

Jungle/ Kenwood Station Elementary  
Youth Enrichment Program  
6321 W. HWY 146, Crestwood, KY 40014  
Shelly Gnadinger, Director  
502-241-1707 or [shelly.gnadinger@oldham.kyschools.us](mailto:shelly.gnadinger@oldham.kyschools.us)

Dear Parents,

We here at The Jungle are very excited about all that we have planned for the summer. We are encouraging parents to fill out their packets online however, packets will be available at the Jungle. Please go to the Kenwood Station website and look for Jungles tab. We are requiring all forms to be filled out and turned in along with a \$185.00 enrichment fee and a copy of your child's Immunization Certificate. All families receive two weeks' vacation if they choose. Please put each week requested on the Vacation Request form.

If you are a first time student coming to Jungle (this includes siblings) there is a one-time registration fee of \$25.00 per child that will be added to the enrichment fee, making it a total of \$210.00. The enrichment fee covers all entrance fees to field trips, activities, snacks, busses, bus drivers, gas, pizza and McDonald's days. Enrichment fee will be taken out of your account on May 22<sup>nd</sup>.

**No applications will be accepted without all of these things mentioned.**

**Here is a checklist of all you need to turn in:**

- Registration and Agreement form
- Enrollment/ Emergency information form
- Field Trip permission form
- Swimming and Sun Block permission form
- Helmet waiver
- Animals permission form
- McDonald's form
- Pizza form
- Vacation forms

Sincerely,  
Shelly M. Gnadinger



# Summer Jungle

## Important Information

**All children must be at The Jungle by 9:00 am EVERY morning.**

This allows the staff to get an accurate attendance count for the day, and prepare accordingly. If on a rare occasion you have a doctor's appointment and cannot avoid coming in until later, please call ahead at 241-1707 to let us know.

- Morning snack will be served at 8:30am, so please have any children wanting to eat snack at The Jungle here by that time.
- On certain field trips we will be asking you to bring your child in early, BEFORE 9AM, so that we can get to our destination on time.

### Morning Routine

- Parents will need to clock their child in, put lunch in the refrigerator, labeled water bottles in the cooler, and all other items in their basket.
- Then parents will walk their child(ren) to the restroom every morning to wash their hands. No child can go unattended. PLEASE do not ask your child to go ahead of you to the restroom. They MUST be with you at ALL times! This is a State Regulation rule!
- If your child(ren) come in and their group has already left, you will be responsible for walking them to their destination.
- Please allow extra time for yourself in the morning to take care of this matter.
- Please take water bottles home with you EVERY night.
- Coolers will be taken out onto the playground every day, and then brought in at 5:00pm. If you come before 5:00pm water bottles will need to be picked up on the playground.
- Every child will wear a Jungle t-shirt on EVERY field trip.
- ALL children MUST wear socks and tennis shoes EVERYDAY! This is a matter of safety, as many of the active games played outside and in the gym are dangerous without closed-toe shoes. Students WILL NOT be allowed to participate in activities if they do not have tennis shoes on!
- On pool days and water play days, students may bring a pair of flip flops or sandals to change into, but they must also have tennis shoes for other activities.

### Lunch

- Students will need a sack lunch every day, EXCEPT on Pizza and McDonald's days.

- Please DO NOT send meals or items that need to be microwaved. When staff have to go find a microwave, they have to leave the students, which means the group is less supervised.
- While preparing your child's lunches, remember to send in food items that will not require refrigeration due to field trips and space.
- Please remember to have ALL 4 food groups represented in your child's lunch! The food groups are: Fruit, Veggies, Protein, and Bread.
- Students should bring bottled water daily! Students are asked to bring a LABELED bottle of water for themselves to use during outdoor activities, we will provide a cooler to put them in.

## Electronics

- NO CELL PHONES are permitted at The Jungle! No exceptions!
- Any other electronic devices brought to The Jungle are NOT the responsibility of the staff. We will have designated days where your child can bring in electronics. However, students bring toys and electronics at their own risk!
- Everything your child brings to The Jungle should be clearly labeled with his or her name. This includes games, toys, extra clothes, towels, etc.
- Children should come dressed appropriately for active play. We will be planning hands on activities (so if you don't want it to get dirty, please do not have your child wear it).

## Financial/Contract Information

- All families are allowed **2 weeks of vacation** during the summer. Any vacations beyond those 2 weeks will not be excused, and the families will be responsible for those tuition payments whether or not the child attends.
  - We must have a 2 week, WRITTEN notice of vacation plans in order to be exempt from tuition payments for that week.
- **\*Starting this Summer\*** Payments are due every Friday for the upcoming week. Therefore, you are paying the Friday before your child attends the following week.
- **Late Fees:** Late fees will be applied every week if there is an outstanding balance. If you continually decline to pay, your child will no longer be able to attend The Jungle.

