



## 2011-2012 School Year Application

Preschool \_\_\_\_\_ VPK 8:00-11:00 \_\_\_\_\_ VPK 11:00-2:00 \_\_\_\_\_

Reg Paid \_\_\_\_\_ Supply Paid \_\_\_\_\_

After school VPK \_\_\_\_\_ After school K-3rd \_\_\_\_\_

Tuition: FT \_\_\_\_\_ HD \_\_\_\_\_ MMO \_\_\_\_\_ D \_\_\_\_\_

Pick up from school \_\_\_\_\_

Weekly Pay \_\_\_\_\_ Monthly Pay \_\_\_\_\_

Homework Room every day (Y/N) \_\_\_\_\_

Second child attending \_\_\_\_\_

Permission to ride horses (initials) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Age Group : \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ H. Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ W. Phone #: \_\_\_\_\_

Name of Father: \_\_\_\_\_ H. Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ W. Phone #: \_\_\_\_\_

Parent S.S. #: M/F \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-Mail Address to receive upcoming information: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT (Other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name, address and phone number of person (s) other than parent (s) authorized to take child home: (must have id's present)**

---

---

*NOTE: If the condition (s) requires it, a written plan must be developed, by the operator, parent and physician or specialist, which specifies the condition and special provisions which will be made to meet the needs of the child. The plan must be on file.*

List any additional information which would be beneficial for the child care staff to know about your child:

---

---

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or injured at Circle "C" Ranch, I understand that the facility will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my children's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

\_\_\_\_\_ INITIAL **I will accept responsibility for payment of medical services rendered.**

\_\_\_\_\_ INSURANCE/ policy number \_\_\_\_\_

\*\*\*\*\*

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions):

\_\_\_\_\_  
\_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

**ALTERNATE NUTRITION PLAN AGREEMENT**

I, \_\_\_\_\_, understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's \_\_\_\_\_, nutritional needs.

Below, please indicate who will be providing the noon meal. (C-Center/P-Parent)

Breakfast    AM Snack    Noon Meal    PM Snack  
                  P            C            \_\_\_\_\_    C

Indicate Special Dietary Requirements: \_\_\_\_\_

**FOCUS ITEMS: PLEASE INITIAL EACH**

\_\_\_\_\_ CHILD CARE BROCHURE

\_\_\_\_\_ DISCIPLINARY PRACTICES

\_\_\_\_\_ PRESS RELEASE

\_\_\_\_\_ SWIMMING PERMIT

\_\_\_\_\_ HORSES/PLAYGROUND

\_\_\_\_\_ LATE PAYMENT

\_\_\_\_\_ LATE PICK UP

\_\_\_\_\_ GENERAL RULES

\_\_\_\_\_ INSURANCE

\_\_\_\_\_ FIELDTRIP

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

SIGNED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 201\_\_\_\_\_

\_\_\_\_\_  
NOTARY

**Waiver of Liability, Assumption of Risk & Indemnity Agreement**

**Date:** \_\_\_\_\_, 2011-2012

1. **Waiver:** I, for myself, my spouse, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Circle C Ranch Academy, its directors, officers, employees, consultants, and agents from liability from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arising from or in connection with, but not limited to the participation of my child(ren) identified below in activities, and use of facilities, premises, horse back riding and instruction and swimming instruction and swim time or equipment related to Circle C Ranch Academy. I do further hereby release and forever discharge Circle C Ranch Academy from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the participation of my child(ren) in Circle C Ranch Academy.

2. **Assumption of Risks:** The use of Circle C Ranch Academy staff, equipment and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid personal injury, accidents, illnesses, neglect, or abuse, which risks the undersigned acknowledges and hereby expressly and specifically assumes. I also understand there is risk involved in the activity of horse back riding and swimming.

3. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by Circle C Ranch Academy. I understand that this Release discharges Circle C Ranch Academy from any liability or claim that I may have against Circle C Ranch Academy with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the participation of my child(ren) in Circle C Ranch Academy. I also understand that Circle C Ranch Academy does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance. I hereby assert that my child's participation is voluntary and that I knowingly assume all risks.**

4. **Indemnification and Hold Harmless:** I also agree to IDENTIFY AND HOLD HARMLESS the directors, officers, employees, consultants and agents of Circle C Ranch Academy from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities as a result of my child's participation in Circle C Ranch Academy.

5. **Acknowledgment of Understanding:** I have read and understand this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability for any and all incidents or negligence to the greatest extent allowed by law.

**IN WITNESS WHEREOF**, the undersigned has executed this Release as of the day and year first above written.

Witness: \_\_\_\_\_ Parent No. 1: - \_\_\_\_\_

Printed Name: \_\_\_\_\_

NAME of CHILD(REN) attending Circle C Ranch Academy:  
\_\_\_\_\_

## **School Year 2011-2012**

### **DISCIPLINARY PRACTICES**

It is our intention to provide a positive atmosphere for children, so they may function and learn in an environment which will promote mutual respect between children and adults. Circle "C" will provide rules for behavior and positive control in each classroom. We are responsible for our children's safety and emotional well being and these are results from using positive control, consistency, redirection and preventive discipline.

With such an atmosphere, incidents of extreme behavior are minimized. However, in spite of the best circumstances or intentions, there are times at which children can harm themselves or others. Biting, kicking, pushing, shoving, pulling hair, spitting, temper tantrums, and intentional destruction of other children's possessions or school property are all considered extreme behaviors, and must be dealt with directly.

The following steps will be followed when dealing with extreme behaviors:

- First Time-       The teacher will talk to the child.
- Second Time -    The teacher will remove the child from the group, using "time out".
- Third Time-       The teacher will contact the child's parent and continue to work with the child.
- Fourth Time-     The teacher will contact the child's parent and a conference will be held where a solution or method of discipline will be agreed upon.
- Fifth Time-       The parent will be asked to withdraw the child from the Center.

**Please Note:** Spanking and other methods of physical punishment are prohibited.

### **PRESS RELEASE**

I understand that Circle "C" Ranch Academy holds several events throughout the year that involve the use of camera and or video equipment. By signing this Press Release, I agree to allow Circle "C" Ranch Academy to use the pictures and or video tape for advertisement or media purposes.

### **LATE PAYMENT**

Tuition is due on Monday....a late fee of \$25.00 is assessed each following day until payment is made. If the tuition has not been paid by Friday, your child will not be allowed to attend the next week.

### **LATE PICK UP**

Our staff have families and other commitments and therefore need to get out on schedule. We therefore must charge a \$1.00 per minute late pick up fee after 6:00 PM.

### **FIELD TRIP PERMISSION SLIP**

The children at Circle "C" Ranch have the opportunity to go on field trips. Parents will be notified and asked to pay fees for each trip. All trips are optional.

I give my child permission to participate in the field trips at Circle "C" Ranch S. I understand that Circle "C" Ranch will use all reasonable precautions to ensure the safety of my child during

these trips. I will not hold Circle "C" Ranch or the instructors liable for accidents or negligence resulting from these trips. They will be leaving the ranch by private bus company transportation or Circle "C" Ranch vans or chaperones' vehicles.

## **SWIMMING PERMIT**

I give my child permission to participate in swimming lessons at Circle "C" Ranch. I understand that Circle "C" Ranch will use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Circle "C" Ranch or the instructors liable for accidents or mishaps resulting from these sessions.

## **INSURANCE**

We at Circle "C" Ranch wish to allow our children as much freedom as possible during supervised playtime. However, we must inform you that our insurance policy does not cover liability for incidents occurring during these stated activities, horse back riding, tree climbing, for negligence during outdoor play.

We need to clear up any misconceptions concerning insurance. Your personal insurance is the insurance for all accidents. We at Circle "C" Ranch do not have the coverage to be the Primary Insurance Company.

We have more than ample staff-to-child ratio. We cover the grounds at all times but with our environment we will have accidents: bug bites stitches, may be a broken bone, and lots of cuts and scratches. We have tried to explain this to each family upon registering. If you cannot handle this environment, Circle "C" Ranch is not for you and your child. A more closed, contained environment might suit your needs better. If you do not have insurance, please let us know as we will need to have that information on file.

We need to know the name of your insurance company and if it is a group plan. We hope this will clear up any misconceptions.

## ***GENERAL RULES***

**PAYMENTS AND TUITION Tuition is due the first Monday of the month.**

**If you choose to pay weekly, .Tuition is due on Monday mornings for the week . No Exceptions. If payment is not received by Monday 6:00PM, Late Fee is \$25.00 and your child may not return until payment is made in full. There will be no refunds on Registration and Supply Fees.**

There will be a \$30.00 service charge on all returned checks, to be paid in cash when the check is claimed.

### **DRESS CODE**

Please do not send your child to Circle "C" Ranch in sandals or flip flops. All children must wear sneakers or closed shoes to participate in our program, for safety reasons.

### **DROP OFF AND PICK UP:**

Circle "C" Ranch opens at 7:00 am and **CLOSES PROMPTLY** at 6:00 pm. Please be on time! We will be enforcing a **\$1.00** fee for every 1 minute past closing, to be paid in cash on that day. Our staff works hard and most have families to care for, too, so please help us by being on time. When dropping off and/or picking up your child, and if for any reason you must leave your car, or if your child takes "extra" time to get to the front gate after being called, **please pull off the driveway and park your car in the designated spaces. The carport is for quick drop off & pick up only.** Children will only be released to persons authorized by the Parent and/or Legal Guardian. Parents are welcome to visit the Ranch at any time.

### **PARENT BULLETIN BOARD:**

Important information which needs to be communicated to parents between newsletters will be posted on the bulletin board located outside the office. **Please be sure to check this board daily.** (It is easily visible from your car as you drop off your child.)

### **REST TIME:**

**Rest time** will be from 12:30 pm-2:30 pm. We provide an assigned mat or cot for each child. Children may bring a pillow, sheets, or blanket from home. Please keep these items small, as they need to fit inside your child's cubby.

