



Thank you  
for enrolling in

# Circle C Ranch Academy's Preschool

### Child's Enrollment/Information Form

CHILD'S NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ DATE ENROLLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

CUSTODIAL PARENT (CIRCLE ONE):          MOTHER                  FATHER                  JOINT

HOME/CELL PHONE: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LEGAL GUARDIAN NAME (if different than above): \_\_\_\_\_

-----  
**PERSONS AUTHORIZED TO REMOVE CHILD (LEGAL IDENTIFICATION REQUIRED)**

1. \_\_\_\_\_  
    NAME    RELATIONSHIP    PHONE

2. \_\_\_\_\_  
    NAME    RELATIONSHIP    PHONE

-----  
**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 and dietary needs.

Indicate any Special Dietary Requirements:

Circle C does not provide any food

(Mark "P" for Parent Provides, or "C" for Center Provides)

Breakfast	<div style="border: 1px solid red; padding: 2px; display: inline-block;">P</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">P</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">P</div>			
	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

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**HILLSBOROUGH COUNTY ORDINANCE** requires that parents must receive a copy of the "KNOW YOUR CHILD CARE FACILITY/FCCH BROCHURE", information on the INFLUENZA (FLU) VIRUS, and the parents are notified in writing of the "DISCIPLINARY PRACTICES" used by the Child Care Facility/FCCH. The parent's/ legal guardian's signature certifies receipt of the Child Care Facility/FCCH brochure, influenza information, discipline policies, alternate nutrition plan agreement and that all the information on this form is complete and accurate.

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

\_\_\_\_\_  
Date

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): \_\_\_\_\_

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

Preferred Physician: \_\_\_\_\_

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

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

**NOTE: Physical & Immunization Record should accompany child.**

**EMERGENCY CONTACT (OTHER THAN PARENTS):**

- 1. \_\_\_\_\_  

NAME	RELATIONSHIP	PHONE
------	--------------	-------
- 2. \_\_\_\_\_  

NAME	RELATIONSHIP	PHONE
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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or  

CHILD'S FULL NAME

Injured at, Circle C Ranch Academy, I understand that the  

NAME OF FACILITY/PROVIDER

Child Care Provider will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

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

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

I will accept responsibility for payment of medical services rendered.

SIGNATURE	RELATIONSHIP	DATE
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(OPTIONAL)

Sworn to and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida – At Large.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_ who is/are personally known to me

\_\_\_\_\_ who has/have produced identification: \_\_\_\_\_



Admission Date: \_\_\_\_\_ Email: \_\_\_\_\_ Weekly Tuition: \_\_\_\_\_
Program: \_\_\_\_\_ Allergies: \_\_\_\_\_ Non-Refundable Lifetime Membership: \_\_\_\_\_
Hours in Care: \_\_\_\_\_ Quarterly Education Supply Fee: \_\_\_\_\_

Child's Enrollment/Information Part II

DEVELOPMENTAL SCREENING

During your child's first few years of life, many important skills and abilities are established - skills that are key to success in school and later in life. At Circle "C" Ranch Academy, we believe that it is very important to monitor the growth and development of children in our care so that we may properly assess each child and may call attention to any possible developmental delays. Early attention often means delays can be solved and children can "catch up" with their classmates.

Our teachers have completed training in the observation and screening of young children and we have implemented a program of periodic screening for our students. We will occasionally observe your child's development and will record the results using a checklist designed for this specific purpose.

We welcome your involvement in the screening process and would be glad to explain our approach to you in detail. As a result of any developmental screening conducted, we will provide you with a summary of your child's progress and will suggest developmentally appropriate activities that you might do with your child. If the results of the screening suggest areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. All information about your child and your family is kept confidential. Please indicate below, if we have permission to periodically monitor your child's growth and development.

Initial of Parent or Legal Guardian

FIELD TRIP AUTHORIZATION

I, the parent of \_\_\_\_\_, contracted the transportation services of Circle "C" Ranch Academy for extra curricular field trips. I fully understand that Circle "C" Ranch Academy is liable for transportation services only and not for accidents/injury during such activities when the children are under the supervision of other adults at other locations.

