Iliff
Preschool,
KINDERGARTEN
& SCHOOL-AGE
SUMMER CAMP
Est. 1963

Summer Adventure Day Camp

2019 Registration

(for post-kindergarteners through 12 years of age)

"I will always remember the caring and supportive ways in which each staff member {at Summer Adventure Day Camp} contributed to a special summer for my granddaughter…the great fun she had, the skills she learned and how they made her feel included, understood and loved."

- ***Jasmine's grandmother***

Our popular summer camp is designed to provide experiences for everyone to build lasting relationships that encourage healthy development, positive risk-taking and a sense of belonging and security. Campers spend their days with professionally trained counselors who focus entirely on the success of the children, encouraging them to explore and play, swim, participate in sports, and experience activities in STEAM (science, technology, engineering, art, and music). In addition, our campers explore all that Denver offers in our privately- owned school busses.

This all translates to one overwhelming response from our campers –

CAMP IS FUN!

You and your camper can expect to experience special guest speakers, enrichment field trips, camp shows, special events, guest artists, arts/crafts, and other activity projects. In addition to the weekly themes, your camper will have the opportunity to swim and participate in organized sports on a regular basis. There might be times that we must change our schedule. We will make every attempt to notify you in advance of these changes.

- ***Tuition is $325.00/wk ($70.00/day) ...tuition includes field trip fees, transportation, snacks, and professional guest instructors in STEAM (science, technology, engineering, art, and music).***

- Camp hours are 7:00 am to 6:00 pm, Monday-Friday, beginning June 3, 2019.
  The last day of camp is Thursday, August 15, 2019. We will be closed on Thursday and Friday, July 4 and July 5, 2019, in observance of Independence Day. There will be a no student contact day (staff training) on August 16, 2019.

- For RETURNING CAMPERS: A $40.00 registration fee and the first week's tuition must accompany the forms in the registration packet. A new copy of your camper's immunizations and health record must be given to the front office every summer, prior to your camper's first day.

- For CAMPERS WHO HAVE NEVER ATTENDED: A $65.00 registration fee ($75.00/family) and the first week's tuition must accompany the registration forms. The immunization record, health record, and registration forms **must** be completed and turned into the front office, **prior** to the first day of your camper's attendance.

- Staff members are trained in First Aid/CPR/standard precautions. Each bus is equipped with a cell phone.

- Positive guidance and discipline help develop self-esteem and instill respect. Parental involvement is sought to correct any problems that persist. The safety and well being of each child are strictly enforced. Another program is recommended if behavioral or safety problems remain unresolved.

- Family involvement is encouraged. In addition to accompanying us on our many field trips, you are invited to share activities and suggestions for any of our themes. As always if you have concerns, please bring them to our office or staff immediately.

CAMPERS

In order to guarantee smooth sailing, we would like you to help us with the following:

Preparation is Key:

Pack your bags! — Weekly event calendars are posted in advance so that you will know what to pack/bring in your backpack each day. For example: bring a swim suit/towel for water activities, socks for skating and bowling, and wear insect repellent when hiking. NO FLIP FLOPS.

Be Sun Safe — Put on sunscreen before leaving home. We are also asking you to wear a long-sleeved shirt and long pants made of light-weight fabric, cover up with a hat and wear sunglasses with 100% UV protection. We are working *very hard* to lower the risk of skin cancer later in life! We will supply Rocky Mountain Sunscreen SPF 30, which we will take with us on our trips.

Make your mark — Label your belongings and leave your gum, make-up, jewelry, toys, electronics, and money at home. We encourage summer reading so bring your favorite chapter book. They are fun to read on the bus to and from field trips. Games, cameras, and sports equipment are also welcome, but must not be left in the bus or at camp and must be taken home at the end of the day.

PACK A HEALTHY LUNCH- Please make sure you bring a lunch every day. We do not refrigerate lunches; pack an ice pack if necessary. No NUT products are allowed. Suggestions: Fresh fruit, vegetables, sandwiches.

Don't skimp on snacks or water! — We supply 2 snacks per day. You may pack additional snacks to be eaten only at times designated for snacks. We appreciate and love the planet we live on.... never litter and leave only your tracks! We also provide paper cups for water and a water cooler accompanies us wherever we are. It is recommended you bring a water bottle that is marked with your name and take it home to rinse out daily.

Bring your enthusiasm...this summer

will be your best yet!!

Iliff Preschool, KINDERGARTEN & SCHOOL-AGE SUMMER CAMP

SUMMER ADVENTURE DAY CAMP CONTRACT(Post Kindergarteners through age 12)

I _____give permission for my child_____

to attend the 2019 Summer Adventure Day camp. My child may participate in all activities. Exceptions must be listed below:

_____

- If my camper has never attended, I will pay a $65 registration fee and complete all enrollment forms. A health record and immunization record must be returned to the office with the registration forms before my child's first day of camp. If my camper has been registered at Iliff Preschool in the past, I must compete all new registration forms and submit my child's updated immunization record. A new health record is required at the beginning of summer camp each year.

