

CITY OF HERCULES RECREATION & COMMUNITY SERVICES DEPARTMENT  
**BEFORE & AFTERSCHOOL-AGE CHILDCARE**  
**REGISTRATION FORM 2009/10**

Please complete the form below and return it with a \$50.00 non-refundable registration fee/per child to:

Hercules Community/Swim Center  
 2001 Refugio Valley Road  
 Hercules, CA 94547

Forms will be processed on a first come, first serve basis  
 Please read all the School-Age registration information before turning in this form.

**Current child care participants need to complete registration form and emergency information form ONLY.**

Hanna    Lupine    Ohlone    Teen Center

Please complete one form per child \_\_\_\_\_ SEX:   M   \_\_\_\_\_   F   \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SCHOOL YOUR CHILD WILL BE ATTENDING: \_\_\_\_\_ GRADE 2009/10 \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**CHECK CHILDCARE SERVICES/DAYS NEEDED.**    **3 Day Program**    **5 Day Program**

Before School Care      6:30 a.m.-8:30 a.m.      M      T      W      TH      F

Before School Care      7:30 a.m-8:30 a.m.      M      T      W      TH      F

Kindergarten Care      Dismissal -5:30pm      M      T      W      TH      F

Kindergarten Care      Dismissal -6:30 p.m.      M      T      W      TH      F

Grades 1-5      Dismissal -5:30 p.m.      M      T      W      TH      F

Grades 1-5      Dismissal- 6:30 p.m.      M      T      W      TH      F

**I have received, read and understand the School-Age registration information.**

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Staff use only**

Registration paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ CK \_\_\_\_\_ Rec'd \_\_\_\_\_

**Hanna**  
 32041 K  
 32042 1-2  
 32043 3-5

**Ohlone**  
 30351 K-1  
 30352 2-3  
 30353 4-5

**Lupine**  
 31531 K-2  
 31532 3-5

**SPOT**  
 32320 6<sup>th</sup>-8<sup>th</sup>

**City of Hercules  
Recreation & Community Services Department**

Parent/Guardian Agreement Waiver Slip

I (parent/guardian) have carefully read the description and regulations of the City of Hercules Children's Program in which we are participating, and in consideration for being permitted by the City of Hercules Recreation & Community Services 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 Recreation & Community Services Department (it's officers, employees and agents) from any and all liability arising out of or connected in any way with minor 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 Recreation & Community Services Department and I sign it of my own free will.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**City of Hercules  
Recreation & Community Services Department**

**Parent's Rights Agreement**

1. Parent/Guardians, upon presentation of identification, have the right to enter and inspect the child day care facility, in which their child(ren) are receiving care, without advance notice to the provider. Entry and inspection is limited to the normal operating hours while their child(ren) is receiving care.
2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.
3. The law requires that parents/guardians be notified of their rights to enter and inspect.
4. The law requires that this notice of parent's right to enter and inspect be posted in the facility in a location accessible to parents/guardians.
5. The law authorizes the person in charge of the child day care facility to deny access to a parent/guardian under the following circumstances:
  - a. The parent/guardian is behaving in a manner which poses a risk to the children or staff in the facility, or
  - b. The adult is a non-custodial parent/guardian and the facility has been requested in writing by the custodial parent to not permit access to the facility by the non-custodial parent/guardian.

\*\*\*\*\*

The lower portion of this form is to be retained in the child's file at the Children's Program site.

