

LIABILITY WAIVER (one child per form)

Mountain Top Explorium (MTE)

After-School Program

License: 1750335

Enrollment Date: ___ / ___ / ___ (initial)

Summer Day Camp

License: 1511321

Enrollment Date: ___ / ___ / ___ (initial)

Child's Name: _____ Birthdate: _____ Age: _____

Home Address: _____

Street

city

state zip

Local/Mailing Address: _____

(if applicable) Street

city

state zip

Parent/Guardian's Name. Please include all: _____

Cell Number: _____ Cell Number: _____

E-mail(s) _____

Carefully read the following authorization and Indemnification agreement and release form from liability

I, _____ (parent/legal guardian) give permission for _____ (child/student) to participate in activities and trips as part of the class in which he/she is enrolled. If the child is not to participate in any specific activities please inform a director or supervisor. _____ (initial)

I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events, classes, or activities for use in publications, media, advertising, or annual reports of MTE, without compensation. I give permission for other parents to photograph my child as part of classes, events or activities. _____ (initial)

I understand that my signature on this form releases the MTE, its agents and employees from all liability at the above-mentioned events, programs, performances or activities. _____ (initial)

Medical Authorization and Indemnification Agreement

I further authorize the Mountain Top Explorium, at the discretion of any supervising employee, to obtain medical care for the Child and/or transport or arrange to arrange to transport him/her to the appropriate clinic or hospital if medical attention appears to be necessary. I understand that MTE will make an effort to locate me in the event of such an emergency, but if it is not possible to locate me, I further authorize a licensed physician, dentist, or other medical care provider to carry out any emergency medical care of my child. I agree to pay all costs associated with such medical treatment and related transportation for my child. _____ (initial)

I give permission for Mountain Top Explorium employees to apply sunscreen on my child. _____ (initial)

Parent/Guardian Signature: _____

Date: _____

**INFORMATION FORM ~ Mountain Top Explorium
(one child per form)**

Child's Name: _____

How long has your child been at this altitude? _____

PARENT INFORMATION:

Mother's / Guardian's Name: _____

Mother's Employer: _____ Work Number: _____

Employer's Address: _____

Father's / Guardian's Name: _____

Father's Employer: _____ Work Number: _____

Employer's Address: _____

Special Instructions as to how the parents or guardians can be reached during camp hours:

AUTHORIZED PERSONS ALLOWED TO PICK UP CHILD , not parents / guardians, include EVERYONE who may pick your child up.

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

EMERGENCY CONTACTS, (NOT a parent & do not need to be in summit county, is REQUIRED).

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Address: _____

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Address: _____

ADDITIONAL INFORMATION (optional)

Any special needs or concerns:

STATEMENT OF HEALTH STATUS (one child per form)
Mountain Top Explorium

The child care program must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. Updated yearly.

This statement is best filled out by a licensed physician or other health professional who has seen the child in the last twelve months; however a parent / guardian may fill out to the best of their ability.

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Surgery/Accidents/Illnesses/Chronic Health Problems:

Describe any condition(s) requiring the facility's special attention, use back of page if needed:

Special Diet Required: _____

Known **Intolerances**: _____

Known Drug Reactions: _____

Allergies (**please ask for additional paperwork, Required**):

Medication(s) being taken: _____

Date most recent examination (**Required**) : _____

Required (we have local #'s and address on file if needed):

Physician Name: _____ Phone # _____

Address: _____

Dentist Name: _____ Phone # _____

Address: _____

Hospital of Choice: _____ Phone # _____

Address: _____

Signature of licensed physician or other health care professional (optional) _____ Date

Parent / Guardian Signature _____ Date

POLICY SIGN OFF SHEET (one child per form)
Mountain Top Explorium

Child's Name: _____

I understand that ALL my child(ren)'s paperwork is due on the first day of enrollment:

- Liability Waiver
 - Information Form
 - Medical Statement. Allergies & other health concerns may require further paperwork
 - Copy of Immunization Card / or Waiver
 - This Policy Sign off Sheet
- Initial** ____

I understand that cancellations need to be made 1 week prior to date enrolled to receive a full refund.

Initial ____

I understand that there are no Sick days or Make up days.

Initial ____

I understand that if I sign my child(ren) up after 6:00pm the night before and there is availability, that I will be charged (full day care only)

Local: drop-in rate of \$65/child. Guest: TBD.

Initial ____

I understand that payments are due at the beginning of each month, that my deposit/down payment is applied to my child(ren)'s last month of attendance (Summer Camp only)

Initial ____

I understand that pick up time is by 6:00pm and that I can be charged a late fee. \$1 / minute / child. (Please do not be a repeat offender to avoid this charge).

Initial ____

I have read and agreed to MTE's Parent Policies and Procedures.

Initial ____

I understand that MTE may take my child on Summit County's public transportation for field trips I sign them up for or any other given day I send my child to a school-age program provided by MTE.

Initial ____

Parent/Guardian Signature: _____ **Date:** _____