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9008.01-F

SUMMER YOUTH ENRICHMENT PROGRAM

REGISTRATION AND AGREEMENT FOR \_\_\_\_\_ (SCHOOL)

*\*The student may enroll only in the Youth Enrichment Program at the school that he/she currently attends or will be attending in the upcoming school year. (In years of redistricting, students may only attend the school of to which they're assigned for the upcoming school year.)*

GENERAL INFORMATION

STUDENT \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ EMPLOYER \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS WHERE CHILD RESIDES \_\_\_\_\_

PHONE NUMBER(S) WHERE PARENT CAN BE REACHED IN THE EVENT OF AN EMERGENCY:

Mother Phone#: \_\_\_\_\_  
Home Cell Work

Mother's Email(s): \_\_\_\_\_

Father Phone#: \_\_\_\_\_  
Home Cell Work

Father's Email(s): \_\_\_\_\_

Name, Relationship & Phone #'s of Minimum Three (3) Persons Other Than Parents to Whom Child May Be Released:

Name	Relationship to Student	Phone Number

\_\_\_\_\_ My child will be attending the Summer Youth Enrichment Program: **FULL-TIME** (3 or more days per week)

\_\_\_\_\_ My child will be attending the Summer Youth Enrichment Program: **PART-TIME** (1 or 2 days per week)

Circle days of attendance:      Mon              Tues              Wed              Thurs              Fri

For the purpose of ordering your child a tee shirt for the Summer Program, please indicate size:

Please Circle One: Adult Sizes: S      M      L      XL      Children/Youth Sizes: S      M      L

I understand that the enrollment and emergency information supplied to the school as a part of school registration will be copied by the school and attached to this agreement and is incorporated herein by reference. I agree to advise school and youth enrichment program officials immediately in the event of any changes in that information.

Note below any medical issues/allergies, required accommodations, or custodial issues:

Custodial Arrangements (Court Documents Required): \_\_\_\_\_

Insurance required. Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No.(if applicable) \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Allergies:  Yes  No List Allergies: \_\_\_\_\_

Accommodations Needed, if any: \_\_\_\_\_

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

Date \_\_\_\_\_

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9008.01-F

SUMMER YOUTH ENRICHMENT PROGRAM

ENRICHMENT FEES

**ALL FEES ARE THE RESPONSIBILITY OF THE PARENT/GUARDIAN SIGNING THIS CONTRACT**

I understand that the following fees are applicable to my child's participation in the enrichment program. I further understand that failure to pay fees on time may result in immediate termination of this agreement by the school. I also understand that the school may refuse admittance to any child who has an outstanding balance at any other Oldham County School youth enrichment program. **These fees are due and payable even if my child misses due to illness, death in the family or other reasons.** (*State license requirements demand that the programs are staffed based on the number of children expected to attend*).

**ADMINISTRATIVE FEE:** \$25 per child payable at initial enrollment in the YEP. As long as the child remains current, (i.e. participates each school year or each summer), no new fee will be assessed.

SUMMER FEES

Full-Time (3 or more days per week)  
\$100 per week for 1<sup>st</sup> child  
\$85 per week for each additional child of the parent/guardian signing contract

Part-Time (1 or 2 days per week)  
\$40/day for 1<sup>st</sup> child  
\$35/day for each additional child of the parent/guardian signing this contract

In agreement with this contract for the Summer Youth Enrichment Program, I understand that:

1. A **non-refundable \$185.00 Enrichment Fee** per child is required to cover the costs for swimming, field trips, tee shirt, materials and snacks. This fee must be paid in full by MAY 29, 2015.
2. All field trips are subject to change. Field trips may be cancelled if inclement weather occurs.
3. **You must give two-weeks' notice of family vacation plans** in order to be relieved of responsibility for payment of the YEP fee for up to two weeks of vacation. Students may not aggregate individual days off over the summer to equal two weeks.
4. **Any change to the terms of this contract requires a two-week notice, in writing, and acceptance by the YEP Director. You will be charged for days not in compliance with this policy.**
5. It is important to arrive no earlier than the scheduled arrival time (see program Handbook), Monday through Friday and to pick up no later than 6:00 p.m. each day. It is beneficial for children to be at the summer youth enrichment program between the hours of 9:00 a.m. and 4:00 p.m. in order to get the full benefit of scheduled activities and program.
6. Children must wear appropriate clothing and footwear for playing outdoors every day.

**LATE PICK-UP FEES - Children must be picked up no later than 6:00 p.m. each day.** I understand that I will be assessed a late pick-up fee of \$1.00 per child for each minute after 6:00 p.m. that I am late in picking up my child from the Youth Enrichment Program. Late pick-up fees are due at the time of pickup. This agreement is subject to termination by the School Principal; the child will not be permitted to attend the Youth Enrichment Program if the parent is repeatedly late in picking up the child.

**FEE PAYMENT POICY.** Payment of program fees are due by 6:00 p.m. on Friday of the week preceding each week of attendance. I understand that if the fee is not paid by 6:00 p.m. on the following Tuesday, I will be assessed a \$5.00 late fee for that week. Failure to pay attendance or late fees on time may result in immediate termination of the agreement by the Principal and the child not being permitted to attend the Youth Enrichment Program.

