



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's First Name: _____ Last Name: _____ Birthdate: _____

REGISTRATION CHECKLIST

(FOR YMCA OFFICE USE ONLY)

Enrolled Sibling(s) Name(s):

FOR ALL PARTICIPANTS

- Program & Plan Selection
- Registration Fee
- Voided Check if using a checking account for your bank draft | N/A
- Licensed Program Registration Information
- Permissions Form
- Admissions Agreement
- YMCA Release and Waiver of Liability and Indemnity Agreement for Minors
- LIC 700 Identification and Emergency Information
- LIC 702 Child's Preadmission Health History
- LIC 627 Consent for Emergency Medical Treatment
- LIC 613A Personal Rights
- LIC 995 Notification of Parent's Rights
- Receipt of Participant/Parent Code of Conduct
- Receipt of Family Handbook
- AB 2370 Lead Bill Flyer

IF APPLICABLE

- Allergies Information
- LIC 9221 Parent Consent of Administration of Medications
- IMS Physician Checklist and Training Log – Epi-Pens
- IMS Physician Checklist and Training Log – Inhaled Medication
- LIC 9166 Nebulizer Care Consent/Verification
- IMS Physician Checklist and Training Log – Glucagon
- IMS Physician Checklist and Training Log – Blood-Glucose Monitoring
- Special Assistance Questionnaire
- Alternative/3rd Party Payment Certificate – CDA | CRS | NACCRRRA | Other _____

PRESCHOOL & INFANT/TODDLER PROGRAMS ONLY

- LIC 701 Physician's Report (Due 30 days from enrollment)
- Lead Blood Test (Due 30 days from enrollment, for programs in the City of San Diego)
- Immunization Records

UPON REGISTRATION

- Licensed Program ATS Application | Filed with Sibling
- Payment Contract

YMCA OF SAN DIEGO COUNTY

3708 Ruffin Road, San Diego, CA 92123 | 858-292-9622



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Child's First Name: _____ Last Name: _____ Birthdate: _____

2020/2021 PROGRAM & PLAN SELECTION MOTTINO FAMILY YMCA

REYNOLDS ELEMENTARY

PROGRAM PLAN

<input type="checkbox"/> September – 17 School Days	Participant:	\$918/month	+	\$100 initial registration fee
	Family Membership:	\$799/month	+	\$50 initial registration fee
	Days Your Child Will Attend:	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> October – 22 School Days	Participant:	\$1,188/month	+	\$100 initial registration fee
	Family Membership:	\$1,034/month	+	\$50 initial registration fee
	Days Your Child Will Attend:	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> November – 15 School Days	Participant:	\$810/month	+	\$100 initial registration fee
	Family Membership:	\$705/month	+	\$50 initial registration fee
	Days Your Child Will Attend:	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> December – 14 School Days	Participant:	\$756/month	+	\$100 initial registration fee
	Family Membership:	\$658/month	+	\$50 initial registration fee
	Days Your Child Will Attend:	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

INITIAL ATTENDANCE AND FEE SCHEDULE

In order to register your child, you will need to have all forms completed and be prepared to pay the registration fee and first month's tuition. A payment plan will be completed upon registration. Weekly rates are billed monthly. Space is not guaranteed until registration and enrollment are complete.

YMCA OF SAN DIEGO COUNTY

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Child's First Name: _____ Last Name: _____ Birthdate: _____

2020/2021 LICENSED PROGRAM REGISTRATION INFORMATION

Intended Start Date: _____

Child's Gender: Female Male Prefer not to say Custom: _____

Primary Language Spoken at Home: _____

Ethnicity (Optional): _____

Registering Parent/Guardian

Legal First Name¹: _____ Legal Last Name¹: _____ Birthdate¹: _____

Mobile Phone Number: _____ Email: _____

Additional Parent/Guardian (If Applicable)

First Name: _____ Last Name: _____ Birthdate: _____

Mobile Phone Number: _____ Email: _____

Is the additional parent/guardian authorized to change enrollment information? Yes No

Will you be using alternative or 3rd party payments?²

CRS CDA NACCRRRA Other: _____

Does your child have any allergies? Yes³ No

Does your child have/use any of the following?

Epi-Pen⁴ Inhaled Medication⁵ Glucagon⁶ Blood Glucose Monitoring⁷ N/A

Will your child be taking any regular medications not listed above? Yes⁸ No

Does your child have any conditions requiring special consideration? Yes⁹ No

For School-Age Programs Only:

School: _____ Grade in 2020/2021: _____

1. Legal name and date of birth are required to prepare and provide tax documentation.
2. Alternative Payment/3rd Party Certificate must be on file with the YMCA prior to start date.
3. Additional Allergies Information Form required with registration.
4. Additional IMS Physician Checklist and Training Log for Epi-Pens and LIC 9221 required prior to start date.
5. Additional IMS Physician Checklist and Training Log for Inhaled Medication, LIC 9221 and LIC 9166 required prior to start date.
6. Additional IMS Physician Checklist and Training Log for Glucagon Medication and LIC 9221 required prior to start date.
7. Additional IMS Physician Checklist and Training Log for Blood-Glucose Monitoring and LIC 9221 required prior to start date.
8. Additional LIC 9221 required prior to start date.
9. Must have a conversation with the Program Director of the program prior to enrollment to ensure reasonable accommodations can be provided, additional special assistance questionnaire may be required.



Child's First Name: _____ Last Name: _____ Birthdate: _____

2020/2021 ADMISSIONS AGREEMENT - PAGE 1 OF 2

Please read and initial your understanding of the following, then sign below:

_____ I have received the Family Handbook and the Participant/Parent Code of Conduct and am responsible for reading and abiding by the Policies and Procedures as set forth by the YMCA.

