

Discovery Club at Alta Vista Elementary

2018-19



Last Name

First Name

Child 1:

Age:

Birthday:

Grade entering:

Child 2:

Age:

Birthday:

Grade entering:

Child 3:

Age:

Birthday:

Grade entering:

Please Print

PHOTO I.D. REQUIRED AT PICK-UP

Mother:

address:

City:

zip:

Home phone:

Custodial parent: yes No

work phone:

Cell:

email: _____

Mother's CDL:

Father:

address:

City:

zip:

Home phone:

Custodial parent: yes No

work phone:

Cell:

email: _____

Father's CDL:

Both parents must be listed in cases of shared legal/physical custody.

Doctor:

Phone:

Ins.

Dentist:

Phone:

Ins.

Please list 3 other adults who may sign out & pick up your child in an emergency.

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

We will not release your child to any other individuals. Update this list as necessary.

If we have no contact by the parent and/or the child is not picked up by 6:30 p.m., we will call Child Protective Services.

Allergies:

Epipen provided: YES NO

Special needs:

Daily Meds:

Restraining order: YES NO (please attach, if applicable)

My child may be photographed by news media or ARD staff: YES NO

Office only:

Reg. fee recvd by:

Family password:

Auburn Recreation District Discovery Club/Day Camp

Agreement, Waiver & Release

In consideration for being permitted by Auburn Area Recreation and Park District (ARD) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance ARD (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND AUBURN AREA PARK AND RECREATION DISTRICT, AND I SIGN IF OF MY FREE WILL.

Name: (print) _____

Signature: _____ Date: _____

I agree that in the event that said minor requires medical treatment while under the supervision of ARD's recreational personnel in connection with described activity, such supervisor may authorize treatment.

Name: (print) _____

Signature: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Alta Vista Discovery Club TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME State of California Community Care Licensing		
ADDRESS 2525 Natomas Park Dr., Suite 250		
CITY Sacramento	ZIP CODE 95833	AREA CODE/TELEPHONE NUMBER 916/263-5744

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Alta Vista Discovery Club	(PRINT THE ADDRESS OF THE FACILITY) 173 Oak Avenue, Auburn, CA 95603
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(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 2525 Natomas Park Dr., Suite 250 Sacramento 95833

Licensing Office Telephone #: 916/263-5744

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Alta Vista Discovery Club

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S)?	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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Discovery Club Agreement

Alta Vista Discovery Club

School year 2018-19

Registration: \$30.00 per family August 15, 2018 through June 7, 2019

Daily rates:

Early Kindergarten	1:00-2:00	\$8.00	(11:05-12:00 on minimum days)
Full day kindergarten	1:00-6:00	\$15.00	(11:05-6:00 on minimum days)
Grades 1 – 5	2:15-6:00	\$13.00	(12:20-6:00 on minimum days)

Late fee: \$1.00 per minute at 6:01 by the site clock

Added days (approved in advance): \$2.00 extra per day, payment due at pick-up

Full-time (Priority): contracted for **all** operational school days each month

Part-time: contracted for specific (but not all) school days each month - **5 day minimum required per month – this is not a drop-in program & days may not be moved or changed once contracted.**

There is a \$30 late fee for payments received after the due dates.

In order to properly maintain a safe and healthy environment for all children attending, all students must:

1. Be able to understand and follow basic directions and rules of the program in order for staff to maintain proper supervision.
2. Be able to maintain basic self-control to ensure the safety of themselves and others in the program.
3. Be able to handle their own basic personal hygiene/toileting needs.

As a parent/authorized representative I understand that I am contracting space in the Auburn Recreation District's Discovery Club program located on the Alta Vista Elementary campus for the 2018-19 school year. I realize that I must pay my monthly payments by the due date each month or pay a \$30 late fee.

New this year: Late payments (plus the \$30 late fee) are not accepted at the site. They must be made at Customer Service by close of day on the 2nd school day of the month. On the third day of the month, the child will not be admitted to Discovery Club but will be sent to the school office (by June 3 for June). The child will not be readmitted until the account is paid in full.

I realize that I must pay in advance for any days contracted each month. I do not have to pay for days when school is not in session unless I enroll my child in Discovery Day Camp at Recreation Park which is a separate recreation program.

If my child is registered as full-time, he or she will receive priority and be guaranteed space each month while my account is in good standing. Part-time registrations may be limited. Part-time contracts are processed on a first-come, first-served basis, and there is a possibility that I may not be able to contract on any day that fills prior to receipt of my payment. I understand that if for any reason the Discovery Club must limit enrollments, full-time registrants will have priority. I understand that my child's full-time or part-time status applies for the entire 2017-18 school year and may not change monthly. Any permanent change must be approved in advance by the Site Director.

Payments must be made by 5:00 p.m. by the following due dates:

August payment: August 10

September payment: August 31

October payment: September 28

November payment: October 31

December payment: November 30

January payment: January 9

February payment: January 31

March payment: February 28

April payment: March 29

May payment: April 30

June payment: June 3

Monthly payments received after the due dates will have a \$30 late fee. Any days added after the monthly payment is received (if approved by director) will be charged an additional \$2.00 per day. Any days paid after the due dates are \$2.00 more per day.

