

Seasonal Camp Information:

Presidents' Camp Information! #14201-A

✓CUT- OFF DATE: 2/9/17

Presidents' Camp Registration Dates: 12.01.16 to 02.09.17

When: February 21st, 2017 to February 24th, 2017

Where: Lupine Site-1905 Lupine Dr. Hercules

***** **Emergency/Registration packet:** In your child's classroom or On-line under Seasonal Camps see below

Note: We must have a minimum of 14 children enrolled in camp each week.

Spring Camp ! #14202-A

✓CUT-OFF DATE: 3/23/17

Spring Camp Registration Dates: 12.01.16 to 03.23.17

When: April 03, 2017 to April 07, 2017

Where: Lupine Child Care Site 1905 Lupine Dr. Hercules

***** **Emergency/ Registration packet:** In your child's classroom or On-line under Seasonal Camps see below.

Lupine Child Care # 070209101

SPACE IS LIMITED!

Camp is open to the public.

Remember to register at the Community Swim Center and secure your spot!

For more Information and to Register:

Community Swim Center – 510-799-8291

Lupine Child Care-510-799-8259

Hanna Ranch Child Care-510-245-4803

****You have to fill out full packet. Download it from City Website – www.ci.hercules.ca.us under Park and Recreation Seasonal camps.**



PRESIDENTS' CAMP AT THE LUPINE Site
FEBRUARY 21st – 24th, 2017

EVERYONE NEEDS TO FILL OUT A FULL REGISTRATION/EMERGENCY PACKET. Current Child Care families need to fill out complete packet per licensing requirement. Presidents' Camp must have minimum enrollment of 14 participants and the **CUT-OFF** date for this **camp is 2/9/17.**

CLOSED MONDAY, FEBRUARY 20th, 2017 FOR PRESIDENTS' DAY.

Child's Name _____ Age _____
 First Last

Grade _____ (Your child must be in Kindergarten to register for PRESIDENT Camp.)

Child Care Program Currently Attending: Hanna _____ Lupine _____ Ohlone _____ New child _____

Parent or Guardian Name _____
 First Last

Home Address: _____ City _____

Zip Code _____ Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ Check here if subsidized

Emergency Contact Person _____ Emergency phone number _____
 First and last Name

Does your child have any special needs our staff should be aware of prior to attending this program?
 (EX. Physical Disability, ADD-Attention Deficit Disorder, Hearing or Vision impairment, Allergies etc)

YES _____ NO _____ Comments _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD
TUESDAY 21st – FRIDAY 24th

Program	Time	Fee	*Drop-In After 2.13.17
Resident	7:00a-5:30p	\$140.00	\$40.00
Non-Resident	7:00a-5:30p	\$160.00	\$45.00

You can register at the Community Swim Center or drop off your forms at the Child Care sites by **Thursday, February 9th, 2017.** All camp fees must be paid in full at the time of registration. **Drop-In only** if space is available to be determined ***on 2.13.17.**

Please have your child bring a bag lunch every day and remember no peanut products.

GUARDIAN'S SIGNATURE _____ DATE _____

OFFICIAL USE-PRESIDENT'S CAMP 2017 - #14201-A

Registration paid:
 DATE _____ Cash _____ CC _____ Check _____ Rec'd _____

SPRING CAMP AT THE LUPINE Site
APRIL 3RD TO APRIL 7TH, 2017

EVERYONE NEEDS TO FILL OUT A FULL REGISTRATION/EMERGENCY PACKET. Current Child Care families need to fill out complete packet per licensing requirement. Spring Camp must have minimum enrollment of 14 participants and the **CUT-OFF** date for this **camp is 3/23/17**.

Child's Name _____ Age _____

First _____ Last _____

Grade _____ (Your child must be in Kindergarten to register for **SPRING CAMP**.)

Child Care Program Currently Attending: Hanna _____ Lupine _____ Ohlone _____ New child _____

Parent or Guardian Name _____

First _____ Last _____

Home Address: _____ City _____

Zip Code _____ Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ Check here if subsidized

Emergency Contact Person _____ Emergency phone number _____

First and last Name

Does your child have any special needs our staff should be aware of prior to attending this program?
 (EX. Physical Disability, ADD-Attention Deficit Disorder, Hearing or Vision impairment, Allergies etc)

YES _____ NO _____ Comments _____



PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD
MONDAY APRIL 3RD TO FRIDAY APRIL 7TH, 2017

Program	Time	Fee	*Drop-In After 3.27.17.
Resident	7:00a-5:30p	\$175.00	\$40.00
Non-Resident	7:00a-5:30p	\$200.00	\$45.00

You can register at the Community Swim Center or drop off your forms at the Child Care sites by **Thursday, March 23rd, 2017**. All camp fees must be paid in full at the time of registration. **Drop-In only** if space is available to be determined on **3.27.17**.

Please have your child bring a bag lunch every day and remember no peanut products.

GUARDIAN'S SIGNATURE _____ DATE _____

----- **OFFICIAL USE-SPRING CAMP 2017 - #14202-A** -----

Registration paid:

DATE _____ Cash _____ CC _____ Check _____ Rec'd _____

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:

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

()

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.

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: 1515 Clay St. Suite 1102 Oakland CA 94612

Licensing Office Telephone #: 510.622.2602

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

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

1515 Clay Street #1102

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

510.622.2602

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)



City of Hercules Parks and Recreation Department
Activity & Event Permission Form

FIELD TRIPS

The City of Hercules Parks and Recreation Program will go on a variety of local excursions to the neighborhood parks, schools, local shopping centers, restaurants, community businesses, community swim center and other points of interest. I hereby give my permission for _____ to attend. I understand some trips will be in walking distance and others may require transportation. If trips require transportation other than WESTCAT, parents will be notified in advance of the destination and type of transportation.

Signature of Parent/Guardian _____ Date: _____

PHOTO RELEASE

I hereby give my permission for _____'s photograph to be taken during events and activities for the City of Hercules Parks and Recreation Department and to be used for the sole purpose of publicity for the program. These photographs may be used in the classrooms, 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 Parks and Recreation Department and that photographs will not be released to any other individual not affiliated with the City of Hercules.

Signature of Parent/Guardian _____ 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