- I have attached the registration fee and the first week's tuition to the registration forms. I understand that the remaining payments are due IN ADVANCE at the end of every week's attendance for the following week's attendance. Admission will be refused if I become delinquent with my payments and immunization records will not be released until the balance due is paid in full.

- I will immediately notify the camp if any of the information on the emergency form that I have returned changes, as this is the only way you are able to contact me if my child becomes ill or is injured.

- I agree to have my child at camp BEFORE his/her group leaves on a field trip. I understand that I may not drop off my child or pick up my child at a field trip site. Children who have missed a field trip will be supervised in one of the other classrooms on site. Field trip information is posted one week in advance.

- I understand that a doctor's permission is required in order to administer ANY MEDICATION (including aspirin, Tylenol, etc., or any other over the counter medication). Forms are available at the front office. I also understand that the medication must be given to the front office and never put into my child's backpack. In addition, I must give written permission for the center to administer the medication EACH day that the medication is to be given. An Individual Health Plan/Self-Carry plan must be filled out prior to the start of camp for any long-term medication use (example: inhaler, allergy medication, epi pen).

We pay in advance for field trips, plan our budget, and staff our camp according to your indicated schedule prior to the start of camp.

Please indicate the days your child will be attending by circling the dates on the calendar below. You are contracted and will be charged for the dates you have circled.

There will be no cash reimbursement or tuition credits given for days you have circled and your child does not attend.

CIRCLE DATES OF ATTENDANCE

June 2019

Mon	Tues	Wed	Thurs	Fri
3	4	5	6	7
10	11	12	14	14
17	18	19	20	21
24	25	26	27	28

July 2019

Mon	Tues	Wed	Thurs	Fri
1	2	3	X	X
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

August 2019

Mon	Tues	Wed	Thurs	Fri
			1	2
5	6	7	8	9
12	13	14	15	X

SIGNATURE_____ **DATE**_____/_____/_____

Iliff Preschool, KINDERGARTEN & SCHOOL-AGE SUMMER CAMP

ENROLLMENT / EMERGENCY RECORD

Child's Name: _____ DOB: _____

Social Security Number: _____ Sex: _____ Age: _____

Medical Information

Doctor/Clinic Name: _____ Dentist/Clinic Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State Zip: _____

Phone Number: _____ Phone Number: _____

Parent/Provider Information

(*If divorced or separated, please indicate who has legal custody)*

_____ _____

Parent/Guardian Name **Preferred Contact Phone Number**

_____ _____

Home Address (Street, City, State, Zip) If shared custody, describe custodial information

Copy of Court Order Custody Decree Must Be Attached

_____ _____ _____

Employed by (or School Attended) Hours of Employment Business Address (Street, City, State, Zip)

_____ _____ _____

Business Phone with Extension Cell Phone / Pager Social Security Number (Required)

_____ _____

Driver's License Number (Required) Email Address

Parent/Provider Information

_____ _____

Parent/Guardian Name **Preferred Contact Phone Number**

_____ _____

Home Address if Different (Street, City, State, Zip) If shared custody, describe custodial information

Copy of Court Order Custody Decree Must Be Attached

_____ _____ _____

Employed by (or School Attended) Hours of Employment Business Address (Street, City, State, Zip)

_____ _____ _____

Business Phone with Extension Cell Phone /Pager Social Security Number (Required)

_____ _____

Driver's License Number (Required) Email Address

Enrollment Date: _____ Schedule: _____ Classroom: _____

Iliff Preschool, Inc.
4140 E Iliff Ave * Denver, CO 80222 * 303.757.3551 * Fax: 303.757.1717 * www.iliffpreschool.com * info@iliffpreschool.com

Emergency /Authorized Pick-Up #1

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Emergency /Authorized Pick-Up #2

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Emergency /Authorized Pick-Up #3

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Emergency /Authorized Pick-Up #4

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

I, the parent or guardian having legal custody of the above-named minor, authorize Iliff Preschool, Inc. to consent to X-rays, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician and/or surgeon, or to consent to an X-ray examination, dentist or surgical diagnosis or treatment, and hospital care to be rendered to said minority by a licensed dentist. I further authorize Iliff Preschool, Inc. to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

Signature _____Date _____/_____/_____

Iliff Preschool, KINDERGARTEN & SCHOOL-AGE SUMMER CAMP

AN ADMISSION CONTRACT BETWEEN PARENTS AND/OR GUARDIANS AND ILIFF PRESCHOOL, INC.

_____ _____

Child's Name DOB

AGES SERVED: Iliff Preschool, Inc. will accept children, twelve months and walking independently to 12 years of age.

CRITERIA FOR ADMISSION: All children may be admitted who benefit from the programs and services offered. We will discuss children with physical, emotional, or mental differences on an individual basis and will make an appropriate decision after discussion with parents and other professionals who may be involved with the child.

CLASSROOM ASSIGNMENTS: Are based upon the age of the child in accordance with child care licensing regulations. Iliff Preschool, Inc., may change the child's classroom assignment based upon center enrollment and ratio requirements. Iliff Preschool, Inc., reserves the right to deny any request for schedule change from parent / guardian for any reason within its sole discretion.

AGREEMENT DURATION*:* This agreement will remain in effect as long as your child is enrolled in our center. Any changes in this agreement will be announced in advance in the front office. Parents **must give a two week written notice** of withdrawal from our program.

PARENT COMMUNICATION: Our center is committed to improvement of program and services. We will respond immediately to suggestions, problems, concerns, and complaints. Parents and/or guardians are urged to communicate directly with the director or owners. Disputes involving finances, tuition, fees, and/or other charges will be resolved via Small Claims Court.

PARENTAL VISITS: Parents and/or guardians have the right to visit any time without an appointment.

DISCIPLINE: Children at our center are not subjected to physical, emotional harm, or humiliation. Corporal punishment, food denial, and isolation in closed areas are not permitted. Children are disciplined by being shown positive alternatives rather than just told no. Good behavior is encouraged. A parent conference will be called if incidents of biting, hitting, tantrums, etc., are impacting other children. If the problem is not resolved, parents may be asked to find another center.

COMMUNITY RESOURCES: Our center does not provide supplementary services; but we have available for reference: family support groups, health and medical professionals, and screening/evaluation specialists.

LICENSING: Our center is licensed by the Colorado Department of Human Services, which issues licenses, monitors, evaluates, and re-licenses. The Department of Human Services has the right to review your child's records and to interview your child.

EMERGENCY PROCEDURES*:* In case of an emergency, disaster, crisis, etc., all children will be kept at the center until an adult is able to pick them up. As telephone contact may be impossible, parents are urged to come to the center immediately. Food, water, first aid, blankets, mats, and other needed materials are available to accommodate most contingencies.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Parent/Guardian Date

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Iliff Preschool, KINDERGARTEN & SCHOOL-AGE SUMMER CAMP

Medical Release Form

_____
Effective Date

_____ _____ _____
Child's First Name Middle Name Last Name

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize Iliff Preschool, Inc., into whose care the above named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed healthcare provider, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to be rendered to said minor by a licensed dentist.

The undersigned further authorizes the above named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ***ONLY*** in an extreme ***EMERGENCY*** when said parents or guardians cannot be or are unavailable to be contacted.

MEDICAL INFORMATION

Name of Insurance Company: _____

Name of Subscriber: _____

Policy Number: _____

Pediatrician's Name: _____ Dentist Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State Zip: _____

Hospital Choice – *Please note that we cannot guarantee this choice when 911 is called. It will be left to the discretion of the first responders which hospital the child will be transported.*

_____ _____
Hospital Name Address

_____ _____
City, State Zip Phone

_____ _____ _____
Signature of Parent/Guardian Employer Date

_____ _____ _____
Signature of Parent/Guardian Employer Date

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Iliff Preschool, KINDERGARTEN & SCHOOL-AGE SUMMER CAMP

Enrollment Authorizations and Permissions

Child's First Name	Middle Name	Last Name	DOB

Authorization to Treat Minor Injuries or Accidents

I authorize Iliff Preschool, Inc., staff to administer first aid for any minor injury or accident while my child is in their care.

Field Trip Permission

I give permission to remove my child from Iliff Preschool Inc., for excursions around the neighborhood, to parks, etc., by means of walking or riding in the busses owned by Iliff Preschool, Inc. Off-site field trips requiring transportation in the busses will be restricted to children over four years of age and will be posted in advance.

Permission to Participate

I grant permission for my child to use all the play equipment and participate in all the activities of Iliff Preschool, Inc., and to include my child in supervised water activities.

Permission to Participate in Photographs and Video Recordings

Permission is given for my child to be photographed or recorded on video for use in scrap books, bulletin boards, children's portfolios and files, or publicity purposes and/or promotions such as brochures, newspaper articles, social media and our Web site. I relinquish all rights, title and interest in the finished photographs, negatives and tapes.

Permission to Watch Videos and TV

I give permission for my child to watch educational and musical videos and an occasional program "just for fun". All programs are previewed to evaluate content and suitability for the age group of the children. I will encourage my child not to bring videos for show and tell.

Emergency Care Authorization

I give permission for emergency care decisions to be made by Iliff Preschool, Inc., staff regarding my child in the event of an emergency that impedes regular school operations and/or in the event that I cannot be reached ***immediately.***

Illness Authorization

I authorize staff members to refuse admittance of my child at drop-off if he/she appears ill and that if illness occurs during the day that requires removal of my child from other children. I will pick up my child or make other arrangements for my child to be picked-up ***immediately.***

Child Protective Services Acknowledgement

In the event that Iliff Preschool, Inc., has reason to suspect the occurrence of physical, sexual, or emotional abuse, neglect, or exploitation of a child, Iliff Preschool, Inc., will immediately report or cause a report to be made to the Child Protective Services Unit of the county department of human services or a local law enforcement agency where the parent resides.

Iliff Preschool, Inc., will not resume responsibility for a child who has not been accompanied by a parent, guardian, or authorized person into the center. Children must be accompanied by an adult to/from the classroom or outdoor play area during drop-off and pick-up.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Parent/Guardian Date

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Medical Authorization

In case of emergency, as parent or legal guardian of

_____ _____ _____

Child's First Name Middle Name Last Name

- I agree to protect all children enrolled at Iliff Preschool, Inc., by not allowing any medication, chewing gum, ointment, weapons, money, lip balm, cosmetics, etc., to be brought by my child.

- In case of injury or illness, I give consent to Iliff Preschool, Inc., to contact:
  1. (If unable to contact mother, father or guardian) my child's health care provider, or persons listed as emergency contacts on the enrollment form.
  2. Services to transport my child to the office of the health care provider or emergency hospital, understanding that in some situations, the staff will need to contact an emergency resource before the parents, guardian or health care provider.

- I agree to accept any expenses incurred from the above procedures and understand that my insurance (including my dependents) is considered the primary coverage.

- I will notify the office immediately if my child has been exposed to, or contacted a communicable disease such as pink eye, strep throat, hepatitis, chicken pox, etc.

- I will inform Iliff Preschool, Inc., if I have given my child medication (including over-the-counter medications such as Tylenol, Motrin or cough syrup) before drop-off.

- I understand that I must give any medication, either prescribed or over-the-counter, to a staff member upon arrival to Iliff Preschool, Inc.

- I will provide Iliff Preschool, Inc., with a completed ***Medication Administration Form*** and supply a prescription or written order from my child's health care provider for the administration of any prescriptive or non-prescriptive medication or medical procedure for my child. I will keep the medication in the original container, bearing the original pharmacy label, which shows the prescription number, name of medication, date filled, health care provider's name, child's name, and directions for dosage.

- I agree that my child will not be admitted in the morning if he/she appears ill and that if illness occurs during the day, my child shall be removed from the other children and given supervision until arrangements are made to pick him/her up **IMMEDIATELY**.

- I am aware Iliff Preschool, Inc., is required by law to report any circumstances or conditions which would reasonably result in abuse or neglect to the County Department of Human Services.

- I will not hold Iliff Preschool, Inc., responsible for anything that may happen as a result of false information given at the time of enrollment of my child and hereby release this entity, its agents or employees, from any and all liability claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my child's participation at Iliff Preschool, Inc., or while on a supervised field trip, including omissions of entity, its agents or employees, for any and all injury, death, illness or disease, and damage to child or the property of said child.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Parent/Guardian Date

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FIELD TRIP PERMISSION AND LIABILITY RELEASE

I, _____ give permission for my child_____
to attend the field trips offered by Iliff Preschool, Inc.

The undersigned parents, in consideration for having my child participate in student activities requiring transportation away from the premises of the school, agree to release the Iliff Preschool, Inc., its officers, teachers, staff, employees and agents from any and all claims and liability for personal injury, death, or property damage which may occur in conjunction with this transportation.

Name (Please Print)_____

Home Phone_____ Work Phone_____

_____ _____
Signature of Parent/Guardian Date

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SUNSCREEN PERMISSION FORM

_____ _____

Child's Name DOB

You should assist your child in applying sunscreen **BEFORE** arriving at the center. We will reapply sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, feet and toes as needed throughout the day. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Iliff Preschool, Inc., will **apply and supply** ***Rocky Mountain Sunscreen Sport SPF30*** sunscreen for your child throughout the day. The sunscreen includes the following:

- UVA
- UVB
- Greaseless
- Waterproof
- Paba-Free
- *www.rmsunscreen.com*

☐ I ***do not*** want my child to use ***Rocky Mountain Sunscreen Sport SPF30 and*** I will provide sunscreen for my child to use at the center.

_____ _____

Signature of Parent/Guardian Date

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