Initial of Parent or Legal Guardian

MEDIA RELEASE

Circle "C" Ranch Academy will be hosting several events in which family members, friends, guests, and staff are invited. During these times cameras and video equipment are accepted to be used by our family members, friends, guests, and staff. On many occasions there will be group participation from all students. This is when your child may have their picture taken by somebody else or Circle "C" Ranch Academy.

I [ ] do [ ] do not (please check appropriate space) grant permission to Circle "C" Ranch Academy to use photographs or videotapes of my child for publication, (bulletin boards, newsletters, or other media outlets). Please sign below acknowledging and/or accepting this request.

Initial of Parent or Legal Guardian



**CHILD ENRICHMENT AUTHORIZATION**

I authorize my child to participate in any "Child Enrichment Services" that Circle "C" Ranch Academy may provide. This may include but not limited to:  
\*language training \*music instruction \*educational instruction \*technology \*special food experiences

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**SWIMMING LESSONS / INSTRUCTION**

I, the parent of \_\_\_\_\_, authorize my child to participate in swimming lessons at Circle "C" Ranch Academy. I understand that Circle "C" Ranch Academy will use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Circle "C" Ranch Academy or the instructors liable for accidents or mishaps resulting from these sessions. (Swimming lessons are only available during Summer Camp.)

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**HORSE BACK RIDING / INSTRUCTION**

I, the parent of \_\_\_\_\_, authorize my child to participate in horseback riding class at Circle "C" Ranch Academy. I understand that Circle "C" Ranch Academy will use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Circle "C" Ranch Academy or the instructors liable for accidents or mishaps resulting from these sessions. Horse instruction will begin each day, weather permitting, after 3pm.

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**ANIMAL ALLERGY RELEASE**

Here at Circle "C" Ranch Academy we provide opportunities to enhance each student's educational learning experience through animals. We offer horse back riding and a few farm animals to care for and love. In addition, we will be inviting various wildlife rescue and other vendors to visit our school.

In order for your child to take part in any hands on learning experience that may be planned, please sign confirming that your child **DOES NOT** have any animal allergies and is able to participate in hands on activities involving animals.

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

Allergies: \_\_\_\_\_

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**INFORMATION PACKET / PARENT ORIENTATION CHECKLIST**

This is to acknowledge that a staff member has reviewed with me the Parent Orientation Checklist and has provided a Circle "C" Ranch Academy Information Packet, including the business policies of Circle "C" Ranch Academy and discussed its contents.

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**PARENT HANDBOOK**

This is to acknowledge that a staff member has provided me with a Parent Handbook, including all policies and procedures for Circle "C" Ranch Academy. I have read and agree to all said policies and procedures there within.

\_\_\_\_\_  
Initial of Parent or Legal Guardian

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**INSURANCE**

Your personal insurance is the insurance for all accidents. We at Circle "C" Ranch Academy do not have the policy to be the company that provides the coverage. We have more than ample staff-to-child ratios, but with our environment there will be accidents.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Group Policy Number

\_\_\_\_\_  
Initial of Parent or Legal Guardian

**WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

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 say 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 this day and year: \_\_\_\_\_

Name of Child(ren) Attending Circle "C" Ranch Academy: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian / Date

\_\_\_\_\_  
Signature of Circle "C" Ranch Academy / Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Circle "C" Ranch Academy

**CHANGES:** In the event any of this information changes, please notify us immediately. Thank you.

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## Business Policies

The following rules pertain to Circle "C" Ranch Academy business policies. These policies are non-negotiable and are legally binding.

### **A. Enrollment**

1. All forms must be completely filled out and returned before beginning services.
2. Circle "C" Ranch Academy enforces a strict medication policy. All families are required to review this policy located in the Parent Handbook. The client understands that all medication forms must be filled out before any medication will be administered. \_\_\_\_\_ (Initial)
3. Parent agrees to submit (on or before the first day of care) a copy of each child's current medical card or insurance card, as well as each child's physical and immunization record. \_\_\_\_\_ (Initial)
4. The parent understands Circle "C" Ranch Academy is responsible for informing parent(s) of any accidents occurring during the day. Accident forms are filled out, signed and filed into each child's history folder.

