City of Hercules – Parks & Recreation Department

TINY TOTS PROGRAM INFORMATION

Make your child's first learning experience a happy and memorable one with our Tiny Tots Program. This program offers 4 phases of learning to prepare your child for their upcoming school years. Staff teaches a theme-based curriculum with an academic component. Children are offered the basic learning skills of language, fine motor skills, communication skills, social development, shapes, colors, numbers and gross motor development. We enhance social and emotional development through directed activities, play and instructional material, music, and so much more. You will need to send a healthy snack in a lunch box style bag, *no peanut products are allowed on site*.
***Children must be completely potty trained. No pull-ups*.**

Little Learners: Age 3 by September 1, 2016 for both programs
3 year old class- Designed to introduce 3 year olds to their first pre-school experience with an academic component. The emphasis of this class is learning how to work with others in a variety of social ways and develop emotional, physical and creative aspects of the child. **Tuesday and Thursday, 9:00am - 11:30am**

NEW Little Learners: Ages 3 & 4 (Not recommended for 4 year old going to Kindergarten following school year.)
Designed for 3-4 year old children with the emphasis on learning through collaborative play with an academic component. The children work in groups to build their Social /Emotional development through age appropriate activities.
Monday through Thursday, 9:00am – 11:30am

Pre-K: Age 4 by September 1, 2016
This program is a Kindergarten readiness program. Children will learn responsibility, independence and build confidence. We'll introduce several basic areas: emotional, cognitive, fine motor, gross motor, social and sensory development. Our 4 year old program is also a thematic-based program with an academic component.
Monday, Wednesday, and Friday, 9:00am - 12:00pm

Junior Kindergarten Program: Age 4 by September 1, 2016
Jr. Kindergarten is offered to students who are 4 - 5 years old. We help prepare your child for Kindergarten providing them with a strong foundation of cognitive and developmental curriculum in preparation for public Kindergarten.
Monday – Friday from 9:00am – 12:00pm

Program Fees – Tiny Tots – 2016-2017 School Year							
JR. Kindergarten Older 4 -5 years old Monday - Friday Hanna site		**Pre-K Program** 4 years old Monday/Wednesday/Friday Hanna site		**Little Learners 4 days/wk** NEW Multi-Age 3-4 years old Monday - Thursday Hanna site		**Little Learners 2 days/wk** 3 years old Tuesday / Thursday Hanna site	
Resident	**$386.00**	**Resident**	**$232.00**	**Resident**	**$310.00**	**Resident**	**$155.00**
Non-Resident	**$482.00**	**Non-Resident**	**$290.00**	**Non-Resident**	**$387.00**	**Non-Resident**	**$193.00**

Registration Dates for the 2016– 2017 School Year
Priority Registration-Current families only: March 1 to March 31, 2016
Public Registration: April 18, 2016 at 9:00am at the Community Center
All Emergency/Registration packets must be turned in by July 28th, 2016 at Community Center

Program Orientation Dates & Time: Must be with parent.
Jr. K & Pre-K Programs –Wednesday, August 24, 2016, 9:00am -10:30am, **Hanna site**
Little Learner Programs 3 year old Class –Thursday, August 25, 2016, 9:00am-10:30am, **Hanna site**
NEW-Multi-Age 3-4 year old Class – Thursday, August 25, 2016, 9:00am-10:30am, **Hanna site**

First Day of Tiny Tots:
Jr. K & Pre-K Programs and Little Learner Multi-Age 3-4 class start date is Monday, August 29, 2016
Little Learners starts Tuesday, August 30, 2016

For more information on this fun learning experience call (510) 245-4803 or (510) 799-8230. Registration Fee discounted 50% if registering before August 1, 2016. On August 1 it will return to $100. We will not accept any registrations for any of our Tiny Tots programs after December 1, 2016. Hanna Site: 2480 Refugio Valley Rd. Lupine Site: 1950 Lupine Road.