Parent Initials

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9008.01-F

SUMMER YOUTH ENRICHMENT PROGRAM

HOLIDAY CLOSINGS

The Summer Youth Enrichment Program will be closed on the following holidays: May 25, 2015 and July 3, 2015

TERMINATION

Parents must provide two-week written notice to the Director before removing their child permanently from the program. If a parent does not provide a two-week notice, they will be charged the regular rate for the two weeks, whether the child attends the YEP or not.

RULES

All policies and procedures outlined in the School's Parent Handbook apply to the Youth Enrichment Program. I understand that my child and I must follow all the same rules, policies and regulations that we are normally required to follow during school. YEP officials may provide additional rules pertaining to specifics within the Enrichment Program (see program Handbook).

VERIFICATION AND RELEASE

I verify that I have reviewed and understand the terms of this agreement with the above-referenced school. I agree to abide by the terms of this agreement in full. As parent/guardian of the child listed above, I verify that the information on this entire contract is current and that I will immediately inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency measures (including calling 911) on behalf of my child and agree to hold them harmless for any treatment rendered.

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

\_\_\_\_\_  
Date

**ALL FEES ARE THE RESPONSIBILITY OF THE PARENT/GUARDIAN SIGNING THIS CONTRACT**

Adopted: March 10, 2004

Revised: February 8, 2005; February 16, 2005; February 9, 2006; February 12, 2007; February 28, 2007; February 22, 2008; February 19, 2009; February 17, 2010; January 26, 2011; January 10, 2012; February 21, 2013; December 15, 2013; March 18, 2014; March 6, 2015

OLDHAM COUNTY BOARD OF EDUCATION  
2015-2016 SCHOOL YEAR

OLDHAM COUNTY SCHOOLS  
ENROLLMENT/EMERGENCY INFORMATION

**FOR OFFICE USE ONLY**

Entry Date \_\_\_\_\_ Code \_\_\_\_\_  
T Code \_\_\_\_\_ Bus No. \_\_\_\_\_  
Homeroom/Teacher \_\_\_\_\_  
Proof of Residency

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

Student Name: (As appears on Birth Certificate) \_\_\_\_\_  
LAST FIRST MIDDLE (not initial)

Nickname (if different) \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Social Security No: (optional) \_\_\_\_\_ (If not provided by grade 8, your child will not be eligible to receive KEES money for college)

Student Address: \_\_\_\_\_  
Street Number and Name City/State/Zip

Student's Mailing Address: \_\_\_\_\_  
(If different than above address.) Street Number and Name or PO Box City/State/Zip

Please check one:  Rent or  Own

Home Telephone Number: \_\_\_\_\_ County Student Resides In: \_\_\_\_\_

We live with family and/or friends in their home at the above address. I understand I must make an appointment with the school to provide Affirmation of Residency forms and supporting documentation.

Ethnicity: (Check One)	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
Race: (Check all that apply)	<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> White

<b>Parent/Legal Guardian (#1)</b>	<b>Parent/Legal Guardian (#2)</b>
Legal Name: _____	Legal Name: _____
Relationship to Student: _____	Relationship to Student: _____
Date of birth: _____ Gender: _____	Date of birth: _____ Gender: _____
Address: _____	Address: _____
Cell No.: _____ Work No.: _____	Cell No.: _____ Work No.: _____
Employer: _____	Employer: _____
Email Address: _____	Email Address: _____
Lives in Household with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in Household with student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes).

In case of an accident, illness or medical condition of any kind that requires my child to be picked up from school when parent/legal guardian cannot be located, please call and release my child to one of the following individuals. *Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.*

Parent/Legal Guardian(s) will be contacted first, if they cannot be reached, emergency contacts will be attempted in the order they are provided below. Four spaces are provided. You are not required to provide four additional contacts.

**Emergency Contact (#3)**  
Lives in Household with student:  Yes  No  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

**Emergency Contact (#4)**  
Lives in Household with student:  Yes  No  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

**Emergency Contact (#5)**  
Lives in Household with student:  Yes  No  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

**Emergency Contact (#6)**  
Lives in Household with student:  Yes  No  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

PLEASE COMPLETE REVERSE SIDE

**OLDHAM COUNTY BOARD OF EDUCATION  
2015-2016 SCHOOL YEAR**

Student Name: (As appears on Birth Certificate) \_\_\_\_\_  
LAST
FIRST
MIDDLE (not initial)

Has this student ever been enrolled in a Kentucky school?  Yes  No

School Information for Previous Year (2014-2015) - Name of Public/Private/Home School \_\_\_\_\_

Has your child been previously evaluated for or received services in:				
<input type="checkbox"/> Special Education	<input type="checkbox"/> Speech	<input type="checkbox"/> Gift/Talented	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> EL

<b>TRANSPORTATION</b>											
Circle most frequently used:											
Bus Rider	AM	PM	Car Rider	AM	PM	Walker	AM	PM	School Childcare	AM	PM

<b>LANGUAGE</b>	
Country of Origin _____	
What is the language most frequently spoken at home _____	
Which language did your child learn when he/she first began to talk _____	
What language does your child most frequently speak at home _____	
What language do you most frequently speak to your child _____	

<b>INTERNET</b>	
Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is it less than 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you have internet access? <input type="checkbox"/> Dial-up <input type="checkbox"/> Cable Modem <input type="checkbox"/> DSL (telephone company) <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Other	
Do you have high speed internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have internet capability would you prefer communication via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Space is provided on reverse side for email address.)	

