

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

WALNUT ACRES CHILDREN'S CENTER ADMISSION AGREEMENT

7/1/18

1. **AGES:** Care, recreation and nourishment for school age children from 4 yr. 9 mo. – 12 yr.
2. **RATES:**
 - A. Contract Hours - on a monthly basis;
 - Jr. Kindergarten: 15 hours/week; Kindergarten: 12 hours/week @ \$6.00/hr.
 - 1st – 5th a minimum of 10 afternoon hours/week or 15 hours am and pm @ \$6.00/hr.
 - B. Customized – less than monthly contract hours as shown above;
 - Pre-arranged hours from dismissal time– 2 hours/day minimum, am or pm @ \$10.00/hour if turned by the first of each month.
 - C. Drop In
 - \$10.00/hour if space is available; two hour minimum
 - D. Other Fees
 - Late pickup after contracted time @\$10.00/hr. or part thereof;
 - If sign out is not done accurately, there is a charge of \$10/time;
 - Late Pick up charge after 6:00 pm: \$1/minute increasing up to \$3/minute;
3. **PAYMENT:**
 - The monthly amount is due on the 1st of each month. We do not bill.
 - All clients are expected to use TUITION EXPRESS – bank to bank transfer.
 - \$25 Late fee after the 1st of the month, or if bank transfer is rejected;
 - Unpaid balances are sent to collections after 90 days
4. **REFUNDS**
 - There are no refunds or credit given for time not used due to vacation, enrichment, sickness, sports, or other outside activities.
5. **NOTICE OF CHANGES**
 - The client must give a 30-day written notice before changing hours or taking child out of the center. You are obligated to pay until 30-day notice is used up.
 - A 30-day notice cannot be used for vacations, school breaks, or holidays. Space is not guaranteed upon need to return.
6. **SIGNING CHILD IN AND OUT**
 - Electronic sign in and out is used.
 - If not signed out correctly, there will be a fee of \$10 for each time.
 - Parents and others who regularly sign a child in and out will use an individual personal code. Children will be signed in after school and other activities by staff.
7. **NOTIFICATION OF CHILD ABSENCE POLICY**
 - It is the parent's responsibility to notify the center if their child will not be attending for any reason – sickness, sports, scouts, enrichment classes, tutoring, vacations, etc.
 - Please call or write in the COMMUNICATION BOOK at the sign in counter if your child is to be absent. The following fines will be levied for NO NOTIFICATION: 3rd time - \$15; 4th time - \$20; 5th time and after - \$25.
8. **DISMISSAL POLICY** - The Walnut Acres Children's Center Board of Directors reserves the right to dismiss clients and/or their children who do not adhere to the philosophy, principles, or practices of this Center. Any of the following may indicate unsuitability to attend, and after consultation, will be advised to find another place for the child:
 1. Non-payment of fees for a period of 30 days;
 2. Consistent lateness in picking up child (over 3 times);
 3. Inability to work with or cooperate with director or staff;
 4. Behavior problems of the child which can't be changed by the child or parents;
 5. Abusive behavior on the part of the parent or parent's agent toward staff.
9. **SUMMER CAMP**
 - Please note, our summer camp program has its own pricing, payment, and refund policy that is detailed in the registration.
10. **RIGHTS OF THE LICENSING AGENCY:** The Department of Licensing Agency shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child or staff member and for the examination of all records relating to the operation of the facility. The Licensing Agency shall have the authority to observe the physical condition of the children, including those which could indicate abuse, neglect or inappropriate placement.
11. I have read and agree to the above policies for admission to Walnut Acres Children's Center.

Parent Signature _____ Date _____

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

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

Walnut Acres Children's Center

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

()



PARENT CONSENT FOR ADMINISTRATION OF ANY NONPRESCRIPTION MEDICATIONS LISTED BELOW

Note: Regulation Section 101221 requires the following information on file

Center Name: Walnut Acres Children's Center

Facility Number: 070211217

Date: _____

Child's Name: _____ Birthday _____

Child's Name: _____ Birthday _____

Child's Name: _____ Birthday _____

Sun Screen

Tenderizer for bee stings

Aloe Vera

I authorize child care personnel at Walnut Acres Children's Center to assist in the administration of medications described above as needed for skin care and bee stings for the duration of their attendance at Walnut Acres Children's Center. I understand that these items may be applied to exposed skin including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

I will provide my own sunscreen for my child, understanding it will be stored by WACC with child's name clearly marked on it.

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescriptions and nonprescription medication shall be administered in accordance with label directions.
4. Written consent must be provided from the parent, permitting the child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

Parent/Guardian Name

Date

Upon Completion, return medicine to parent or destroy, and place form in child's record.

Staff Member

Date

WALNUT ACRES CHILDREN'S CENTER
AND SUMMER CAMP

PERMISSIONS FORM 2018

Childs Name: _____

1. Walking - all ages

My child has permission to go on walking trips to local areas under direct teacher supervision. Yes ___ No ___

2. Supervised roughhousing - all ages

My child **DOES** ___ **DOES NOT** ___ have permission to roughhouse as an organized activity, on mats, and under direct teacher supervision, such as wrestling.

3. Carpentry – all ages

I **do** ___ **do not** ___ allow my child to use carpentry tools under direct teacher supervision.

4. Use of kitchen tools – all ages

I **do** ___ **do not** ___ want my child to use knives, blenders, and other kitchen accessories under direct teacher supervision.

