

ACADEMY OF SCHOLARS SCHOOL-AGE CARE
420 I STREET SUITE 5, SACRAMENTO, CA 95814
(916) 442-4228 ext. 112
TAX ID #94-2581434

REGISTRATION & AGREEMENT FORM
JUNE 1, 2021 - JUNE 30, 2022

CHILD & SCHOOL INFORMATION					
Child's Name:		Birth Date:		Age:	
School Attending:					
2020/2021 Grade:	EK K 1 2 3 4 5 6 7 8	Teacher (s):			
PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name:		Email Address:			
Home Address:		City:		Zip:	
Day Phone:		Cell Phone:			
Parent/Guardian Name:		Email Address:			
Home Address:		City:		Zip:	
Day Phone:		Cell Phone:			

OPEN MONDAY-FRIDAY 7:00AM-6:00PM

Academy of Scholars will be closed on the following dates:

2021-2022	
<ul style="list-style-type: none"> • New Year's day • Martin Luther King Jr. Day • Lincoln's Birthday • President's Day • Memorial Day • 2nd-5th of July • Labor day 	<ul style="list-style-type: none"> • Veteran's day • Thanksgiving Thursday and Friday) • Christmas 12/24 (observed) • June (last Thursday of the school year)

Dates are subject to change.

____ (INITIAL)



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REGISTRATION FEES

I hereby agree that (child's name) _____, will be enrolled in Academy of Scholars (AoS) beginning on: ___ / ___ /20___, contingent upon:

return of this agreement with a non-refundable registration fee of **\$25.00 per participant**; my signing this enrollment agreement (where legal custody of the above named child is maintained by more than one parent or guardian, all parents and guardians maintaining legal custody of, or having financial responsibility for said child, must sign this enrollment agreement in the appropriate spaces; acceptance of this enrollment agreement by AoS, such acceptance to be signified by execution of this enrollment agreement by an authorized representative of AoS for the educational enrichment of the enrolled child.

____ (INITIAL)

TUITION POLICIES

I understand that acceptance of enrollment constitutes an agreement to pay the monthly tuition by the sixth (6th) day of each month my child is enrolled in the program. AoS is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance. In addition, if I fail to meet my financial obligation to AoS by the deadline stated above, I understand that AoS has the absolute right to deny program attendance to my child. In addition, I understand that it is my responsibility to monitor any category changes. Category changes must be submitted prior to the month that needs to be changed. Category changes will be accepted up until the 20th of the prior month of the requested change.

I agree to pay the tuition: **CATEGORY** _____

____ (INITIAL)

I understand that tuition is due no later than close of business on the sixth (6th) day of the month that my child is enrolled in the program. AoS has the right to charge a twenty-five dollar **\$25.00 late fee** if tuition is paid after the sixth (6th) day of the month that my child is in attendance at AoS. If the 6th falls on the weekend or holiday, fees will be paid the following business day.

An additional **\$10.00 per hour** will be charged if my student care exceeds the maximum hours in the designated category. Once the student care meets the next designated category, the difference in the amount owed for the next category will be billed with the next month's fee. In order to change my current category, an amendment form must be turned in by the 20th of the month prior to care. Amendments not



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received by this date will result in continued billing in the assigned category, even if all of those hours are not used.

The following forms of payment will be accepted by the Academy of Scholars program: *Visa, MasterCard, Discover, money order or check made payable to the Sacramento Chinese Community Service Center (SCCSC)*. Registration and first month fees must be paid through the Procure system. ***Cash is not allowed as a form of payment.*** Monthly payments can be mailed to the ***Academy of Scholars (SCCSC) administration office at 420 I Street Suite 5, Sacramento, Ca. 95814*** or ***made via the Procure parent portal and/or Tuition Express.***

All parents/guardians participating in alternative payment programs (Child Action, Calworks, Pace, etc.) are responsible for any fees or portions thereof not covered by the alternative payment program. If the alternative payment program does not pay the full amount you will be held responsible for the difference. Failure to pay the difference will result in disenrollment from the Academy of Scholars.

A **\$25.00 fee** will be assessed for returned check payments or a declined EFT. After your second return check, we will not accept any additional checks under the contract. Upon disenrollment, delinquent accounts will be forwarded to a collection office or a collection agency. This collection effort will include all program fees owed as well as collection cost and may result in wage garnishments. AoS does not provide refunds for unused/lesser time or disenrollment for any reason. The rates that are set forth in this registration and agreement form are subject to revision by AoS at any time; families will receive notice of rate changes in advance.

I understand that I am completely responsible for my child's tuition and fees as described herein.

AoS requires a written 30 day notice before terminating your child's enrollment in the AoS program. Failure to do so will result in continued charges until a notice is submitted. Failure to do so will result in a category fee assessment for services through the end of the month following the receipt of the notice.

____ (INITIAL)

DISCOUNT

For families with multiple children enrolled at AoS, we offer a 10% discount for each additional sibling. At least one sibling must be contracted for category A. The discount applies to the lowest contracted category out of all the siblings.



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SIBLING DISCOUNTS	
*Each additional child	10%

*Discount can't be applied to lowest category or Summer programming

ADMISSION POLICY

I must complete and submit all necessary forms provided by AoS prior to my child's attendance, which include: registration and agreement form and state licensing forms for each child. Enrollment is on a first come/first serve (space available) basis. In compliance with community care licensing regulations and AoS child care program policies, all children in the program must be checked in and out by an authorized parent/guardian or authorized designee upon arrival and departure by signing the sign in and out sheet with a legal signature (not initials). I understand that if I or my designees fail to sign my child out of program. A **\$25.00 penalty will be assessed**. More than three failures to sign out in a contract year may result in dis-enrollment from AoS (regardless of whether different individuals failed to sign their child out). Children that are not signed out will be billed until the close of program (6pm).

I understand that in signing this agreement I agree for myself and for my child to abide by all of the regulations and decisions of AoS, including but not limited to its by-laws, statements of policy and the resolutions of its corporate officers. I understand that AoS reserves the right to amend the conditions of this agreement if at the school's discretion; my child's academic, emotional and/or behavioral situation suggests such action to be in the best interest of the school and/or my child.

I understand that it is necessary for parents/guardians to conduct themselves in a respectful and mature manner while at AoS sites and administrative offices. Failure to do so will result in disenrollment of your child from the AoS program.

_____ (INITIAL)

PROGRAM POLICY

I give permission to AoS to sign my child in/out before/after school. I understand that AoS is not responsible for my child while he/she is attending school.

I understand that participation in the AoS is conditional and based on my child being able to get along with others and adhere to the rules of the program. Acceptable behavior is required to ensure continued participation throughout the enrollment period. AoS rules align with school and district. If my child is



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suspended from school, they are also suspended from the AoS. The program reserves the right to deny enrollment into the academy of scholars due to behavioral issues.

If disenrollment occurs due to disciplinary issues, a 6-month waiting period must pass before re-enrollment can occur at any AoS sites. If a participant is suspended or expelled from AoS during program hours the parent, guardian or emergency contact will be contacted to pick up my child from the site within 60 minutes. After 60 minutes, I will be charged **\$1.00 per minute** until my child is picked up.

A late pick-up fee of **\$5.00 (per child), per five minute increment**, will be charged for children who are still at the program site after 6:00pm.

Example:

1-5 minutes late= \$5 6-10 minutes late= \$10 11-15 minutes late= \$15

16-20 minutes late= \$20 21-25 minutes late= \$25 and so on

Late pick-up fees will be charged on the next billing cycle. If payment for late pick-up is not received by the 6th when billed, a **\$25.00 late fee** will be assessed to your account. There are no exceptions to this policy. All sites close promptly at 6:00pm.

Your child will be **dropped from AoS upon the 4th late pick-up (regardless of whether different individuals pick up the child) during the period of the school calendar year**. Children not picked up by 7:00pm will be turned over to Child Protective Services or local police.

I understand that if my child becomes ill at school they may not attend the academy of scholars. If my child becomes ill while at AoS, my emergency designees or I will pick-up my child within **60 minutes** of being notified. **After 60 minutes, I will be charged \$1.00 per minute** until my child is picked up from the program. **Illness refund will be considered pending circumstances. I will notify AoS staff if my child has been exposed to any contagious disease or condition** (mumps, measles, chicken pox, lice, pink eye, etc.), so AoS can notify other parents immediately.