City of Hercules Parks and Recreation Department

HERCULES TINY TOTS
REGISTRATION FORM 2016-2017

Complete this form and return it with the registration fee. There is a 50% discount if you register before August 1st, 2016 of $50.00 non-refundable registration fee/per child. On August 1st it will return to a **$100.00 non-refundable registration fee/per child**.

Return form to: Hercules Community Swim Center, 2001 Refugio Valley Road, Hercules, CA 94547 or the Hanna Ranch Child Care site. Forms will be processed on a first come, first served basis. Please read all the Tiny Tots registration information before turning in this form. Emergency Packet forms are to be completed two weeks after registering your child. Children may not start our program until all forms are completed including the Physician report.

ONE FORM PER CHILD REQUIRED

Child's Name_____ **Date of Birth**_____ **M**___ **F**___

Parent/Guardian Name_____ **Home Phone**_____

Address _____**Work Phone**_____

City_____ **Zip Code**_____ **Cell Phone**_____

E-Mail_____
Required for paperless billing, please check box and give e-mail address. You will not receive a billing statement in the mail.

*****Children must be completely toilet trained. No pull-ups allowed. *****

Each class requires an enrollment of at least 14 participants.

Select one:

☐ **Little Learner 3 year old program. Must be 3 years old on or before September 1, 2016.**
- Tuesday and Thursday program from 9:00am to 11:30am at Hanna site.

☐ **Little Learner Multi-Age 3-4 year old program. Must be 3 years old on or before September 1, 2016.**
- Monday-Thursday from 9:00AM – 11:30am at Hanna site.
  (**Not recommended for 4 year old going to Kindergarten the following school year**.)

☐ **Pre- Kindergarten must be 4 years old on or before September 1, 2016.**
- Monday, Wednesday, and Friday program from 9:00am to 12:00pm at Hanna site.

☐ **Junior Kindergarten must be 4 years old on or before September 1, 2016.**
- Monday-Friday program from 9:00am to 12:00pm at Hanna site.

CITY OF HERCULES POLICY ACKNOWLEDGMENT AGREEMENT- TINY TOTS 2016-2017 SCHOOL YEAR

Please read and check off each policy:

☐ **Payments:** Payments are due on the 1st of each month. You can pay at the 24 hour box at the Community/Swim Center or at the Tiny Tots site in mail box. You can also pay through credit card on-line or at the Tiny Tots office, office hours 8:30am-5:00pm.

☐ **Late Payments:** A late fee of $30 will be assessed on the 2nd of the month and a $35 fee for any subsequent late payments.

☐ **Program Withdrawal:** To drop from a program for whatever reason, you are required to complete a program change form. Please note that all program fees are non-refundable and non-transferable, even when withdrawing early from the program. A minimum of one week notice must be given.

☐ **Late Pick-Up:** There is a $2.00 per minute charge for picking up your child(ren) past their scheduled time.

☐ **Billing Issues:** The City of Hercules will not contact any other person except the parent or guardian on the registration form regarding billing issues.

☐ **NSF Policy:** There will be a charge of $36.00 for each returned check. All returned checks must be cleared with cash, money order or cashier's check. City policy does not allow returned checks to be cleared with a credit card. If a household has 2 NSF's occur in the span of 1 year, all future payments may only be made by cash, money order, or credit card.

I acknowledge that I have read and understand the terms set above by the City of Hercules Parks and Recreation Department. I have received, read, and understand the Tiny Tots registration information. I understand I can go on-line at www.ci.hercules.ca.us and review the Tiny Tots Parent Handbook. I understand Tiny Tots programs may be cancelled if minimum numbers are not met.

