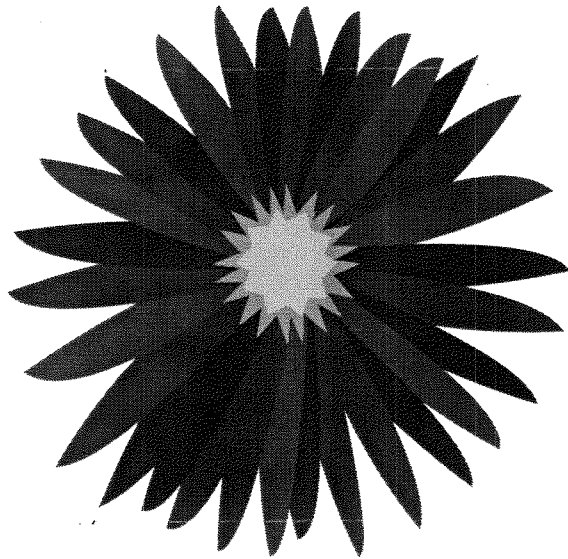


Early Education Program 2.5-5 Years

**Child Care Programs
NEW STUDENT PACKET
2009-2010**



**Highlands Recreation Center
1851 Lexington Ave
San Mateo CA 94402
(650) 341-4251
www.highlandsrec.com**

Highlands Recreation Center

Code of Conduct

Welcome to the Highlands Recreation Center. The HRC is a multi-use facility where customers can participate in recreation, socialization, educational, and fitness activities, as well as find a variety of helpful, relevant services in a fun and relaxed setting.

The Highlands Recreation District is committed to providing a safe and welcoming environment for our participants, visitors and staff. To help ensure a positive setting for all who come to the Center, the following Code of Conduct was established based on common sense and respect.

It is imperative that all participants, visitors and staff act appropriately while at the Highlands Recreation Center or any of its satellite locations. Everyone should be able to participate, socialize and interact with others in a positive manner. This means that people should treat each other with dignity and respect at all times.

The following is not acceptable conduct:

1. profanity, vulgarity or explicit sexual language
2. hate speech or epithets (e.g. racial, ethnic, sexist, homophobic and religious slurs)
3. promotion of or engaging in any illegal activities
4. participating while under the influence of alcohol or illegal drugs
5. harassment of any kind to anyone
6. fighting, physical abuse, challenging others to fight, destroying or damaging property

Inability to comply with the Code of Conduct may result in losing the temporary or permanent privilege of using Center grounds and/or participating in Center programs and activities. In certain situations it may be necessary to defer matters to the Sheriff's Department to ensure customer compliance and/or safety.

Use is a privilege not a right

Adopted September 11, 2007 by the Highlands Recreation District Board of Directors

HIGHLANDS EARLY EDUCATION PROGRAM

PHILOSOPHY

The Highlands Early Education Program is community based and committed to creating a positive safe environment where your child's learning will thrive, be nurtured and loved. We find new and innovative ways to teach curriculum, foster development and ignite your child's imagination. Our licensed program cultivates the growth of your child's self-esteem, socialization, early education and the continuous developmental experience. The understanding, knowledge & skills of our teachers harbor a warm, loving and inviting atmosphere for your child which will raise your comfort level and ensure your peace of mind.

We believe that children learn best through play; that is why our program is developed around theme based curriculum, lesson plans and activities that teach fundamental concepts. For example, each week will follow a letter of the alphabet and will use it as a springboard for science, art, movement, math and language activities. Other weeks follow curriculum focusing on the senses, recycling and protecting our world, our bodies, eating healthy and much more! This medium encourages children to express themselves in areas of social, intellectual, emotional and physical growth. The importance of muscle development is emphasized in our program through climbing on structures on the playground, digging in the sandbox, and running, riding tricycles and using the upper body for a physically active and body strengthening experience. The Early Education Program focuses on hands-on learning activities both in the classroom and outside that provide each child with the opportunity to learn at his/her level by their own tactile experience.