_____ I understand that I am responsible for ensuring my child is signed in and out of the facility by an authorized adult (18+ years old) on a daily basis.

_____ I understand that, after completing registration, if there is space available in the program, it will take up to 3 business days before my child can begin attending the program.

_____ My monthly rate will be \$_____ for ___ days a week in the _____ program. I understand that I will be given a minimum of 30 days' notice of any rate changes.

_____ I understand that cancellations and withdrawals from the program are required in writing 10 business days prior to my billing date. Failure to do so will result in financial responsibility for payment. No refunds are given.

_____ The \$50/\$100 registration fee (all programs) and \$100 wait list (preschool and infant/toddler programs) are non-refundable. The \$100 wait list fee will be applied to the first month of tuition if and when my child is enrolled.

_____ Monthly payments are made via Automatic Transfer System (ATS) on the 10th for checking accounts and the 15th for credit cards. Notification of changes or corrections must be made in writing 10 business days prior to my billing date via an ATS Form. I understand that it is my responsibility to notify the YMCA of any changes.

_____ A \$10 service fee will be applied to accounts with late payments, returned payments, stopped payments, unpaid balances, and closed accounts and that the service fee may be assessed for each of these reasons independently.

_____ YMCA program participation requires my child's account to be in good standing and that non-payment of any outstanding fees will result in my child not being allowed to participate in any other YMCA programs.

_____ A \$1 per minute fee will be assessed for late pickups past the program closing time.

_____ Program fees are averaged out over the total number of operating days within the year, no credits or refunds will be given for holidays, vacations, weekends, or days when program is not in session.



Child's First Name: _____ Last Name: _____ Birthdate: _____

2020/2021 ADMISSIONS AGREEMENT - PAGE 2 OF 2

Please read and initial your understanding of the following, then sign below:

_____ YMCA staff and volunteers are not allowed to baby-sit, transport, or otherwise be present with participants outside of YMCA programs.

_____ The YMCA, our staff, and volunteers are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

_____ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.

_____ I acknowledge that, per Department of Social Services, Community Care Licensing, Title 22 regulations, my child's file is available for review by the Department of Social Services and that representatives from these agencies may privately interview my child without prior parental/guardian permission. In addition, law enforcement personnel may request the information listed in your file and may privately interview your child if necessary.

_____ The YMCA, our staff, and volunteers will not become involved in any custodial disputes between parents/guardians. Request for documents in relation to your child's participation in the program must be made in writing from the court.

_____ The YMCA may immediately terminate my child's enrollment for any of the following reasons, including but not limited to:

- Emergency names and phone numbers are incorrect.
- Parent/guardian is late picking up their child after the program closes on multiple occasions or a single excessive occasion.
- Non-payment, late-payment, or NSF payment of program fees.
- Failure to adhere to the sign-in or sign-out procedures.
- Failure to notify the YMCA that your child will be absent (after-school programs).
- Behavior that is continually disruptive or dangerous to others, themselves, or staff.
- Behavior that is destructive to property.
- Any single incident that is deemed by the Program Director to be dangerous, harmful or disruptive.
- Failure to adhere to the Parent/Guardian code of conduct.
- Involving YMCA staff in custodial disputes.

Parent/Guardian Signature: _____ Date: _____

YMCA Staff Signature: _____ Date: _____



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YMCA RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR ADULTS AND MINORS

All YMCA program participants and members **must** read and sign a **Release & Waiver of Liability and Indemnity Agreement** in order to be permitted to enter any YMCA facility, use any YMCA equipment, or participate with a YMCA program in any way.

Minors who are program participants and/or members **must** have their parent/guardian/person with legal custody give permission by signing the **Release & Waiver of Liability and Indemnity Agreement** on their behalf.

To access and sign this form, please visit:

www.ymcasd.org/waiver

If you are still unable to log in after resetting your password, contact our technical support team at **www.ymcasd.org/ymca-technical-support** for further assistance.



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WALKING FIELD TRIP PERMISSION

I hereby give permission for my child to go on all walking field trips. Walking field trips are a regular part of the program curriculum and include visiting other locations at the YMCA/School facility other than our licensed classrooms. Field trips will be under the supervision of YMCA staff at all times.

I do not give permission.

SUNSCREEN PERMISSION

I hereby give permission to the YMCA staff to apply sunscreen to my child as indicated on the curriculum calendar and/or daily schedule.

I will provide my own sunscreen. (Sunscreen must be given to YMCA staff and labeled with the child's name. It will be kept locked up at the program when not in use.)

My child will not use sunscreen.

I understand that it is my responsibility to ensure that my child is otherwise prepared to be safe from the heat and sun during outdoor curriculum times.

Parent/Legal Guardian Signature: _____ Date: _____



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ALLERGIES INFORMATION

Specific Type of Allergy/Allergies:

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Milk/Dairy | <input type="checkbox"/> Wheat/Gluten | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Berries | <input type="checkbox"/> Bees/Insects |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Lotion | <input type="checkbox"/> Other: _____ |

Type of reaction(s) my child experiences when having an allergic reaction:

Procedures to follow if my child comes in contact with the specified allergen(s):

Physician/Allergist

Name: _____

Phone Number: _____

Parent/Legal Guardian Signature: _____ Date: _____

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY <i>(*For infants and preschool-age children only)</i>		
WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS

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		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

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

Community Care Licensing

ADDRESS

3737 Main St., Suite 700

CITY

Riverside, CA

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

(951) 782-4200

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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
()

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: Community Care Licensing

Licensing Office Address: 3737 Main St., Suite 700, Riverside, CA 92501

Licensing Office Telephone #: (951) 782-4200

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.

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

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://cclid.ca.gov/contact.htm>.

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.

BEGINNING DATE

ENDING DATE

TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
-------	------

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

