

# SCHOOL ACTO

This agreement complies with Section 101219 of Title XXII.

<u>Basic</u>	Services:

The Child Care Center shall provide the following basic services for:					
Child Name:					
First		Middle	Last		
Parent Name:					
First		Middle	Last		
Classroom:	Birthday:		Program:	Tuition:	
Daily/Weekly/Bi-Weekly/Monthly			Start Date:		
<b>CONTRACT HOURS:</b>					
MONDAY	TUESDAY	WEDNESDA	Y THURSDAY	FRIDAY	

#### General

- My child will be involved in a program of play and learning experiences that are age appropriate. A balance of active and quiet play is provided with individual and group activities geared toward the emotional, social, physical, cognitive, aesthetic, and individual growth of the child. The program has an open door policy, and parent visitation is encouraged at any time. I will notify the center in writing when I do not want my child participate in specific activities.
- The program provides breakfast, lunch, and an afternoon snack. The Child Care Center participates in the Child Care Food Program and follows all CCFP guidelines.
- My child shall be provided with an opportunity to nap between 12:30 p.m. and 2:30 p.m. on a cot provided by the program. Children who do not nap will have quiet activities to choose from.
- I hereby grant permission for my child to leave the school premises properly supervised to on walking field trips within the neighborhood. There will be a consent form for trips with transportation.
- I hereby grant permission for my child to be included in evaluations and developmental assessments. At parent conferences, periodic developmental assessments will be reviewed.
- I understand that school records are confidential. I may inspect and review all school records of my child and may request a copy of materials.

# Signing In/Out

- The program shall assume responsibility for my child after I or authorized person have signed my child in using full first and last names, and my child has been greeted by a teacher. The program shall retain responsibility until my child is signed out by a parent/guardian, or designated representative of my child's parent or guardian using full first and last name.
- I will record the time of arrival and sign my full name in the space provided on the daily attendance sheet before leaving my child at the program and when taking my child from the premises. I understand I am responsible for checking in/out with a teacher upon arrival and departure.
- If I cannot pick up my child myself, I will arrange for another authorized person, at least 18 years old, to sign for and pick up my child. I understand that if I designate a different person to pick up my child other than originally identified on the enrollment forms, I must notify the center in writing. I understand the center will not release a child to individuals unless I have written their names on the release form.

### Late Pick-ups

- I understand that the Child Care Center closes at 6:30 p.m. I understand that if I have not picked up my child by 6:30 p.m. and the program is unable to contact someone on my child's emergency card, the program will contact The Police to assume responsibility for my child. If feasible, a caregiver will remain with my child until either I, or an adult listed on my child's emergency information sheet arrives to pick up my child.
- I understand if my child is not picked up by his/her contract time I will pay the required late fee (\$1.00 per minute without a prior notice \$20.00 per hour with prior consent)

#### **Health Policy**

- I understand that if my child requires medication while present at the program, the program must have a prescription from a licensed physician on the physician's prescription pad or letterhead. This includes either prescription or over-the-counter medication. Further, it is my responsibility to bring my child's medication to a staff member in the original container with written instructions. I understand that under no circumstances may my child be in possession of any medication, or administer medication to him or herself.
- I understand that the program shall give appropriate first aid to a hurt child. I shall be contacted if it is in the judgment of the program staff that immediate medical attention is necessary or in the case of an injury to the head. In the event I cannot be reached and staff judges the injury to be of an emergency nature, my child shall be transported to a medical facility by ambulance. I understand I shall assume full financial responsibility for all treatment.
- I hereby grant permission for the transfer of health and other records (to a new school/ from an old school) of enrollment upon enrollment and/or termination of this childcare program.
- My child will have a health check each day as required by law. In the event that my child must be excluded from the program because of health reasons, I agree to abide by the decision and take responsibility for my child's care. It is expected that an ill child will be picked up from the program within a reasonable length of time and that the child will be isolated until picked up. If my child is also enrolled in kindergarten and he/she becomes ill while at kindergarten, I understand that the center is not responsible for my child's care.

- The program will post notice of any suspected exposure to an infectious disease on the parent information board located by the reception area.
- I will notify the program in advance by phone if my child will not be attending the program for any reason on any given day. I will notify the program immediately if my child contracts an infectious disease.
- I will keep the program informed of any new immunizations that my child has received. I understand that a TB clearance (either proof my child has received a negative TB test or a waiver from a doctor stating that my child does not have TB) is required of all children attending the program.
- I understand that staff will report any suspicion of child abuse, neglect, or endangerment of which they become aware to Child Protective Services as required by law.

## **FORMS**

All forms must be completed prior to admission (additional forms may not be listed)

\*Ident. and Emergency Information LIC 700

\* Child Pre-admission Health History LIC 702

\*Physician's Report Child Care Center LIC 701

\*Notification of Parents Rights LIC 995

\*Consent For Emerg. Med. Treatment LIC 627

\*Personal Rights Community Care LIC 613A

\*Copy of Immunization

\*Admission Agreement

\*Registration Form

\*Handbook Signature Page

\*Infant /Toddler feeding Plan

\*Infant/Toddler toileting plan

#### MONITORING SYSTEM

We have installed a Monitoring System, which has many advantages to both teachers and students:

#### 1. TEACHER EVALUATION

The Director is able to monitor/observe teachers.

#### 2. OBSERVATION OF CHILDREN

Children can be observed by staff to improve teacher/child relationships.

#### 3. TEACHERS TRAINING

Observation of the classroom can benefit student interns from local colleges and universities.

This monitoring system used is intended to ensure quality educational standards and to insure the safety of our children.

This system is not installed in any restroom area of this facility.

#### Miscellaneous

- I will complete all forms as required for enrollment.
- The program does not provide any optional services.
- I will check my child's bin or cubby, parent pocket and parent bulletin board daily for news and other projects/information.

- I am responsible for providing diapers for my child.
- I will be available for conferences with the members of the staff during regular program hours with advance notice.
- I shall refrain from reprimanding children of other families while on the program premises and respect program decorum. At no time shall an adult in this center physically harm a child, use verbal threats, or speak to a child in a way that is disrespectful and may lower the child's self-esteem. We insist that all adults on our site, whether employees or not, abide by our discipline policy.
- I shall be responsible for reading all contents of the Family Handbook and shall comply with all program policies as described in the handbook.
- I understand that I indemnify and hold harmless the Golden City C.D.C., Inc. /The Easters Nest C.D.C., Inc.., its officers, employees and agents, including volunteers, from any and all claims arising out of or in connection with my child's participation in these activities.
- I understand that in the event Golden City C.D.C., Inc. /The Easters Nest C.D.C., Inc. must retain the services of an attorney to enforce the terms of this contract, the Parent/Guardian of the child or children

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involved agre	es to pay all cost and fees incurred.				
Payment Provisions					
Fee-Paying Families					
• A non-refund	able enrollment fee of \$50.00 is due upon notification of space available/Registration.				
must be made Golden City ( is not receive written notice	• My family fee will be \$ per month. Payment is due by the 5th of each month. Payment must be made by personal check, cashier's check or money order. Checks should be made payable to Golden City C.D.C., Inc. /The Easters Nest C.D.C., Inc. A late fee of \$15 dollars is charged if payment is not received by the 5th. No tuition credit is given for illnesses, holidays or vacation days. A 30 day written notice will be given for changes in tuition fees. A bounced check charge of \$20.00 will be charged for all return check.				
• I will notify the Request.	The most of the content of the prior of the prior of the content of the change of a content of the change of the chan				
• I understand a	fter three (3) return checks all payments must be made in certified funds only.				
	forth herein will be in effect until a new agreement is signed by me. This fee for each paid in advance (billed monthly). I understand that care will not be provided without this tent.				
• Print Name	/ will be responsible for paying any child care fees.				
Print Name	Social Security Number				
Subsidized Families					
•	will be responsible for paying any child care fees.				
Print Nam	e				

- I will notify the program administrative staff in writing within 10 days of any changes in my family status such as a change in family size, job, family income, student status, or other circumstances that may affect my eligibility and need.
- I will notify the center 2 weeks prior to any changes in schedules child care using the Change of Service Request.