5. Photographs – all ages

It **is** ___ **is not** ___ OK for my child to have pictures taken which may appear in a newspaper, on the center website, or on our Facebook page. Names will not be used.

6. As of (date) _____, I authorize any staff member of Walnut Acres Children's Center to seek emergency medical treatment for my child/ren.

I voluntarily release Walnut Acres Children's Center, its officers, agents, employees, and volunteers from any and all liability for injuries or property damage resulting from or in any way connected with my child's participation in the activities offered by the Walnut Acres Children's Center.

I have read this release of liability and assumption of risk agreement and understand it. I give any staff of Walnut Acres Children's Center permission to seek emergency medical help for my child.

Parent's Signature

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: 1515 Clay Suite 1102 Oakland, CA 94612

Licensing Office Telephone #: (510) 622-2602

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.

Walnut Acres Children's Center
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

Community Care Licencing

ADDRESS

1515 Clay St. Suit

CITY

Oakland

ZIP CODE

94512

AREA CODE/TELEPHONE NUMBER

(510) 622-2602

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)

Walnut Acres Children's Center

(PRINT THE ADDRESS OF THE FACILITY)

450 Wiget Lane, Walnut Creek, CA 94598

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

WALNUT ACRES CHILDREN'S CENTER LATE POLICY AND FEES

- THERE IS A GRACE PERIOD OF ONE TIME before a late fee of \$1/minute is charged after 6:05pm
 - AFTER ONE TIME OF BEING LATE grace period is dropped; \$1/min late fee
 - AFTER TWO TIMES OF BEING LATE fee will increase to \$2/min
 - AFTER THREE TIMES OF BEING LATE fee will increase to \$3/min and a consultation will be scheduled with the Director to discuss solutions to stay in the center
 - At 6:10pm, if parent cannot be reached, the teacher on duty will call a person on your emergency list to pick up your child

I have read and understand the LATE policy

Parent Signature

Date

PARENTAL WAIVER OF PARENT SIGNATURE

I give staff of Walnut Acres Children's Center my permission to sign my child in or out of the center. This may include, signing child out for and in from Kindergarten, in from school, out to walk to practice, releasing child to parent authorized pickups, or other variants.

*Staff will not sign children out without parent's knowledge.

I understand that the safety of my child and their whereabouts when they leave the center and before they enter the center is my responsibility and not that of Walnut Acres Children's Center.

Child's Name _____ Date _____

Parents Signature _____

NOTIFICATION OF CHILD ABSENCE POLICY

Safety is our number ONE concern at Walnut Acres Children's Center. Safety is knowing when to expect your child at the center. Our responsibility for safety is to sign in your child on the days she/he is expected to attend. Parental responsibility for safety is to let the center know when the child will NOT be attending when expected.

- You must notify the center if your child will NOT be attending when expected.
- Walnut Acres Elementary does not notify the center.
- You must call both the school and the center if your child will be absent.
- You may call, email, or write the absence in the parent communication book.
- The reasons can be many for your child not attending when expected:
 - * Sickness
 - * Vacation
 - * Playdate
 - * Enrichment Class
 - * Early parent pick up from school
 - * Scouts, sporting event, religious school
 - * Staying after school to work with teacher

In order to increase your awareness of this safety issue, the following fines will be levied for NO NOTIFICATION: 1st & 2nd NO CHARGE; 3rd -\$15 fine; 4th -\$20 fine; 5th -\$25

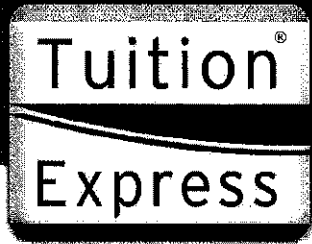
POLICY REGARDING CHILDREN WITH ALLERGIES

To Parents of Children with Allergies:

If you have notified us that your child is allergic to a common product which we may serve in our snack, or which may be in the snack of other children, such as peanuts or peanut oil, we think it important you know that, although we will try our best while your child is in our care to protect him/her from coming into contact with allergens, we cannot guarantee this.

We do not feel we can provide an allergen free environment for your child. Even though we will do our best to administer appropriate medication should your child be exposed, we cannot guarantee correct administration.

Thank you for your understanding.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

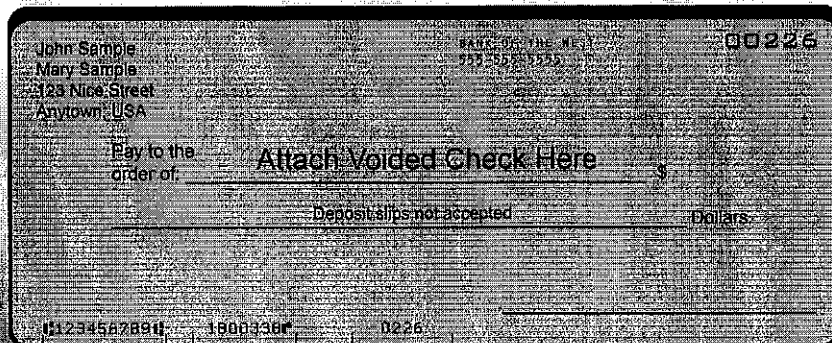
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only

| |
|--------------------|
| Date Received |
| |
| Employee Signature |
| |



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