The HRC will strive to meet the social, emotional, intellectual and physical needs by creating an environment that:

- * Offers children a base of warmth and security provided by caring adults, in which they can all grow, respect and enjoy each other.
- * Fosters autonomy, cooperation and self-control, choice and the assumption of responsibility.
- * Permits freedom within set limits.
- * Encourages creativity.
- * Provides activities reflecting and filling these different needs, while respecting cultural diversity.

The HRC will also strive to meet the parent's needs by:

- * Offering safe, accessible, affordable programs
- * Providing a warm, trusting, competent, responsible staff who understand and meet the needs of the children.
- * Respecting and incorporating parental needs, values and cultural diversity in the policies and activities of the HRC.

Our professional staff receives on site & off site training in:

- * CPR & First Aid Certification
- * Team Building & Communication
- * Guidance & Discipline Techniques
- * Age appropriate programming

And lastly, the HRC will strive to meet the needs of the residents of the Highlands community and those non-resident participants by:

- * Encouraging the participation of community residents and non-residents, of different racial, ethnic, cultural and economic backgrounds.
- * Providing quality care to their children, who will benefit from its provision.
- * Sharing and building upon existing community resources.
- * Respecting other agencies, such as 4-C's (Child Care Coordinating Council) who share the concern for children's and families' needs.
- * Giving the Highlands Community a feeling of pride.

By putting all these concepts together, the design of our program is to produce a high quality childcare program. Our program has incorporated these concepts to better serve you, the parents, and make your child (ren) feel happy, safe and secure during their time with us.

ADMISSION AGREEMENT 2009-2010

BASIC SERVICE:

To provide ½ day pre-school to children ages 2.5-5 years old. Our program focuses on the four areas of development:

Physical - large and fine motor skills

Emotional - feelings and expressions of them

Social - interaction with others

Cognitive - problem-solving, conflict resolution

OPEN DOOR POLICY – Please feel free to visit our school at anytime to observe and chat with teachers. Your thoughts, suggestions and observations are always appreciated.

ILLNESS:

In consideration of all children in the programs, please do not send sick children to the Rec. Should your child become ill during the program you will be contacted to pick him/her up immediately. You will not be refunded or able to do make-up's on the first three days of an illness. However, you will be credited for everyday thereafter related to the same illness. In the instance of an "exposure", please contact the Child Care Director immediately. Such "exposures" include but are not limited to: Head Lice, Hand, Foot & Mouth Syndrome, Pinworm Infection, Scabies, Slap Cheek, Pinkeye etc. We have a No Nit policy in regards to Head Lice. We will appropriately notify families of the "exposure" with notices. *Pick-up Time Frame:* In order to prevent the spreading of illnesses and exposure to other children, Parents/Guardians have **1 hour** from the staff phone call to pick up their child or to arrange for another authorized adult to pick their child up from the program within the above time frame. Your child **CANNOT** come to school if: the child has a fever (must be fever free without any medication) and in this case they cannot return to school for 24 hours; they have yellow discharge from their nose or eyes; they have vomited or had diarrhea. *In an effort to prevent the spread of illness' in EEP, please have your child wash their hands in the bathrooms conveniently located next to the Social Room before they enter school each day.*

HOLIDAYS:

Holidays are not pro-rated. Holidays observed are Memorial Day; Christmas and the day after; Veteran's Day; Labor Day; Thanksgiving Day and the day after; Martin Luther King Day; Fourth of July; and President's Day. There may be other days that come up when we will be closed, but we will give prior notice so you can make other arrangements. EEP is closed for Winter Break, Spring Break and Summer Camp.

ABSENCES/REFUNDS:

Absences due to vacation times will not result in tuition credit or make-up time. If your child has been sick consecutively for three days, contact the Director for tuition credit.

SCHEDULE CHANGES/CANCELLATION:

All schedule changes must be cleared by the Director. Staff is not authorized to grant these changes. **Thirty days** prior notice must be given to cancel completely out of any child care program without a payment penalty.

MEDICATION:

All prescription and non-prescription medications (including Epi-pen's) shall be administered only with the written approval and instructions from the child's parent/guardian and in accordance with the label directions as prescribed by the child's physician. We must have the prescription bottle and the label must be unaltered. Medication cannot be administered without this label. Staff may administer medication with written approval of parent/guardian. All medications including sunscreen will be kept in a safe place inaccessible to children. They must also include the child's name and shall be dated. All administered medication will be documented on the "medication log."

