



# Lake City Community Education Tiger Time Summer 2025 Registration Form

For office use only:	
Date/Time Received	_____
Registration Fee Received	_____
Summer Rec Transportation Needed	_____
Transportation Fee Received	_____

**\*\$30 Registration Fee per child   \*Family Cap \$60   \*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** \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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 Tiger Time when **signed out** by an authorized person, parent or guardian.

Persons **NOT** authorized to take your 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:**

	<b><u>One Child</u></b>	<b><u>Two + Children</u></b>
All day summer care	\$5.50 per hour	\$4.50 per hour

**\*We have a minimum of 3 days per week required for enrollment in our programming\***

**\*We currently do not offer drop in care\***

**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 activities that require transportation from Tiger Time staff**  
(if yes, please pay our \$35 transportation fee)

Please Circle One  
Yes       No

**\*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 child care coordinator\***

## **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.

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What triggers the allergy?

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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?

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

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## Medications for responding to an allergic reaction

Are medications required for response to an allergic reaction for this child? ☐ Yes ☐ No

MEDICATION	DOSAGE

Medication administration requirements (permission to administer, when and how to administer, and documentation of administration) must be followed according to [Minn. Stat. 245H.13, subd. 3](#). The medication and dosage information documented here does not fulfill those requirements.

## Doctor information - Call 911 for EMERGENCIES

DOCTOR NAME	DOCTOR PHONE NUMBER

## Allergy information available at all times

A child’s allergy information must be available at all times, including on-site, when on field trips, or during transportation. Food allergy information must be readily available to a staff person in the area where food is prepared and served to the child per [Minn. Stat. 245H.13, subd. 4\(c\)](#).

## Staff caring for the child

The following staff have reviewed the allergy information form and agree to follow the plan.

Print Staff Name	Signature	Date

In [Minn. Stat. 245H.13, subd. 4\(c\)](#), staff training requirements for child allergy information must be followed. Staff persons must be informed of child allergy information at least annually and when a change is made to allergy-related information in a child's record.

# Child Care Parent Acknowledgement Form

## RIGHT TO REFUSE SERVICE

Tiger Time & Cub Care Child Care reserves the right to dismiss any child at any time for failure to comply with program rules and procedures. Children who cannot follow our rules and procedures put our center in jeopardy of licensing/certification violations.

**\*\*Upon registration and at every seasonal/room transition your child will be given a three-week trial period in our program to adjust.**

### Reasons for dismissal may include

- Abusive language and/or threatening behavior towards other children, staff or parents.
- Physical violence towards other children, staff or parents.
- Blatant disregard for rules and procedures set forth by the program.
- Students who leave the classroom or designated group location without an adult's permission.
- Unresponsive parent communication or inability to pick up on time when requested.
- Failure to pay for services.
- Late pick up after 6 PM more than three times during the year.

Reasonable accommodations can be made based on student need, but modifications to our program that fundamentally change or alter services we provide in our child care setting are not required.

Check the boxes below to acknowledge your understanding of the right to refuse service policy, program expectations and student/parent responsibilities:

I understand that if my child is unable to follow staff direction and program safety rules the child will be required to leave the program and will no longer be eligible for care offered through Tiger Time/Cub Care.

I understand that my cooperation with child care staff is essential in supporting my child's needs. Mutual respect between staff and parents is expected.

As a parent I will model appropriate behavior and am ultimately responsible for my child's actions and behavior choices made at Tiger Time/Cub Care.

CHILD'S NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

PARENT/CAREGIVER 1 NAME: \_\_\_\_\_

PARENT/CAREGIVER 1 SIGNATURE: \_\_\_\_\_

PARENT/CAREGIVER 2 NAME: \_\_\_\_\_

PARENT/CAREGIVER 2 SIGNATURE: \_\_\_\_\_

**\*Please keep this page for your records\***

## **YOU MUST TURN IN REGISTRATION FEES WITH FORMS!**

- **Already enrolled families must be up to date on billing to register.**
- **If you need transportation to activities you will be billed at a later date.**
- **Activity transportation forms will go out to families once summer rec registration opens up**

### **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 \$12.00 late fee.

<b>Calendar Due Dates</b>	<b>Tiger Time Closed</b>
June Calendar: Due May 20th	June 6th, 9th, 10th, & 11th Staff Training/Program Setup (Summer Care begins June 12th)
July Calendar: Due June 20th	June 19th Juneteenth Holiday
August Calendar: Due July 18th	July 4th 4th of July Holiday
	August 25th-September 3rd (Summer Care ends August 22nd)