<b>HEALTH INFORMATION</b>	
Insurance Yes ___ No ___ Insurance Company _____ Policy No. _____ Group No. (if applicable) _____	
Physician _____ Phone _____ Hospital _____	
List any <b>current</b> medical condition, injury, illness, disease or surgery. _____ _____	
Does your child have a food, insect, drug or Latex allergy? _____ If yes, please list _____	
Is your child prescribed Epinephrine? _____	
Does your child have Asthma? _____ (If yes and your student requires access to an inhaler, please complete 9020.05-F Asthma Action Plan)	
Does your child have Diabetes? _____ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
Does your child have a seizure disorder? _____ Medication prescribed? _____ If yes, please list _____	
Does your child routinely take medication? _____ If yes, please list _____	

**AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE CARD IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION AND I WILL BE RESPONSIBLE FOR TUITION, FINES OR PENALTIES, ATTORNEY'S FEES & COURT COSTS RESULTING FROM A FALSIFIED CARD. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.**

I verify all information provided is accurate to the best of my knowledge:		
Parent/Guardian #1 Signature _____	Date _____	Last 4 digits of SS# _____
Parent/Guardian #2 Signature (if applicable) _____	Date _____	Last 4 digits of SS# _____
The last 4 digits of the SS# are necessary for parent/guardian identification when discussing student information by phone.		



**Oldham**  
COUNTY SCHOOLS

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# Summer Jungle

## Field Trips

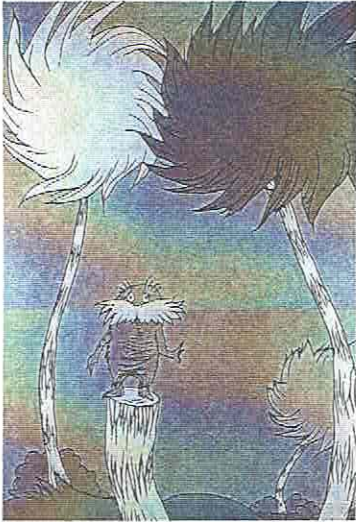
On all Field Trips: Students need to be at The Jungle by 8:30am. We will always return by 4:00pm.

June	July	August
<p>Tuesday, 6/16 Gallrein Farms We will eat our lunches there. Afterwards, we will check out their greenhouses and petting zoo. We will also eat cookies there.</p>	<p>Tuesday, 7/7 Science Center &amp; Waterfront Park We will go to check out all of the science exhibits and afterwards we will eat our lunch at the park.</p>	<p>Tuesday, 8/4 Silly Safaris @ The Jungle Your child will see a variety of live reptiles, mammals, birds and bugs during an educational presentation. They will have an opportunity to join each animal for a game that teaches about the natural world.</p>
<p>Tuesday, 6/23 Real Science @ The Jungle They will participate in a presentation about important science concepts with real live reptiles.</p>	<p>Tuesday, 7/14 Belle of Louisville We will be riding on the historical steamboat. When we get there we will eat our lunches. Afterwards, we will go to the bottom portion to dance.</p>	<p>Tuesday, 8/11 The Parklands of Floyds Fork We will be going on a creek walk where we will explore the diversity of creek life.</p>
<p>Tuesday, 6/30 Puzzles Fun Dome 2<sup>nd</sup> – 6<sup>th</sup> grade will also zip-line.</p>	<p>Tuesday, 7/21 Bowling at King Pin We will play a game of bowling. Then, we will eat pizza there. After we eat, we will play one more game of bowling.</p>	<p>Monday, 8/17 Fire Department @ The Jungle The fire department will test our fire hydrant and spray the kids with the water. Make sure that your child brings a swimsuit or a change of clothes.</p>
<p>Tuesday, 7/28 Tinseltown Movie Theatre We are going to watch "The Minions" and enjoy some snack boxes.</p>	<p>Tuesday, 8/18 PJ/Crazy Socks Day We are going to relax in our pajamas before we go back to school the next day.</p>	



# Summer Jungle

## Supply List



The Jungle does not need supplies this summer. However we are planting a “Seussical Garden” this summer with the kids. Therefore, if you can, please donate:

- Pots – Big or Small, Old or New
- Soil & Mulch
- Flowers
- Herbs
- Vegetables

The Lorax would appreciate your donation to bettering the environment!

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## Swim Days

**When:** Mondays and Wednesdays

	Mondays	Wednesdays
June	22 29	June 24
July	6 13 20 27	July 1 8 15 22 29

### Students Need:

- Towel
- Swim Suits – They need to already be in their swim suits when they arrive at Jungle.
- Change of Clothes for the afternoon – including tennis shoes!

We will change into our afternoon clothes when we get back to The Jungle.

PLEASE make sure that EVERYTHING is labeled with your child’s name. Jungle is not responsible for any items lost at the pool.

