



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Thank you for choosing the John A. Davis Family YMCA as your Child Care provider for the 2018-2019 school year! Our programs operate Monday through Friday, opening at 6:30am and closing at 6:30pm. Here is a list of where our YMCA programs are held:

1. Benchley-Weinberger Elementary - 6269 Twin Lake Drive, San Diego, CA, 92119 - (619)273-4475
2. Dailard Elementary - 6425 Cibola Road, San Diego, CA, 92120 - (619)789-9970

Each site has their own daily schedule and you will receive a site specific calendar and newsletter monthly. Here are some examples of curriculum components:

- Homework Assistance
- Healthy Snacks
- Cooperative Games & Sports
- Character Development activities
- Arts/Crafts Projects
- Enrichment Clubs

T-K/Kinder Students: Please pack a change of clothes for any accidents. YMCA staff will pick up (afternoon) each kinder at their classroom every day and walk them to the YMCA program. Please, let your teachers know that your child attends the YMCA!

Information for ALL Grades:

- We require all children to be signed in and out every day by an authorized adult 18 years or older.
- Please bring a picture ID with you upon sign in/out so that we know who you are.
- Please call us if your child will not be attending the YMCA so we don't expect your child at our program for the day.
- Please let us know if there is anything special you'd like us to know about your child and how we can best serve you.

DID YOU KNOW that the Y is a charitable 501(C)(3) non-profit, cause-driven organization? Each year, Y staff along with dedicated volunteers, work together to secure charitable donations from our communities ensuring that our mission of "helping all people realize their fullest potential" regardless of their financial circumstances continues. The finances raised allow families in need to participate in our after school programs, camps, swim lessons, sports instruction, gymnastics, membership and more! When you give to the Y, your tax-deductible gift will have a meaningful impact on the life of a family in your neighborhood.

HOW CAN YOU HELP?

I am interested in making a difference by donating to the Annual Campaign!

- A one-time donation of \$____, or monthly \$____ (All campaign donations will be drafted either one time or monthly when the Child Care draft begins in August. Note: \$10 monthly x 10 months = \$100 donation for the year, which helps send one child to summer camp!)
- I am interested in volunteering my time during the Annual Campaign

Program Options:	Participant Rate (Non-YMCA Member):	YMCA Member Rate:
AM Only 5 days	\$153/month	\$133/month
AM Only 3 days	\$115/month	\$100/month
PM Only 5 days	\$344/month	\$299/month
PM Only 3 days	\$248/month	\$216/month
PM Only 1 day	\$137/month	\$119/month
AM/PM 5 days	\$458/month	\$398/month

*Financial Assistance Available *No sibling discounts *You may mix and match any of the above plans to fit your needs

Thank you for being a part of the John A. Davis Family YMCA Child Care Program. We look forward to serving you!



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Child's First Name _____ Last Name _____ Birthdate _____

**Character Builders Program
Pricing for 2018-2019 School Year**

The pricing below is based on the San Diego Unified School District 2018-2019 school calendar. We bill monthly, August through May, of 10 equal payments spread out over the 10 months of school covering services from the first day of school, August 27, 2018 to the last day of school, June 11, 2019. The previous month's bill covers the next month of service (i.e. August's payment covers September's services and we do not bill you in June). The payments are based off of the 180 school days (or whatever plan you choose # of days) divided into 10 equal payments, hence why we do not prorate certain months. You are only paying for the actual days of program attendance that you have selected, regardless of whether or not certain months have more or less school days.

Services only include school days and do not include care during holidays or school breaks. Camps are available at the John A. Davis Family YMCA, Cameron Family YMCA, and McGrath Family YMCA for care during holidays or breaks and are a separate cost.

All payments are to be made each month from August 2018 to May 2019 and are required to be made by ATS (automatic draft). Payments can be made from your checking account or a debit/credit card. Payments from a checking account will require a blank voided check and be paid on the 10th of each month and debit or credit card payments will be paid on the 15th of the each month.

For any billing questions, plan changes and to add on any Daily Drop-In's, contact Tina Barker at (619) 464 – 9622 or tbarker@ymca.org. Itemized Child Care Receipts are available upon request with Tina Barker.

YMCA Child Care Rates:

Participant (Non-YMCA Member) Rate:

- \$50.00 Non-refundable registration fee required**
- AM Only 5 days - \$153/month
- AM Only 3 days - \$115/month
- PM Only 5 days - \$344/month
- PM Only 3 days - \$248/month
- PM Only 1 day - \$137/month
- AM/PM 5 days: \$458/month
- *Financial Assistance Available
- *No sibling discounts

YMCA Member Rate:

- \$50.00 Child Care registration fee is waived**
- AM Only 5 days - \$133/month
- AM Only 3 days - \$100/month
- PM Only 5 days - \$299/month
- PM Only 3 days - \$216/month
- PM Only 1 day - \$119/month
- AM/PM 5 days: -\$398/month
- *Financial Assistance Available
- *No sibling discounts

Daily Drop-In Rate:

Can ONLY be added in addition to a plan above and ONLY be used AS NEEDED

- AM Only for YMCA Members - \$7.39
- AM Only for Non-YMCA Member - \$8.50
- PM Only for YMCA Members - \$16.61
- PM Only for Non-YMCA Member - \$19.11

**John A. Davis Family YMCA
8881 Dallas St. La Mesa, CA 91942 | 619-464-9622**



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Child's First Name _____ Last Name _____ Birthdate _____

PROGRAM & PLAN SELECTION

YMCA Branch _____ Program Location _____

PROGRAM PLAN

<input type="radio"/> Plan 1	AM Only 5 Days Participant: \$153/month + \$50 initial registration fee YMCA Member:\$133/month Days your child will attend: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F
<input type="radio"/> Plan 2	AM Only 3 Days Participant: \$115/month + \$50 initial registration fee YMCA Member:\$100/month Days your child will attend: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="radio"/> Plan 3	PM Only 5 Day s Participant: \$344/month + \$50 initial registration fee YMCA Member:\$299/month Days your child will attend: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F
<input type="radio"/> Plan 4	PM Only 3 Day s Participant: \$248/month + \$50 initial registration fee YMCA Member:\$216/month Days your child will attend: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="radio"/> Plan 5	PM Only 1 Day Participant: \$137/month + \$50 initial registration fee YMCA Member:\$119/month Days your child will attend: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="radio"/> Plan 6	AM/PM 5 Days Participant: \$458/month + \$50 initial registration fee YMCA Member:\$398/month Days your child will attend: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F

INITIAL ATTENDANCE AND FEE SCHEDULE

In order to register your child, you will need to have all forms completed and be prepared to pay the registration fee. A payment plan will be completed upon registration. Rates are billed monthly. The \$50 registration fee is waived with a family membership. Space is not guaranteed until registration and enrollment are complete.

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Child's First Name _____ Last Name _____ Birthdate _____

LICENSED PROGRAM REGISTRATION INFORMATION

Child's Gender _____ Intended Start Date _____

Language Spoken at Home _____ Ethnicity (optional) _____

Registering Parent/Guardian First Name _____ Last Name _____

Mobile Phone Number _____ Email _____

Additional Parent/Guardian First Name _____ Last Name _____

Mobile Phone Number _____ Email _____

Is this additional parent/guardian authorized to make changes to enrollment information? YES NO

Will you be using alternative/3rd party payments?¹ CRS CDA NACCRRRA Other: _____

Does your child have any allergies? YES² NO

Does your child have/use any of the following?
Epi-Pen³ Inhaled Medication⁴ Glucagon⁵ Blood Glucose Monitoring⁶

Will your child be taking any regular medications not listed above? YES⁷ NO

Does your child have any conditions requiring special consideration? YES⁸ NO

For School-Age Programs Only:

School _____ Grade in Fall 2018 _____

- | |
|--|
| <ol style="list-style-type: none"> 1. Alternative Payment/3rd Party Certificate must be on file with the YMCA prior to start date. 2. Additional Allergies Information Form required. 3. Additional IMS Physician Checklist and Training Log for Epi-Pens and LIC 9221 required. 4. Additional IMS Physician Checklist and Training Log for Inhaled Medication, LIC 9221 and LIC 9166 required. 5. Additional IMS Physician Checklist and Training Log for Glucagon Medication and LIC 9221 required. 6. Additional IMS Physician Checklist and Training Log for Blood-Glucose Monitoring and LIC 9221 required. 7. Additional LIC 9221 required. 8. Must have a conversation with the Program Director for the program prior to enrollment to ensure reasonable accommodations can be provided, additional special assistance questionnaire may be required. |
|--|



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WALKING FIELD TRIP PERMISSION

- I hereby give permission for my child to go on all walking field trips. Walking field trips are a regular part of the program curriculum and include visiting other locations at the YMCA/School facility other than our licensed classrooms. Field trips will be under the supervision of YMCA staff at all times.
- I do not give permission.

