



# Adventure Club

## Daily Fee Schedule - 2017

Annual Registration Fee	
School Year	\$50.00
Summer	\$60.00

Summer 2017, Non-school days and vacation breaks 2017–2018	Daily Rate	Added Care
Full Day Care (6:30am–6:00pm)	\$42.00	\$47.00

Kindergarten–5th - Before & after school	Daily Rate	Added Care
Before and After School: Full Time, Monday - Friday	\$27.50	
Before and After School: Part Time, 4 days or less	\$31.00	\$34.50
Before School Only	\$15.00	\$20.50
After School Only	\$21.50	\$27.00
Kindergarten Before or After School - Part Day	\$9.00	\$11.00

Transitional Kindergarten	Daily Rate	Added Care
<i>Exact times will vary depending on bell schedules. Kindergartners can attend while 1st–5th graders are in school.</i>		
<b>Morning Transitional Kindergarten</b>		
Before and After School: Full Time, Monday - Friday	\$32.50	
Before and After School: Part Time, 4 days or less	\$34.50	\$40.00
Before School Only	\$15.00	\$20.50
After School Only	\$25.00	\$30.50
Part Day Kinder	\$17.00	\$23.50
<b>Afternoon Transitional Kindergarten</b>		
Before and After School: Full Time, Monday - Friday	\$32.50	
Before and After School: Part Time, 4 days or less	\$34.50	\$40.00
Before School Only	\$25.00	\$30.50
After School Only	\$21.50	\$27.00
Part Day Kinder	\$17.00	\$23.50

- Enrollment priority is based on the amount of care scheduled.
- Daily fees are billed monthly based on current schedule agreement.
- 10% Family discount applies for multiple children attending Adventure Club (*does not apply to added care*).
- Added care is approved by the Site Coordinator on a space available basis only.
- Tax ID# 94-6000409



# Adventure Club

## Program Registration Form - 2017/18

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_  M  F  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian e-mail \_\_\_\_\_ School Year 2017/2018 Grade \_\_\_\_\_  
 Adventure Club Site \_\_\_\_\_  Morning Kindergarten  Afternoon Kindergarten  
 Transitional Kindergarten

### Preschool

	Requirements	Daily Rate
Preschool (T, Th)	Birthdates 12/2/13 - 12/4/14	
Pre-Kindergarten (M,W,F)	Birthdates prior to 12/2/13	

### Adventure Club: Kindergarten - 5th Grade

	M	T	W	Th	F	Daily Fee
Before school only						
After school only						
Part day (Kinder only)						

### Permission to Participate

In consideration of the permission by the City of Roseville (CITY) to accept the named participant(s) in the activity(ies) given, taught or sponsored by the CITY, the undersigned hereby releases the CITY from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the CITY, its officers, agents or employees. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration is submitted, and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Adventure Club and Preschool. I hereby grant permission for my child to leave the premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluations and pictures and publicity connected with the program. I understand that monthly fees will be based on the number of days and type of care scheduled on this agreement. I agree to pay all fees related to this agreement until a new agreement is executed or this agreement is cancelled. I understand that the City of Roseville Adventure Club program will evaluate fees on an annual basis and that a 30 day written notice will be given to me should a change in fees occur.

**NOTE: BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO RELIEVE THE CITY OF LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE EXCEPT AS MAY BE CAUSED BY THE ACTIVE NEGLIGENCE OF THE CITY.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<i>Staff Use Only</i>		
<input type="checkbox"/> Schedule Change	<input type="checkbox"/> Added Care Only	<input type="checkbox"/> Withdrawal
<input type="checkbox"/> MCD	<input type="checkbox"/> PCOE/CH ACT	<input type="checkbox"/> CDE
Effective Date _____		Approved by _____





# 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 program Parent Handbooks.
2. To complete all enrollment forms for each of my child(ren) prior to their attendance.
3. I understand that by signing this agreement, I am responsible for payment of all fees for each of my child(ren) per their enrollment.
4. To pay for all scheduled days regardless of child(ren)'s attendance.
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 pay tuition due on the first day of each month.
7. To pay a \$20.00 late charge if tuition is not paid in full by the 10th day of the month.
8. 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) may result in dismissal from the program.
9. Following dismissal for any reason, the child(ren) cannot be registered at any Adventure Club or Preschool: (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.
10. 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.
11. To provide two (2) weeks advance written notice of withdrawal, should such event occur, or pay the tuition for such two-week period.
12. To pay the annual enrollment fee(s) for each school year. Summer enrollment fees are also required for Adventure Club.
13. That credit will not be given if my child is absent or if he/she is suspended from school, Adventure Club, or Preschool.
14. I am responsible for payment of all fees and charges, regardless of custody arrangements or other agreements.
15. 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.
16. To sign my child(ren) in and out of Adventure Club and Preschool.

**Payments** - The following are acceptable forms of payment: check, cash, money order, credit card or debit card made payable to the City of Roseville, 316 Vernon Street #400, Roseville, California 95678. Credit card and debit card payments are available online at [roseville.ca.us/adventureclub](http://roseville.ca.us/adventureclub).

1. If your check 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 or Preschool tuition statement.
2. Payment for any checks 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 or Preschool 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 may be dismissed from the program.

**The following applies to Adventure Club Only (Does not apply to Preschool):**

**Illness Credit** - 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 and when no prior approval has been granted.

**Schedule Changes** - 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. I understand that if I change from full-time care to part-time care, it may cause my space to be replaced by a full time enrollee.

**I have read, understand, and agree to comply with the above policies.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Child Enrolled \_\_\_\_\_

Coordinator/Staff Signature \_\_\_\_\_

Date \_\_\_\_\_



# Adventure Club

## Emergency Contact and Authorization

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Site \_\_\_\_\_

	Parent/Guardian Child's Residence <input type="checkbox"/> Y <input type="checkbox"/> N	Parent/Guardian Child's Residence <input type="checkbox"/> Y <input type="checkbox"/> N
Name		
Address/City/Zip		
Work Number		
Home Number		
Mobile Number		
Employer		

Please list additional people whom we can call in an emergency and/or who are authorized to pick up your child from Adventure Club. Valid identification must be provided to staff upon request when picking up your child.

Name	Relationship	Phone Number	Address	Emergency	Pick Up
				Y N	Y N
				Y N	Y N
				Y N	Y N
				Y N	Y N

### MEDICAL INFORMATION

NOTE TO PARENTS: This form is not a waiver of any of your rights. Its purpose is to authorize adult employees of the Roseville Parks, Recreation, & Libraries Department to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child) \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ ID \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ ID \_\_\_\_\_

My child has ALLERGIC REACTIONS to the following medication(s) \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT

CITY OF ROSEVILLE, AUTHORIZATION BY PARENT OR GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL, AND DENTAL CARE TO MINOR. THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of \_\_\_\_\_ hereby authorizes any adult employee of PARKS, RECREATION & LIBRARIES DEPARTMENT of the City of Roseville, into whose care the above named child has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Roseville neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the named child in a program or programs conducted by the Parks, Recreation & Libraries Department.

Please describe the following for your child:

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

My child is taking the following MEDICATION \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# 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: [www.meganslaw.ca.gov](http://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 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:

<b>Name</b> Department of Social Services-Community Care Licensing			
<b>Address</b> 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, or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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 **cannot by law be given an exemption that would allow them to own, live in or work in** 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 [http://ccl.dss.cahwnet.gov/RegionalOf\\_1829.htm](http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm)

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:

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

*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](http://www.meganslaw.ca.gov)*