_____ _____

Parent/Guardian Signature **Date**

For more information please contact:

- Recreation Manager – Ambra Garfield, (510) 245-4803, agarfield@ci.hercules.ca.us
- Tiny Tots Office Hanna site – Rozen Stafford, (510) 245-4803, rstafford@ci.hercules.ca.us
- Parks & Recreation Office - (510) 799-8291 Hours 10:00am-6:00pn, Mon-Thurs only. Closed on Fridays
- Hanna Tiny Tots - 2480 Refugio Valley Road, Hercules CA 94547, Classroom (510) 245-6510

Registration paid:

$_____ Cash _____ CC _____ CHECK _____ Rec'd_____

Little Learner 3 year old	**Little Learner 3-4 Multi-Age**	**Pre-K**	**Junior Kindergarten**
Code: #83110	**Code: #83220**	**Code: #83130**	**Code: #83140**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent, Domestic Partner or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'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, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER 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:

ONGOING AND/OR CURRENT MEDICAL PROBLEMS:

_____ Bee Stings _____ Asthma _____ Heart Murmur _____Hearing Loss _____Vision Problems

Allergies to: _____

Activity Restriction: _____

Recent Hospitalization(within 1 year):_____

Other (please describe):_____

_____

Please Check if your child HAS NO ONGOING OR CURRENT MEDICAL PROBLEMS: _____

Disaster Preparedness: In case of a disaster/evacuation, I authorize my child to be released to the following adults: Provide contact information:

_____

_____

Legal Issues: Are there any legal issues that we should be aware of such as custody or restraining orders,etc.? Must attach copy of court documents:

_____

_____

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
( )

WORK PHONE
( )

CITY OF HERCULES
PARENTAL CONSENT & DIRECTIONS TO CITY STAFF
FOR THE SELF-ADMINISTRATION OF MEDICINES

_____

Child's Name Date of Birth Program/Class

Not applicable to my child: _____ _____

Signature of Parent or Guardian Date

If applicable to your child, complete the information below and on page 2.

Medical Condition: _____

Asthmatic: ☐ Yes ☐ No

Allergic: [Note Severity, Food Restrictions etc.] _____

_____

Allergic Reactions, Signs or Symptoms to look for: _____

_____

Medications: ☐ Kept at Site ☐ Brought Daily in Child's Back Pack

Name of Medication: _____ **Form: (liquid, pill etc.)** _____

All medications, prescription and over the counter, must be provided to Child Care Supervisor in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the INSTRUCTION section. If additional instructions are required, please list on a separate sheet of paper and attach.

INSTRUCTIONS: Parents/Guardians-please write specific step-by-step instructions for staff to follow, in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By approving these instructions, you are consenting to staff's ASSISTANCE with medical treatment of your child.

For example: 1. Administer Epi-Pen 2. Administer 2 teaspoons of liquid Benadryl
3. Call 911 4. Call Parent at _____

1. _____

2. _____

3. _____

4. _____

AUTHORIZATION, WAIVER, AND RELEASE

I, _____ parent/guardian of _____

I authorize the City of Hercules Child Care staff to perform emergency procedures, including assisting with the administration of epi-pens, injections or self-administered medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury that my child may experience.

AUTHORIZATION, WAIVER AND RELEASE-continued

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/ or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize the City of Hercules Child Care staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.

I acknowledge that assistance in administration of the Epi-Pen or medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Hercules, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in- administration, failure to administer or attempt to administer medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Hercules or its officials, officers, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer medication to my child.

I also give my permission to City of Hercules Child Care staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible for payment of any and all medical and emergency services rendered to my child.

Signature of Parent or Guardian: _____ Date: _____

REMINDERS:

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely- administer their medications.

- Medical monitoring of blood sugar levels must be done by parent or guardians prior to attending the program each day, to ensure that the child is within their target range.

- Staff will not be responsible for identifying symptoms of hyperglycemia hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parent or guardian.

- Parents or guardians are responsible for providing all necessary information regarding dietary restrictions, foods allergies or special diet considerations to staff.

- Participants and parents or guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.

- It is the responsibility of the parents or guardians to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT/DOMESTIC PARTNER,GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practioner

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE	DATE

City of Hercules Parks and Recreation Department

Parent/Guardian Agreement Waiver Slip

I (parent/guardian) have carefully read the description and regulations of the City of Hercules Parks and Recreation Program in which we are participating in and in consideration for being permitted by the City of Hercules Parks and Recreation Department to participate in the above activity. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which said minor may have, or which may hereafter accrue to the said minor, as a result of participation in said activity. This release is intended to discharge in advance the City of Hercules Parks and Recreation Department (it's officers, employees and agents) from any and all liability arising out of or connected in any way with the minor's participation in said activity, to the maximum extend allowed by law.