TOILETING/CLOTHING:

All children should be completely potty trained, however accidents do occur. Please provide your child with a change of clothes, extra diapers, wipes and a plastic bag. Our pre school does not have adequate changing stations and the EEP staff will call parents in the event your child needs to be changed. Remember to take your child's extra clothing home daily.

SUNSCREEN:

Please apply sunscreen prior to arriving at the Rec. The staff is not responsible for and cannot be blamed for sunburns. As we do not provide sunscreen for the children in our program, please make sure to send sunscreen with them to school.

CUBBIES:

Mailboxes are located in the Social Room for each family in the EEP program. Please check daily to keep informed of up-to-date policies, procedures, programs, registration information and your child's school work.

SIGN IN & OUT PROCEDURES:

Your child must be signed in and out by the parent or authorized adult dropping off or picking-up the child. When picking-up your child in the afternoon a parent/guardian must come to the Social Room, sign the child out and notify a staff member that you are leaving with your child. Licensing requires that when signing in or out your child you must use your full written signature and time. **Initials are not acceptable.** Under no circumstances are children allowed to sign themselves out or walk home alone. If someone other than the child's parent/guardian will be picking-up the child, either a phone call or a note must be given to the Director or Head Teacher. That individual must be prepared to show identification, i.e. driver's license. It's not enough that a person's name is on the Identification & Emergency Information Form as an "alternate pick-up person," you still must call or send a note.

IN THE EVENT HRC IS FINED BY LICENSING FOR AN INCOMPLETE/LACK OF SIGNATURE ON SIGN-IN & OUTS, HIGHLANDS RECREATION CENTER RESERVES THE RIGHT TO BILL PARENTS FOR ANY FINES INCURRED.

DROP-OFF:

Please do not drop-off your child in the parking lot and have them walk up by themselves! It is a State law that your child be signed-in and out everyday, indicating times and signature of the parent/guardian.

EMERGENCIES:

If there is a medical emergency involving a child, the parent/guardian will be notified and the child will be taken to the nearest hospital by ambulance. It is required that a parent/guardian fill out the Health Information Form, Consent for Medical Treatment Form, Disclaimer Form and that these forms be updated when changes occur. The child will not be admitted into the Program without these forms completed and turned in.

EVACUATION:

If the Highlands Recreation building ever becomes uninhabitable by fire or other disasters, the children will be escorted to the Highlands School. If the school becomes uninhabitable, children will be escorted to the Crystal Springs Methodist Church which is located on Bunker Hill Drive, for shelter.

DISCIPLINE & REASON FOR TERMINATION:

All the children in the HRC Early Education Program are entitled to a pleasant and harmonious environment. Therefore, we cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal and physical activity which may include, but is not limited to, such behavior that: requires constant attention from the staff; inflicts physical or emotional harm on other children; verbally/ physically abuses the staff; and/or ignores or disobeys the rules which guide behavior. Reasonable efforts will be made to assist children to adjust. We believe in conflict resolution with the Pre School Age children and will in most circumstances work through problems with all the involved children. Disruptive behavior will be dealt with in the following manner:

1. The misbehaving child will be given a break from activities. The Pre School Teacher will talk to the child and explain why he/she is taking a break and give the child positive alternatives to solve the problem.
2. If a second break is needed for the child in a single day, a written note and/or verbal communication will be given to the Parent.
3. If a child continues with disruptive behavior, a meeting with the Director, parent/guardian and child will be held. The Director or Head Teacher will directly contact the parent or guardian to schedule a conference or meeting at the soonest possible date.
4. The policy for children hitting or biting each other is very strict. At first offense, the child will be given a warning and will be sent to the Director's Office until the parents come to pick up the child. On the second offense the child will be suspended for one day from the Rec.
5. If the disruptive behavior continues after a parent meeting a temporary or permanent dismissal from the HRC will be given.
6. In the event of a reported incident between two or more children, the District reserves the right to suspend all involved parties until the investigation is complete.

