

JUNGLE GYM

2968 Aventura Blvd., Aventura, Florida 33180
www.JungleGymAventura.com 305.932.1496

Forms to return to Jungle Gym:

1. ___ Jungle Gym Registration form
2. ___ Department of Children and Families form
3. ___ Toddler Academy Enrollment Agreement
4. ___ School Illness Policy
5. ___ School Discipline Policy
6. ___ Privacy Act
7. ___ Physical form from pediatrician
8. ___ Immunization form from pediatrician

I have read and understood, and agree to abide by the Parent Handbook.

Parent's Signature

Date

Parent's Name Printed

Child's Name

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Mother's Name: _____ Cell Phone: _____ Work: _____

Father's Name: _____ Cell Phone: _____ Work: _____

Address: _____ Home Phone: _____

_____ Email: _____

City/State/Zip: _____

Sign in password (required): _____ (any combination of numbers and/or letters)

How did you hear about us? _____

Child 1 Name: _____ Birthdate: _____ ___ Male ___ Female

Allergies: _____ Disability: _____

Child 2 Name: _____ Birthdate: _____ ___ Male ___ Female

Allergies: _____ Disability: _____

Child 3 Name: _____ Birthdate: _____ ___ Male ___ Female

Allergies: _____ Disability: _____

Emergency Contact Name (Other than yourself or husband): _____ Phone: _____

Doctor's Name: _____ Phone: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian Date

In case of emergency, and I cannot be reached, I hereby give my consent to Jungle Gym, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that Jungle Gym, Inc. and the sponsors of any Jungle Gym, Inc. event, along with their employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

Make-up Policy: Our classes focus on a new set of skills every week and they are progressive. The best use of a make-up class is during the same week of the missed class. However, you are welcome to make up a class anytime during the same semester the class was missed provided you call ahead. No carry-overs to other semesters.

Refund Policy: Parent/Guardian understands that no refund will be issued for any missed classes.

As a legal parent or guardian of this student, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Jungle Gym, Inc.

Photo Release: By signing below, I hereby grant to Jungle Gym and to its employees, agents and assigns the right to photograph myself and my dependents and use the photo and/or other digital reproduction of myself and my dependents for publication processes, including, but not limited to, electronic (e.g. video, CD-ROM, Internet), print, or digital.



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: Sex:

Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Address:

Primary Hours of Care: From: To:

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information:

Child Lives With:

Mother's Name:

Father's Name:

Address:

Address:

Home Phone:

Home Phone:

Employer:

Employer:

Address:

Address:

Work Phone:

Work Phone:

Custody: Mother Father Both Other (specify):

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Table with 4 columns: Name, Address, Work #, Home #. Multiple rows for contact information.

Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

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ACCEPTANCE OF POLICY REGARDING ILLNESS

Jungle Gym's Toddler Academy Policy regarding illness is as follows:

1. If a child is brought to school with obvious signs of runny nose, persistent cough, fever, red eyes and/or eye fluid discharge, skin rash or any other obvious signs of being ill, we will kindly ask the parent to take their child home. If a runny nose is due to allergies, please bring in a doctor's note stating what the child is allergic to so that we may do our best to avoid situations that may cause the allergy to flare up.
2. If your child is prescribed antibiotics, we request that you allow at least 48 hours for the drug to kick in before sending your child back to school.
3. Any child that misses school for more than three days due to any illness may be asked to be brought back to school with a doctor's note stating they are no longer contagious and are allowed to be around other children.
4. Jungle Gym will not offer refunds for sick days missed.

Our strict policy is to insure a healthy environment for all children, including your child.
Thank you for contributing to a healthy and happy school year for everyone!

Please indicate your acceptance of these terms by signing and returning this sheet to us.
Thank you for your cooperation.

The Jungle Gym Staff

.....
I, _____, have read the illness policy used by Jungle Gym.

Signature of parent or legal guardian

Date Signed

Child(ren)'s Name

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ACCEPTANCE OF POLICY REGARDING DISCIPLINE

Dear Parents,

We are required by the Department of Children and Families to provide parents with a written discipline policy. Please sign this form and return it to our office.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his/her behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

The following steps will be used for behavior modification:

1st - Children will be corrected and asked to change their behavior.

2nd- Children will be re-directed from the situation.

3rd - Children will be placed in a "Safe Zone."

4th - Parents will be contacted if behavior is not corrected.

5th - Children shall not be subjected to discipline that is severe, humiliating, or frightening. Discipline shall not be associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.

6th - In case the student continues to be disruptive within the group and clearly has not responded to communication and any of the above strategies, the child will be suspended. The child may not return to school until a plan is developed to help him/her. A decision concerning the student's status in our school will be determined at that point by Toddler Academy's staff.

I, _____, have read the discipline policy used by Jungle Gym.

Parent's Signature

Date Signed

Child(ren)'s Name

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PRIVACY ACT

From time to time, parents ask us for a list of the children's names, phone numbers, or addresses of the other children in their child's class. We have provided you with a form to sign indicating whether or not you would like your contact information made available.

_____ Yes, you may make my contact information available to other parents.

_____ No, I do not want my contact information made available to other parents.

Parent's Signature

Date Signed

Child(ren)'s Name