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 4055.01-F

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of \_\_\_\_\_  
Student's Name Birthdate

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: See Back Fee (if any) Enrichment Fee

Trip Description/Location: All Locations on back

Supervising Staff Member: Shelly Gnadinger, The Jungle

Approximate time of departure See Back

Approximate time of return See Back

Purpose (state expected learning outcome or recreational) Summer Youth  
Enrichment Program

Transportation will be by:  Commercial Bus  School Bus  Other \_\_\_\_\_

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages, for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of \_\_\_\_\_ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and alternative contact number for the date of the trip.

Date Signed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Adopted: March 16, 1981 Revised: July 16, 2008  
Revised: July 17, 1983  
Revised: February 22, 1993  
Revised: February 10, 1998  
Revised: August 15, 1998  
Revised: September 1, 1998  
Revised: June 23, 1999  
Revised: July 14, 2000  
Revised: June 26, 2006

~~Alternative Phone Numbers:~~  
Mom: \_\_\_\_\_  
Dad: \_\_\_\_\_

# Swimming

We will be swimming at All About Kids in Crestwood Station

**On all swim days: Students need to be at the Jungle by 8:30am. We will always return by 2:30pm.**

**Students may wear tennis shoes, water shoes or sandals with straps (NO FLIP FLOPS).**

	<b>Monday</b>	<b>Wednesday</b>
<b>June</b>	22 <sup>nd</sup> , 29 <sup>th</sup>	24 <sup>th</sup>
<b>July</b>	6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup>	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup> , 29 <sup>th</sup>

# Field Trips

**On all field trip days: Students need to be at the Jungle by 8:30am. We will always return by 4:00 pm.**

**Student need to wear TENNIS SHOES on all field trips.**

<b>June</b>	<b>July</b>	<b>August</b>
Gallrein Farms- 16 <sup>th</sup>	Science Center & Waterfront Park- 7 <sup>th</sup>	Silly Safaris- 4 <sup>th</sup>
Real Science- 23 <sup>rd</sup>	Belle of Louisville- 14 <sup>th</sup>	Beckley Creek Park- 11 <sup>th</sup>
Puzzles Fun Dome- 30 <sup>th</sup>	Bowling at King Pin- 21 <sup>st</sup>	Sky Zone- 6 <sup>th</sup>
	Tinseltown Movie Theater- 28 <sup>th</sup>	Talent Show/ Arts & Crafts Show- 13 <sup>th</sup>

**McDonalds Days: 6/19, 7/17, 7/31, 8/14**

**Pizza Days: 6/26, 7/10, 7/24, 8/7**

Jungle Families

## Vacation Request Form

1<sup>st</sup> Week Vacation Request

Today's Date: \_\_\_\_\_

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

Student(s) Name:

Grade:

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

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

Vacation Days Requested: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_ (return to Jungle)

We require at least 2 weeks notice.

You are allowed 2 weeks of vacation days, after that you will receive normal charges.

\_\_\_\_\_  
Verified by:

Jungle Families

## Vacation Request Form

2<sup>nd</sup> Week Vacation Request

Today's Date: \_\_\_\_\_

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

Student(s) Name:

Grade:

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

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

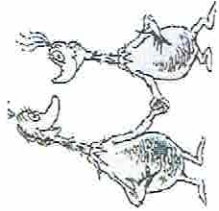
Vacation Days Requested: Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_ (return to Jungle)

We require at least 2 weeks notice.

You are allowed 2 weeks of vacation days, after that you will receive normal charges.

\_\_\_\_\_  
Verified by:

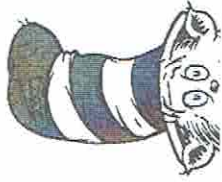


# June 2015

## Summer Jungle

“It’s a Seussical Summer”

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14 Mr. Brown Can Moo! Can You?	15 First day of Summer Jungle	16 Gallrein Farms	17 Plant a Garden	18 Mighty Titans Soccer Camp	19 Club Jungle McDonalds Stretch & Grow	20
21 Yertle the Turtle	22 Swim	23 Real Science	24 Swim	25 Mighty Titans Soccer Camp	26 Club Jungle Pizza Stretch & Grow	27
28 The Sneetches	29 Swim	30 Puzzles Fun Dome				



# July 2015

## Summer Jungle

“It’s a Seussical Summer”

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Swim	2 Mighty Titans Soccer Camp	3 <b>CLOSED</b> Happy 4 <sup>th</sup> of July!	4
5 Bartholomew and the Oobleck	6 Swim	7 Science Center Waterfront Park	8 Swim	9 Mighty Titans Soccer Camp	10 Club Jungle Pizza Stretch & Grow	11
12 One Fish, Two Fish, Red Fish, Blue Fish	13 Swim	14 Belle of Louisville	15 Swim	16 Mighty Titans Soccer Camp	17 Club Jungle McDonalds Stretch & Grow	18
19 The Cat in the Hat	20 Swim	21 Bowling at King Pin Pizza	22 Swim	23 Mighty Titans Soccer Camp	24 Club Jungle Pizza Stretch & Grow	25
26 Green Eggs and Ham	27 Swim	28 Tinseltown Movie Theatre	29 Last Swim	30 Mighty Titans Soccer Camp	31 Club Jungle McDonalds Stretch & Grow	Family Swim Night at Buckner Aquatic Center <b>FRIDAY July 31<sup>st</sup> 7:30 - 9:30</b>

Don't forget out Family Swim Night is Friday July 24<sup>th</sup> from 7:30- 9:30pm! Hope to see you there!





