School Year 2018-9 Program Contract

This contract must be signed and returned with all registration forms at least two weeks prior to your child's first day at Wild Bear Mountain Ecology Center (Wild Bear). Bear Cubs: Wednesday 10am-11:30am Nature Craft After School: Monday-Thursday 3:15-5:30pm Nature Workshops on No School Days: TBA Kinder Nature: Wednesday 12pm-3pm

Shuttle Information: For Kinder Nature, Wild Bear is able to provide transportation between the Elementary School and Wild Bear for an additional fee. Advanced registration is required for this service. School Bus pick-up is inclusive with registration for Nature Enrichment After School.

Snacks and Volunteering: Please pack a healthy snack and full water bottle for your child to enjoy after school at Wild Bear. We are happy to receive additional snacks or volunteer hours to help our staff get things done behind the scenes.

Cancellation: Tuition will be refunded if cancellation is made at least 3 weeks prior to the program start date. 10% will be retained by Wild Bear as an administrative fee. If cancellation is made with less than 3 weeks notice and more than 48 business hours in advance, the day may be traded for another day within 2 weeks if space is available. Day of cancellations are not refunded or traded. Wild Bear reserves the right to cancel programs when less than 5 children are enrolled. Full refunds are provided if Wild Bear cancels a program. Wild Bear may also cancel due to inclement weather and emergency situations.

Attendance: We expect to be notified in the morning if your child will be absent from Wild Bear. Refunds are not given for absences. If there is a family emergency or sickness and you call to let us know, the day may be traded for another day within 2 weeks if space is available. We may ask for outside verification of the emergency or sickness, and review personal cancellations on case by case basis.

Illness: Please inform us if your child has been ill during the night or not feeling well in the morning. If a child has a communicable illness that is not physically evident, it is the responsibility of the parent to inform us of such illness. Parents will be notified if their child becomes ill and may be asked to pick up the child as soon as possible. If your child requires medication we request s/he schedule this around time at Wild Bear. Wild Bear, however, can administer Epi-pens or inhalers if needed. By state law, we cannot administer medicine of any kind without written permission from the child's doctor. For a prescription, a labeled container with a doctor's name, the child's name, the medication type, dosage, frequency, method of application or ingestion, and an expiration date is also required.

Behavioral Expectations: Wild Bear utilizes a "teaching with dignity" model within all groups. This builds a positive and supportive atmosphere for all children. However, in the event that your child is disruptive (i.e physically or verbally aggressive or disrespectful, use of profanities, continuously disruptive behavior or defiance of staff), Wild Bear staff will request a conference with parent/guardian to set clear expectations. If the behavior persists following the conference with the parent/guardian, the child will be removed from the program without refund. Wild Bear expects parent/guardian to provide information about any special behavioral plans your child may have in school or otherwise.

Release: Wild Bear will release students only to the parent or guardian specified on the Wild Bear Intake Form located in this packet. In the event you are unable to pick up your child, you may designate, through a phone call or a note, those individuals in the Authorization for Release section of the Parental Authorization form. Please inform the person picking up your child to have picture identification available for Wild Bear staff.

I understand that I must disclose any behavioral or physical challenges within this packet.

I exempt Wild Bear, its staff, and authorized volunteers from all claims arising from the student's participation in Wild Bear programs unless caused by actions for which Wild Bear would otherwise be liable under Colorado law.

I have read and agree to comply with the policies of Wild Bear as stated here. I understand that this is a legal and binding contract and I acknowledge that I have received a copy of this document for my own records

Student Name	
Parent/Guardian Name	
Parent/Guardian Signature	Date

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Enrollment Date _

Please Note: It is your responsibility to notify Wild Bear if any of the following information changes.

