

Jungle Cubs Learning Center Admission Record

Beginning Enrollment Date: _____

Child's Name: _____ Date of Birth: _____ Sex: M/F
Parent's Name: _____ email: _____
Parent's Name: _____ email: _____

Home Phone: _____ Work #: _____
Cell #: _____
Address: _____ City: _____ Zip: _____

Registering for: (please check all that apply)

Pre-K Only _____ Full Time Child Care _____ Half Day Child Care (4.5hrs or less) _____
Kdg. _____ Before & After School _____ Before School Only _____
After School Only _____ Camps _____

School-Age Children Only

Child's Age: _____ Grade: _____ Name of Elementary: _____
School's Phone: _____ School's Address: _____
School Schedule: (circle & write times)
Days: MON TUES WED THURS FRI
Times: _____

Employment Information:

Mother's Name: _____ Employer: _____
Address: _____ Phone: _____
Father's Name: _____ Employer: _____
Address: _____ Phone: _____

CCAP Only

Social Service Case Worker: _____ Phone & ext.: _____

PRIMARY RELEASE AND EMERGENCY CONTACT PERSONS

These persons are designated in this section to drop off and pick up your child and to contact in an emergency.

1. Name: _____	Phone: _____
Relation to child: _____	Cell phone: _____
Address: _____	Work phone: _____
2. Name: _____	Phone: _____
Relation to child: _____	Cell phone: _____
Address: _____	Work phone: _____
3. Name: _____	Phone: _____
Relation to child: _____	Cell phone: _____
Address: _____	Work phone: _____

I authorize Jungle Cubs Learning Center to release my child to the person's designated above if there is an emergency involving my child and center staff cannot reach me.

Parent/Guardian Signature: _____ Date: _____

Person's NOT allowed to pick up my child:

- 1. _____
- 2. _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Child's Physician: _____ Phone Number: _____

Business Address: _____

Child's Dentist: _____ Phone Number: _____

Business Address: _____

ALLERGIES:

Please list any know FOOD or DRUG allergy for your child:

- 1. _____
- 2. _____
- 3. _____

A CARE PLAN must be in place before your child can attend Jungle Cubs Learning Center for any known severe allergy that requires special medication.

In case of a medical or other emergency while my child is under the center's supervision. I understand that Jungle Cubs Learning Center will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay could further jeopardize my child's health, I hereby authorize Jungle Cubs Learning Center to act on my behalf and to take the necessary emergency measures indicated below if deemed necessary by Jungle Cubs Learning Center or by medical authorities for the care and protection of my child.

- * Consult a physician or dentist named if I cannot be reached
 - * Administer first aide and or CPR
 - * Transport my child via ambulance or other emergency medical service to a local hospital or urgent care facility, if deemed necessary by paramedic, police, or other emergency personnel. **Preferred Hospital:** _____
 - * Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
 - * Administer necessary procedures as directed to do so by the Poison Control Center in case of accidental ingestion of poisonous substance.
 - * Additional instructions: _____
- _____
- _____

As condition of enrollment, you must authorize Jungle Cubs Learning Center to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If you wish to request a religious or personal exemption, state-licensing authorities must be consulted to determine if such an exemption may be granted. In addition, a parent must complete any state-specific medical authorization forms required by individual state licensing regulations.

Parent/Guardian Signature: _____ Date: _____

Please circle your choice of Hospital

Northern Colorado Medical Center
1801 16th St. Greeley, CO 80634
(970) 669-4640

Poudre Valley Hospital (PVH)
1024 S. Lemay Ave. Ft. Collins, CO 80524
(970) 495-7000

McKee Medical Center
2000 Boise St. Loveland
(970) 669-4640

Child's Name: _____

Parent Signature: _____

SUNSCREEN PERMISSION FORM

Jungle Cubs Learning Center

Date: _____

Name of Child: _____

Name of Sunscreen: _____ SPF: _____

Your child's child care provider will assist with applying sunscreen to bare skin surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet at least 15-30 minutes before outdoor activities. Sunscreen will NOT be applied to broken skin or if skin rash is visible. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15. Please label sunscreen bottle.

I, _____, understand Jungle Cubs Learning Center staff will not be responsible for any sunburns or sun damage that occurs from not providing sunscreen for my child.

Parent/Guardian Signature

Date

NAP MAT/COT PERMISSION FORM:

I, _____, give permission for _____
to use a nap mat/cot during resting hours at Jungle Cubs Learning Center.

- Our mats are 2 inches thick and our cots are 1 inch off the ground as per Colorado Department of Human Services.

Parent/Guardian Signature

Date

TELEVISION VIEWING PERMISSION FORM

I, _____ give permission for _____ to view educational programming pertaining to the curriculum at Jungle Cubs Learning Center.

Parent/Guardian Signature

Date

TRANSPORTATION PERMISSION

In the event of emergency, field trips, or school drop-off and pick-up, we will be transferring children within our company vehicles. Every driver has had supervised training on the equipment and use of the company vehicles. Every driver shall comply with the centers policies and procedures as well as policies set forth by the State of Colorado. All drivers are also CPR and First Aid certified and trained in Universal Precautions and Medication Administration. Every child riding in Jungle Cubs Learning Center vehicles is required to provide their own child car seat. Every child is required to show respect for other children and the staff member driving the vehicle. Any child who weighs 60 pounds or less is required to be in a child restraining seat.

I, _____, give my permission for my child,
_____, to ride in a Jungle Cubs Learning Center vehicle for the
purposes stated above.

Parent/Guardian Signature

Date

FINANCIAL AGREEMENT

Registration Fee

A non-refundable annual fee of \$30 per family is due upon enrollment. This fee will also hold your child's spot until your child's set enrollment date.

Tuition Payment

Tuition is due Monday or the first day your child is in attendance at the center. If tuition is not received by your child's last day of attendance for the week, a \$20 late charge will be applied to your account. Unless special arrangements have been made with the Director, your child's spot at Jungle Cubs Learning Center will be forfeited if account becomes two-weeks delinquent. Accounts that remain unpaid after a 30-day time period, will be turned over to collections and a late fee of \$20 per week will be added as well as all collection service charges. A \$20 service charge and all bank charges will be added to all returned checks.

Tuition Policy

TUITION REMAINS UNCHANGED BY AN ABSENCE, HOLIDAY, VACATION, ILLNESS, OR CENTER CLOSING UNLESS IT APPLIES TO VACATION DAYS TAKEN.

Primary Individual Responsible for Payment

Name: _____

Drivers License Number: _____

Address: _____

Phone Number: _____

Work Place: _____

Work Address: _____

Work Phone Number: _____

SOCIAL SERVICE CARE WORKER: _____

Case worker phone number and ext. _____

Case Number: _____ County: _____

I, _____, have read and agree to all tuition policies.

Parent/Guardian Signature

VACATION:

Jungle Cubs Learning Center will allow one (1) week vacation without pay. Ex: If your child's regular schedule is 5 times per week, you are allowed 5 unpaid vacation days. If your child attends 3 days per week, you are allowed 3 unpaid vacation days. The vacation days may be used one in a twelve-month period beginning after your child has been enrolled for three months. Vacation days are not transferable for year to year.

ILLNESS:

It is policy of Jungle Cubs Learning Center to send home any child who is obviously sick with the following symptoms: severe sore throat, green runny nose, vomiting, lethargic, and any other severe symptom of illness. Children running a fever of 100.6 or greater will be sent home. Any designated emergency contacts will be allowed to pick up your child if contact cannot be made with parent/guardian. If your child is sent home for any illness, they will not be allowed to return to the center for 24 hours and symptom free without the use of fever reducing medication. Jungle Cubs Learning Center will allow half price reduction of your weekly tuition for illness if your child is absent for more than half of the days they are scheduled to attend weekly.

HOLIDAYS:

Jungle Cubs Learning Center will be closed on the following holidays or recognized legal holidays: New Years Eve (close at 4 pm), Memorial Day, July 4th, Labor Day, Thanksgiving Day and the day after, Christmas Eve (close at 4pm) & Christmas Day. Jungle Cubs Learning Center will be closed the Friday before and the Monday after if the holiday falls on a Saturday or Sunday. There will be NO deductions in tuition allowed for these holidays unless you choose to use an allotted vacation day.

LATE PICK-UP

Jungle Cubs Learning Center promptly closes at 6:00pm. It is your responsibility to have made arrangements for your child(ren) to be picked up on or before that time. A late fee of \$20.00 per 15-minute period starting at 6:00pm will be charged. This fee needs to be paid directly to the employee who has remained with your child. Please make every attempt to contact Jungle Cubs Learning Center if you know you will be late. We do NOT want to put children through the worry and concern caused when parents are late, or in a situation where social services are contacted.

ABSENCES

If your child will be absent, please notify Jungle Cubs Learning Center by 9am. This is especially crucial if your child is in the Before/After school care. We must maintain detailed pick-up and drop-off list for the schools and cannot do this if we have not been informed about your child's absence.

POLICY AND PROCEDURE AGREEMENT

I have read and agree to Jungle Cubs Learning Center Policies and Procedures. I understand that if I, _____, should not adhere to such listed policies and procedures, my child may be disenrolled from Jungle Cubs Learning Center.

Parent/Guardian Signature

Date