I have read all information provided and discussed any questions I have with the site program manager. I have read and accept the AoS policies, procedures, and responsibilities as outlined in the parent handbook.

If for any reason the contract no longer accurately represents the needs of the family, immediately provide the program with the new contract modifications. It is expected that all family modifications will be submitted 30 days in advance.

_____ (INITIAL)

TERMINATION

This agreement can only be terminated by an officer of the AoS. Common reasons for a child's enrollment to be terminated from our program include, but are not limited to, the following: failure to pay tuition each



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month, child's behavior is a consistent distraction to others, out of control behavior, and a safety issue to other children. Written documentation will be provided stating the reason or reasons for termination to the child's parents or legal guardian. AoS will use protocol stated in the parent handbook prior to releasing student from the program.

____ (INITIAL)

RIGHTS OF THE LICENSING AGENCY

The Department of Social Services, community care licensing division according to title 22, division 12, chapter 1 regulation 101200, states “the department has the authority to interview children or staff and to inspect and audit child and child care center records, without prior consent. The school 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 child care center. The department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement. “

____ (INITIAL)

WAIVER AND RELEASE OF LIABILITY

In consideration for being permitted to participate in all program activities at AoS, I hereby waive, release and discharge any and all claims for damage for personal injury, death, or property damage which my child or I may have or which may hereafter accrue to my child or me, as a result of participation in said activities. This release is intended to discharge in advance AoS (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my child's or my participation in said activities. It is understood that these activities involve an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks for my child and myself. 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. I additionally consent for my son/daughter to participate in AoS activities and I hereby execute the above agreement, waiver and release on his/ her behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from said risks, which participants may incur as a result of programming.



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PHOTO RELEASE

As the parent and/or guardian of a child(ren) attending AoS agree to the following:

I understand that my child(ren) may be photographed at the AoS during normal before school and afterschool hours, field trips, or activities. I understand that these photographs may be used in promoting our services, either in print or on the internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. Select one option below:

_____ I do give permission for my child to be photographed **(INITIAL)**

_____ I do **not** give permission for my child to be photographed **(INITIAL)**

HOW TO ENROLL IN PROCARE

For each student attending the program a parent or legal guardian must submit a AoS Registration Agreement Form (prior to the beginning of the school year to reserve a space in the program) and/or an application (Due prior to the first day of the start of program) with a non-refundable **\$25 per student registration fee**. An account must be created in the Procure system to make monthly electronic payments. All monthly payments including the registration fee must be paid through the online parent portal system. Use this link to register your child:

<https://www.myprocare.com/Default/Index?aWtuPTExOTAzODgxMTUmc2NoSWQ9MTAwOQ==>

After you select your payment option you will receive an invoice for your first month's tuition. Our Bookkeeper will be sending you monthly invoices so you can pay each month's tuition using this online system. She can be reached at Stefani@sccsc.org or 916-442-4228 x106. We do not accept cash or checks for payments. **Tuition must be paid electronically through the online parent portal system.**

I have carefully read the 2021/2022 registration agreements and parent handbook and that I fully understand its contents. I am aware that this agreement contains a release of liability, that it is a contract between AOS (SCCSC) and myself and that I am signing it of my free will.



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PARENT/GUARDIAN

Print Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date:	

Print Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date:	

ADMINISTRATION USE ONLY

This registration agreement supersedes all previous agreements.			
Effective Date:			
Print Name of Administration Staff:		Date:	
Signature of Administration Staff:			
Date Registration Fee Received:		Type of Payment #:	
Family ID:		Contract Information Updated:	
Child ID:			



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

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)

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
()

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

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

**NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES**

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. ***A separate form must be filled out for each person who administers inhaled medication to the child.***

I, _____, give my consent for _____,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at _____,
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, _____, and to contact my child's health care
provider. (PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered nurse). These instructions include:

- Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's prescription.
- Potential side effects and expected response.
- Dose form and amount to be administered in accordance with the physician's prescription.
- Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

ADDRESS OF AUTHORIZED REPRESENTATIVE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

