



KIDS CLUB PROGRAM ENROLLMENT AGREEMENT

1. I understand that any student will be accepted into the program according to the District's Non-Discrimination policy, providing that the program meets the needs of the individual child.
2. I hereby agree to pay the Program fees each month. I understand that due to the funding source of the program, the following is true:
 - a. Refunds are not given for days not used during the month. The monthly fee remains the same for high/low usage months. Credit is not given for vacation or illness, nor are additional fees charged for full days (Teacher work days, Winter/Spring breaks, etc.).
 - b. For either party to terminate, **two weeks (10 working days) written notice must be given.** *Failure to give two weeks written notice will result in billing of ½ month's program fee.*
3. It is my understanding that fees must be paid every month to stay enrolled in the program. Enrollment must be year-round (continual) to retain my child's space in the program.
 - a. Failure to pay fees in accordance with the policy will result in termination of program services. The fees are due on the **first Wednesday of the month by 6:00 p.m. A \$20.00 late fee is charged for all late payments. The late fee is charged per family.**
 - b. **If fees are not paid, program services will be suspended until the account is brought current.** Program services will be terminated if fees remain delinquent for two weeks.
4. I understand if my child remains at Kids Club past scheduled closing, I will be charged \$5.00, and an additional \$1.00 per minute after 6:05 p.m. The late fee is charged on a per child basis. Only three late pick-ups are permitted in any 12-month period. After two late pick-ups have been documented a Notice of Intended Action to terminate program services will be emailed to the family. This notice states that we will terminate program services if there are three late pick-ups in a 12 month period.
5. I understand the program cannot assume responsibility for my child until he/she has been signed in for the day. I agree to sign my child out when I pick him/her up from the program each day. If I wish to have my child released to another adult, I will send written authorization in advance.
6. I realize students who attend Kids Club will be required to follow PUSD guidelines of behavior.
7. I understand that the Kids Club Parent Handbook is available for my viewing at any time. I acknowledge that I have had the opportunity to read and understand the policies and procedures listed in the Kids Club Handbook. My signature below reflects my agreement to comply with the policies and procedures, and the terms and conditions specified in the Kids Club Parent Handbook.

PARTIES TO THIS AGREEMENT

Signature of Parent or Guardian Date _____
Signature of Parent or Guardian Date

<i>For KC Office Use Only</i>	Date Received	Received by	Rev 01202017
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Emergency and Identification Information

Date _____

Child's Name _____ School _____
Street Address _____ Grade _____ Gender M / F
City State Zip _____ Date of Birth _____

Father/Guardian Name _____ Home Phone _____
Address (if different from child's) _____ Work Phone _____
Employer _____ Cell Phone _____
City of Employment _____ Email _____

Mother/Guardian Name _____ Home Phone _____
Address (if different from child's) _____ Work Phone _____
Employer _____ Cell Phone _____
City of Employment _____ Email _____

Child's Physician _____	Phone _____
Medical Insurance _____	Insurance Number _____
Allergies or Medical Limitations _____	
Child's Dentist _____	Phone _____

LOCAL PERSONS (other than parents) AUTHORIZED TO PICK UP AND/OR TO BE CALLED IN CASE OF EMERGENCY
--Must be 18 years or older. Be sure to include someone who will usually know your whereabouts--

UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE RELEASED TO ANY ONE NOT KNOWN TO KIDS CLUB WITHOUT AUTHORIZATION FROM A PARENT OR GUARDIAN

Name _____	Relationship to child _____
Address _____	Phone #1 _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #2 _____

Name _____	Relationship to child _____
Address _____	Phone #1 _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #2 _____

Name _____	Relationship to child _____
Address _____	Phone #1 _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #2 _____

Name _____	Relationship to child _____
Address _____	Phone #1 _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #2 _____

Permission for Medical Treatment. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a Kids Club Staff Member to call 911 for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent/Guardian Signature _____ Date _____



CHILD'S PREAMMISSION HEALTH HISTORY – PARENT/GUARDIAN'S REPORT

Child's Name	Gender	Date of Birth
Father/Guardian's Name	Age	Does the father/guardian live in home with child?
Mother/Guardian's Name	Age	Does the mother/guardian live in home with child?
Has the child been under regular supervision of a physician?		Date of last examination

DEVELOPMENTAL HISTORY

Walked at: _____ months	Began talking at: _____ months	Toilet training started at: _____ months
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ILLNESSES – Check those illnesses that the child has had and give approximate dates:

	Dates		Dates		Dates
<input type="checkbox"/> Chicken pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Hay fever		<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy (Seizure Disorder) <input type="checkbox"/> Whooping cough (Pertussis) <input type="checkbox"/> Mumps		<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-day measles (Rubeola) <input type="checkbox"/> Three-day measles (Rubella)	

Other serious or severe illnesses or accidents?

Does child have frequent colds?	How many in last year?	List any allergies staff should be aware of:
Has a bee ever stung your child? Yes _____ No _____	Did your child have any reactions to the bee sting? (Explain)	

DAILY ROUTINES

What time does child get up?	What time does child go to bed?	Does child sleep well?
Any food dislikes?	Any eating problems?	

Parent/Guardian's evaluation of child's health:

Parent/Guardian's evaluation of child's personality:

How does the child get along with parents, brothers, sisters, and other children?

Has the child had group play experiences?

Does the child have any special problems or fears? (Explain)

What is the plan for care when the child is ill?

Last Child Care Program attended:

Signature of Parent/Guardian	Date
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

INSTRUCTIONS:

This form is intended to meet the requirements of California Health and Safety Code Sections 1596.857 and 1596.859, which pertain to the right(s) of parents or guardians to inspect the child care facility their child attends. The facility is required to:

1. Post this notice in a prominent place.
2. Make sure the child's parent(s) or guardian(s) completes and signs the acknowledgement at the bottom of this form.
3. Detach the signed parental acknowledgement and file it in the child's record--and give the child's parent(s) or guardian(s) the top portion of this form.

PARENTS' RIGHTS

1. Parents/guardians, upon presentation of identification, have the right to enter and inspect the child care facility their child attends without advance notice to the provider. This right can only be exercised during the facility's normal operating hours or at any time the child is receiving care in the facility.
2. Parents/guardians have the right to file a complaint against the facility with the licensing agency.
3. Parents/guardians have the right to review, at the facility site, licensing reports of facility visits and substantiated complaints against the facility. The facility is not required to keep this information beyond three years. Only information available in the public file of the local licensing agency is to be made available to parents/guardians at the facility. Public information on inconclusive complaints is only available at the local licensing agency.
4. The law prohibits discrimination or retaliation against any child or parent/guardian should the parent/guardian choose to exercise his or her right to inspect the facility or to file a complaint against the facility.
5. The law requires that parents/guardians be informed of their rights (see Nos. 1, 2 and 3 above).
6. The law requires that this notice be posted in the facility in a location accessible to parents/guardians.
7. The law authorizes the person in charge of the child care facility to deny access to a parent/guardian if:
 - a. The parent/guardian is behaving in a way that poses a risk to children in the facility. OR:
 - b. The adult is a noncustodial parent, and the custodial parent has requested the facility in writing not to permit access to the noncustodial parent.

LIC 995 (9/08) ----- (Detach Here) -----

ACKNOWLEDGMENT OF PARENT NOTIFICATION

(Parent/Authorized Representative Signature Required)

This will acknowledge that I/we, the parent(s)/guardian(s) of _____, have received a copy of "PARENTS' RIGHTS" from the licensee or authorized representative.

Pleasanton Unified School District Kids Club Program

Name of Facility

Signature of Parent(s)/Guardian(s)

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.

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)



CHILD PROFILE

Child's Name _____ Lives with the Child? _____

Father/Guardian's Name _____ Yes _____ No _____

Co-Parent's Name _____ Yes _____ No _____

Mother/Guardian's Name _____ Yes _____ No _____

Co-Parent's Name _____ Yes _____ No _____

Number of Children in the Family _____

Ages of Children _____

Languages Spoken in the Home _____

Hobbies or Special Interests of the Child _____

Special Needs of the Child _____

Special Skills _____

Special Concerns about the child we should be aware of _____

PLEASE CHECK ANY AREAS YOUR CHILD IS INTERESTED IN:

MUSIC	_____	READING	_____	ART	_____	SPORTS	_____
DRAMA	_____	COOKING	_____	SCIENCE	_____	SEWING	_____

SPECIFIC SPORTS YOUR CHILD PARTICIPATES IN _____

Other _____

For Parents: Any special interests, hobbies, skills that you would be willing to share with us: _____

Pleasanton Unified School District



Dear Parent/Guardian:

The school district occasionally has the opportunity to highlight the accomplishments of our students or programs via newspapers and/or television broadcasts. We may photograph or videotape your child, during school events, for this publicity. In addition, we may use photographs or videos on our web pages, in PUSD brochures or print publications, and on social media (Facebook, Instagram and Twitter).

Please return the lower portion of this form only if you do NOT want your child included in photos/videos or if you do not want his/her photo on the Internet.

Patrick Gannon
Coordinator, Communications & Community Engagement
Pleasanton Unified School District
(925) 426-4304
pgannon@pleasantonusd.net

Return this form to your child's school office **only if you do NOT want him/her photographed during school-related activities.**

- Please do **NOT** photograph or videotape my son/daughter (except for ID/yearbook photos).
- Please do **NOT** use photographs or videos of my son/daughter on the Internet.

Student's name (please print)

Student's school

Student's teacher (K-5) / Student's counselor (6-12)

Signature of parent/guardian

Date