## **Termination of the Agreement**

- Child Care is reserved for Gain Participants and persons affiliated with DPSS, faculty, and staff. Eligibility for child care ends at the end of employment/program.
- In the event of withdrawal of my child from the Child Center, I agree to give advance notice of two weeks in writing. I understand that I will be responsible for all fees incurred during that two week period. Monthly fees paid in advance will be prorated and the appropriate amount refunded.
- The Child Care Center reserves the right to dismiss a child from the program if staff feels that the child's individual or developmental needs are not being met and/or if her or his needs or behavior interferes with other children's rights to attend a safe and nurturing program.
- Families receiving subsidized child care have the right to appeal any changes made by the program to their services. A written intent to appeal must be filed with the program within 14 days (see Notice of Action for complete appeal process).
- The following are also considered grounds for the cancellation of child care services: refusal of the parent to provide essential information pertaining to record keeping and eligibility; excessive late pickups of children; excessive unexcused absences (for children who have subsidized Child Care funding); failure to pay fees; failure to comply with policies.

## **School Age Program Specifics**

- If my child arrives at the program without an adult, program staff shall sign in my child as mandated by California Community Care Licensing. If my child is age eight or older, I understand that I have the option of allowing my child to sign him or herself out of the program independently. I must complete a Sign-Out Authorization Agreement indicating when and how my child may leave the program. Program staff shall sign out children ages eight and older whose authorized representatives have agreed in writing to allow the children to leave the program independently.
- Hours of operation: In School Care 06:30 8:00 a.m. / 02:30 06:30, full day Care 6:30 6:30 p.m. on school holidays and Vacation Days. See attached calendar for program closure days.

I understand my child shall be furnished with breakfast if present in the morning, lunch if present at noon, and an afternoon snack at 3:30 p.m. The School Age Center participates in the Child and Adult Care Food Program and follows all CACFP guidelines.

Please check each statement after you receive the specific document or policy.

#### I HAVE RECEIVED COPIES OF

Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse
Personal Rights - Community Care Facilities

Progr	am Representative Signature:	Date:		
Paren	t/Guardian Signature:	Date:		
this A basic indica	the to abide by the policies of the program and to perform agreement. My signature below indicates that I have reaservices, obligations of parents/guardians, termination test that all my questions have been satisfactorily and the family Handbook.	d the terms of this Agreement and understand the n procedure and payment provisions. It further		
•	Pursuant to sections 101200(b) and (c) of Title XXI right to interview the child and staff, and to inspect without securing prior consent. Child Protective Servito observe and interview children on the premises with	and audit all records maintained by the program ces has the right at all licensed child care facilities		
•	The Child Care Services is open to all Gain and DPS origin, gender, religion, age, physical or mental abilistatus. The program is committed to making all reasor Please call 310-756-0850 if you require alternative r (large print, audio tape, etc.) or if you need disabilinformation on this policy is in the Family Handbook.	ty, political beliefs, sexual orientation, or marita able accommodations to meet every child's needs neans for communication of program information		
Nond	iscrimination Policy			
Othe	r			
	I do not give my permission for the Child Care to use photos of my child in informational promotional material.			
	I give my permission for the Child Care Center informational or promotional material.	to take photos of my child, and use them in		
	We take many pictures at the program. We use these partial displays and newsletters. We also use these displays, audiovisual presentation, brochures and flyer	pictures, with your permission, in our manuals		
<b>PER</b>	MISSION TO USE PHOTOGRAPHS OF MY CHILD			
	I have received a copy of the <i>Family Handbook</i> which states the program's admission policies, program philosophy, procedure to obtain staff qualifications and names, disciplinary practices, name, address and phone number of local Department of Social Services and health care procedures.			
FAM	ILY HANDBOOK			
	Child Care Facilities Parent's Rights			