**Please attach a current  
photo of your child here:**



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## **Health / Medical Information**

|                           |                          |
|---------------------------|--------------------------|
| Allergies:                |                          |
| Medications:              | Frequency:               |
| Family Doctor:            | Doctor Address, Phone:   |
| Preferred Hospital:       | Hospital Address, Phone: |
| Health Insurance Company: | Policy #:                |
| Family Dentist:           | Dentist Address, Phone:  |

*Note: Before camp staff may dispense **ANY** medications, including over-the-counter medications, a Medication Administration Form must be completed, signed by a physician and a parent/guardian within the last year, and returned to the camp. Forms are available from camp or front desk personnel.*

Describe any condition requiring special attention or exemption from participation (illness, disability, etc.):

***The State of Colorado requires us to keep Immunization Records for all children enrolled in our programs.***

***Please attach the most current record of your child's immunizations, or an exemption form (exemptions must be renewed annually). Forms available at: <https://www.colorado.gov/pacific/cdphe/immunization-forms>***

GCYC utilizes the secure and confidential Colorado Immunization Information System (CIIS) to track and retrieve immunization information. If your child was immunized in Colorado, or their records have been uploaded, we may be able to retrieve their records ourselves:

☐ **Please retrieve my child's immunization information from the CIIS** (This may take up to 2 business days; *If your child's information is not in the CIIS, or is incomplete, you will be notified, and required to provide current immunization records, an exemption form, or an immunization plan prior to enrollment*).

## **Special Permissions**

**Please initial all that apply:**

\_\_\_\_\_ I give permission for Gilpin County to take photographs and/or video of my child named above for county media usage (social, newspaper, etc.)

\_\_\_\_\_ I give permission for my child to participate in field trips and excursions involving walking, Gilpin County transportation and Gilpin County School District buses.

\_\_\_\_\_ I give permission for my child to watch TV or movies while with Gilpin County Youth Camps (screen time will be limited and videos rated PG or lower).

\_\_\_\_\_ I give permission for the Gilpin County Youth Camp Staff to supervise and assist in applying sunscreen to my child as needed.

\_\_\_\_\_ I give permission for my child to use sunscreen provided by Gilpin County Youth Camps (Rocky Mountain Sunscreen).



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### **Demographics**

*This section is entirely optional. However, it does assist us in reporting efforts to maintain and potentially acquire new sources of funding.*

Race (White, Black, Asian, Native American, etc): \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity (Hispanic/Latino): \_\_\_\_\_

### **Agreement, Consent, and Release**

**The undersigned**, as a parent and/or legal guardian of \_\_\_\_\_, a minor, hereby **grants permission for said minor to participate** in Gilpin County Youth Camp programs and related activities sponsored by Gilpin County. I hereby verify that the named minor is physically capable of such participation as determined by myself and our family physician.

I hereby agree, and agree on behalf of the minor, that **we will abide by the rules of Gilpin County**, its affiliated organizations and sponsors. Recognizing that certain unavoidable hazards and risks are an inherent part of any physical activity and the possibility of physical injury associated with Gilpin County Youth Programs and in consideration for Gilpin County accepting my child in its programs, **I hereby release, discharge and/or otherwise agree to hold harmless and indemnify Gilpin County**, its employees, volunteers, agents, and associated personnel, including owners or leasers of property and facilities utilized for Gilpin County programs, on behalf of my child, from any injury, death, loss, or damage, whether to person or property, other than that resulting from the sole negligence of Gilpin County as a result of my child's participation in Gilpin County programs and/or transportation to or from the same, which transportation I hereby authorize.

In the event my child is injured or becomes ill, please contact either parent or the emergency contact(s) listed in the information section above. If contact with a parent, guardian, or emergency contact cannot be made or is not possible, **I hereby authorize the GCPR personnel to seek and consent to on my child's behalf any emergency transportation, first aid and/or medical treatment necessary to stabilize and/or treat my child** until I can be contacted.

**I have received, read, and understand all information contained in the Gilpin County Youth Camps Handbook** (<https://tinyurl.com/GCYCHandbook>), and agree to adhere to the policies and procedures outlined in the handbook. I understand and accept all terms of enrollment and payment as stated in the handbook. I understand that cancellations must be made in writing. I understand that I am responsible for the full amount due for all enrolled days if I do not cancel within seven days of scheduled care. I reserve the right to be notified of any significant changes to the handbook if and when they are made.

\_\_\_\_\_  
Parent/guardian 1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian 2 signature (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian name(s) (Print)