Days may not be changed or moved once payment is received. I understand that I will not receive credit or refunds for unused days or routine appointments except in the event of a medical illness or dental emergency with a doctor/dentist's note stating specific dates my child may not attend.

I understand that Discovery Club does not operate on the school's late starts, early dismissals or school closures due to severe weather, snow days, power outages, or other circumstances beyond the program's control. I will not receive credit or refunds for those days.

It is the parent's responsibility to notify Discovery Club in advance if their child will not be attending on any contacted day. The school does not inform Discovery Club if your child is absent or leaves early from school. Consistent failure to alert staff to absences in advance may result in termination of service.

I understand that kindergarteners who have not paid for the full afternoon must be picked up from the program by 2:00 on regular days and by 12:00 on minimum days. On PLC Mondays, early kindergarteners must be picked up by the end of school at 1:20. Late fees of \$1.00 per minute will be charged after these times.

The afternoon program closes at 6:00 p.m. This means that staff will be locking the door and exiting the building at 6:00. There is a \$1.00 per minute late fee beginning at 6:01 by the site clock. Payment of the late fee may be made at the Discovery Club site or at the ARD office, and must be received by the next business day. I understand that consistently late pick-up may result in a two-week notice of termination of child care.

There is a \$30 charge for NSF checks received by ARD and checks will not be accepted for one year following. Outstanding payment amounts will interrupt service and place a hold on registration for all programs and classes offered by Auburn Area Recreation & Parks District until paid in full.

I understand that my registration fee covers August 15 through June 7 and does not include Summer Discovery Day Camp. I will not have to pay for holidays or in-service days when the school is not in session, unless I enroll my child in Discovery Day Camp at Recreation Park.

I understand that at times there may be extra fees for field trips or special activities in which my child participates.

Healthy snacks are served daily at 2:30 for those in attendance, but students may bring their own snacks if desired. Students will have time on most afternoons to do homework with support from staff. Scheduled active recreation, games and other enrichment activities are also planned along with an occasional community service project.

I understand that TK – 3rd graders will always be accompanied during bathroom breaks by a staff member and 4th – 5th graders will be allowed to use the buddy system when using the restroom outside of group bathroom breaks with signed parent permission.

I understand that I will be given a 30-day written notice in advance of any change in the basic rate.

Parents/authorized representatives receiving subsidized care must comply with regulations and procedures in a timely manner to insure payment to the program. Failure to complete paperwork, communicate with staff in a timely manner, or to use service that is not approved will result in termination of care. If the subsidy agency refuses payment for services rendered, the parent/authorized representative will be personally responsible for the payment.

Service may be terminated due to unpaid fees, consistent late pick-up, repeated failure to notify Discovery Club staff of student absences in advance, disruption of the program, non-compliance with subsidy regulations and procedures, an unsatisfactory working relationship with parent and/or child, situations posing a health or safety hazard to themselves or others, removing a child from Discovery Club without following our sign-out procedures, or student failing to report at the end of school or leaving the premises without being signed out. In the event of a health or safety hazard or outstanding fees, care will be immediately terminated without the two-week written notice.

Requests for split payments (due to custody issues) must be approved in advance by the Director and may be denied if payments are not made in a timely and cooperative manner. Any policy change in regard to this issue will give a 30-day notice. I understand that as the parent who is registering the child, I am ultimately responsible for payment.

I understand that pursuant to Health and Safety Code Section 1596.853:

- (A) Any person may request an inspection of any child day care facility in accordance with the California Child Day Care Facilities Act by transmitting to the department notice of an alleged violation of applicable requirements prescribed by the statutes or regulations of this state. A complaint may be made either orally or in writing.
- (B) The substance of the complaint shall be provided to the licensee no earlier than at the time of the inspection. Unless the complainant specifically requests otherwise, neither the substance of the complaint provided the licensee nor any copy of the complaint or any record published, released, or otherwise made available to the licensee shall disclose the name of any person mentioned in the complaint, except the name of any duly authorized officer, employee, or agent of the department conducting the investigation or inspection pursuant to this chapter.
- (C) Upon receipt of a complaint, the department shall make a preliminary review and, unless the department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, the department shall make an onsite inspection within ten days after receiving the complaint, where the visit would adversely affect the licensing investigation or the investigation of other agencies, including, but not limited to, law enforcement agencies. In either event, the complainant shall be promptly informed of the department's proposed course of action.

I understand that pursuant to 101200.(b) & (c):

- (b) The Department has the authority to interview children or staff, and to inspect and audit child or child care center records, without prior consent.
 - (1) The licensee shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the child care center.
- (c) The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.

If I want to be released from this agreement, I must give a 30-day notice in writing to the Alta Vista Discovery Site Director stating that I am withdrawing from the program. Failure to do so may incur fees for that time period. _____ (initial)

I am registering my child/children as (check one): _____ Full-time _____ Part-time

For the following times: (list number of children for each time)

Kindergarten 1:00-2:00 _____

Kindergarten 1:00-6:00 _____

Grades 1st through 5th 2:15-6:00 _____

Days my child will attend:

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

I have read the above and agree to abide by the agreement and payment procedures for Alta Vista Discovery Club for the school year 2018-19.

Child/children's names: _____

Parent/Authorized Representative : _____ Date: _____

Site Director: _____ Date: _____