### **ITEMS BROUGHT FROM HOME:**

Toys (including GAMEBOYS, etc.) brought from home are not permitted. We are not responsible for lost items. Please make sure that all your child's belongings are clearly marked with your child's name. Unmarked items left at Circle "C" Ranch will be collected and put in the lost and found chest. At the end of two weeks, all unclaimed items will be donated to charity.

### **LUNCH:**

We will provide lunch to fulltime children.

### **AGES OF CHILDREN:**

Starting at 12 months through 3rd grade.

### **MEDICINES:**

Circle C Ranch Academy has adopted a strict medicine policy. We choose not to administer any over the counter medication. We also will not administer medication prescribed by a physician that is to be given twice daily. The only medication we will assist parents with is breathing treatments and/or that is prescribed for a 3rd time which would have to be noon time. All other medications that are prescribed twice daily or once daily need to be given by the parents at home or parents are welcome to come to Circle C and administer medication.

Medication is a very personal thing and should be the sole responsibility of the families. However we do recognize that some children, due to allergies, do need assistance; therefore we will handle the third dose child by child with parent medication form and Drs. Prescription only! Parents who have Drs. Permission to add breathing treatments when needed will need to be fully responsible for administering those treatments. They can not be considered the third prescribed time for us to assist with. With this very serious medicine issue and children's needs we appreciate your cooperation

**MEDICAL EMERGENCIES:**

In case of medical emergency, every effort will be made to contact the parent. In the case of injuries which are not life-threatening, (stitches, possible sprain, or fracture) where delay would not be harmful to the child, our first-aid personnel will keep the child under observation until one of the parents is contacted. In cases where delay would be harmful, our personnel will make arrangements transport the child to the nearest medical facility for emergency care.

**ILLNESSES:**

If your child develops an illness or has symptoms of a contagious disease, he/she will be kept in the teacher work room until a parent can be reached, and the child picked up. If a fever of 101.4 or higher develops, the child must be picked up immediately.

**HEALTH AND MEDICAL RECORDS REQUIRED:**

Up-to-date shot record and physical exam information are required to be on file for pre-school age children during the school year.

**PARENT CONFERENCES AND VISITS:**

Parents are welcome to come for an appointment with their child's teacher to discuss their child's progress in the classroom. Just call for an appointment, or for a telephone conference.

**REPORTING SUSPECTED CHILD ABUSE AND NEGLECT:**

Please report all suspicions to The Department of Children and Families.

**2011-2012 SCHOOL YEAR  
PRESCHOOL, VPK, AND  
AFTER SCHOOL CARE FEE SCHEDULE**

**Tuition is due on Monday of each week, No Exceptions You may not attend unless tuition is paid.** We are a Private accredited preschool and after-school care program and once you have selected us as your care giver you are charged whether your child attends or not. Prices INCLUDE daily horse lessons (weather permitted) & lunch. **All Monthly fees are calculated on a 4 week month some months will be higher due to 5th week.**

**Enrollment Fees:**

\$35.00 Lifetime Membership- Non-Refundable (per family) **Non-Refundable**

\$25.00 Supply Fee Per child (August, January, April, June) **Non-Refundable**

**Full Time - Monday - Friday Anytime between 7:00 AM-6:00 PM (Instruction from 8:00 am – 4:00 pm)**

**Toddler's & Two's**

\$200.00– Weekly Rate per child

\$50.00– Daily Rate per child

Monthly discount of 5%

**Three's & Four's**

\$185.00 – Weekly Rate per child

\$40.00 - Daily Rate per child

Monthly discount of 5%

**VPK Fulltime**

\$130.00-Weekly Rate per child

\$40.00 Daily Rate per child

Monthly discount of 5%

**VPK Half Day 'til 1:00 PM**

\$105.00 Weekly Rate per child

\$30.00 Daily Rate child

Monthly discount of 5%

**Half Day - Monday - Friday 8:00 AM - 12:00pm**

**Toddlers & Two's**

\$140.00 Weekly Rate per child

\$50.00– Daily Rate per child

Monthly discount of 5%

**Three's & Four's**

\$135.00 Weekly Rate per child

\$40.00– Daily Rate per child

Monthly discount of 5%

**Mom's Morning Out - Monday - Thursday 9:00 AM - 12:00 PM**

**12 Months - 3 years old**

\$80.00 - 2 Days a Week - **Monday and Wednesday OR Tuesday and Thursday**

**These days cannot change due to absences**

**After School Care**

\$75.00 Weekly rate

\$35.00 Daily rate \$ 30.00 - Daily rate or drop in after-school care only

\$25.00 - additional fee for whole day , "No school days", when in our program

\$185.00 - Weekly tuition when school is out

\$5.00 – Morning Drop off to Ballast Point and Chairmonte if enrolled in our After school Program (\$30 for NOT enrolled in A/S)

**Miscellaneous Charges**

*Monthly discount 5% if paid by cash or check. Credit cards are not honored for this discount due to additional charges from the credit card company*

*Two children same family receive 10% discount on second child.*

\$30.00 Return check charges even if re-deposited

\$25.00 Late fee due after Monday 6:00 pm

\$3.00 **Fee charged daily for not letting us know not to pick up an after-schooler**

\$7.00 Skating (includes skates, bus & snack)