



PANTHER ACADEMY



Summer Program

We invite you to join us for another summer full of adventure, time with friends and lots of fun! Attached you will find all of the forms that you will need to complete and return to register your child for the summer program.

Return the packet to Panther Academy, 321 W. South St., Monticello, IA 52310

Program Director: Tammy Helgens 319.465.5425 or tammy.helgens@monticello.k12.ia.us

Hours: 6:30AM-6:00PM

Registration Fee (nonrefundable): \$40 per child. This fee covers supplies for summer.

Rates:	<u>1st Child</u>	<u>2nd Child</u>	<u>3rd Child</u>
Full day (over 5 hours)	\$32.50	\$30.25	\$27.75
Half day	\$27.00	\$25.00	\$23.00

*****Minimum daily fee for summer is the half-day charge.**

Location: Panther Academy primarily uses the cafeteria/gym at Shannon Elementary. If we are located somewhere else in the building due to heat, signs will be posted.

We Supply: • Breakfast • Afternoon snack • Planned activities and field trips • A Fun place to be!	You Supply: • Lunch • Money for field trips • Money for the pool or a pass • sunscreen
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Forms:

- ★ **Enrollment Contract**-Please indicate whether your child will be regularly scheduled or drop in. If you are regularly scheduled, fill in the times and days that you expect your child to typically attend. If you are a drop-in, you must notify Panther Academy at least 48 hours in advance when your child will be attending. You are only charged for the day that your child attends. If your schedule changes you will need to complete a new form.



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summer Program-continued

- ★ **Field trip permission form-** This form gives your child permission to attend field trips with Panther Academy. This would include going on a special trip, as well as going to the pool and library.
- ★ **Field trips:** Field trips will be an additional cost to you. Everyone in attendance the day of the trip, pool or library, will be required to go.

Please read through the packet and complete all forms. Call or email me with any questions.
Thank you,

Tammy Helgens
319.465.5425
tammy.helgens@monticello.k12.ia.us



PANTHER ACADEMY



CONTRACT FOR CHILD CARE SERVICES

This contract is between:

Provider:

Panther Academy Child Care Program
321 W. South St.
Monticello, IA 52310

-And-

Legal Guardian:

Name: _____ Address: _____ Phone: _____

Legal Guardian:

Name: _____ Address: _____ Phone: _____

For The Care Of:

1. Child's Name: _____ Date of Birth _____

Grade: _____ Teacher: _____

2. Child's Name: _____ Date of Birth _____

Grade: _____ Teacher: _____

3. Child's Name: _____ Date of Birth _____

Grade: _____ Teacher: _____

Hour of Care Needed:

<i>Times:</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Drop off</i>					
<i>Pick Up</i>					



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CONTRACT FOR CHILD CARE SERVICES

ATTENDANCE:

To ensure the safety of all of the children in our care, we must know when they will be attending Panther Academy. This will enable us to contact parents quickly if a child were to go missing from the program. Students are designated into two categories. **REGULARLY SCHEDULED** or **DROP-IN CARE**.

REGULARLY SCHEDULED:

- Parents provide a specific schedule of care, as outlined on page 1 in *Hours of Care Needed* section.
- For children that are regularly scheduled, parents **must** notify Panther Academy staff **in advance** of any changes in their child's attendance.
- If a child is scheduled for a particular day/time and does not show up at Panther Academy, staff will contact the guardians listed in the intake packet to determine the child's whereabouts.

DROP-IN CARE:

- For families that do not have a regular schedule of attendance.
- Parents **must** contact Panther Academy **at least 48 hours in advance** for their child to attend the program. We reserve the right to deny care based on program capacity.
- Panther Academy staff will only contact these families if they were notified that a child would attend a particular day/time, but did not show up for the program.

Indicate whether your child(ren) will utilize *REGULARLY SCHEDULED* or *DROP-IN CARE*:

_____REGULARLY SCHEDULED-we provided the regular schedule on page 1.

_____DROP-IN CARE-we will notify Panther Academy when our child(ren) will attend at least 48 hours in advance.

***This contract is in addition to the terms set forth in the Panther Academy Handbook.**

By signing this agreement, the provider and guardians(s) agree to the terms outlined within this Contract for Child Care Services.

Director, Panther Academy

Signature

Date

Legal Guardian (Print)

Signature

Date

Legal Guardian (Print)

Signature

Date



PANTHER ACADEMY



Child Enrollment Information

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	Zip:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	Zip:
Home #:	Cell #:	Work #:	
Email (personal)		Email (work)	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	Zip:
Home #:	Cell #:	Work #:	
Email (personal)		Email (work)	
Place of work:		Address:	



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Child Enrollment Information-Page 2

Medical Information			
Child's Doctor's Name:		Phone #:	
Address:	City:	State:	Zip:
Preferred Hospital to Contact:		Phone #:	
Address:	City:	State:	Zip:

Child's Dentist's Name:		Phone #:	
Address:	City:	State:	Zip:

Emergency Contact (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	Zip:
Home #:	Cell #:	Work #:	
Email (personal)		Email (work)	

Emergency Contact (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	Zip:
Home #:	Cell #:	Work #:	
Email (personal)		Email (work)	

Emergency Contact (3) Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	Zip:
Home #:	Cell #:	Work #:	
Email (personal)		Email (work)	



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Child Enrollment Information-Page 3

Does your child have any special needs that Panther Academy needs to be aware of?

<i>Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)</i>		
Name:	Phone#:	Relationship to child:
Name:	Phone#:	Relationship to child:
Name:	Phone#:	Relationship to child:
Name:	Phone#:	Relationship to child:
Name:	Phone#:	Relationship to child:
Name:	Phone#:	Relationship to child:

<i>Anyone NOT allowed to pick up my child (with copy of court order, if applicable):</i>

Guardian's Signature:_____ ***Date:***_____

Guardian's Signature:_____ ***Date:***_____



Panther Academy



Panther Academy School Age Assessment & Health Form

HEALTH STATEMENT: (to be completed by parent annually)

1. Significant illness and surgeries child has had and age at that time:

2. Any special health-related needs of child (allergies, medications, injuries, etc):

PHYSICAL ASSESSMENT:

1. Is there any defect of vision, hearing, or speech of which the child care program should be aware or could compensate by appropriate action?

2. Is the child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation? If so, please be sure to initiate this in the "MEDICAL ALERT" section of this packet.

4. Is this child subject to any mental or physical condition for which (s)he should remain under periodic medical observation?

5. Describe any permanent skin marks, birthmarks, or scars:

6. Other information you would like to share (ex: behavior concerns, social/emotional concerns):

Guardian's Signature: _____ **Date:** _____



PANTHER ACADEMY



TRAVEL RELEASE

I/We do_____, do not_____, give consent for _____ to participate in field trips with Panther Academy. I/We do reserve the right to be notified before each field trip that involves leaving the site. I release the program of any liability unless negligence is proven. In the case of an emergency evacuation, students will be transported to Carpenter Elementary. We use the Monticello Community School busses unless within walking distance.

Restrictions:

PHOTOGRAPHY RELEASE

I/We do_____, do not_____, give consent to Panther Academy program in photographing our child, _____. I/We give our consent to the program to use the photographs for the purpose of promoting Panther Academy. We understand that no financial benefits from the use of the photographs will be obligated to be paid to us.

MOVIE RELEASE

Throughout the year, movies may be shown. The movies are primarily shown on non school days, planned days in the summer or on rainy days. All movies are rated G or PG.

I/We do_____, do not_____, give consent that the named child above may watch movies while at Panther Academy.

Restrictions:

RECORD RELEASE AUTHORIZATION

I hereby authorize and request _____ (school name) to release a copy of the most recent physical examination record and immunization card of _____ (child's name) present in their school record file.

