

# Adventure Club

## Schedule Agreement - 2013/14

Child's Name				DOB:	N	И 🗌 F
Parent/Guardian				Phone		
Parent/Guardian email				School Year 2013/2014 Grade		
Adventure Club Site				Kindergarten		
		Stat	flise Only ——			
☐ Schedule Change ☐					2:	
☐ MCD ☐	PCOE Approved by:					
	M	T	W	Th	F	Daily Fee
Before & after school						
Before school only						
After school only						
Part day (Kinder only)						
Permission to Participate In consideration of the permission or sponsored by the CITY, the under or costs for personal injury or projection of such personal injury The undersigned acknowledges the registration is submitted, and volute play equipment and participate supervision of a staff member for revaluations and pictures and publicare scheduled on this agreement understand that if I change from fur Roseville Adventure Club Program	ersigned hereby releat perty damage arising or property damage hat he/she has been funtarily and knowingly the in all of the activities heighborhood walks icity connected with all agree to pay all fee ull-time care to part-time	ases the CITY from, g as a result of par as may arise direct ully advised of the y assumes the risks es of the Adventure or for field trips in the program. I und is related to this ag me care, it may cau	, and waives and re ticipation in or rece tly out of the active risks and potential of s of engaging in the e Club. I hereby gra an authorized vehic derstand that mont preement until a new use my space to be	linquishes any claim, eiving instructions from enegligence of the Cladangers incidental to eactivity. I hereby grant permission for my cle. I hereby grant pe hly fees will be based wagreement is exect replaced by a full tim	liability, cause of acom the CITY regard om the CITY regard ITY, its officers, agent engaging in the acomplete acomplete in the permission for re- tribulation for my child on the number of the on the number of the underside enrollee. I underside of the controllee. I underside on the controllee.	ction, damages, ding said activity, nts or employees. ctivity for which this my child to use all of premises under the cld to be included in f days and type of the control
NOTE: BY SIGNING THIS AGRED WRONGFUL DEATH OR PROPE						
Parent/Guardian Signature:				Date:		
Parent/Guardian Signature:			Date:			

ROSEVILLE C A L I F O R N I A

A S O N D J F M A M J



# Adventure Club

### **Tuition Agreement**

#### I hereby agree to the following:

- 1. To abide by the rules and regulations of the City of Roseville as outlined in the Parent Handbook, which is incorporated in this agreement by reference.
- 2. To complete all enrollment forms for each of my child(ren) prior to their attendance.
- 3. To submit one school year, summer and/or non-school day "Schedule Agreement" for each of my child(ren) and to pay for all scheduled days regardless of child(ren)'s attendance.
- 4. I understand that by signing this agreement, I am responsible for payment of all fees for each of my child(ren) per their "Schedule Agreement(s)."
- 5. To pay all fees calculated by days selected on my Schedule Agreement, multiplied by the daily rate, multiplied by the number of days in the month. Schedule Agreements are binding until terminated or change is approved.
- 6. To submit Schedule Agreement Changes by the 15th of the month for changes to go into effect by the 1st of the following month. Current fees will remain in effect through the end of the month and changes to my schedule agreement will be approved on a space available basis.
- 7. To pay tuition due on the first day of each month.
- 8. To pay a \$20.00 late charge if tuition is not paid in full by the 10th day of the month.
- 9. I understand that non-payment of tuition or chronically late payments (defined as payment received after the 11th of the month, in three out of six consecutive months) will result in dismissal from the program.
- 10. Following dismissal for any reason, the child/(ren) cannot be registered at any Adventure Club: (a) until the account is paid in full, (b) for 90 calendar days after the account is paid in full, and (c) until space is available, subject to a waiting list.
- 11. I understand that this is a family account and that I am responsible for paying tuition for each of the children that I am enrolling. I will receive one statement for my family that includes charges for all of my child(ren) enrolled in the Program. Failure to keep the account current for any of my children will result in the dismissal of all of them from the Program.
- 12. To provide two (2) weeks advance written notice of withdrawal, should such event occur, or pay the tuition for such two-week period.
- 13. To pay the annual enrollment fee(s) for summer and school year.
- 14. That credit will not be given if my child is absent or if he/she is suspended from school or Adventure Club.
- 15. I am responsible for payment of all fees and charges, regardless of custody arrangements or other agreements.
- 16. I understand that if the City waives enforcement of any default regarding my account, the City will not be required to waive any future defaults.
- 17. To sign my child(ren) in and out of Adventure Club.

<u>Illness Credit</u> - Illness credit will be granted when your child has missed five (5) consecutive weekdays due to illness and must be verified through the completion of a "Request for Re-Admittance" form signed by the child's physician.

Added Care - Added Care is any additional childcare request that is not included on my Schedule Agreement. Approval for added days must be granted before my child(ren) can attend. "Added Care" will be granted on a space available basis. "Added Care" fees are due and payable at the time the care is given. Due to scheduling and licensing requirements children may not attend Adventure Club when they are not scheduled when no prior approval has been granted.

<u>Payments</u> - The following are acceptable forms of payment: check, cash, money order, credit card, debit card, and EFT or ECCC made payable to the City of Roseville, 311 Vernon Street, Roseville, California 95678. There is also a payment drop box at this location that is available 24 hours a day. Credit card and debit card payments are available by phone by calling (916) 774–5505.

- 1. If your check or EFT payment is returned for insufficient funds, you will be notified by the City Finance Department with instructions for re-submitting payment, and your account will be assessed a \$25.00 fee that will be reflected in your Adventure Club tuition statement.
- 2. Payment for any checks or EFT's returned by your bank must be made in the form of cash, money order, or cashier's check.
- 3. Parents will be given 30 (thirty) days written notice of any rate change.

Late Pick-up Policy - A parent who has not picked up their child(ren) from the Adventure Club Program by their scheduled pick-up time will be charged \$1.00 per child per minute recorded past the scheduled pick-up time. Late pick-up charges are due and payable at the time the care is given. Failure to make payment may result in dismissal from the program. If more than two (2) late pick-ups occur within a six-month period, on the third occurrence, the children shall be dismissed from the program.

I have read, understand, and agree to comply with the above policies, and I acknowledge receiving a copy for my records.

Main Contact/Contracting Parent or Guardian:	Signature:	Date
Additional Contracting Parent/Guardian:	Signature:	Date
Child Enrolled		
Coordinator/Site Staff	Signature:	Date





(REV 2/13)

# Adventure Club

## Emergency Contact and Authorization

Child's Name		DOB:		Grade: A	C Site:	
	Parent/Guardia	n Child's Residence	] Y	Parent/Guardian Ch	nild's Residence	] Y 🔲 N
Name						
Address/City/Zip						
Work Number						
Home Number						
Mobile Number						
Employer						
Please list additional people must be provided to staff up	e whom we can call in oon request when pick	an emergency and/or who a ing up your child.	are authorized t	to pick up your child from	Adventure Club. Valid i	dentification
Name	Relationship	Phone Number		Address	Emergency	Pick Up
					Y N	Y N
					Y N	Y N
					Y N	Y N
					Y N	Y N
conditions are necessary to Family Doctor:				Insurance Carrier:	ID	):
Family Dentist:		Phone:		Insurance Carrier:	ID	):
My child has ALLERGIC REA	ACTIONS to the follow	ving medication(s):				
CONSENT FOR MEDICAL TR CITY OF ROSEVILLE, AUTHOR MINOR. THE UNDERSIGNED, employee of PARKS, RECREA to any x-ray examination, an supervision and upon the ad dental or surgical diagnosis It is understood that the City rendered pursuant to this ad by the Parks, Recreation, & L	RIZATION BY PARENT ( who is the parent hav ATION, & LIBRARIES DEI desthetic, medical, or s dvice of a physician lic or treatment and hosp y of Roseville neither a uthorization. This auth	ing legal custody, or the legar PARTMENT of the City of Rosurgical diagnosis or treatme ensed under the provisions of bital care to be rendered to s ssumes nor admits to any lia	al guardian of _ seville, into who nt and hospital of the Medical F said minor by a ability for payme	se care the above named care to be rendered to sai Practice Act, or to consent dentist licensed under the ent of any medical or relat	hereby author child has been entrusted minor under the geneto an x-ray examination provisions of the Denticed services, including a	izes any adult ed, to consent eral or special n, anesthetic, al Practice Act. ambulance fees,
Please describe the follow	ving for your child:					
Special Needs:						
Allergies:						
My child is taking the follo	wing MEDICATION: _					6
Parent/Guardian Signature	2		Date		CITYOF	
Parent/Guardian Signature	<u></u>		Date		C A L I F	O R N I A



# Adventure Club

### Rights and Background Check Information

#### NOTIFICATION OF PARENT'S RIGHTS, PERSONAL RIGHTS, AND CAREGIVER BACKGROUND CHECK PROCESS

#### PARENT'S RIGHTS

As a Parent/Authorized Representative, you have the right to:

- 1. Enter and inspect the childcare 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 childcare 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.
- 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: <a href="https://www.meganslaw.ca.gov">www.meganslaw.ca.gov</a>

#### 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 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.

#### INTERVIEW AUTHORITY

As a state licensed program, the California Department of Social Services, Community Care Licensing requires that our families be notified of the agency's interview authority. The Department of Social Services has the right to interview children or staff without prior consent. In addition they have the authority to inspect, audit, and copy child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements of Title 22, Sections 101217 (c) and 101221 (d). The Department of Social Services has the authority to observe the physical condition of child(ren), including conditions that could indicate abuse, neglect or inappropriate placement. This is subject to Title 22, Section 101200.

Adventure Club personnel shall ensure that provisions are made for private interviews with any child(ren) or staff members. In addition, the licensee shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.

### 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-Community Care Licensing					
Address 2525 Natomas Park Drive, Suite 250, MS 19–29	<b>City</b> Sacramento, CA	<b>Zip</b> 95834	<b>Phone Number</b> (916) 263–5744		

Acknowledgement of Notification of Parent's Rights, Personal Rights and Caregiver Background Check Process

(Parent/Authorized Representative Signature Required) – Place in Child's File

#### **IMPORTANT INFORMATION FOR PARENTS**

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children <u>cannot by law be given</u> <u>an exemption that would allow them to own, live in or work in</u> a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

#### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- · What they have done to change their life and obey the law
- · Whether they are working, going to school, or receiving training
- · Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

#### **How to Obtain More Information**

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <a href="http://ccl.dss.cahwnet.gov/RegionalOf\_1829.htm">http://ccl.dss.cahwnet.gov/RegionalOf\_1829.htm</a>

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY LIC 995 E (6/05)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

I/We have been personally advised of, and have received a copy of the Personal Rights, Parent's Rights, Interview Authority, and the Caregiver Background Check Process contained in the California Code of Regulations, Title 22, at the time of admission to:

Facility Name City of Roseville - Adventure Club	Facility Address	
Child's Name (Print)		
Signature of Representative/Parent/Guardian		Date
Signature of Site Coordinator		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