



Kid Ventures Preschool Academy Summer Care 2021 Application Form  
2865 Sims Road San Diego CA 92106 (619) 573-9625

<b>My Child Has Allergies</b> <input type="checkbox"/> <b>My Child Has an EPI Pen</b> <input type="checkbox"/>		Facility License #376701292			
<b>FAMILY INFORMATION</b>					
Child's First Name	Child's Last Name	Nickname	Date of Birth	Age	Gender M F
Parent's Full Name (1)	Relationship	Parent's Full Name (2)	Relationship		
Cell Phone	Other Phone	Cell Phone	Other Phone		
Address	E-mail	Address	E-mail		
City, Zip	Check to Receive All Preschool E-mails <input type="checkbox"/>	City, Zip	Check to Receive All Preschool E-mails <input type="checkbox"/>		
Child Lives with – (check one) Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/>		List Siblings & Ages			
Language(s) Spoken at Home					
<b>HEALTH, MEDICAL &amp; EMERGENCY INFORMATION</b>					
Indicate if any of the following apply					
Allergies	N/A	Medical	N/A		
Medications	N/A	Custody	N/A		
IEP	N/A	Other	N/A		
Child's Physician	Address		Phone		
Medical Insurance Company	Phone	Medical Group	Policy Number		
Child's Dentist	Address		Phone		
Dental Insurance Company	Phone	Medical Group	Policy Number		
My child can be released to the following					
Name & Relationship		Name & Relationship		Name & Relationship	
Additional contact in case of emergency					
Local Emergency Contact 1	Relationship	Cell Phone	Other Phone		
Local Emergency Contact 2	Relationship	Cell Phone	Other Phone		

Child's Name \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, In the event of an emergency and in case of an accident or acute illness, I/we hereby authorize Kid Ventures (Gym Ventures, Inc.) to call an ambulance at my/our expense, to arrange for necessary transport to a hospital and for emergency medical and/or surgical care.

Should my/our child be required to take medication prescribed by a physician during the school day, he/she may be assisted by preschool personnel. In order for this to occur, I/we understand that it is my/our responsibility to provide to staff:

1. a written statement from the physician detailing the method, amount, and time schedule by which the medication is to be taken;
2. a written statement from the parent or guardian of the student indicating the desire that Kid Ventures assist my/our child in the matters set forth in the physician's statement;
3. and to train appropriate staff on administration of the medication.

For emergency treatments, I/we and a physician will complete the "Policy and Procedures for Administering Emergency Treatment to Children with Severe Allergies" including:

1. a signed copy of the Kid Ventures' Authorization for Emergency Care for Children with Severe Allergies;
2. a signed copy of the Kid Ventures' Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies;
3. to train appropriate staff on administration of the treatment;
4. a signed form by parent and teacher(s) that preschool staff has been trained to administer the treatment;
5. and to provide all equipment, medications, and treatments needed by Kid Ventures to comply with the instructions set forth in the Authorization Forms.

I/We hereby assume all risks (injury or illness) for my/our child and family members that may occur during participation in any activity or use of facilities owned or rented by Kid Ventures. I/We hereby agree to in no way hold the management of Kid Ventures, its agents, or employees liable for injury that my/our child may sustain while involved in preschool programs or at Kid Ventures or during administration of regular or emergency medical treatments.

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

### IMMUNIZATION POLICY UPDATE

Per Senate Bill 277, as of January 1, 2016, the immunization exemption for personal and religious beliefs (PBE) is eliminated in the State of California. Children with medical exemptions are exempt from this new law.