**Parent's Rights Agreement**

This will acknowledge that I/We, the parent(s)/guardian(s) of \_\_\_\_\_  
have received a copy of the Parent's Rights Agreement from the licensee or authorized representative of the  
City of Hercules Children's Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Children's Program Site

\_\_\_\_\_  
Address

# City of Hercules Children's Programs Emergency Information Card

\_\_\_\_\_  
Last First (Student's Name) Birthdate M Sex F

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

## Other person's allowed to pick up or be called in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation To Child \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**Consent for Medical Treatment – In the event of emergency accident or illness, program staff will attempt to contact the parent, or a person designated by the parent, to care for the child and arrange for necessary medical care. In the event that the parent, guardian or person designated by the parent or guardian is not available, I authorize the City of Hercules Children's Program to request assistance from the 911 Emergency Services and consent to any emergency treatment which is necessary to preserve life, limb, or well-being of my dependent. It is understood that I will be responsible for all costs involved in treatment of this dependent.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**ON-GOING AND/OR CURRENT MEDICAL PROBLEMS:**

\_\_\_\_\_ Bee Stings \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Murmur \_\_\_\_\_ Hearing Loss \_\_\_\_\_ Vision Problems

Allergies to: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Recent Hospitalizations (within one year) \_\_\_\_\_

Other (please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check if your child has NO on-going or current medical problems \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**LEGAL ISSUES:** Are there any other legal issues that we should be aware of, such as custody, restraining orders , etc.? (Attach copy of court orders)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# City of Hercules Children's Program

## Activity & Event Permission Form

### **FIELD TRIPS**

**The City of Hercules Children's 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 my child \_\_\_\_\_ 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 my child's photograph to be taken during events and activities for City of Hercules Children's Programs 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 Children's program 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 RECREATION DEPARTMENT  
2001 REFUGIO VALLEY ROAD, HERCULES 94547

## Automatic Credit Card Childcare Payment Authorization

The City of Hercules accepts Visa, MasterCard, and Discover for childcare payments. If you would like to have your childcare payment deducted automatically from your credit card, please sign and return this form when you register for the childcare program at the Hercules Swim Center.

### This form is for child care payments only.

PLEASE BE REMINDED: ALL CREDIT CARD TRANSACTIONS WILL HAVE  
A \$2 CHARGE FOR EVERY \$100 INCREMENT THEREOF  
EFFECTIVE ON 8/25/2007

I authorize the City of Hercules Childcare Billing Specialist to automatically deduct payment(s) from my credit card on file:

To be charged:  Weekly (*Summer Camp only*)  Monthly (*on the first of each month*)

Childs Name \_\_\_\_\_ Childcare site \_\_\_\_\_

Monthly total child care fees: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Credit Card Type:  VISA  MASTERCARD  DISCOVER

Name as it appears on the credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

How you would like to receive your receipt:

Email \_\_\_\_\_ (address)  Mail  Parent Box

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* This automatic payment form is strictly for monthly childcare payments only. This does not give the Billing Specialist permission to register your child into the extra camps that the childcare program offers. You will have to take care of those registrations on a separate form. If you have changes to your credit card you are required to come in to the Swim Center office to fill out a new form.

*Lisa Coronado*  
City of Hercules  
Childcare Billing Specialist  
510-799-8287

# HERCULES CHILD CARE BILLING CYCLE FOR

2009-2010



PLEASE REMEMBER TO PAY YOUR CHILDCARE FEE BY THE FIRST OF EACH MONTH. PAYMENTS ARE CONSIDERED LATE BY THE 2<sup>nd</sup> OF THE MONTH. LATE PAYMENT FEES ARE \$30.00 PER FAMILY

<i><b>Billing Cycle</b></i>	<i><u>Begin Date</u></i>	<i><u>End Date</u></i>	<i><b>Due Date</b></i>
B * 5 week cycle	08/25/09	09/25/09	09/1/09
C	09/28/09	10/23/09	10/1/09
D	10/26/09	11/20/09	11/1/09
E Winter Camp at Ohlone Child Care 12/28 to 12/31 Camps are charged at regular day camp rates.	11/23/09	12/18/09	12/1/09
F	01/04/10	01/29/10	01/1/09
G Presidents Camp at Lupine Child Care 2/15-2/19 Camps are charged at regular day camp rates.	02/01/10	03/05/10	02/1/10
H Spring Camp at Hanna Ranch Child Care 4/05-4/09 Camps are charged at regular day camp rates	03/08/10	04/02/10	03/1/10
I	04/12/10	05/07/10	04/1/10
J *5 week cycle	05/10/10	06/10/10	05/1/10

Child care fees are based on a four week cycle.  
 You will be charged separately for Winter Camp, Spring Camp, President's Camp and Summer Camp.  
 Ask your childcare site office for more camp information, or call  
 Lisa Coronado the Billing Specialist at 799-8287

# 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:

COMMUNITY CARE LICENSING Bay Area Regional Office

Name

1515 Clay St. Suite 1102

Address

Oakland, CA

94612

(510) 622-2602

City

Zip Code

Area Code/Telephone Number

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 Name of Facility)

(Print Address of Facility)

(Print Name of Child)

(Signature of Representative/Parent/Guardian)

Title of Representative/Parent/Guardian)

Date

City of Hercules Recreation & Community Services Department  
**CHILD CARE / T.H.E. S.P.O.T.**  
**REGISTRATION INFORMATION**  
2009/10 School year

**Registration Information:**

1. First priority for fall Child Care/S.P.O.T. spaces is given to the children who are currently enrolled in the program.
2. Second priority goes to siblings of the children currently enrolled in the program.
3. Remaining spaces are given on a first come, first serve basis.
4. Our waiting lists do not roll over from year to year.
5. Proof of Hercules residency. You must attach a copy of a current utility bill (*water, phone, PG&E, etc*) with your name and address printed on it.
6. This year ALL families participating in a subsidized program will be asked to attend a mandatory orientation. This is an informational session that you will be asked to attend, whether you have attended our program previously or are a new enrollee.

**Payment Information:**

1. A \$50 per child registration fee is required at time of registration. This fee is non refundable.
2. Fees are based on a four week billing cycle.
3. Billing statements will be placed in your parent folder by the 15<sup>th</sup> of each month.
4. Payments are due by the 1<sup>st</sup> day of the month
5. A late fee of \$30 shall be charged for any payments made after the first of the month. *\*Any further late payments will be charged a \$35.00 late fee\**
6. Payments may be made with a Visa/ Mastercard, money orders, checks or cash.
7. For your convenience, you may sign up for automatic deduction of your Tiny Tots fees from a Visa or Mastercard. *\*Please be reminded a credit card fee will be applied for all credit/debit transactions.*
8. Payments (*no cash please*) can be placed in the locked payment box at each childcare site or in the mail slot at the Community/Swim Center. Payments can be made in person at the Community/Swim Center, 2001 Refugio Valley Road. *\*These boxes are checked daily*
9. A \$30 service charge will be assessed on all returned checks.
10. Credits/refunds will not be given if a child does not attend the program. There are no credits given for family vacations or days off, etc. There are no credits for absence due to illness.
11. Childcare will be available during the, the February Winter Break and Spring Break and part of the December Holiday Break. Parents/Guardians may register their child for these Holiday Breaks at an additional charge. There are no refunds/credits given for these camps if the child does not attend.
12. In-Service Days are School Holidays. Parents must sign-up in advance at the Child Care Sites. All in-service days are located at the Ohlone site. The fee is \$35.00 if it's on one of your non-schedule days.

If you have any further questions, please feel free to contact any of the following people:

Ohlone Child Care: *Gwen Windham* 510-799-8224  
Hanna Ranch Child Care: *Ambra Bonham* 510-245-4803  
Lupine Hills Child Care: *Claudia Vega* 510-799-8259  
The S.P.O.T: *Janine Shaheed* 510-799-8294  
Billing Questions: *Lisa Coronado* 510-799-8287

<b>Tiny Tot/ Summer/Seasonal Camp Fee Schedule</b>
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**2009-20010 TINY TOT FEES**

**Pre-Kindergarten**

<b>M-W-F</b>	<b>9:00 – 12:00 noon</b>	<b>\$169 res \$211 non- res</b>
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**Little Learner**

<b>T-TH</b>	<b>9:00 – 11:00</b>	<b>\$ 75 res \$93 non res</b>
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Late payment fee \$30

Late pick-up fee \$2 per minute

**2009-20010 HOLIDAY CAMP FEES**

(Winter Break/President’s Week Break/Spring Break)

**5 Day Program**

<b>5 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$142 res \$178 non res</b>
<b>5 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$155 res \$ 194 non res</b>

**4 Day Program (Only available if 5 days is not offered)**

<b>4 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$114 res \$143 non res</b>
<b>4 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$124 res \$155 non res</b>

**3 Day Program**

<b>3 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$85 res \$106 non res</b>
<b>3 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$92 res \$116 non res</b>

**2009 SUMMER DAY CAMP FEES**

**Kinder - 2<sup>nd</sup> Grade (5 Day Program)**

<b>5 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$142 res    \$178 non res</b>
<b>5 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$155 res    \$194 non res</b>

**Kinder – 2<sup>nd</sup> Grade (4 Day Program)**

<b>4 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$114 res    \$143 non res</b>
<b>4 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$124 res    \$155 non res</b>

**Kinder – 2<sup>nd</sup> Grade (3 Day Program)**

<b>3 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$85 res    \$106 non res</b>
<b>3 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$92 res    \$116 non res</b>

**3<sup>rd</sup>-4<sup>th</sup>-5<sup>th</sup> Grade and 6<sup>th</sup>-7<sup>th</sup>-8<sup>th</sup>-9<sup>th</sup> Grade (5 Day Program)**

**Fees include field trips and some lunches**

<b>5 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$167 res    \$209 non res</b>
<b>5 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$180 res    \$225 non res</b>

**3<sup>rd</sup> - 4<sup>th</sup> – 5<sup>th</sup> Grade and 6<sup>th</sup> -7<sup>th</sup> -8<sup>th</sup> Grade (4 Day Program)**

**Fees include field trips and some lunches**

<b>5 Day</b>	<b>8:30 am – 5: 30 pm</b>	<b>\$134 res    \$168 non res</b>
<b>5 Day</b>	<b>6:30 am – 6:30 pm.</b>	<b>\$144 res    \$180 non res</b>

**3<sup>rd</sup>-4<sup>th</sup>-5<sup>th</sup> Grade and 6<sup>th</sup>-7<sup>th</sup>-8<sup>th</sup>-9<sup>th</sup> Grade (3 Day Program)**

**Fees include field trips and some lunches**

<b>3 Day</b>	<b>8:30 am – 5:30 pm</b>	<b>\$110 res    \$138 non res</b>
<b>3 Day</b>	<b>6:30 am – 6:30 pm</b>	<b>\$117 res    \$147 non res</b>

## Before & After School Program Fee Schedule

The following fees are effective January 1, 2008. These fees are based on a four week billing period and do not include holiday breaks.

We offer a 10% multi-child discount for families with two or more children enrolled in the program.

We offer three and five day programs only.

Credit card payments will be charged a fee of \$2.00 per \$100 charged.

Fees are subject to change with a 30 day notice.

### ALL GRADES – A.M. 5 DAYS BEFORE SCHOOL PROGRAM

6:30 a.m. – 8:30 a.m.	\$138 res    \$172 non res
7:30 a.m. – 8:30 a.m.	\$ 69 res    \$ 87 non res

### ALL GRADES – A.M. 3 DAYS BEFORE SCHOOL PROGRAM

6:30 a.m. – 8:30 a.m.	\$84 res    \$105 non res
7:30 a.m. – 8:30 a.m.	\$42 res    \$ 53 non res

### KINDERGARTEN- 5 DAYS AFTER SCHOOL PROGRAM

Dismissal – 5:30 p.m.	\$437 res    \$546 non res
Dismissal – 6:30 p.m.	\$516 res    \$645 non res

### KINDERGARTEN – 3 DAYS AFTER SCHOOL PROGRAM

Dismissal – 5:30 p.m.	\$261 res    \$326 non res
Dismissal – 6:30 p.m.	\$310 res    \$387 non res

### GRADES 1- 8 5 DAYS AFTER SCHOOL PROGRAM

Dismissal – 5:30 p.m.	\$238 res    \$298 non res
Dismissal – 6:30 p.m.	\$317 res    \$397 non res

### GRADES 1-8 3 DAYS AFTER SCHOOL PROGRAM

Dismissal – 5:30 p.m.	\$143 res    \$179 non res
Dismissal – 6:30 p.m.	\$190 res    \$237 non res

## ADMISSION AGREEMENT

This agreement is between the City of Hercules Children's Program and Parents or Guardians \_\_\_\_\_,

(Parent's Guardian" name

for the care of \_\_\_\_\_

(Child's Name)

(Age)

(Grade)

The parent or Guardian agrees that he/she is contracting for the services that are checked below and will pay the stipulated tuition fees and non-resident rates, as applicable. (Please check the programs that apply)

### CHILD CARE PROGRAM OPTIONS K-5<sup>th</sup>

AM CARE 6:30- 8:30	3-Day [ ]	AM CARE 6:30- 8:30	5-Day [ ]
AM CARE 7:30 -8:30	3-Day [ ]	AM CARE 7:30- 8:30	5-Day [ ]
Kinder Care:11:30 5:30PM	3-Day [ ]	Kinder Care 11:30 – 5:30PM	5-Day [ ]
Kinder Care:11:30 6:30PM	3-Day [ ]	Kinder Care 11:30 – 6:30PM	5-Day [ ]
PM Dismissal (1-5) 5:30PM	3-Day [ ]	PM Dismissal (1-5) - 5:30PM	5-Day [ ]
PM Dismissal (1-5) 6:30PM	3-Day [ ]	PM Dismissal (1-5) -6:30PM	5-Day [ ]

The City of Hercules reserves the right to modify any conditions of this agreement upon 30 days written notification to the parents or guardians.

**RIGHT OF LICENSING AGENCY:** The parent is aware that the State of California Licensing Agency (Community Care Licensing) has the following authority:

- a. To interview children or staff, and to inspect and audit child or facility records without prior consent.
- b. To observe the physical condition of the children including conditions that could indicate abuse, neglect or inappropriate placement, and have a licensed medical professional physically examine the children.

**TERMINATION CONDITIONS:** This agreement may be terminated by the Children's Program with a one-week notice for the following reasons:

- a. Parent/Guardian has not cooperated with the Children's Program regarding the child's discipline needs.
- b. If full payment is not made by the end of the month, your child will not be allowed to continue in the program the following month.
- c. If payments are returned two times for insufficient funds, all future payments must be made in cash or money order. There will be a charge of \$30.00 for each return check. All returned checks must be cleared with cash or money order.

The Parent/Guardian agree that he/she has received and need a copy of the PARENT HANDBOOK and agrees to all the Program's operating policies and procedures as described therein.

**NOTE:** The Children's Program may add any other terms to their agreement which the Licensee deems necessary, as long as they are not contrary to Licensing Regulations, State Law or Public Policy.

**PARTIES TO THIS AGREEMENT:**

\_\_\_\_\_  
Licensee, Director, or Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



**CITY OF HERCULES**

111 CIVIC DRIVE, HERCULES, CA 94547

PHONE: 510 • 799 • 8200

July, 2008

Dear Parent or Guardian:

The City regrets to inform you that City staff will not be allowed to receive or administer any medication to your child. This includes, but is not limited to, prescription, non-prescription medication, breathing treatments and epi-pens.

We have been informed by our insurer, Municipal Pooling Authority (MPA), that this type of activity is not covered by the City's insurance policy. MPA has ordered the City to cease this practice or risk the cancellation of the City's insurance policy.

Should your child require the administration of medication while enrolled in a City day care program, you must immediately make arrangements to have the medication administered by a person not affiliated with the City.

We sincerely apologize for any inconvenience and thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to be 'N. Oliva', written over a thin horizontal line.

Nelson E. Oliva, City Manager