



# Program Contract

Please Return a Signed Copy to Wild Bear

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
www.wildbear.org

This contract is for workshops 2011 *and must be signed and returned with all registration forms* at least two weeks prior to your child's first day at camp.

## Hours:

### Mountain Programs

Monday through Friday from 8:00 a.m. to 4:00 p.m. Children must be dropped off between 8-9 a.m. and picked up between 3:30-4:00 p.m. After Care from 3:30 -5:30p.m. is available upon request for an additional fee.

### Boulder Based Programs

Watershed Mornings (for ages 5-8): M-Th 8:30-12:30 p.m. The Watershed School is located at 1<sup>st</sup>/Canyon in Boulder, Colorado.

For mountain programs in the summer, Wild Bear provides transportation between Boulder and Nederland on the RTD bus. Parents must sign their child in with our shuttle staff at 8:00 a.m. (shuttle departs promptly at 8:15 a.m.) at the Watershed School and parents meet their child and sign them out at 4:00 p.m. at the Justice Center at 6<sup>th</sup> and Canyon. Advance registration is required.

**Being Prepared:** Please send a backpack with a sack lunch, plenty of water, waterproof sunscreen, hat, extra clothing and additional snack with your child daily. Please apply adequate sunscreen to your child prior to arrival to Wild Bear. Wild Bear does not provide lunch or snacks. Packing healthy food and plenty of drinking water makes the day FUN!

**Cancellation:** Fees for Summer programs will be refunded if cancellation is made at least 3 weeks prior to program. After that fees will be refunded ONLY if your child's space can be filled. In all cases, a \$25.00 administrative fee will be retained.

**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.

**Attendance:** We will expect to be notified in the morning if your child will be absent from Wild Bear. Refunds are not given for absences. Field trips depart promptly at designated times and will not wait for tardy participants.

**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.

**Behavior Plan:** In the event that your child should misbehave (i.e., physically or verbally aggressive or disrespectful behavior, use of profanities, continuously disruptive behavior, or defiance of authority), your child must discuss the matter with a Wild Bear staff member. A conference will be held with the parent to set clear expectations if the behavior persists. If the behavior persists following the conference with the parent, the child will be removed from the program **without refund**.

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

I have read and agree to comply with the policies of Wild Bear Mountain Ecology Center 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 Name: \_\_\_\_\_

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



# Intake Form

Enrollment date: \_\_\_\_\_

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
www.wildbear.org

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

---

Student's Legal Last Name	First Name	M.I.	Sex	Age	Birthdate
---------------------------	------------	------	-----	-----	-----------

---

Home Address: Street	Town/City	State	Zip Code	Phone (home)
----------------------	-----------	-------	----------	--------------

---

Mailing Address (if different): Street	Town/City	State	Zip Code
--	-----------	-------	----------

---

Parent/Guardian #1: Name	Daytime/Work Phone	Employer	E-mail
--------------------------	--------------------	----------	--------

---

Employer Address: Street	Town/City	State	Zip Code
--------------------------	-----------	-------	----------

---

Parent/Guardian #2: Name	Daytime/Work Phone	Employer	E-mail
--------------------------	--------------------	----------	--------

---

Employer Address: Street	Town/City	State	Zip Code
--------------------------	-----------	-------	----------

Which parent or guardian does the student live with during the summer? \_\_\_\_\_

How did you find out about Wild Bear? \_\_\_\_\_

## School Information:

My child is currently enrolled in \_\_\_\_\_ School District or other \_\_\_\_\_

**Emergency Contacts:** The following adults are authorized to be contacted and/or pick this student up in the event of an emergency (please list at least 2 individuals other than parents):

---

Name	Relationship to Student	Phone
------	-------------------------	-------

---

Name	Relationship to Student	Phone
------	-------------------------	-------

---

Name	Relationship to Student	Phone
------	-------------------------	-------

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS

Immunization Record attached \_\_\_\_\_ Initial (For those attending for more than 5 days total)



# Parental Authorization Form

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
www.wildbear.org

## Authorization to Participate in Field Trips

I give my permission for my child, \_\_\_\_\_, to go on trips away from the premises of Wild Bear Mountain Ecology Center, 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 Mountain Ecology 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 Mountain Ecology Center, 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 Mountain Ecology Center would otherwise be liable under Colorado law.

I understand that Wild Bear Mountain Ecology Center 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 Name: \_\_\_\_\_

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

Is your child under eight years old or less than 57" tall? My child, \_\_\_\_\_, needs to be in a booster seat until \_\_\_\_\_ or indefinitely. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date

## Authorization to Participate in Program Activities:

I give permission for my child to participate in all activities *except* for the following:

\_\_\_\_\_

Parent 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: \_\_\_\_\_

Your initials

## Authorization for Release:

In the event I am unable to pick up my child, I, \_\_\_\_\_, hereby give my permission to Wild Bear Mountain Ecology Center to release my child, \_\_\_\_\_, to the following individual(s): **(Please Note:**

Separate written, signed permission must be given to authorize any individual other than those listed below)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

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



# Health Information

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
www.wildbear.org

Dear Physician and Parent(s),

The following information is required for the enrollment in our licensed childcare facility programs:

Child's Name

Parent Name on Policy

Insurance Carrier

Policy Number

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):

Allergies (if an epi-pen or inhaler is used, see Medication Form):

Does your child have a special diet? If so, please explain: \_\_\_\_\_

Does your child require special medication for a health issue? If so, I understand I fill out the Medication Form: \_\_\_\_\_

Your initials

### Authorization for Emergency Medical Care:

I, \_\_\_\_\_, hereby give my permission to Wild Bear Mountain Ecology Center to call for medical or surgical care for my child, \_\_\_\_\_, in the event of an emergency. It is understood that a conscientious effort will be made to locate me before emergency action will be taken. 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.

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

In the event of an emergency, what would be the hospital of your choice? Name of hospital: \_\_\_\_\_  
Address/PHONE of Hospital of choice: \_\_\_\_\_

Has there been any known contact with tuberculosis? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sunscreen Information:

Your child's instructors will assist with applying sunscreen 15-30 minutes before outdoor activities. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15 and to apply it prior to attendance each morning.

\_\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

\_\_\_\_\_ I do not want my child to use any other sunscreen other than the one he or she brings.

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



# Medication Form

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
www.wildbear.org  
:ten permission

By state

(one form per medication)

from the child's doctor. For a prescription and nonprescription medication, 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.

**To be completed by the child's health care provider with prescriptive authority:**

Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person with Prescriptive Authority                      Phone                      Date

Print Name: \_\_\_\_\_

.....  
**To Be Completed by the Parent or Guardian**

I hereby give my permission for \_\_\_\_\_ to take the above medication, in child  
(Child's Name)  
care, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Note: The medication is to be brought to child care in the original container which clearly states the child's name, the health care provider, the name of the medication, date, time, and dosage. This form must also be filled out completely in order for the medication to be given. This is the Division of Child Care Licensing requirement!**



# Wild Bear Media Release

Wild Bear  
P.O. Box 3017  
Nederland, CO 80466  
303-258-0495  
[www.wildbear.org](http://www.wildbear.org)

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 Mountain Ecology Center** and its agents, to illustrate and promote our programs and share the Wild Bear experience with families, friends and Wild Bear supporters.*

---

Signature & Date

---

Print Name

# Parent Handbook Acknowledgment Form



The Wild Book Parent Handbook is designed to acquaint you with the Wild Bear Mountain Ecology 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.

**I have read and understand the parent handbook.**

---

Parent Signature

---

Date

Please read the handbook, sign on the line above and return this page with your registration packet.

Thank you!