It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption or risk is to be binding on heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability damage, cost, expense which they may incur as a result of death or injury or property damage that said minor may sustain while participating in said activity.

I hereby give my consent to my son/daughter, _____ to participate in the above activity, and I hereby execute the above agreement, waiver and release on his/her behalf. I state that said minor is physically and emotionally able to participate in said activity. I have carefully read this agreement waiver and release, and fully understand its contents. I am aware that this is a release of liability and a contract between me and the City of Hercules Parks and Recreation Department and I sign it of my own free will.

_____ _____

Signature of Parent or Guardian Date

05/2011

City of Hercules Children's Program

Photo Release Permission Form

I hereby give my permission for my child's photograph to be taken during events and activities for the City of Hercules Children's Programs and to be used for the sole purpose of publicity for the program. These photographs may be used for classroom projects, program brochures, media promotions, advertisement, or news articles. It is understood that I might review all photographs prior to their publication, if selected for promotional material for the City of Hercules Children's Program and if photographs will not be released to any other individual not affiliated with the City of Hercules.

Child's Name: _____

Program: _____ Date: _____

Signature of Parent/Guardian: _____

Today Date: _____

City of Hercules
Parks & Recreation Department

Tiny Tots Billing Schedule
2016-2017 School Year

Reminder: **ALL PAYMENTS** are due on the 1st of the month, unless noted otherwise. Payments are considered LATE on the 2nd of the month and are subject to a $30 late fee. Refer to the Tiny Tot's Calendar for closure dates, in-service dates, and camp dates. Subject to changes based on the Parks & Recreation Department Master Calendar. Holidays are days you still pay for even if your child isn't here.

Billing Cycle	Begin Date	End Date	Due Date
B **1-week cycle**	08/29/16	09/02/16	08/12/16
C **4-week cycle** *Labor Day 9/5/16	09/05/16	09/30/16	09/01/16
D **4-week cycle**	10/03/16	10/28/16	10/01/16
E **4-week cycle** *Veterans Day 11/11/16 *Thanksgiving 11/24 and 11/25/16	10/31/16	11/25/16	11/01/16
F **3- week cycle** ***Winter Recess-**12/19/16 -1/02/17. You're not charged for 12.19.16 to 12.30.16- 2 weeks.	11/28/16	12/16/16	12/01/16
G **4 -week cycle** *New Year's Day 1/2/17 ***Return on Tuesday 1/3/17** *MLK Day 1/16/17	01/03/17	01/27/17	01/03/17
H **4- week cycle** *President's Day 2/20/17	01/30/17	02/24/17	02/01/17
I **4-week cycle**	02/27/17	03/24/17	03/01/17
J **4-week cycle** *Spring break 4/3 to 4/7/17 You're not charged for this week.	03/27/17	04/28/17	04/01/17
K **4-week cycle**	05/01/17	05/26/17	05/01/17
L **2- week cycle**	05/29/17	06/08/17	06/01/17

City of Herucles – Parks & Recreation Department

FEE INFORMATION

Tiny Tots - 2016-2017 School Year

Program fees for the 2016-2017 school year will have the following fees. These fees are based on a four week billing cycle and do not include holiday breaks. There is a 5% multi-child discount for families with two or more children enrolled.

Four Week Billing Cycle	Days	Times	Resident	Non-Resident
Little Learners (3 yrs)	T/TH	9:00am-11:30am	$155.00	$193.00
Little Learners (3 & 4 yrs)	M-TH	9:00am-11:30am	$310.00	$387.00
JR. Kindergarten (4 yrs)	M-F	9:00am-12:00pm	$386.00	$482.00
Pre-Kindergarten (4 yrs)	MWF	9:00am-12:00pm	$232.00	$290.00

Child Care - 2016-2017 School Year – K-5th Grades

The before and after school Child Care program for the 2016-2017 school year will have the following fees. These fees are based on a four week billing cycle and do not include holiday breaks. There is a 5% multi-child discount for families with two or more children enrolled.