# August 2015

## Summer Jungle

“It’s a Seussical Summer”

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2 Fox in Socks	3 Bike Day	4 Silly Safaris	5 Water Day	6 Sky Zone	7 Pizza Crazy Sock Day	8
9 The Lorax	10 Bike Day	11 Beckley Creek Park (Creek walk, Splash Park)	12 Water Day	13 Talent Show/ Arts & Crafts Show from 5-6 <b>Parents are Invited</b>	14 McDonalds Dr. Seuss Dress Up Day (Dress like your favorite character)	15
16 If I Ran the Circus	17 Fire Department	18 P J Day	19 <b>First Day Back to School</b>	20	21	22
23	24	25	26	27	28	29

## Swim Day Permission

When traveling on field trips with The Jungle to any area where swimming can occur, I hereby give permission for \_\_\_\_\_ to swim in the following designated area or water depth, please circle:

0-3'

3'-5'

Slide

Diving Board

All

\_\_\_\_ My child will need to bring personal floating devices such as swimmies, floaties, or lifejackets.

\_\_\_\_ My child does not need assistance if going down a slide, diving board, or into a pool.

By signing this form, the Kenwood Station Jungle Staff will allow my child to swim ONLY in the area that I have designated. I understand another signed form will be needed if I decide to change this information.

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

\_\_\_\_\_  
Date

## Sunblock Permission

It is our personal opinion, at the Jungle, that all children should wear sunblock when playing outside for long periods of time or when going to an outdoor swimming facility. We would like for your child to arrive at Summer Jungle with sunblock already applied to their bodies so that they are ready to play outside when they arrive. Also, we would like to reapply sunblock halfway through the day to ensure that your child's skin is protected. Jungle will be providing this sunblock. However, the staff cannot apply any type of sunblock or lotion without your written permission.

I give my permission for \_\_\_\_\_ to have sunblock applied to exposed areas by Jungle staff.

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

\_\_\_\_\_  
Date

Sunblock Allergies my child has: \_\_\_\_\_

# Lunch at the Jungle

During June and July, The Jungle will be providing lunch on Fridays. For the rest of the week you will have to provide your child's lunch. Remember to pack a sack lunch that can be thrown away on Tuesdays, because those are our field trip days. It's no fun lugging around a lunchbox during a field trip.

---

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

Grade: \_\_\_\_\_

## McDonald's Days

6/19, 7/17, 7/31, 8/14

Circle a Meal:

Chicken Nuggets

Hamburger

Cheeseburger

Circle a Drink:

White Milk

Chocolate Milk

Sprite

Hi-C

Circle a Toy Choice:

Boy

Girl

## Pizza Days

6/26, 7/10, 7/24, 8/7

Circle a Topping:

Cheese

Pepperoni

Sausage

(Every child will get 2 slices of pizza, carrot sticks, and white milk)

Dear Jungle Parents/Guardian,

Due to State Regulations we are required to have parents/guardians permission for your child to be in the presence of any animals. This may include animals presently here at Kenwood Station. I will also need this formed signed in case I bring in guest speakers or professionals that work with animals such as zoologist or someone who works with special needs animals, etc. Thank you.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Dear Parent/Guardian,

When students of Jungle have a bike day we ask them to bring a helmet. If they do not bring helmets, we will need you to sign below stating that you do not hold The Jungle/ Kenwood Station Elementary/ or Oldham County Board of Education responsible for any injuries that may be incurred while participating in this activity.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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



ATTRACTION AND ACTIVITIES WAIVER & RELEASE
PLEASE READ CAREFULLY AND FILL OUT ALL INFORMATION ON WAIVER

Waiver and Release

I, the undersigned and/or parent/guardian understand that as consideration for participating in interactive inflatables, Euro Bungee, Zip Lines and other entertainment attractions sponsored by Puzzle's Fun Dome, Inc. (PFD), I must obey all of PFD's rules and regulations as well as read and agree to the following Waiver and Release. I also acknowledge that there are significant elements of risk in any adventure, sport or activity associated with Zip Lining, Euro Bungee, and/ or inflatable fun equipment.

Although we have taken reasonable steps to provide you with the appropriate equipment and/or skilled staff so you can enjoy an activity for which you may not be skilled, we wish to remind you that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of accidental injury such as; neck and back strains, muscle strains, muscle pulls, tendons and ligament damage as well as other typical athletic injuries or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

I, the undersigned user, agree to release of behalf of myself, my heirs, representatives, successors, executors, administrators and assigns, and HEREBY DO RELEASE PUZZLE'S FUN DOME, INC., A Kentucky corporation, its officers, agents and employees from any cause of actions, claims, or demands of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, successors, executors, administrators and assigns may now have, or have in the future against PUZZLE'S FUN DOME, INC. on account of personal injury, death or accident of any kind, arising out of or in any way related to my use of the Euro Bungee, Zip line, and/ or other inflatable equipment whether that use is supervised or unsupervised, however the injury or damage is caused, including but not limited to, the NEGLIGENCE OF PUZZLE'S FUN DOME, INC. it's officers, agents or employees. Should PUZZLE'S FUN DOME, INC. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless of all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by my condition.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PUZZLE'S FUN DOME, INC. on the basis of my claim from which I have released them herein. Agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. I have had sufficient opportunity read this entire document. I have read and understood it, and I agree to be bound by its terms.

