After School Application Form

Please fill out completely with the non-refundable registration fee of $80 per student.

Child's information: Date:_____

Male _____ Female _____

Child's full name_____

Child's address _____

Birthday _____ Age_____

Days 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 # _____

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: **Peninsula Regional Office**

   Licensing Office Address: **801 Trager Ave. Suite 100 San Bruno, CA 94066**

   Licensing Office Telephone #: **(650) 266 - 8843**

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

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

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

DATE OF ADMISSION	DATE LEFT

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:

_____

_____

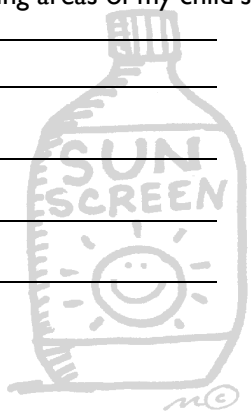
❑ ___ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

_____

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

After School Agreement

After School Session:

- Hours: 4:00 pm to 6:00 pm
- Tuition:

  - $30 one day per week.
- Holidays will be billed as thought care was provided (see closure day's sheet).
  Students are entitled to receive ONE make-up classes within the same session.
- No credit is given for any missing class.

Admission Policy:

- One-time non-refundable Registration fee of $80.
- Monthly tuition is due by the first 5 days of each month.
- Returned checks : $30 fee.
- Late pick up fee: $1 for every additional minute after the first 5 minutes.
- _____ (initial if you agree) I give 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.

Parent/Guardian is enrolling _____
in SONRISAS after School Program services for:
Days: _____ Hours: _____

I agree with the above mentioned terms.

_____ _____

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, 101F 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.