Student's Legal L	ast Name First N	lame	M.I.	Sex	Age	D.O.B.
Parent/Guardian's Name	Physical Address		Town/City		State	Zip Code
Cell Phone	Mailing Address		Town/City		State	Zip Code
Work Phone	Work Address		Town/City		State	Zip Code
Home Phone	Employer		E-mail			
Parent/Guardian's Name	Physical Address (if different)		Town/City		State	Zip Code
Cell Phone	Mailing Address (if different)		Town/City		State	Zip Code
Work Phone	Work Address		Town/City		State	Zip Code
Home Phone Which parent or guardi	Employer an does the student live with	during the	Summer?	E-ma	ail	
My child is currently en How did you find out at			School D	District or	Other	
n the event I am unable permission to Wild Bear t	ts: The following adults are aut child in the event of an emerge to pick up my child, I, o release my child, en, signed permission must be giv	ncy (must lis	t at least two i	ndividual	s). , herby (owing ind	give my ividual(s).
Name/Relationship to Student		Complete F	Complete Residential Address		Phone Number	
Name/Relations	ship to Student	Complete F	Residential Address		F	hone Number
Name/Relations	ship to Student	Complete F	Residential Address		F	hone Number
	Parent/Guardian Signat	ure		Date	9	_

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Parental Authorization Form

Authorization to Participate in Field Trips

I give permission for my child, ______, to go on trips away from the premises of Wild Bear, in the company of a responsible adult, whether by RTD bus, on foot or by vehicle including utilization of the Wild Bear Shuttle Service.

I understand that the student's participation in any field trip is voluntary and that, by participating in the field trip, such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional functions conducted on Wild Bear Nature Center property. These may include but are not limited to the risk of loss or damage to personal property, the risk of sickness, personal injury or death while participating in the field trip.

I exempt Wild Bear, its staff, and authorized volunteers from all claims arising from the student's participation in the field trip unless caused by actions for which the Wild Bear Nature Center would otherwise be liable under Colorado law.

I understand that Wild Bear does not have any medical, dental, or hospitalization insurance to cover injuries or loss of life of pupils or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by a parent or guardian.

Parent/Guardian Name	Parent/Guardian Signature	Date
	Booster Seat	
tall, they are required to be in		
	a booster seat until to be in a booster seat because s/he is no	_(date). ot required to be in one by state law.
P	arent/Guardian Signature	Date
	to participate in all activities except for th	
P	arent/Guardian Signature	Date

Television and Videos

Television is not a part of our programs, however educational videos are sometimes used as a teaching tool. All educational videos are previewed by staff to ensure the appropriate addition to our scientific study. Instructors actively watch with the children and facilitate discussion about the scientific subject matter of the video.

I give permission for my child to view educational videos as a teaching tool.

Parent/Guardian Signature

Date

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Health Information

Dear Physician and Parent(s),

The following information is required for enrollment in our licensed childcare facility program.

