

## Skyridge Discovery Club 2017-18

We have added the option of paying online for full time and at a discounted rate. Full time includes every day of the month, regardless of use.

Part time rates may not be paid online.

# Discovery Club at Skyridge Elementary

**2017-18**



**Last Name**

**First Name**

Child 1:		
Age:	Birthdate:	Grade entering:
Child 2:		
Age:	Birthdate:	Grade entering:
Child 3:		
Age:	Birthdate:	Grade entering:

**Please Print**

**PHOTO I.D. REQUIRED AT PICK-UP**

Mother:		
address:		City: zip:
Home phone:		Custodial parent: <input type="checkbox"/> yes <input type="checkbox"/> No email: _____
work phone:	Cell:	
Mother's CDL:		
Father:		
address:		City: zip:
Home phone:		Custodial parent: <input type="checkbox"/> yes <input type="checkbox"/> No email: _____
work phone:	Cell:	
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: \_\_\_\_\_

# Discovery Club Agreement

## Skyridge Elementary

### School Year 2017-18

**Location:** ARD modulars at Skyridge Elementary School

**Grades:** Kindergarten through fifth grade

**Days of Service:** Monday – Friday on regularly scheduled school days

**Times:** between 7:00 a.m. and 6:00 p.m.

**Nonrefundable Registration:** \$30.00 per family (August 8 through June 1) Registration must be renewed every year.

As a parent/authorized representative I understand that I am contracting space in the Auburn Recreation District's Discovery Club program located on the Skyridge Elementary campus for the 2017-18 school year. I realize that I must pay my monthly payments by the due date each month or pay a \$20 late fee. 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 different program with a separate registration. The registration fee for Discovery Day Camp during the school year is waived for students registered in 2017-18 Discovery Club.

Payments are received on a first-come, first-served basis and must be paid by the due dates. Once a time slot fills, there may not be space available for more students to enroll for that time.

Parents must choose between full time (every day of the month) and part time days of the week for the school year, and cannot change without approval by the director (see page 5). Status cannot change monthly.

**Full Time Rates:** Full time payments may be made online and reflect the following rates below times the number of days in each month:

12:55-6:00	\$14.00
2:10-6:00	\$13.00
Combo 7:00-7:55 & 12:55-6:00	\$20.00
Combo 7:00-7:55 & 2:10-6:00	\$19.00

**Part Time Rates:** Part time rates may not be paid online.

7:00-7:55	\$8.00
7:00-9:00	\$10.00
12:55-2:00	\$8.00
12:55-6:00	\$15.00
2:10-6:00	\$14.00

If space is available per the director, students may be able to add days after their initial payment at an additional \$2 charge per day. Any days not paid by the due dates are \$2 more per day.

Times will vary slightly with the school schedule on PLC Mondays & minimum days. There is no care available between 9:00 a.m. and the 12:55 p.m. kindergarten dismissal except on minimum days.

There is currently no extra charge for PLC Mondays or minimum days.

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

Monthly payments made after due dates: \$20 late charge

NSF charge: \$30 per check & no check will be accepted for one year following.

Outstanding balances 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 at times there may be extra fees for field trips or special activities in which my child participates.

I understand that this is not a drop-in program. Days must be contracted and paid in advance and may not be changed or moved once payment is received. I will not receive credit or refunds for unused days except in the event of an illness with a doctor'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.

I understand that my child's full-time or part-time status applies for the entire 2017-18 school year and any change must be approved in advance by the site director. Status cannot change monthly.

I understand my registration fee covers August 8 through June 1 and does not include Summer Discovery Day Camp.

**Payment due dates:**

Payments are due by 5:00 p.m. in Customer Service or online (for full time) by the following dates. Payments received after these dates are considered late and will incur a \$20 late fee:

August payment: August 4

September payment: August 31

October payment: September 29

November payment: October 31

December payment: November 30

January payment: January 3

February payment: January 31  
March payment: February 28  
April payment: March 30  
May/June payment: April 30

Payments may be made by check at the Discovery Club sites by the due dates. After that time, all payments must be made at Customer Service. Payments by cash or credit card are not accepted at the Discovery Club sites, and only full time payments may be made online. Mailed payments must arrive at Customer Service by the due dates.

I understand that kindergarteners must be picked up from the program before 2:00 if they have not paid for the full afternoon. The afternoon program closes at 5:30 p.m. with a grace period until 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.

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

It is my responsibility to notify Discovery Club in advance if my child will not be attending on any contracted day. Consistent failure to alert staff to absences in advance may result in termination of service.

Both the morning and afternoon programs offer healthy snacks for those in attendance between 7:00 and 9:00 and between 2:15-6:00. Students may bring their own healthy snacks, if desired. After snack, 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.

The program requires that students enrolled are able to follow directions, treat other students and staff with respect, remain with staff at all times and are able to care for personal needs such as eating and toileting without assistance.

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 properly, communicate with staff in a timely manner, or to use service that is not approved will result in termination of care. The parent/authorized representative will be personally responsible for any payment that the subsidy agency does not cover.

Requests for split payments due to custody matters must be approved in advance by the Director and this accommodation will be rescinded if payments are not made in a timely

and cooperative manner. I understand that the parent who contracts for the days is ultimately responsible for payment of them, but an outstanding balance will interrupt care regardless of which parent is responsible for payment.

Service may be terminated due to unpaid fees, consistent late pick-up, consistent failure to notify Discovery Club staff of student absences in advance, 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.

I understand that if my child is contracted to be at Discovery Club on any given day, he/she must report immediately after the last bell unless I complete a form giving written permission for my child to attend a specific school-related activity for a specific time period. If my child remains with a teacher after school, he/she must call the Discovery Club to notify staff and present a note from the teacher upon arrival at the Club. I understand that on any day that my child is suspended or expelled from school he/she may not attend Discovery Club and there will be no credit or refund given.

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 Skyridge Discovery Site Director stating that I am withdrawing from the program. Failure to do so may incur fees for that time period. \_\_\_\_\_ initial**

**My child/children will attend the following times:**

7:00-7:55 A.M. \_\_\_\_\_ Child's name: \_\_\_\_\_  
 7:00-9:00 A.M. \_\_\_\_\_ Child's name: \_\_\_\_\_

Kindergarten 12:55-2:00\* \_\_\_\_\_ Child's name: \_\_\_\_\_  
 Kindergarten 12:55-6:00 \_\_\_\_\_ Child's name: \_\_\_\_\_  
 K through 5<sup>th</sup> 2:10-6:00 \_\_\_\_\_ Child's name: \_\_\_\_\_

**\*My kindergartener will ride the bus home: \_\_\_yes \_\_\_no**

**My child will attend full time: \_\_\_\_\_  
 OR My part-time child will attend:**

\_\_\_Mondays \_\_\_Tuesdays \_\_\_Wednesdays \_\_\_Thursdays \_\_\_Fridays

I have read the above and agree to abide by the contracting and payment procedures for Skyridge Discovery Club for the school year 2017-18.

Child/children's names: \_\_\_\_\_

Parent/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Site Director: \_\_\_\_\_ Date: \_\_\_\_\_



## 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		
Community Care Licensing		
ADDRESS		
2525 Natomas Park Drive, Suite 250		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Sacramento	95833	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)	(PRINT THE ADDRESS OF THE FACILITY)
Skyridge Discovery Club	800 Perkins Way, Auburn 95603
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

## 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 #: 916/263-57444

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](http://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.

Skyridge 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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

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

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

Skyridge 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

( )

**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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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*
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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