### **B. Payments**

1. No place will be reserved without a non refundable deposit being paid.
2. A \$50 Non-refundable Lifetime Membership fee is paid at time of enrollment. \_\_\_\_\_ (Initial)
3. A \$25 quarterly education supply fee is paid at time of enrollment and then each quarter thereafter. \_\_\_\_\_ (Initial)
4. Post-dated checks are not accepted.
5. Tuition is due on Monday. Any tuition received late will be charged \$5 for the first day and each occurring day thereafter. If services are not paid by the end of the week, your child will not be allowed to return to Circle "C" Ranch Academy until payment and all late fees are paid.
6. Returned checks will be assessed fees payable in cash or money order for:
  - a. The full amount of the check
  - b. \$30.00 returned check fee and
  - c. Any additional fees incurred by Circle "C" Ranch Academy as a result of the check not clearing \_\_\_\_\_ (Initial)
7. All payments are final. All payments are non-refundable. \_\_\_\_\_ (Initial)

### **C. Hours/Days**

1. Circle "C" Ranch Academy's hours of operation are 7:00am until 6:00pm. If you are late picking up your child, based on the hours listed on your service



agreement, you will be charged an overtime late fee of \$1.00 for every minute past closing time. \_\_\_\_\_ (Initial)

2. Parents will be charged for the full week whether the child comes for one day or all five. Holidays that fall during the week will be paid for even though the facility may be closed. \_\_\_\_\_ (Initial)
3. Our program allows for 2 discounted weeks per child to be used as vacation. To retain your child's place in our program, a written notification or email in advance to the Director will provide you with two (2) weeks of tuition at no charge. Any additional weeks are billed at the full tuition rate. Vacation time is based on a full enrollment year (August through May). Vacation request may be made only after 90 days of enrollment. These vacations must be taken in 5 consecutive days (Monday-Friday only). \_\_\_\_\_ (Initial)
4. Circle "C" Ranch Academy observes the following holidays. On these days the school is closed and substitute care is not provided: New Year's Eve, New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve and Christmas Day. \_\_\_\_\_ (Initial)
5. Circle "C" Ranch Academy requires that you sign your child in/out of our computer everyday of attendance. It is very important that you use this attendance policy to ensure that we have your child's time of arrival and departure daily.

#### **D. Illnesses**

1. Parents should notify Circle "C" Ranch Academy if there has been an illness in the family over the weekend.
2. A child will not be allowed to attend Circle "C" Ranch Academy if there is a fever, diarrhea, or other contagious symptoms. (Please see illness policy in parent handbook for more specific details.)
3. Medication can be given if it is in the original container, labeled with the child's name and is accompanied by a signed authorization form. (Please see the medication policy in parent handbook for more specific details.)

#### **E. Clothing and Supplies**

1. Children's belongings must have their name clearly marked. Toys brought from home are not permitted. Circle "C" Ranch Academy is not responsible for lost items. Unmarked items left will be collected and put in the lost and found. At the end of two weeks all unclaimed items will be donated to charity.
2. Please send your children in appropriate clothing for our outdoor environment and the weather. All children must wear closed shoes to participate in our program. Sandals or flip flops are not allowed.





3. Parents are required to bring a small sheet & blanket for the children to use for naptime. \_\_\_\_\_ (Initial)
4. Circle "C" Ranch Academy provides an assigned cot/mat for each child in the Toddler and Two Year Old Classrooms. All Three and Four Year Old's are required to provide their own fold up mat. \_\_\_\_\_ (Initial)
5. Circle "C" Ranch Academy does not provide any food. We require parents to provide AM and PM snacks with a good size lunch. Parents are responsible for providing their child's nutritious lunch, that follows the USDA guidelines, daily. We encourage you to provide a water bottle for your child to refill through out the day. \_\_\_\_\_ (Initial)

#### **F. Discipline Procedures**

Children of new clients will be placed in care on a two-week trial basis. This allows both parties to get acquainted with each other and to see if any personality conflicts or disciplinary problems may arise. During this time, both parties have the opportunity to terminate the agreement and seek alternative arrangements.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

At Circle "C" Ranch Academy we encourage positive behavior in the following ways:

1. Allowing the child choices of activities, equipment and materials, giving them a feeling of control over their environment so that conflict with others can be avoided.
2. Guidance in developing language skills which will help them resolve conflicts with words and not with inappropriate behaviors such as biting, hitting or kicking.
3. Fostering good communication and developing confidence and good relationships with others by communicating at eye level, listening attentively, and making simple requests in positive ways.
4. Recognizing and re-enforcing positive behavior. Acknowledging children when they are behaving appropriately and immediately complimenting them. Praising good behavior is one of the most effective discipline methods used at Circle "C" Ranch Academy.
5. Clearly defining and consistently maintaining limits in the classroom. Classroom rules are kept simple, clear and few in number to set limits that children can learn and depend on.

If a child is experiencing difficulty controlling their behavior:

1. Teacher may suggest or help the child become involved in another activity in which he can be successful. Redirecting the child helps them avoid negative situations in which they may be rejected or frustrated, which may prevent escalation of the problem.



2. If a problem still exists, the child will be removed from the play area and given time away from the group for self quieting to regain control. Self quieting teaches internal control and self responsibility. It is taking a break in order to work through emotions or find alternative solutions to a problem. The child determines the time limit for this personal time. He/she may return to the group when he/she is ready.

If continued unacceptable behavior occurs:

1. Within one week, the parent will be scheduled for a conference to create a Behavior Intervention Plan and to discuss possible solutions.
2. Ongoing documentation, "journaling", will begin, which will describe detailed daily behavior within the classroom. Journaling will continue for a period of no more than two weeks.
3. If necessary, *Care Options* through Hillsborough County's Interagency Referral Program will be asked to become involved. (Please see brochure for complete services.) This referral must be complete within a 3 week period.
4. If necessary, a developmental screening through *FDLRS* (Florida Diagnostic and Learning Resources System) will be recommended. (Please see brochure for complete services.)

While it is our desire to work through behavior related issues in the manner described above, **AGGRESSIVE PHYSICAL BEHAVIOR WILL NOT BE TOLERATED.** Any physical abuse against an employee, striking another w/ a foreign object, choking, kicking and biting are all considerations for immediate dismissal. **Parents will be held responsible for any destruction to school property.**

A written record of incidents affecting the program including unacceptable behavior, accidents, injuries to or minor illnesses of children will be kept on file using the Accident/Incident Form approved by Hillsborough County Child Care Licensing. The parent of the child involved in the incident or accident will be notified of such incident on the date of the occurrence and will be required to sign the record verifying such notification. The completed form will be retained by Circle "C" Ranch Academy.

Spanking or any other form of physical punishment is strictly prohibited. Discipline shall not be associated with food, rest or toileting. Children cannot be denied active play as a consequence of misbehavior. Children shall not be subjected to discipline that is severe, humiliating or frightening. These methods are considered child abuse.

Circle "C" Ranch Academy is intended to be a safe and enjoyable learning environment for students, teachers and extended staff. It is with mutual respect and ownership that we address issues of unacceptable behaviors, which requires complete support from everyone involved. Parents, teachers and administration are expected to respond quickly and positively to any issues of disruptive behavior so that we can effectively plan and address those issues that affect our students and offer a positive remedy. \_\_\_\_\_ (Initial)

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**G. Miscellaneous**

1. If warranted, parents will supply a change of clothes each day, even if their child is fully potty trained. This includes school-aged children. \_\_\_\_\_  
(Initial)
2. Parents are responsible for diapers, creams, and special-needs food.
3. Parents will call before scheduled time of arrival if they are late or not coming that day. (Late fees still apply). \_\_\_\_\_ (Initial)
4. Parents will pick their child/children up inside Circle "C" Ranch Academy and will walk their child to the car. No child will be released to a honking horn.
5. Only designated persons will be allowed to pick up the child(ren).  
\_\_\_\_\_ (Initial)
6. Parents are responsible for providing a two-week notice if they decide to terminate. Failure to provide such notice will result in being charged the full rate for two weeks, plus any back tuition owed. Failure to pay these fees within 10 calendar days will result collection or small claims court action. \_\_\_\_\_  
\_\_\_\_\_ (Initial)

By signing this form you agree to the terms contained herein and that this is a legally binding contract. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of any deposits or both. This policy agreement is subject to change with two weeks written notice.