Authorization For Emergency Medical Care

I,, hereby give my permission to Wild Bear to call for medica surgical care for my child,, in the event of an emergence It is understood that a conscientious effort will be made to locate me before emergency action will be tall I agree to accept the expenses of any emergency treatment, ambulance, or other associated expenses deemed prudent to assure the safety and well being of my child. 	I,,	hereby give my permission to Wild Bear to call for medical or
In the event of an emergency, what would be the hospital of your choice? Name of hospital	I agree to accept the expenses of any emerge	ency treatment, ambulance, or other associated expenses
Address/PHONE of Hospital of choice	Parent/Guardian S	Signature Date
Physician's Name:		
Physician's Address:	Has there been any known contact with tuberculosis?	Circle one: Yes / No
Dentist's Name: Phone: Dentist's Address: Insurance Information Child's Name Parent Name on Policy Insurance Carrier Policy Number Health History Please list any surgery, accidents, Illnesses, chronic or disabiling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc	Physician's Name:	Phone:
Dentist's Address: Insurance Information Child's Name Parent Name on Policy Insurance Carrier Policy Number Health History Please list any surgery, accidents, illnesses, chronic or disabling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication succh as antibiotics, Ritalin, Benadryl, etc	Physician's Address:	
Insurance Information Child's Name Parent Name on Policy Insurance Carrier Policy Number Health History Please list any surgery, accidents, illnesses, chronic or disabiling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc	Dentist's Name:	Phone:
Child's Name Parent Name on Policy Insurance Carrier Policy Number Health History Please list any surgery, accidents, illnesses, chronic or disabiling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, 1 understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc		
Insurance Carrier Policy Number Health History Please list any surgery, accidents, illnesses, chronic or disabling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication such as antibiotics, Ritalin, Benadryl, etc	Ins	surance Information
Health History Please list any surgery, accidents, illnesses, chronic or disabling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc	Child's Name	Parent Name on Policy
Please list any surgery, accidents, illnesses, chronic or disabling conditions (e.g. seizures, asthma, diabetes, heart disease, respiratory illness, drug reaction, eye or ear problems). Please list any allergies. If an epi-pen or inhaler is used, please ask for the Medication Form or find it on Wild Bear's website. Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication such as antibiotics, Ritalin, Benadryl, etc. Initials Does your child have any behavioral issues, behavior plans at school, or anything special that Wild Bear should be aware of? I am including a copy of my child's immunization records or exemption. Sunscreen Information Your child's instructors will assist with applying sunscreen 15-30 minutes before outdoor activities. It is the parent's responsib	Insurance Carrier	Policy Number
Does your child have a special diet? If so, please explain. Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc		
Does your child require special medication? If so, I understand I must fill out the medication form. I understand Wild Bear is not license to administer medication sucah as antibiotics, Ritalin, Benadryl, etc	Please list any allergies. If an epi-pen or inhaler is used,	please ask for the Medication Form or find it on Wild Bear's website.
to administer medication sucah as antibiotics, Ritalin, Benadryl, etc	Does your child have a special diet? If so, please explain	
Initials Sunscreen Information Your child's instructors will assist with applying sunscreen 15-30 minutes before outdoor activities. It is the parent's responsib	to administer medication sucah as antibiotics, Ritalin, Ben	nadryl, etc Initials
Your child's instructors will assist with applying sunscreen 15-30 minutes before outdoor activities. It is the parent's responsib	I am including a copy of my child's immunization records	or exemption Initials
In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the schoo I do not want my child to use any other sunscreen other than the one he or she brings. Parent/Guardian Signature Date	Your child's instructors will assist with applying sunscreet to provide sunscreen with a minimum SPF of 15 and to In the event that my child's sunscreen is not re I do not want my child to use any other sunscreet	een 15-30 minutes before outdoor activities. It is the parent's responsibility o apply it prior to attendance each morning. adily available, my child may use the sunscreen provided by the school. een other than the one he or she brings.

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Parent Handbook Acknowledgment Form

The Wild Book Parent Handbook is designed to acquaint you with the Wild Bear Nature Center (hereafter referred to as Wild Bear) and provide you with information about our organization and its policies. No parent handbook can anticipate every circumstance or question. After reading the handbook, if you have questions please contact us and we'd be happy to answer them! Also, the need may arise to change the guidelines described in this handbook. Wild Bear reserves the right to interpret or change them without prior notice. The Parent Handbook is found on our website, and is printed upon request.

I have read and understand the parent handbook.

Parent/Guardian Signature

Date

Media Release

Parents and Guardians of Wild Bear Kids:

We take a lot of pictures and video of your kids participating in our summer programs. We'd like your permission to use those photos in our marketing and to post videos online so families can share the Wild Bear experience with their kids.

Please give us your permission to use photos and video of your child by signing below:

I give permission and consent for videos and photographs of _

to be taken during camp session activities. I further give permission and consent that any such photographs and videos may be published and used by Wild Bear Nature Center and its agents, to illustrate and promote our programs and share the Wild Bear experience with families, friends and Wild Bear supporters.

Parent/Guardian Signature

Date

Print Name