Form with fields: Participant Name, Birth Date (DD/MM/YY), Guardian Name, Email Address, Street Address, City & State, Zip Code, Phone Number.



# Participant Agreement, Release and Assumption of Risk (The Agreement) – Sky zone Louisville

Please print and fill out highlighted areas completely or complete electronically at [www.skyzone.com/louisville](http://www.skyzone.com/louisville)

Must be completed for participants under the age of 18 (Print up to three names/birthdates below of children of the SAME parent or legal guardian):

Participant 1: Print First Name	Print Last Name	Birthdate
Participant 2: Print First Name	Print Last Name	Birthdate
Participant 3: Print First Name	Print Last Name	Birthdate

In consideration for gaining access to 2671 Technology Drive Jeffersontown, KY, (the "Location") and engaging the services of JM2 Derby, LLC, or any other location within the state of Kentucky, /b/a Sky Zone Indoor Trampoline Park, RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone, LLC, their agents, owners, officers, directors, representatives, assigns, affiliates, volunteers, participants, employees, insurers, and all other persons or entities acting in any capacity on their behalf, (herein after collectively referred to as "SZITP" ), I on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

\_\_\_\_\_(Initial Here) I acknowledge that my participation in SZITP trampoline games or activities entails known and unanticipated risks that could result in physical or emotional injury including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to myself my child(ren), or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My and/or my child(ren)'s participation in this activity is purely voluntary and I elect to participate, or allow my children to participate in spite of the risks. If I and/or my child(ren) are injured, I acknowledge that I or my child(ren) may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expense. I UNDERSTAND AND AGREE THAT SZITP WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AND/OR MY CHILD ARE INJURED UNLESS SUCH INJURY WAS CAUSED BY GREATER THAN ORDINARY NEGLIGENCE OF SZITP. In consideration of SZITP allowing my participation in trampoline games or activities, I for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or assigns, do agree to hold harmless, release and discharge SZITP of and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SZITP's ordinary negligence: and I, for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or any assigns, further agree that except in the event of SZITP's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SZITP for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child(ren) that are in any way associated with SZITP trampoline games or activities. Should SZITP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I for myself and on behalf of my child(ren), and/or legal ward, heirs, administrators, personal representatives or assigns, agree to indemnify and hold them harmless for all such fees and costs.

\_\_\_\_\_(Initial Here) I certify that I and/or my child(ren) are physically able to participate in all activities at the Location without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that I and/or my child(ren) may have. I acknowledge that I have read the rules, (the "SZITP Rules") governing my and/or my child(ren)'s participation in any activities at the Location. I certify that I have explained the SZITP Rules to the child(ren) listed in this waiver. I understand that the SZITP Rules have been implemented for the safety of all guests at the Location, including myself and/or my child(ren). I acknowledge that failure to follow the rules could result in the expulsion of myself and/or my child(ren) from the Location. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. If there are any disputes regarding this agreement, I on behalf of myself and/or my child(ren) hereby waive any right I and/or my child(ren) may have to a trial and agree that such dispute shall be brought within one year of the date of this Agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures. I further agree that the arbitration will take place solely in the state of Kentucky and that the substantive law of Kentucky shall apply. If, despite the representations made in this agreement, I or anyone on behalf of myself and/or my child(ren) file or otherwise initiate a lawsuit against SZITP, in addition to my agreement to defend and indemnify SZITP, I agree to pay within 60 days liquidated damages in the amount of \$5,000 to SZITP. Should I fail to pay this liquidated damages amount within the 60 day time period provided by this Agreement, I further agree to pay interest on the \$5,000 amount calculated at 12% per annum.

I further grant SZITP the right, without reservation or limitation, to videotape, and/or record me and/or my child(ren) on closed circuit television.

I further grant SZITP the right, without reservation or limitation, to photograph, videotape, and/or record me and/or my child(ren) and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials.

I would like to receive free email promotions and discounts to the email address provided below. I may unsubscribe from emails from Sky Zone at any time.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SZITP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I understand this Agreement and I voluntarily agree to be bound by its terms.

I further certify that I am the parent or legal guardian of the child(ren) listed above on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed above.

\_\_\_\_\_  
Parent/Legal Guardian/Participant' Signature (if 18 or older)

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

Parent/Guardian/Participant (if over 18): Print First Name	Print Last Name	Birth date
Print Street Address	Apt. #	Print City
		Print State
		ZIP
Cell Phone	Emergency Contact Number	Email

Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.

Waiver accepted by \_\_\_\_\_ (SZITP Employee)

This is a list of PG movies for 2nd thru 5th. If there are some on here that you do not want your child to see please check the box. If all movies are OK please date and sign.