Four Week Billing Cycle	Grades	Times	Resident	Non-Resident
Before School	K-5th	7:00am-8:30am	$193.00	$242.00
After School	K-5th	Dismissal-5:30pm	$387.00	$482.00
Weekly Billing Cycle	**Grades**	**Times**	**Resident**	**Non-Resident**
Before School (Sub rate)	K-5th	7:00am-8:30am	$49.00	$60.50
After School (Sub rate)	K-5th	Dismissal-5:30pm	$96.75	$120.50

Seasonal Camps – K-5th Grades Fees effective with camps starting after June 1, 2016

These fees are per week. There is a 5% multi-child discount for families with two or more children enrolled.

Program	Billing Cycle	Days	Times	Resident	Non-Resident
Camp Dynamite 2016	Weekly	M-F	7:00am-5:30pm	$236.00	$295.00
Camp Dynamite 2016	Weekly	M-F	8:00am-12:00pm	$118.00	$148.00
President's Week	Weekly	Tu-F	7:00am-5:30pm	$189.00	$236.00
Spring Week	Weekly	M-F	7:00am-5:30pm	$236.00	$295.00

T.H.E. S.P.O.T. – Teen programs for 6th-8th Grades

Fees are per week or per 4 weeks as outlined below. There is a 5% multi-child discount for families with two or more children enrolled.

Program	Billing Cycle	Days	Times	Resident	Non-Resident
2016-2017 After School	4 weeks	M-F	Dismissal-5:30pm	$378.00	$437.00
Summer 2016	Weekly	M-F	8:00am-5:00pm	$225.00	$254.00

Parks & Recreation fees are adopted via Resolution by the City Council and are subject to change with 30 day notice.

ADDITIONAL FEES

DESCRIPTION	FEE
Registration for 2016-2017 before August 1, 2016	$50.00
Registration for 2016-2017 on or after August 1, 2016	$100.00
Before School Drop-In/Day	$15.00
After School Drop-In/Day (K-8th Grades)	$30.00
Camps Drop-In/Full Day (K-8th Grades)	$50.00/$63.00
Late Payment	$30.00
Late Payment 2 or more	$35.00
Late Pick-Up fees per minute after 5:35pm	$2.00
Deposit In-Service Day (Return if child attends on following billing tuition)	$30.00
In-Service Day Drop-In/Day	$55.00
Late Registration for camps (after deadline)	$15.00
Late Registration for camps (day of camp)	$30.00
Credit Card Payment charged fee: $2.00 per $100.00 charged	$2.00

For additional information or questions contact us as PRregistration@ci.hercules.ca.us or call (510) 799-8291. You may also find more information about our programs and services on the City website at www.ci.hercules.ca.us.

Parks Make Life Better!℠

Parks & Recreation fees are adopted via Resolution by the City Council and are subject to change with 30 day notice.

TINY TOTS HOLIDAY SCHEDULE
2016-2017 SCHOOL YEAR

DATE	DAY	EVENT
September 5, 2016	Monday	CLOSED for Labor Day
November 11, 2016	Wednesday	CLOSED Veteran's Day
November 24 & 25, 2016	Thursday, Friday	CLOSED for Thanksgiving Day and day after.
December 19-30, 2016	Two Weeks (No charge)	Winter Recess
January 2, 2017	Return on Tuesday, January 3, 2017.	CLOSED For New Year's
January 16, 2017	Monday	CLOSED for M.L.K Jr. Day
February 20, 2017	Monday	CLOSED for President's Day
April 3-7, 2017	One week (No charge)	Spring Recess Return on April 10, 2017
May 29, 2017	Monday	CLOSED for Memorial Day
June 7, 2017	Wednesday	Pre-Kinder – Graduation & Last Day of School
June 8, 2017	Thursday	Last Day for both Little Learners classes.
June 8, 2017	Thursday	Jr. Kinder – Graduation & Last Day school.

*Holidays are days you still pay for (unless otherwise noted above) even if your child isn't here.