



# **Childcare Agreement and Authorizations**

225 S Monaco Street Parkway, CO 80224

P: (303) 321-1655

E: [TheSummitELA3@gmail.com](mailto:TheSummitELA3@gmail.com)

This agreement entered into as of \_\_\_\_\_ is between The Summit Academy (hereinafter referred to as "TSA", operating in the State of Colorado) and \_\_\_\_\_.

I, \_\_\_\_\_ do hereby authorize TSA to act as agents for the undersigned: to consent to any medical or surgical diagnosis or treatment or hospital care deemed advisable by or administered by a licensed physician, and transport child in the event such help of an emergency medical nature becomes necessary.

I hereby grant permission for TSA to take whatever steps necessary to obtain emergency medical care for my child during walking fieldtrips.

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

**Hospital:** Please select one or provide us with your hospital choice

\_\_\_\_\_ Denver Health Emergency Center  
 777 Bannock St Pavilion A,  
 Denver, CO 80204  
 (303) 436-6000

\_\_\_\_\_ Rose Hospital  
 4567 E 9th Ave  
 Denver, CO 80220  
 (303) 320-2121

\_\_\_\_\_ Children's Hospital  
 13123 East 16<sup>th</sup> Avenue  
 Aurora, CO 80045  
 (720) 777-1234

Other: \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please sign below annually after you have updated any changes

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Authorization**

*Please initial after each statement and sign at the bottom.*

1. I hereby grant permission for my child to be included in developmental evaluations and observations by any licensed therapists deemed necessary upon prior consultation with TSA. \_\_\_\_\_
2. I hereby grant permission for photos to be taken of my child in association with TSA's programs and published on Facebook, literature, or TSA's website. (www.TheSummitAcademy.Co) \_\_\_\_\_
3. I hereby acknowledge that I will provide cold lunches daily and include an ice pack in lunch box or participate in Crestmoor's Catering Program (see Parent Handbook – Food Policy, Section 5.15). \_\_\_\_\_
4. I hereby grant permission for my child to be given prescription medication with a doctor's authorization note and "Parent Permission Form" in its original container without liability to administering staff. \_\_\_\_\_
5. I hereby grant permission for TSA to obtain any emergency medical care that may be necessary. \_\_\_\_\_  
These steps may include, but are not limited to the following:
  - Attempt to contact a parent, guardian, or other emergency contacts.
  - Attempt to contact the child's physician.
6. If we cannot contact you or the child's physician, then we will do any of the following:
  - Call another physician or paramedics.
  - Have child taken to an emergency/ hospital in the company of a staff member.
7. Any expenses incurred in #5 above will be the ultimate responsibility of child's family. \_\_\_\_\_
8. TSA is a nut-free facility. I agree not bring in any of the following: peanuts and tree nuts (walnuts, almonds, pecans, hazelnuts (nutella), cashews, pistachios, Brazil nuts, pine nuts, and macadamia nuts). \_\_\_\_\_
9. I hereby acknowledge that TSA will not be responsible for anything that may occur as a result of false information given at time of enrollment or thereafter. \_\_\_\_\_
10. I hereby acknowledge that TSA will not be responsible for any child who has not been signed in upon arrival for the day. \_\_\_\_\_

\*Please sign below annually after you have reviewed above information

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Loss or Damage of Children's Articles**

We are not responsible for any loss or damage to children's articles. Children learn through play and many times this means getting dirty. For your protection, please label all of your child's articles.

Parent Name: \_\_\_\_\_ (Please Print)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Sunscreen Permission**

By signing below, you authorize TSA staff members to administer sunscreen that I supply to your child. I give permission for TSA staff to administer sunscreen onto my child (roll-on preferred).

Print Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Diaper Cream/Ointment**

(infants and toddlers only)

I give permission for TSA staff members to apply diaper cream/ointment (that I supply) onto my child.

Print Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Pacifier Waiver Form**

State licensing requires infant pacifiers for every sleep cycle. Studies have shown that they reduce the risk of Sudden Infant Death Syndrome (SIDS). If you would not like your infant to be given a pacifier, please sign below. I DO NOT give permission to TSA staff to give my child a pacifier.

Print Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Cot Waiver Form**

If your child is less than two years of age, I hereby grant permission for my child to sleep on a sleeping mat / cot that is provided by The Summit Academy.

Print Parent/ Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Waitlist + Registration Fee

- Initial enrollment at TSA is contingent upon space availability and receipt of completed Waitlist and Enrollment Application, \$200 non-refundable Waitlist Fee, and monthly tuition deposit.
- After first year, non-refundable annual registration fee is \$200. \_\_\_\_\_ **(Initial)**

### Tuition

- All tuition payments are due **prior** to care given and must be paid using the Brightwheel application bi-weekly or monthly: \_\_\_\_\_ **(Initial)**
- Brightwheel payment processing fees for credit card service is 2.9% or if paid through ACH is \$0.90 / transaction \_\_\_\_\_ **(Initial)**
- Parents must provide a two-week notice to Management for tuition rate changes upon child entering new Program, i.e. 19 months and 37 months. We recommend scheduling a calendar reminder to keep track. \_\_\_\_\_ **(Initial)**
- Late fee of \$25 is added each week the payment is late.
- 5% discount applied for the oldest child of the family.
- Payment not received within 10 working days of the due date will result in the voiding of the contract and a loss in my child's spot at The Summit Academy. \_\_\_\_\_ **(Initial)**
- All tuition rates are subject to change. \_\_\_\_\_ **(Initial)**

### Pick Up + Drop Off

- Children picked up after 5:45 pm will be charged \$3 per minute. Late pickup fee must be paid at the time of pickup in cash to the teacher who volunteered to stay with child. \_\_\_\_\_ **(Initial)**
- **NO** drop-off after 9:00 am without prior approval. \_\_\_\_\_ **(Initial)**

### Tuition Rates

Age Group	Full-time Monthly Rate	Full-time Monthly Bi-weekly Rate
Infants (3 - 18 months)	\$2,555	\$1,180
Toddlers (19 mo - 36 mo)	\$2,475	\$1,143
Preschool (37 mo – 5 years)	\$2,025	\$936

### **Absence & Illness**

This Policy applies to illness only. Sick children will be sent home; this includes but is not limited to: temperature of 100.4 degrees or more, vomiting, diarrhea, discharge from eyes and/or ears or unknown rashes. Any child with a fever must be fever-free without medication for 24 hours before returning to TSA. If the illness persists more than two days a note from physician is required before child can return.

- There is no credit for absent days. \_\_\_\_\_ (**Initial**)
- Sick children will be sent home per the Sick Policy.
- All children must have a signed physician's record on file.
- Parents are required to provide current address and phones number(s) at all times.

### **Holidays and School Closures**

- TSA will close on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, Winter Break (dates will be emailed to families annually), New Year's Eve, New Year's Day, 3 Teacher Planning / Deep Cleaning Days (February, June, and October). If a school closure lands on a Saturday, the prior Friday, we will close. If it lands on a Sunday, the following Monday, we will close. \_\_\_\_\_ (**Initial**)
- Regular tuition payment is due for holidays and school closures. There are no make-up days. (see Parent Handbook). \_\_\_\_\_ (**Initial**)

### **Withdrawal**

- A 4-week notice of intention to withdrawal from TSA must be provided in writing. \_\_\_\_\_ (**Initial**)
- The Summit Academy reserves the right, at its sole discretion, to dismiss any customer/ child whose activities are deemed detrimental to other children, staff or TSA.

### **Abuse Reporting / Anti-Discrimination**

- The Director or any other staff member shall report to Social Services as required by the law to report any neglect; suspicion of child abuse, sexual or otherwise; or endangerment for which they become aware.
- TSA does not discriminate on the basis of race, color, gender, disability, cultural heritage, political beliefs, marital status, national origin, sexual orientation, or religion.

*I have read, understand, and agree to abide by the Policies and Procedures above.*

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Surveillance Camera Release

I, \_\_\_\_\_, have read and understand that The Summit Academy utilizes 6 surveillance cameras covering each classroom, entrance and playground to provide the utmost safety and security for the children.

### **Viewing**

Viewing of surveillance camera footage (either live video feed or recordings) will be conducted by authorized personnel only. All designated individuals viewing live feed and/or reviewing recorded video footage will be required to sign a confidentiality agreement to prevent unauthorized disclosure. Footage is monitored onsite as well as recorded on a secure DVR.

### **Access and Release**

The principals and administration will have access to all real-time and recorded images resulting from video surveillance. Only these authorized employees of The Summit Academy may review surveillance camera recorded data. All requests to view recorded video data may be permitted to do so, but only with the prior approval of the principals of The Summit Academy. Circumstances that may warrant a review should be limited to instances where an incident has been reported/observed or for investigation of an incident. A request to review recorded footage must be submitted in writing. All viewing will be recorded on a log, identifying the need to review the recording, the individuals present, and the date.

Due to HIPPA privacy laws, requests to view footage may be denied. If so, an authorized employee will review the incident and provide a report to the requester.

### **Storage and Retention**

Recorded surveillance camera data will be retained for a minimum of 30 days (could be longer as DVR storage capacity increases) unless required for a continuing investigation of an incident, after which the recorded data will be erased and destroyed. All recorded data will be stored on assigned secure network video recorders with secured access. Recorded data retained for investigation purposes will be strictly managed with limited access.

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name Signature

\_\_\_\_\_  
Date

## Parent Handbook of Policies and Procedures

Available for review online at [www.TheSummitAcademy.Co](http://www.TheSummitAcademy.Co)

I, \_\_\_\_\_, have read, understand, and agree to abide by the Parent Handbook of Policies and Procedures.

### Food Program:

- To avoid choking hazards in the classroom, I agree to cut grapes in quarters, (4) small pieces.
- Per Licensing requirements, popcorn is not permitted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/ Staff Signature

\_\_\_\_\_  
Date



## New Child Information Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Nickname(s) child responds to: \_\_\_\_\_

1. Reason for choosing childcare for your child:

\_\_\_\_\_

2. Family relationships: Who are the primary care givers of the child?

\_\_\_\_\_

### Brothers and Sisters:

Name and Age

Living with the child?

\_\_\_\_\_

\_\_\_\_\_

Others living in the home: \_\_\_\_\_ Relationship to child? \_\_\_\_\_

\_\_\_\_\_

### Communication:

What is the main language spoken at home? \_\_\_\_\_

How does your child communicate his or her needs? \_\_\_\_\_

### Diapering and Toileting:

What is your child's diapering or toileting routine?

\_\_\_\_\_

\_\_\_\_\_

If your child is using the toilet, please describe how you know when s/he needs to use it, and what assistance you usually provide:

\_\_\_\_\_

\_\_\_\_\_

### Eating:

Does your child have any dietary restrictions or food allergies?

\_\_\_\_\_

What are your child's favorite foods?

\_\_\_\_\_

\_\_\_\_\_

Does s/he have any strong food dislikes? \_

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**Sleeping:**

How does your child nap at home?

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How does your child show that s/he is tired?

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Does your child have a special routine before going to sleep?

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Does your child have a special object that s/he sleeps with or uses for comfort?

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**Developmental:**

How does your child like to be comforted?

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How does your child usually react to being separated from the people who will be dropping him/her off? \_\_\_\_\_

Are there things that your child is afraid of (i.e. dogs, loud noises)?

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How does s/he express anger or react to frustration?

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What do you do when your child does something you think is wrong or bad for your child, or when your child doesn't listen to you?

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Do any of your child's behaviors cause you concern?

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What are your child's interests? What do they enjoy doing?

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In a few sentences, how would you describe your child?

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Are there any holidays or special occasions that you like to celebrate with your child? Are there any holidays you do not want your child to celebrate?

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Is there any other information that we should know to better serve you or your child?

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Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_