



Summer Camp Application Form

Child's information:

Date: _____

Male _____

Female _____

Child's full name _____

Child's address _____

Birthday _____ Age _____

Weeks to attend _____

Time _____

Parent's information:

Parent/Guardian 1 (Full name) _____

Email address _____

Address _____

Employer _____

Occupation _____ Work phone # _____

Home phone # _____ Cell phone # _____

Parent/Guardian 2 (Full name) _____

Email address _____

Address _____

Employer _____

Occupation _____ Work phone # _____

Home phone # _____ Cell phone # _____

Legal Guardian's information (if is other than parents)

Name _____

Email address _____

Address _____

Occupation _____ Work phone # _____

Home phone # _____ Cell phone # _____

AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

SECTION A:

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____,
(Licensee's Name)

the licensee of _____,
(Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____,
(Child's Name)

acknowledge that _____,
(Licensee's Name)

the licensee of _____,
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

Signature of Parent(s)/Guardian(s)

Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

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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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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
()

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

- ___ I do not know of any allergies my child has to sunscreen.
- ___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

- ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- ___ I have provided the following brand/type of sunscreen for use for my child:

- ___ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: _____

Parent/Guardian's Name: _____

Date: _____

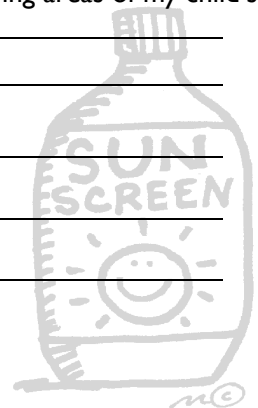
Parent/Guardian's Signature: _____

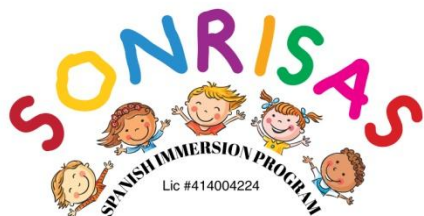
Health Care Provider's Signature (*optional*): _____

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER!**

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the
Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • http://www.dhs.ca.gov/cpns/skin/skin_resources.html

California Childcare Health Program (CCHP) 07/03 www.ucsfchildcarehealth.org





Agreement and Authorization

As the parent or legal guardian of _____, I agree to the following (initial each one):

A. _____ I understand that state law requires children's immunizations to be up to date at all times.

B. _____ I will notify Sonrisas Spanish Immersion Program of any change of phone numbers and/or address for myself and those authorized to pick up my child (emergency numbers).

C. _____ I understand that my child will NOT be released to anyone who is not inscribed in their release form or if someone is under 18 years of age.

D. _____ When notified that my child is ill, I agree to pick him/her up immediately (within an hour).

E. _____ I agree to follow all health policies and to inform Sonrisas Spanish Immersion Program of any contagious illness.

F. _____ I agree to bring my child according to my contracted childcare hours and days.

G. _____ I agree to report my child's absence or late arrival at least an hour before his/her scheduled arrival time on the day of the absence.

H. _____ I understand that as the parent or guardian, I am responsible for picking up my child on time. If for any reason I pass the pickup time I will be charged \$1.00 for every additional minute after the first five minutes AND I will pay the late fee once I pick up my child, or it will be included in the next regular payment.

I. _____ I understand that my child will not be released to anyone under the influence of alcohol or drugs.



J. _____ I understand that fees are due every month that my child is scheduled to attend childcare, including days of absences due to illness or vacation. Child care fees are due within the first 5 days of the month. If for any reason the fee is turned in after the first 5 days, a \$10 late fee will be applied per day.

K. _____ I understand that if a check is returned by the bank with insufficient funds I will be charged a \$30 fee, and ONLY cash payments will be accepted from then on.

L. _____ I understand that the first TWO weeks of care will be considered on an adjustment period. Either the parent/guardian or the facility, can cancel this contract with a two weeks' notice.

M. _____ I understand that services may be discontinued if my child's behavior is continually disruptive, and/or presents a danger or safety problem.

N. _____ I understand that verbal or physical abusiveness by a parent/guardian toward teachers, children, the facility, or other adults may result in termination of services.

O. _____ I authorize and give permission for all of the following for my child (optional):

1. _____ Permission for my child to appear in photographs or videos for use only by Sonrisas Spanish Immersion Program, Facebook, newsletters, website, brochures, or public relations efforts.
2. _____ Participate in walks around the neighborhood.
3. _____ Going to the park.

Parent/ Guardian Signature

Date



Sick Child Policy

Your child must stay at home if he/she presents these conditions:

- Fever: Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally. A child needs to be fever free for a minimum of 24 hours before returning to school.
- Undiagnosed skin rash and rash with fever and or behavior change.
- Earache: It's sometimes related to an ear infection. If the child has been free of symptoms, he/she may return to school after 24 hours of starting on antibiotics.
- Diarrhea: runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
- Vomiting: 2 or more times in a 24 hour period.
- Breathing trouble, sore throat, continuous coughing, swollen glands, loss of voice.
- Pink eye. Children may return to school 24 hours after starting eye drops or ointment.