Guardian's Signature:_____ **Date:**_____



PANTHER Academy



medication authorization

sunscreen

Panther Academy has permission to apply sunscreen products of SPF 50 or higher to my child.
_____ as specified below, whe (s)he will be playing
outside and when it is deemed necessary. I understand that sunscreen may be applied to exposed
skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. I have
checked all applicable information regarding the tupe and use of sunscreen for my child:

- ☐ I do not know of any allergies my child has to sunscreen.
- ☐ Staff may use the sunscreen of their choice following the directions of recommendations
printed on the bottle.
- ☐ I have provided the following sunscreen to use on my child:_____
- ☐ For medical reasons or other reasons, please do not apply sunscreen to the following areas
on my child's body: _____

Guardian's Signature:_____ ***Date:***_____

ANTIBIOTIC OINTMENT

Panther Academy has my permission to apply antibiotic ointment to my child,
_____ as needed to cover an affected area. I have
checked all applicable information regarding the type and use of ointment for my child:

- ☐ I do not know of any allergies my child has to antibiotic ointment.
- ☐ Staff may use the antibiotic ointment of their choice following the directions of
recommendation printed on the bottle.
- ☐ I have provided the following antibiotic ointment to use on my child.

- ☐ For medical reasons or other reasons, please do not apply ointment on the following
areas on my child's body: _____

Guardian's Signature:_____ ***Date:***_____

****All other medications, both prescription and nonprescription require a medication
authorization form to be completed. If your child needs to take any other type of medication
while in the care of Panther Academy, please be sure to fill out that form. See Tammy for form.***



PANTHER Academy



**PARENT/GUARDIAN PERMISSION TO APPLY INSECT
REPELLENT TO CHILD**

Name of Child: _____

As a parent, I recognize that insect bites to my child pose a risk of allergic reactions and disease. Therefore, I give permission for the staff of Panther Academy to apply an insect repellent approved for use on children containing (no more than) 10%-15% DEET

(name of product) for my child under the following conditions:

1. When mosquitoes are present.
2. During field trips that may expose a child to ticks or mosquitoes.
3. Always used according to directions on the label.
4. Applied only to exposed skin and clothes.
5. Not applied to babies under 2 months.
6. Not applied near eyes or mouth or on hands.

Use of the product may occasionally cause a skin reaction. If that happens, we will discontinue use of the product, wash affected skin and notify you so you can seek advice from your healthcare provider. It is best if you use this or a similar product on your child once or twice at home first to monitor for reactions.

I have checked and initialed below all applicable information regarding the child care program's choice in brand/type and use of insect repellent for my child.

- ☐ _____ Staff may use the program's insect repellent indicated above according to the directions on the product label.
- ☐ _____ I do not know of any allergies my child has to the children's insect repellent.
- ☐ _____ My child is allergic to some insect repellents. Please use only the following brand(s)/type(s) of repellent _____, according to the directions on the label.
- ☐ _____ I have provided the following brand/type of insect repellent for use on my child.

- ☐ _____ For medical or personal reasons, please DO NOT apply insect repellent to the following areas of my child's body: _____
- ☐ _____ **Please do not apply insect repellent to my child.**

Guardian's Signature: _____ **Date:** _____



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SWIM PERMISSION FORM

_____ has my permission to go swimming at the Monticello Aquatic Center with Panther Academy. I understand that my child will walk or possibly ride the bus to and from the pool. Panther Academy assumes no responsibility for accidents or lost/stolen items while at the pool (or while enroute to or from the pool).

Please check any statement that applies to your child:

_____ My Child has a Monticello Aquatic Pool Pass. Pass Number # _____

_____ We choose to be charged to our Panther Academy account and billed for each swim day that our child participates. The cost is \$2.50 per swim session. Cash is not accepted for the entrance fee.

_____ My child is allowed to:

_____ go past the ropes (deep end)

_____ go off the diving board

_____ go down the slide

Comments on swimming ability, special accommodations, etc:

Guardian's Signature: _____ ***Date:*** _____