



Lake City Community Education Tiger Time Registration Form

For office use only:
Date/Time Received _____
Registration Fee Received _____

***\$25 Registration Fee per child *Family Cap \$50 *Registration Fees must be paid to enroll**
***Current enrolled families billing accounts must be up-to-date**

New Enrollment/Re-enrollment
(Please circle one)

Date _____

Child's Name _____ Birth date _____
Last First Nickname
Home phone _____ Cell phone _____ Sex: F M

Home Address _____ City _____ Zip Code _____

E-mail address (will only be used by Community Education for announcements and reminders, etc.) _____

Child lives with: _____ Both parents _____ Single Parent: _____ Mother _____ Father
_____ Other: specify _____

Mother's Full Name _____

Father's Full Name _____

Birthdate _____

Birthdate _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

Mobile Phone _____

Mobile Phone _____

Home Phone _____

Home Phone _____

Home Address _____

Home Address _____

Authorized Pick Up

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

*Children will only be released from Cub Care/Tiger when **signed out** by an authorized person, parent or guardian. Persons **NOT** authorized to take child from the program. (Copies of legal documents **must** be provided to the program coordinator before any staff person can actively prevent non-custodial parents from picking up their child.)

1. _____ 2. _____

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 _____

School Day Hours: 5:45am-8am/3pm-6pm

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

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?