### SUNSCREEN/DIAPER CREAM/WOUND AND BURN CARE WAIVER

Kid Ventures Preschool Staff are not authorized to offer or apply any creams, including over the counter medication, to Preschoolers without written parent consent. Please note the protocol for General Care below as developed by the Health and Safety Committee and check appropriate boxes. **Unchecked boxes will be considered as not approved.**

**1. SUNSCREEN APPLICATION – Supplied by Parent**

Apply sunscreen to child

**2. DIAPER CREAM APPLICATION – Supplied by Parent**

Apply diaper cream to child

**3. WOUNDS**

- Clean wounds thoroughly with soap
  - Rub abrasions gently to remove debris and crusts
  - Rinse copiously with water
- Apply First Aid Antiseptic Pain Relieving Liquid  
 Apply Triple Antibiotic/Neosporin
- Bandage abrasions loosely

**4. BURNS**

- Hold burn area under cool running water or apply clean towel dampened with cool tap water
- Apply burn spray or gel (Lidocaine HCl 2%; external analgesic)

**5. EYE IRRITANTS**

- Flush eye copiously with water
- Flush eye with Buffered Eye Wash (Sterile Isotonic Solution)

I/We give permission to Kid Ventures Preschool Staff to provide my/our child with the care checked above in the event of needed care occurring at school, and to apply sunscreen and/or diaper cream when needed as provided by parent.

PARENT SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**SUMMER CARE PROGRAM & PRICING**

# 2021 SUMMER CARE TUITION SCHEDULE

## Kid Ventures Liberty Station

Registration & Materials Fees	
Summer Student Reg. Fee	Non- Refundable – \$50

Please indicate below the days that you are interested in attending as well as your desired start date.

Summer Care Program (2-5 yr. old)	Full Day Times	Full Day Monthly Tuition
2 Days Per Week <b>T &amp; TH (ONLY)</b>	8:00am – 5:00pm	\$825/month
3 Days Per Week <b>M. W. &amp; F (ONLY)</b>	8:00am – 5:00pm	\$1025/month
5 Days Per Week <b>M – F</b>	8:00am – 5:00pm	\$1375/month

**\*All dues are charged automatically at the time of registration in order to secure your child's spot in the Summer Care Program**

**Desired Start Date:** \_\_\_\_\_

**Desired End Date:** \_\_\_\_\_

\*1st Available Summer Care Date is Tuesday, June 1st

\*Last Available Summer Care Date is Friday, Aug 27th

### AUTHORIZATION & PAYMENT

**I/We have read and agreed to the terms listed in the registration brochure and application. I/We assume financial responsibility for my/our child for the 2021 Summer Care Program**

Method of Payment:  Cash  Check  VISA  Mastercard  Discover  Amex

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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Child's Name \_\_\_\_\_

**KID VENTURES PRESCHOOL ACADEMY POLICIES AND WAIVERS**

**AS PARENTS/GUARDIANS OF THE CHILD INDICATED ON THIS APPLICATION FORM, I/WE UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES: Please read and initial each statement.**

- \_\_\_\_\_ I/We understand that I/we assume financial responsibility for my/our child for the Summer Care Program. Early withdrawal may not result in a refund. Requests for prorated registration must be made at the time of registration.
  
- \_\_\_\_\_ I/We understand my/our Kid Ventures account must be in good standing in order to register for Summer Care.
  
- \_\_\_\_\_ A completed application form must be submitted with the Summer Student Registration fee of \$50
  
- \_\_\_\_\_ Offerings and placement are contingent upon adequate enrollment.
  
- \_\_\_\_\_ Permission is granted for my child to participate in all activities within Kid Ventures
  
- \_\_\_\_\_ Permission is granted to Kid Ventures to print my/our name(s), my/our child's name, address, emails and phone numbers in the student roster.
  
- \_\_\_\_\_ Permission is granted to Kid Ventures to publish via print, web, or multimedia, photographs or videos of my/our child/family.
  
- \_\_\_\_\_ I agree to follow the School Health Policies as stated in the Preschool Handbook and will have my child picked up in a timely fashion in cases of illness.
  
- \_\_\_\_\_ Permission is granted for preschool staff to communicate with other professionals concerning my child's behavior or health issues.
  
- \_\_\_\_\_ Absences during the 2020/21 school year, for any reason including travel, illness, weather, vacation, or quarantine regulations; the closing of school due to holidays or other reasons; are not subject for proration or refunds.
  
- \_\_\_\_\_ Kid Ventures reserves the right to request that a child be picked up in a timely fashion because of a violation of school regulations or because of personal conduct which interferes with the health or welfare of himself/herself or others. These behaviors may result in expulsion.

**PARENT SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

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