

# Summer Adventure Day Camp

2026 Registration

*(for post-kindergarteners through 12 years of age)*

*\* Filling out this enrollment packet does NOT guarantee enrollment.*

*Please contact us directly to first secure your space.*

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, participate in sports, and experience activities in STEAM (science, technology, engineering, art, and music).

**This all translates to one overwhelming response from our campers –**

**CAMP IS FUN!**

You and your camper can expect to experience enrichment field trips 3-4 times a week, special events, swim at the reservoir, arts/crafts, and other activities. In addition to the weekly trips, your camper will have the opportunity to 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 \$465.00/week (\$100.50/day) ...tuition includes field trip fees, transportation, planned activities/crafts, and professional guest instructors.***
- Camp hours are 8:00 am to 4:00 pm, Monday-Friday. Summer camp will run June 1 - August 19, 2026. We will be closed on Friday, July 3 in observance of Independence Day.
- 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.
- Positive guidance and redirection help develop self-esteem. Parental involvement is sought to correct any problems that persist. The safety and well-being of each child are strictly enforced. Another program will be 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 trips or activities. As always if you have concerns, please bring them to our office or staff immediately.

# CAMPERS

To guarantee a successful summer, we would like you to help us with the following:

## ***Preparation is Key:***



**Pack your bags!** — Weekly calendars are posted in advance so that you will know what to pack/bring in your backpack each day. For example: bring a swimsuit/towel for water activities. No flip flops please.

**Be Sun Safe** — Please apply sunscreen before arrival and bring a labeled container to camp to stay. Hats and sunglasses are welcome. We will supply sunscreen, which we will take with us on our trips and reapply every 2 hours.



**Make your mark** — Label your belongings and leave your gum, make-up, toys, electronics/cell phones, 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 and sports equipment are also welcome.

Please label your  
child's items.




**PACK TWO SNACKS AND A HEALTHY LUNCH-** Please bring 2 or more snacks and a lunch every day. We do not refrigerate lunches; pack an ice pack if necessary. No NUT products are allowed (nut butters, Nutella, pesto...etc.). Please bring a water bottle that is labeled with your camper's full name, a water cooler accompanies us wherever we are for refills.

*An unforgettable summer awaits!*



## Sample Week of Summer Camp

Day	Schedule	Special Notes
<p style="text-align: center;"><b>Monday</b></p> <p style="text-align: center;"><i>Sunscreen must be applied each morning and will be reapplied as needed during the day.</i></p> 	<p style="text-align: center;">Water Balloon Battle At Iliff</p>	<p><u>NEED:</u> Lunch, Snacks, Water Bottle, Sunscreen, Swimsuit, Towel, Change of Clothes</p>
<p style="text-align: center;"><b>Tuesday</b></p>	<p style="text-align: center;">Iliff Art Project</p>	<p><u>NEED:</u> Lunch, Snacks, Water Bottle, Sunscreen</p>
<p style="text-align: center;"><b>Wednesday</b></p>	<p style="text-align: center;">Lowry Park Leave: 10:00 am Return: 2:30 pm</p>	<p><u>NEED:</u> Lunch, Snacks, Water Bottle, Sunscreen</p>
<p style="text-align: center;"><b>Thursday</b></p> <p style="text-align: center;">Tour starts at 10:45</p>	<p style="text-align: center;">Hammond's Candy Factory Lunch at the Park</p> <p style="text-align: center;">Leave: 9:30 am Return: 2:30 pm</p>	<p><u>NEED:</u> Lunch, Snacks, Water Bottle, Tennis Shoes, Sunscreen</p>
<p style="text-align: center;"><b>Friday</b></p> <p style="text-align: center;"><i>You may bring a pail &amp; shovel or sand toys</i></p>	<p style="text-align: center;">Cherry Creek Reservoir</p> <p style="text-align: center;">Leave: 10:00 am Return: 2:30 pm</p>	<p><u>NEED:</u> Lunch, Snacks, Water Bottle, Sunscreen, Swimsuit, Towel, Change of Clothes</p>

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

I \_\_\_\_\_ give permission for my child \_\_\_\_\_

to attend the 2026 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 form 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 complete all new registration forms and submit my child's updated immunization record. A new health form is required at the beginning of summer camp each year.
- 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.
- 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 in advance.
- I understand that a doctor's permission is required 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

<i>June</i>					<i>July</i>					<i>August</i>				
Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
1	2	3	4	5			1	2	X	3	4	5	6	7
8	9	10	11	12	6	7	8	9	10	10	11	12	13	14
15	16	17	18	X	11	14	15	16	17	17	18	19	X	X
22	23	24	25	26	20	21	22	23	24					
29	30				27	28	29	30	31					

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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

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

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 [www.iliffpreschool.com](http://www.iliffpreschool.com)

**Emergency /Authorized Pick-Up #1**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #2**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #3**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #4**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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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 childcare 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 owner. 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.

**GUIDENCE:** Children are re-directed by being shown positive alternatives. Children at our center are not subjected to physical, emotional harm, or humiliation. Punishment, food denial, and isolation in closed areas are not permitted. 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.

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

# 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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# Enrollment Authorizations and Permissions

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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. Off-site field trips requiring transportation in the bus will be restricted to children over five 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 bulletin boards, in the ProCare App, children's portfolios and files, or publicity purposes and/or promotions such as brochures, newspaper articles, social media, and our website. I relinquish all rights, title and interest in the finished photographs and recordings.

## **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.

## **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 if 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**

If 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.*

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date

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# Medical Authorization

In case of emergency, as parent or legal guardian of

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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 COVID, RSV, strep throat, Measles, 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.

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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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 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

## SUNSCREEN PERMISSION FORM

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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 every two hours. 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** *Coral Isles/Rocky Mountain Sunscreen 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 *Coral Isles/Rocky Mountain Sunscreen SPF30* and I will provide sunscreen for my child to use at the center.

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Signature of Parent/Guardian

Date