\_\_\_\_\_  
Signature of Parent or Legal Guardian / Date

\_\_\_\_\_  
Signature of Circle "C" Ranch Academy / Date



**Fees & Services**

**Enrollment Fees:**

- \$50.00 Lifetime Membership Fee (Non-refundable)
- \$25.00 Supply Fee (January, April, June, and August) (Non-refundable)

**Full Time-Monday-Friday Anytime between 7:00am-6:00pm**

**Toddlers & Two's**

- \$220.00 Weekly Rate per Child
- \$60.00 Daily Rate per Child if Not Full Time

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

**Toddler's & Two's**

- \$160.00 Weekly Rate per Child
- \$60.00 Daily Rate per Child if Not Full Time

**Full Time-Monday-Friday Anytime between 7:00am-6:00pm**

**Three's & Four's**

- \$215.00 Weekly Rate per Child
- \$60.00 Daily Rate per Child if Not Full Time

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

**Three's & Four's**

- \$160.00 Weekly Rate per Child
- \$60.00 Daily Rate per Child if Not Full Time

**Big Camp- Summer Camp (Kindergarten - Fifth Grade)**

- \$215 Weekly Rate per Child for Full Time
- \$160 Weekly Rate per Child for Half Time
- \$60 Daily Rate per Child for Full Time

**Junior Counselors- Summer Camp (11-13 years old)**

- \$100 Weekly Rate per Child

**Miscellaneous Charges**

- \$30.00 Return check charge + any additional fees incurred by ATS
- \$5.00 Late tuition fee for the first day and each occurring day thereafter.
- \$1.00 Late Pick Up Fee for every minute past scheduled pick up time

\*Circle "C" Ranch offers 10% discount on oldest additional children after full price tuition on 1<sup>st</sup> child.

\*All payments are final. All payments are non-refundable\*

**School Year VPK Only**

**Free VPK AM Hours: 8:00am-11:00am**  
**Free VPK PM Hours: 12:00pm-3:00pm**

**Full Time VPK Wrap Around**  
**Weekly Rate: \$160.00**  
**VPK Wrap Daily Rate: \$40**

**Days Daily Rate on Non-VPK**  
**Weekly Rate: \$215**  
**Daily Rate: \$60**



SERVICE AGREEMENT

This agreement summarizes Circle C Ranch Academy services to be provided and the fees, which will be charged for these services. By signing this agreement the parent(s) or legal guardian(s) indicate their understanding of and agreement with the campus policies.

The following agreement is made between Circle C Ranch Academy and:

Parent or Legal Guardian's Name(s): \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Childcare and educational services will be provided at 6204 Interbay Blvd., Tampa, FL 33611. It is agreed that these services will be provided between the hours of \_\_\_\_\_ and \_\_\_\_\_ on the following days of the week:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

The fee for these services is \$ \_\_\_\_\_ per week, due and payable in advance beginning \_\_\_\_\_. The full fee is due and payable whether the child attends on the agreed day or not, without exclusion. For your convenience, we have Full time programs offered from 7am-6pm, or Half time programs from 8am-12pm. Late pickup charges, (overtime fees) will be charged at a rate of \$1 per every minute after the scheduled pickup time and are due and payable on arrival on the day of overtime. Circle C Ranch Academy and parents agree to provide a two-week notice if this agreement is to be terminated. By signing this form you agree to the terms contained herein and that this is a legally binding contract. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of any deposits or both. This policy agreement is subject to change with two weeks written notice.

\_\_\_\_\_  
Signature of Father or Legal Guardian / Date

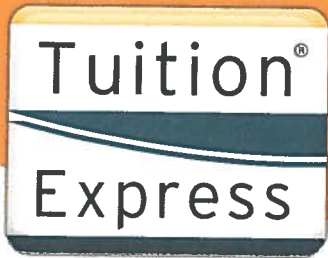
\_\_\_\_\_  
Signature of Circle C Ranch Academy / Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian /Date

\_\_\_\_\_  
Signature of Circle C Ranch Academy / Date

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# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____		City _____	State _____ Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

#### SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____		City _____	State _____ Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature _____		Date _____	

#### For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$ _____		
Deposit slips not accepted _____ Dollars		
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of



procure  
SOFTWARE®



## VACCINE INFORMATION STATEMENT

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

**Flu vaccine can:**

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

### 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.

My signature below verifies receipt of  
Vaccination Information Statement:

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

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

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

Vaccine Information Statement  
Inactivated Influenza Vaccine

08/07/2015

Office Use Only



42 U.S.C. § 300aa-26