**PG Movies**

	Air buddies		Marmaduke
	Alvin and the Chipmunks		Monster House
	Alvin and the Chipmunks=the Squeakquel		Monsters vs. Aliens
	Annie		Mr. Peabody and Sherman
	Barnyard		Mr. Popper's Penguins
	Bee Movie		Night at the Museum
	BOLT		Open Season
	Charlie and the chocolate Factory		Open Season 2
	Chronicles of Narnia		Over the Hedge
	Cloudy with a Chance of Meatballs		Planes
	Despicable Me		Robots
	Despicable Me 2		Shiloh I and II
	Dragons Defenders of Berk		Shrek
	Ella Enchanted		Shrek 2
	Everyone's Hero		Shrek the third
	Fantastic 4		Snow Dogs
	Flubber		Space Jam
	Flushed Away		Spy Kids 3-D
	Frozen		Surf's up
	Game Plan		Tangle
	Garfield a tall 2 kitties		The Brave
	Garfield the Movie		The Croods
	Happy Feet		The Enchanted
	Hoot		The Lego Movie
	Horton Hears a Who!		The Lorax
	Hotel for Dogs		The Pirates
	Hotel Transylvania		The Princess Bride
	How to Train a Dragon		Tooth Fairy
	Ice Age and Ice Age the Meltdown		Turbo
	Ice Age Continental Drift		Underdog
	Ice Age Dawn of the Dinosaurs		UP
	Jock the Hero Dog		We Bought a Zoo
	Journey 2		Wings Sky Force Hero's
	Jungle Book		Wreck It Ralph
	Justin and the Knights of Valor		Big Hero 6
	Kung Fu Panda		Cloudy with a chance of meatballs
	Madagascar 1 X2 Copies		
	Madagascar 2		
	Madagascar 3		
	Maleficent		

**Please sign and date:**

Signature

Date

Students Name

Grade

This is the list of G movies for Kindergarten and First. If there are some on here you do not want your child to see please check the box. If all movies are OK just date and sign.

Signature:

Date:

Students name:

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**"G" Rated DVD's:**

- |   |  |
|---|--|
| 1. Air Bud Spikes Back and Seventh Inning Fetch | 36. Mr. Magorium's Wonder Emporium x2                      |
| 2. Alvin and the Chipmunks-Chipwrecked          | 37. National Velvet  |
| 3. An American Tail                             | 38. Princess Diaries 2                                     |
| 4. Anastasia                                    | 39. Quest for Camelot                                      |
| 5. Babe 1& 2                                    | 40. Sleeping Beauty  |
| 6. Bambi II                                     | 41. Space Chimps   |
| 7. Black Beauty                                 | 42. Spirit   |
| 8. Brother Bear                                 | 43. The Incredible Journey                                 |
| 9. Cars   | 44. The Jetson's the movie                                 |
| 10. Charlotte's Web the movie                   | 45. The Last Unicorn                                       |
| 11. Chicken Little                              | 46. The Parent trap I and II                               |
| 12. Chicken Run                                 | 47. The Princess and the Frog                              |
| 13. Chitty Chitty Bang Bang                     | 48. The Secret of Nimh                                     |
| 14. Cinderella                                  | 49. The Shaggy Dog I and II                                |
| 15. Cinderella III                              | 50. The Suite Life of Zack and Cody                        |
| 16. Curious George                              | 51. Thumbelina   |
| 17. Finding Nemo x2                             | 52. Toy Story  |
| 18. Flipper I and II                            | 53. Toy Story 2  |
| 19. Fox and the Hound 2                         | 54. Toy Story 3  |
| 20. Goof Troop                                  | 55. Toy Story of Terror                                    |
| 21. High School Musical                         | 56. Treasure Buddies                                       |
| 22. High School Musical 2                       | 57. Wallace and Gromit the curse of the were- Rabbit       |
| 23. Homeward Bound I and II                     | 58. We're Back a dinosaur story                            |
| 24. Horse Crazy                                 | 59. Wings  |
| 25. Jump in                                     | 60. 101 Dalmatians   |
| 26. Jungle Book                                 | 61. Little Mermaid Ariel's Beginning and Little Mermaid II |
| 27. Kronk's New Groove                          | 62. Hercules   |
| 28. Lady in the Tramp II                        | 63. Mulan and Mulan II                                     |
| 29. Land Before Time II-V                       | 64. The Wizard of Oz                                       |
| 30. Land Before Time VI-IX                      | 65. Pocahontas and Pocahontas II                           |
| 31. Leroy and Stitch                            | 66. Alice and Wonderland                                   |
| 32. Little Mermaid                              |  |
| 33. Mary Poppins                                |  |
| 34. Monster University                          |  |
| 35. Monsters, Inc.                              |  |



# **Gallrein Farm Cookie Order**

**Choose Your Favorite Cookie!**

**\_\_\_\_\_ Chocolate chip Cookie**

**\_\_\_\_\_ M&M Cookie**

**\_\_\_\_\_ Sugar Cookie**

**\_\_\_\_\_ No Bake Cookie**

**Childs Name: \_\_\_\_\_**

\_\_\_\_\_