SUNSCREEN PERMISSION

- I hereby give permission to the YMCA staff to apply sunscreen to my child as indicated on the curriculum calendar and/or daily schedule. I will provide my own sunscreen. (Sunscreen must be given to YMCA staff and labeled with the child's name. It will be kept locked up at the program when not in use.)
- My child will not use sunscreen. I understand that it is my responsibility to ensure that my child is otherwise prepared to be safe from the heat and sun during outdoor curriculum times.

Parent/Guardian Signature _____ Date _____



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ADMISSIONS AGREEMENT

Enrollment Start Date: _____

Please read and initial your understanding of the following and sign below:

_____ I have received the Family Handbook and the Participant/Parent Code of Conduct and am responsible for reading and abiding by the Policies and Procedures as set forth by the YMCA.

_____ I understand that I am responsible for ensuring my child is signed in and out of the facility by an authorized adult (18+ years old) on a daily basis.

_____ I understand that, after completing registration, if there is space available in the program, it will take up to 3 business days before my child can begin attending the program.

_____ My monthly rate will be \$ _____ (to be billed monthly) for _____ days a week in the _____ program. I understand that I will be given a minimum of 30 days notice of any rate changes that are made by the YMCA.

_____ I understand that cancellations and withdrawals from the program are required in writing 10 business days prior to my child's last day in the program. Failure to do so will result in financial responsibility for payment. No refunds are given.

_____ The \$50 registration fee for non-YMCA members are non-refundable.

_____ Monthly payments are made via Automatic Transfer System (ATS) on the 10th for checking accounts and the 15th for credit cards. Notification of changes or corrections must be made in writing 10 business days prior to my billing date via an ATS Form. I understand that it is my responsibility to notify the YMCA of any changes.

_____ A \$10 service fee will be applied to accounts with late payments, returned payments, stopped payments, unpaid balances, and closed accounts and that the service fee may be assessed for each of these reasons independently.

_____ YMCA program participation requires my child's account to be in good standing and that non-payment of any outstanding fees will result in my child not being allowed to participate in any other YMCA programs.

_____ A \$1.00 per minute fee will be assessed for late pickups past the program closing time of 6:30p. Any late fees will be added to my monthly billing cycle.

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_____ Program fees are averaged out over the total number of operating days within the year, no credits or refunds will be given for holidays, vacations, weekends, or days when program is not in session.

_____ YMCA staff and volunteers are not allowed to baby-sit, transport, or otherwise be present with participants outside of YMCA programs.

_____ The YMCA, our staff, and volunteers are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

_____ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.

_____ I acknowledge that, per Department of Social Services, Community Care Licensing, Title 22 regulations, my child's file is available for review by the Department of Social Services and that representatives from these agencies may privately interview my child without prior parental/guardian permission. In addition, law enforcement personnel may request the information listed in your file and may privately interview your child if necessary.

_____ The YMCA, our staff, and volunteers will not become involved in any custodial disputes between parents/guardians. Request for documents in relation to your child's participation in the program must be made in writing from the court.

_____ The YMCA may immediately terminate my child's enrollment for any of the following reasons, including but not limited to:

- Emergency names and phone numbers are incorrect.
- Parent/guardian is late picking up their child after the program closes on multiple occasions or a single excessive occasion.
- Non-payment, late-payment, or NSF payment of program fees.
- Failure to adhere to the sign-in or sign-out procedures.
- Failure to notify the YMCA that your child will be absent (after-school programs)
- Behavior that is continually disruptive or dangerous to others, themselves, or staff.
- Behavior that is destructive to property.
- Any single incident that is deemed by the Program Director to be dangerous, harmful or disruptive.
- Failure to adhere to the Parent/Guardian code of conduct.
- Involving YMCA staff in custodial disputes.

