

Discovery Club at Skyridge Elementary

2016-17



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

Skyridge Discovery Club Agreement

School Year 2016-17

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 10 through June 1)

Registration must be renewed every year.

Daily Rates:

| | |
|----------------------|---------|
| 7:00-7:55 all grades | \$7.00 |
| 12:55-2:00 | \$8.00 |
| 12:55-6:00 | \$15.00 |
| 2:10-6:00 | \$13.00 |

Combo rates both before & after school:

| | |
|--------------------------------------|---------|
| Before & after kindergarten to 2:00: | \$14.00 |
| Before & after kindergarten to 6:00: | \$20.00 |
| Before & after grades 1-5: | \$20.00 |

Times will vary slightly with the school schedule on PLC Mondays & minimum days.

There is no care available between 9:50 a.m. and the 1:50 p.m. kindergarten dismissal.

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

Days added after initial monthly payment with director approval: \$2 more per day

NSF charge: \$30 per check

A 5-day minimum per month is required to remain enrolled.

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

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

Part-time: contracted for **less than all** operational school days each month

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 2016-17 school year. I realize that I must pay by the due dates 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 different program with a separate registration. The registration fee for Discovery Day Camp during the school year is waived for students registered in 2016-17 Discovery Club.

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.

If my child is registered as full-time, I am reserving and must pay for every school day of the month, regardless of use. I understand that if my child is registered as full-time, he/she will receive priority space each month as long as my account is in good standing and payment is received by the due dates.

If my child is registered as part-time, I will choose and pay for certain days of the week that are consistent each month (example: Monday, Wednesday, Friday). Space may be limited from month to month. Part-time payments are processed on a first-come, first-served basis and there is a possibility that some days may no longer be available when I make my payment. I understand that if for any reason there must be a reduction in enrollment, full-time registrants will have priority.

I understand that my child's full-time or part-time status applies for the entire 2016-17 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 10 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 by the following dates. Payments received after these dates are considered late:

August payment: August 8

September payment: August 31

October payment: September 30

November payment: October 28

December payment: November 30

January payment: January 4

February payment: January 31

March payment: February 28

April payment: March 31

May/June payment: April 28

Any monthly payments received after these due dates will be subject to a \$20 late fee. Any days added after the monthly payments will be \$2.00 more per day, if space is available and the director approves in advance.

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 payments for Discovery Club may not be made online. Mailed payments must arrive at Customer Service by the due dates.

There is a \$30 charge for NSF checks received by ARD and no checks will then be accepted for one year. 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 kindergarteners must be picked up from the program by 2:00 if they have not paid for the full afternoon (prior to the time change). 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. 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 be able to follow directions, 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 in order to insure payment to the program. Failure to complete paperwork, etc., may 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 Newcastle Discovery Site Director stating that I am withdrawing from the program. Failure to do so may incur fees for that time period. _____initial

Please enroll my child/children for the following times:

7:00-7:55 all grades child's name:_____

12:55-2:00 child's name: _____

My kindergartner will ride the bus home: ____yes ____no

12:55-6:00 child's name: _____

2:10-6:00 child's name: _____

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 2016-17.

Child/children's names:_____

Parent/Authorized Representative:_____Date:_____

Site Director:_____Date:_____

A copy of this document with the Site Director's signature will be available to the parent/authorized representative after the registration has been processed and school is in session.

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 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 Drive, Suite 250, Sacramento, Ca 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.

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

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 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, CA 95603 |
| (PRINT THE NAME OF THE CHILD) | |

| | |
|---|--------|
| (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) | |
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) | (DATE) |

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 |
|------------|--------|-------------------|--------|-----------------------------|--------|

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 |
|--|------------------------|---|

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? BREAKFAST _____ LUNCH _____ DINNER _____ |
| | LUNCH | |
| | DINNER | |

| | |
|--------------------|----------------------|
| ANY FOOD DISLIKES? | ANY EATING PROBLEMS? |
|--------------------|----------------------|

| | | | |
|--|-------------------------|--|----------------------|
| 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 |
|--------------------|------|

PAYMENT PROCEDURES Skyridge Discovery Club

Children may be registered as full-time or part-time:

- If your child is full-time, they will receive priority and be guaranteed space each month as long as your account is in good standing. "Full-time" means that every operating day in the month is contracted and paid, regardless of usage, and no refunds or credits are issued for unused days. In the event that a reduction in enrollment is necessary, full-time students have priority.
- Part-time registrations may be limited. "Part-time" means that parents choose which days in advance that they want to contract. Part-time contracts are processed on a first-come, first-served basis, and there is a possibility that space will not be available on any given day. In the event that a reduction in enrollment is necessary, part-time students will not have priority.
- Registration as full-time or part-time applies for the entire 2016-17 school year and any change must be approved in advance by the site director. Status cannot change monthly and contracted days cannot be changed or moved.
- *This is not a drop-in program. Days must be contracted and paid in advance. If space is available and with director's prior approval, days may be added after the due dates at \$2.00 more per day, due in advance or at pick-up.*

Payments are due monthly in advance, according to the payment schedule:

August payment: August 8

September payment: August 31

October payment: September 30

November payment: October 28

December payment: November 30

January payment: January 4

February payment: January 31

March payment: February 28

April payment: March 31

May & June payments: April 28

Completed payment vouchers must accompany all payments. Payments may be made:

- By check with a payment voucher at the Discovery Club site (no cash or credit card) until the due date
- In person at Customer Service at 123 Recreation Drive during normal business hours. If the office is closed, payment by check with payment vouchers may be left in the drop-slot, enclosed in an envelope. Payments left after 5:00 on the due date will be considered late.
- By credit card and fax to Customer Service during normal business hours, with a completed Discovery Club payment voucher and credit card authorization.
Please call ahead prior to faxing your payment.
- Payment vouchers are available for download at www.auburnrec.com

Unfortunately, payments may not be made online for Discovery Club.

Payment Late fee notice: Payments received or postmarked after the due date will be charged an additional \$20 late fee. Sorry-no exceptions. Failure to pay in a timely manner will interrupt child care.

NSF checks will result in a \$30 charge, loss of service and will prevent registration in any other Auburn Parks and Recreation programs until the account is cleared.

Due to the volume of payments received by Customer Service, Discovery Club payments received without completed payment vouchers will incur an additional \$10 charge.

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. The parent contracting the child for days is ultimately responsible for payment for those days.

Any policy changes in regard to payments will give a 30-day notice.

No refunds or credits are given for late starts, early dismissals or school closures due to snow days, severe weather, power outages or other circumstances beyond the program's control.

Discovery Day Camp:

Discovery Day Camp is a different program from Discovery Club. As a courtesy, registration is waived for Discovery Day Camp during the school year for students enrolled in Discovery Club but a new registration packet must be completed each year.

Summer Discovery Day Camp:

Registration in Discovery Day Camp does not cover Summer Discovery Day Camp and a new registration packet must be completed each year.

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm