

Parent/Guardian signature _____

Date _____

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

Physician to be called in an emergency: _____ Phone # _____

Dentist to be called in an emergency: _____ Phone # _____

Insurance company: _____ policy number: _____

I hereby grant permission for Cub Care staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: 1) Attempt to contact a parent or guardian. 2) Attempt to contact the child's physician. 3) Attempt to contact a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ Date: _____

Tiger Time Program Rates:

	<u>One Child</u>	<u>Two + Children</u>
All day summer care	\$4.50 per hour	\$4.00 per hour
Drop in rate (unscheduled days)	\$6.80 per hour	\$5.30 per hour

We currently do not offer drop in care. *We have a minimum of 3 days per week required for enrollment in our programming

Scheduling Information *Monthly calendars are required Starting Date Requested _____

All Day Summer Care - Hours: 5:45am to 6pm

Typical Schedule: M T W TH F Approx. drop off time _____
Approx. pick up time _____

I intend to sign my child up for summer rec and/or ELP activities that require transportation from Tiger Time staff

Please Circle One
Yes No

(if yes, please pay our \$25 transportation fee)

If your child has an Allergy, please complete the form on the last page
If your child needs prescription medication while in our program please see Michelle Seydel

TIGER TIME PERMISSION AND RELEASES

Child's Name _____ Date _____

PUBLICITY PERMISSION

In the event the Tiger Time program students are included in any newspaper, radio, on social media or television publicity, I give permission for my child to be included in the pictures and the release of their name.

POLICY AGREEMENT

I recognize my responsibility to respect the rules of the Tiger Time program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

RECORDS RELEASE

I hereby authorize (name of school) _____ to release a copy of (child's name) _____ most recent school records, including but not limited to: immunization and physical exam records, special needs assessments, and IEP's in order to enable the Tiger Time program to better meet the needs of my child.

FIELD TRIP PERMISSION

Field trips may be planned from time to time as part of the activities of the Tiger Time program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will have prior notification of all field trips out of town. Walking outings off school grounds that stay in town may not have prior notification. Examples include walking to the park, pool, or library.

NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Tiger Time program permission to apply or administer any of the following which have been checked.

_____ Sunscreen (**must be provided in a labeled container by parent**)

_____ Insect repellent (**must be provided in a labeled container by parent**)

_____ Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

TRANSPORTATION CONSENT

I hereby give the employees of Tiger Time permission to transport my child in a school issued vehicle to activities within the city limits of Lake City as necessary. I understand that I will be notified in advance of any arranged trips that would involve my child being transported by Tiger Time personnel.

MOVIE/MEDIA RELEASE

I hereby give the Tiger Time permission to show my child movies rated G while in care at the school.

Signature _____

Date _____

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Child Allergy Information Form

DATE	PROGRAM NAME	CERTIFICATION NUMBER	
CHILD'S FIRST NAME	MI	LAST NAME	DATE OF BIRTH

Allergy information

Describe the allergy. Allergies with similar symptoms can be listed together. Additional section(s) can be added for multiple allergies with different triggers, symptoms, and techniques.

What triggers the allergy?

All symptoms below may be experienced when exposed to an allergen. Please select any known symptoms the child may display:

- No history of symptoms or unknown
- Mouth: Itching; tingling; swelling of lips, tongue or mouth ("mouth feels funny")
- Skin: Hives; Itchy rash; swelling of the face or extremities
- Gut: Nausea; abdominal cramps; vomiting; diarrhea
- Throat: Difficulty swallowing; hoarseness; hacking cough
- Lungs: Shortness of breath; repetitive coughing; wheezing
- Heart: Weak or fast pulse; low blood pressure; fainting; pale; blueness
- Other:

IF NEEDED, PLEASE LIST ANY ADDITIONAL INFORMATION REGARDING SYMPTOMS

What techniques will be used to avoid an allergic reaction?

What procedures will be taken to respond to an allergic reaction for this child?

Please keep this page for your records

Scheduling/Calendars

- Calendars are due on the 20th of each month.
- A minimum of 3 days per week is required in our program.
- Please use our schedule change form to add or remove days from your schedule. This is the best way to communicate changes and avoid fees.
- You will be charged for the days/hours on your calendar, even if you cancel a day, unless you have turned in a schedule change form. If you cancel a day and do not communicate with the Childcare Coordinator through email, Remind text, or phone call, you will be charged \$5.00.
- If your calendar is not turned in by the 20th of each month you will be charged a \$10.00 late fee.

Calendar Due Dates	Tiger Time Closed
June Calendar: Due May 20th	June 3rd, 4th, & 5th Staff Training/Program Setup (Summer Care begins June 6th)
July Calendar: Due June 20th	June 19th Juneteenth Holiday
August Calendar: Due July 19th	July 4th 4th of July Holiday
	August 26th-30th (Summer Care ends August 23rd)