Parent/Guardian Signature

Date

YMCA Staff Signature

Date



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Child's First Name _____ Last Name _____ Birthdate _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR ADULTS

Name of Adult(s) _____

In consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

1. I acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I assume full responsibility for, and risk of, bodily injury, death or property damage except if caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I assume full responsibility for, and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Adult Name (print) _____ Adult Signature _____ Date _____

Adult Name (print) _____ Adult Signature _____ Date _____

Waiver/Consent

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature _____ Date _____

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Child's First Name _____ Last Name _____ Birthdate _____

ALLERGIES INFORMATION

Specific Type of Allergy/Allergies _____

- Milk/Dairy
- Eggs
- Nuts

- Wheat/Gluten
- Berries
- Lotion

- Medication
- Bees/Insects
- Other

Type of reaction(s) my child experiences when having an allergic reaction _____

Procedures to follow if my child comes in contact with the specified allergen(s) _____

Physician/Allergist _____ Phone Number _____

Parent/Guardian Signature _____ Date _____



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YMCA OF SAN DIEGO COUNTY LICENSED PROGRAM ATS APPLICATION

PAYMENT INFORMATION

CHILD'S NAME	BIRTH DATE
SCHOOL/PRESCHOOL	
PARENT NAME(S)	
CHECK OR CARD ACCOUNT HOLDER'S NAME(S)	
CREDIT CARD NUMBER	EXPIRATION DATE
BILLING ADDRESS (STREET NUMBER, STREET NAME, CITY, STATE, ZIP CODE)	
HOME PHONE CELL PHONE	WORK PHONE
EMAIL ADDRESS	

Automatic payments occur monthly.
Checking accounts on the 10th and credit/
debit cards accounts on the 15th.

Please Initial: _____

Changes to automatic payments must
be submitted in writing and at least 10
weeks/days prior to draft date.

Please Initial: _____

Check or Card Holder's Signature: _____ Date: _____

I hereby authorize the YMCA of San Diego County to initiate debits to the bank/credit account attached. This authority is to remain in full force and effect until the YMCA or BANK has received the 10 days written notification from me (us) of its termination in such a manner as to afford the YMCA or BANK a reasonable opportunity to act on it. A \$ 10.00 service fee will be applied for accounts returned unpaid, closed, or payment stopped. I understand there are no refunds given. I understand it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA.

FOR CHECKING ACCOUNT PLEASE ATTACH A VOIDED CHECK

DATE RECEIVED	DRAFT BEGIN DATE	FIRST MO. DRAFT FEE	DRAFT DATE	ENTERED CCC	ENTERED EXCEL	COMMENTS

NOTES AND ADJUSTMENTS

ATTACH VOIDED CHECK HERE



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Child's First Name _____ Last Name _____ Birthdate _____

HOMEWORK AGREEMENT

As part of our mission, the YMCA of San Diego County is dedicated helping youth reach their fullest potential through the development of Spirit, Mind and Body. We believe that a well-rounded program provides opportunities for growth in social skills, healthy lifestyles, physical fitness, experiential learning, arts, and science, as well as, academic assistance.

Our YMCA Character Builders program provides approximately _____ minutes of daily homework assistance (Monday-Thursday).

Please meet with your child and discuss the expectations that you have of them during the program's homework assistance time:

My child and I have agreed that they do not need to work on homework at the YMCA and will engage in non-disruptive educational activities provided during this time.

My child and I have agreed that they will work completing homework assignments at the YMCA on the following days:

Monday Tuesday Wednesday Thursday

Additional Notes: _____

While homework completion during program time is often possible, student assistance and understanding are our program goals during this part of the day. YMCA staff are responsible for multiple children during homework time and are not in a capacity to act as private tutors. Please check with your student and your YMCA staff team each day for an update as to your child's completion status.

I understand that it is ultimately the student's responsibility to complete and submit their homework with the assistance, guidance and support of caring adults from both within and outside the home.

My child and I have discussed and agreed on our homework expectations during homework time.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
--	------------------------	---

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?

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

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

_____ 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: 7575 Metropolitan Dr. Ste 110, San Diego, CA, 92108

Licensing Office Telephone #: (619) 767 - 2200

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.

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:

Community Care Licensing

NAME

7575 Metropolitan Dr.

ADDRESS

Ste. 110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

(619)767-2200

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)