NOTE: Types of discipline not permitted at Highlands Recreation include:

NO CORPORAL PUNISHMENT/VIOLATION OF PERSONAL RIGHTS
(CCR, Title 22, Section 101223.2)

GENERAL RULES:

The following rules will be implemented and upheld by the EEP Staff on a consistent basis:

1. No hitting, biting, fighting or roughhousing.
2. No inappropriate touching.
3. Please remember to respect other people's personal space.
4. Bikes, skateboards, or scooters are not allowed on HRC grounds. Parking these items is permitted in the bike rack on the pathway.
5. Children must stay on walkways out of landscaped areas.
6. Climbing on fences or railings is not allowed.
7. Shoes must be worn at all times.
8. Children are not permitted on the handrails.
9. Children are not allowed to pick leaves, flowers, or gather rocks, unless they're for specific art projects.
10. Children are not allowed to play in the bathrooms, climb on trees or play around the garbage cans.
11. Sand must be kept in sandbox area.
12. Dirt, rocks, sticks leaves. etc., cannot be brought into sandbox.
13. Standing is not allowed on the tables.
14. Water fountain is for drinking only.
15. Children are not allowed to dig on the lawn.
16. Children are not allowed to play with the sprinkler heads.
17. No running, wrestling, sitting on top of cabinets and tables or yelling in the Social Room.
18. Markers are not permitted on the rugs in the Social Room.
19. Children are only permitted on the Sports Court or Playground when there is a Teacher present.
20. Children are not permitted behind Court 4 or on the hill.
21. If a ball goes down the hill, a Staff Member needs to retrieve it, not a child.
22. Absolutely No children are allowed in the ballroom or the kitchen.
23. Children are not permitted on the blue mats if they are stacked three mats higher.
24. Jump ropes are for jumping rope only.
25. Do not kick balls at lights or speakers in the gym.

REFERRALS:

It is a misdemeanor for any caregiver not to report suspected or known child abuse or the neglect of children enrolled in HRC. Under current law, programs do not have to notify the parent/guardian before notifying Child Protective Service (CPS). It is the program's responsibility to protect children from abuse and/or neglect.

RATE CHANGES:

Rate changes will be posted thirty days in advance.

SNACKS:

There will be one snack provided each day for the children, it's their choice to eat it or not. We do not give alternate snacks unless there is a health problem, i.e. allergies. Please notify the Director of any allergies or special diet restrictions on the Health Information Form. If your child does have certain restrictions, it's suggested you send a separate snack along with the child's lunch.

LUNCH:

Please provide your child with a **cold** lunch daily; at 12pm the EEP kids will be eating their own lunch. EEP doesn't supply lunch for children or a second snack. Please remember to provide your child with the proper utensils and a drink for your child.

TOYS:

Please do not send any toys to the Program, i.e. cars, games, balls, etc unless it is their designated sharing day. If your child comes with a toy, it will be kept in a safe place by the staff until the parent arrives.

BIRTHDAYS:

We do not celebrate children's birthdays, but if you would like to do something special we will work with you to make your child's day special.

RIGHTS OF LICENSING AGENCY:

Any duty authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of this act, or the regulations adopted by the department pursuant to this act.

*I agree and understand the parent's admission agreement for the
Highlands Recreation Center Child Care Programs.*

Parent/Guardian Signature: _____ **Date:** _____

Child Care Director Signature: _____ **Date:** _____

MOM EMAIL _____

DAD EMAIL _____

EEP PARENT'S FEE ADMISSION AGREEMENT

TUITION:

- The Fee Schedule is based on a four-week month.
- **The fee is due by the 5th business day of the month.** Fees are non-refundable. Your child will not be accepted into the program without payment.
- **TUITION LATE FEE POLICY:**
 1. **1ST Two Months:** There is a \$15.00/child late fee per month, if monthly fees are paid after the fifth business Day of the month.
 2. **After 2nd Monthly Late Fee:** The monthly late fee will be increased to \$40/child
 3. **After 3rd Monthly Late Fee:** Families will be required to sign up for automatic tuition deduction (ACH) system
- Visa, MasterCard and Discover are accepted.
- If you would like your payment deducted automatically from your checking/savings account, please complete an Auto deduction slip (ACH), available in the HRC office.
- There is a \$10 sibling discount, per month, for a child living in same household.
- An annual Registration Fee of \$100 per child for EEP is due each year as your deposit.
- **A late fee pickup charge of \$10.00 per every five minutes of daycare after 12:30pm.** This Overtime Charge is payable to the HRC and can be given to the on-site staff or you can be billed by the office at a later date. Payment must be received within 5 days or you will incur an additional fee. **This fee may not be added to the montly fee.**
- Checks returned by the bank for insufficient funds (ISF's) will be subject to a fee of \$20. Parents will be notified immediately upon receipt of the ISF notice by the Director and shall have one week in which to pay the fee. If the fee is not paid by the end of that week; the child(ren) will not be able to return to the EEP until the fee is paid.
- **Registration Fee:** A \$5 registration fee will be added to each registration including monthly child care. Whether you enroll for one class or many classes, the fee will be \$5 per registration, not per class. If the participant cancels from a class or program, the HRC retains the \$5 registration fee. **Automatic Monthly Payments (ACH):** The registration fee for all ACH payments will be discounted and only \$2.
- All registration receipts will be e-mailed to the payer of the completed registration. Receipts will only be printed on special request.

*I agree and understand the parent's fee agreement for the
Highlands Recreation Center Child Care Programs.*

Parent/Guardian Signature: _____

Date: _____

Child Care Director Signature: _____

Date: _____

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

Mom's Cell: _____
Dad's Cell: _____

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 OR AUTHORIZED REPRESENTATIVE	DATE
--	------

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
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

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

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

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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CONSENT TO TREAT
EARLY EDUCATION PROGRAM

In the event that my child is injured at the Highland Recreation Center or a designated field trip destination, I hereby give my consent to the Highlands Recreation District, its employees, and officers to facilitate emergency medical care, at my expense, and in doing so I absolve the Highlands Recreation District from all liabilities as stated above.

If I cannot be reached immediately or if the situation is viewed as critical by the staff member in charge, I request that one of the following physicians be called, but if emergency medical treatment is believed to be necessary, I authorize the HRD'S EEP Staff to request assistance from the paramedics, and I consent to any emergency treatment that is recommended by paramedics or emergency room staff.

PARENT/GUARDIAN SIGNATURE	DATE
PHYSICIAN NAME: CITY	PHONE NUMBER
DENTIST NAME: CITY	PHONE NUMBER
HEALTH INSURANCE CARRIER: _____	
POLICY NUMBER: _____	

Model Release Form

I hereby grant the Highlands Recreation District, their legal representatives and assigns (including any agency, client or publication), irrevocable permission to publish photographs of me or my child(ren) taken at a District facility or event. These images may be published in any manner, including but not limited to advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the aforementioned District, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me.

I affirm that I am more than 18 years of age and competent to sign this contract on my own behalf. I have read this release and fully understand its contents.

PLEASE PRINT:

Model's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Model's Signature: _____

PARENT/GUARDIAN CONSENT (IF APPLICABLE)

I am the parent or guardian of the minor named above and has legal authority to execute this release. I consent to use of said photographs based on the contents of this release.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

HIGHLANDS RECREATION DISTRICT
EARLY EDUCATION PROGRAM

2009-2010

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or any injury or property damage, that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE DISTRICT AND MYSELF AND I SIGN IT OF MY FREE WILL.

Signature

Name (Printed)

Date

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 Department of Social Services		
ADDRESS 801 Traeger Ave, Suite 100		
CITY San Bruno CA	ZIP CODE 94066	AREA CODE/TELEPHONE NUMBER (605) 266-8843

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) Highlands Recreation Center	(PRINT THE ADDRESS OF THE FACILITY) 1851 Lexington Ave, San Mateo CA 94402
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: Department of Social Services

Licensing Office Address: 801 Traeger Ave, Suite 100 San Bruno, CA 94066

Licensing Office Telephone #: (650) 266-8843

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.

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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Highlands Recreation Center . This Child Care Center/School provides a program which extends from 8 : 00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 12:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
 Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner