



**CITY OF HERCULES POLICY ACKNOWLEDGMENT AGREEMENT**

**Please read and check off each policy:**

- Payments:** Payments are due on the 1<sup>st</sup> of each month. You can pay at the 24 hour box at the Community Swim Center or at the site mail box. You can also pay through credit card on-line or at the Child Care office. Office hours: Hanna 8:30am to 5:00pm, Lupine 1:00pm-5:30pm, and Ohlone 1:00pm-5:30pm.
  
- Late Payments:** A late fee of \$30 will be assessed on the 2<sup>nd</sup> of the month and a \$35 fee for any subsequent late payment.
  
- Program Withdrawal:** To drop from a program for any 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 is required.
  
- Late Pick-Up:** There is a \$2 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.
  
- Electronics:** No electronics of any kind are allowed in Child Care program. Cell phones must stay in backpacks. The City of Hercules will not be liable for lost, broken, or stolen items.
  
- Program Changes:** You are allowed two program changes at no charge. Additional changes will be assessed a \$15 fee.
  
- NSF Policy:** There will be a charge of \$35.00 for each returned check. All returned checks must be cleared with cash, money order or cashier's check. Credit card 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 must be made in cash, money order, or credit card.

I have received, read, and understand the School-Age registration information. I understand I can go to the City website at [www.ci.hercules.ca.us](http://www.ci.hercules.ca.us) and review the Child Care Parent Handbook. Programs may be cancelled if minimum required enrollment is not met. I acknowledge that I have read and understand the terms set above by the City of Hercules.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**For information please contact:**

Chris Bratton, Ohlone & Lupine Child Care Director: (510) 799-8259; [cbratton@ci.hercules.ca.us](mailto:cbratton@ci.hercules.ca.us)  
Ohlone/Lupine Site Office – Maria Rubio O-(510) 799-8224; L-(510) 799-8259; [mrubio@ci.hercules.ca.us](mailto:mrubio@ci.hercules.ca.us)  
Hanna Site Office – Rozen Stafford (510) 245-4803; [rstafford@ci.hercules.ca.us](mailto:rstafford@ci.hercules.ca.us)  
Community Swim Center –Office (510) 799-8291, 10pm-6pm, Monday-Thursday. 24 hours payment box on site.  
Ambra Garfield Recreation Manager – (510) 799-8230 Email: [agarfield@ci.hercules.ca.us](mailto:agarfield@ci.hercules.ca.us)

-----Staff Use Only-----

**Registration paid: DATE \_\_\_\_\_ CASH\$ \_\_\_\_\_ CC \_\_\_\_\_ CHECK # \_\_\_\_\_ REC'D \_\_\_\_\_**



**City of Hercules – Parks & Recreation Department**

**CHILD CARE PROGRAM ADMISSION AGREEMENT**

This agreement is between the City of Hercules CHILD CARE program and Parents or Guardians.

\_\_\_\_\_  
(Parent or Guardian’s Name)

for the care of \_\_\_\_\_  
(Child’s Name) (Age) (Grade)

(✓)	AM Care K-5 <sup>th</sup> Grades	4 Week Billing Cycle
<input type="checkbox"/>	7:00am -8:30am Resident	\$193.00
<input type="checkbox"/>	7:00am-8:30am Non-Resident	\$242.00
	PM Care K-5 <sup>th</sup> Grades	
<input type="checkbox"/>	Dismissal-5:30pm Resident	\$387.00
<input type="checkbox"/>	Dismissal-5:30pm Non-Resident	\$482.00

Parent/Guardian agrees that he/she is contracting for the services checked above and will pay the stipulated tuition fees and non-resident rates, as applicable. Check boxes above for programs that apply.

**Check each box below verifying you have read and understand the following terms of this agreement.**

- 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 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.
  - B. To interview children or staff, and to inspect and audit child or facility records without prior consent.
- TERMINATION CONDITIONS:** This agreement may be terminated by the Child Care Program with a one-week notice for the following reasons:
  - A. Parent/Guardian has not cooperated with the Child Care 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, including families on payment arrangements. All Child Care payments must be paid by end of the month.
  - C. If payments are returned two times for insufficient funds, all future payments must be made by cash or money order. There will be a charge of \$36.00 for each returned check. All returned checks must be cleared with cash, money order or cashier check. Credit card 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 must be made in cash, money order, or credit card.
  - D. Failure to give a minimum of one week notice before withdrawing will result in a charge for the full program week.
  - E. The City reserves the right to cancel a Child Care program if minimum required enrollment is not met: minimum number for AM Care is 9 children and for PM Care is 14 children.

The Parent/Guardian agrees that he/she has received or reviewed a copy of the **PARENT HANDBOOK** and agrees to all the Program’s operating policies and procedures as described therein. I understand I must go online to the City of Hercules website to the Child Care webpage and review and print out the Child Care Parent Handbook. I can also view a copy of the Parent Handbook in each of the Child Care classrooms.

The Child Care 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

## 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](http://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](http://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



## City Of Hercules Child Care Calendar 2016-2017 School Year

DATE	DAY	EVENT
August 22, 2016	MONDAY	<b>CHILD CARE &amp; School First day</b>
September 5 <sup>th</sup>	MONDAY	<b>Labor Day-Holiday CHILD CARE CLOSED</b>
October 10 <sup>th</sup>	MONDAY In-Service Day	<b>School Closed CHILD CARE CLOSED</b> <b>In-service day at Lupine site.</b> Please sign up if your child is attending and pay your deposit.
November 1 <sup>st</sup>	TUESDAY In-Service Day	<b>School Closed CHILD CARE CLOSED</b> <b>In-Service day at Lupine site.</b> Please sign up if your child is attending and pay your deposit.
November 11 <sup>th</sup>	FRIDAY	<b>Veterans Day-Holiday CHILD CARE CLOSED</b>
November 24 <sup>th</sup> & 25 <sup>th</sup>	THURSDAY & FRIDAY	<b>Thanksgiving Day and Day After Holiday CHILD CARE CLOSED</b>
Dec. 19 <sup>th</sup> to - Jan. 2, 2017	CLOSED FOR BREAK-NO HOLIDAY CAMP.	<b>Winter Recess -School Closed CHILD CARE CLOSED.</b>
January 2, 2017	Monday	<b>Observation of New Year Day CHILD CARE CLOSED</b>
January 3 <sup>rd</sup> , 2017	TUESDAY 3 <sup>RD</sup> , 2017	Return to Child Care Reconvenes Back to School
January 16 <sup>th</sup>	MONDAY	<b>M.L.K. Jr. Day-Holiday CHILD CARE CLOSED</b>
February 20 <sup>th</sup>	MONDAY	<b>President's Holiday CHILD CARE CLOSED</b>
February 21 <sup>st</sup> -24 <sup>th</sup>	TUESDAY -FRIDAY	President's Camp @ Lupine site-Optional if needed.
April 3 <sup>rd</sup> -7 <sup>th</sup> , 2017	MONDAY-FRIDAY	<b>Spring Recess -School Closed CHILD CARE CLOSED</b>
April 3 <sup>rd</sup> -7 <sup>th</sup>	MONDAY- FRIDAY	Spring Camp @ Lupine site optional if needed.
May 29 <sup>th</sup>	MONDAY	<b>Memorial Day-Holiday CHILD CARE CLOSED</b>
June 8 <sup>th</sup>	THURSDAY	<b>Last Day of School &amp; CHILD CARE (Noon dismissal)</b>



# City of Hercules Parks and Recreation Department Automatic Credit Card Payment Authorization

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

**This form is for School Year Program payments only.**

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

I authorize the City of Hercules Parks & Recreation Department to automatically deduct payment(s) from my credit card on file:

Parents/Guardian Name (Print) \_\_\_\_\_

Child's Name \_\_\_\_\_ Site \_\_\_\_\_ Fee \_\_\_\_\_

Child's Name \_\_\_\_\_ Site \_\_\_\_\_ Fee \_\_\_\_\_

Child's Name \_\_\_\_\_ Site \_\_\_\_\_ Fee \_\_\_\_\_

**Monthly total fees \_\_\_\_\_ + Credit Card Fee \_\_\_\_\_ = \_\_\_\_\_**

**Credit Card Type:**     VISA                       MASTERCARD                       DISCOVER

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

Credit Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing Address \_\_\_\_\_

Email Address (For Receipt) \_\_\_\_\_

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

This automatic payment form is for School Year Program payments **only**. This does not give the Parks & Recreation Department permission to register your child into any classes, programs or camps that the department 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 Hercules Community Swim Center to update information.

Return this form to:

2001 Refugio Valley Road, Hercules, CA 94547 or Fax to: 799-8288



## 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-5<sup>th</sup> 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-5 <sup>th</sup>	7:00am-8:30am	\$193.00	\$242.00
After School	K-5 <sup>th</sup>	Dismissal-5:30pm	\$387.00	\$482.00
Weekly Billing Cycle	Grades	Times	Resident	Non-Resident
Before School (Sub rate)	K-5 <sup>th</sup>	7:00am-8:30am	\$49.00	\$60.50
After School (Sub rate)	K-5 <sup>th</sup>	Dismissal-5:30pm	\$96.75	\$120.50

### Seasonal Camps – K-5<sup>th</sup> 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 6<sup>th</sup>-8<sup>th</sup> 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

## 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-8 <sup>th</sup> Grades)	\$30.00
Camps Drop-In/Full Day (K-8 <sup>th</sup> 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](mailto: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](http://www.ci.hercules.ca.us).



**City of Hercules  
Parks & Recreation Department**



**Child Care 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 2<sup>nd</sup> of the month and are subject to a \$30 late fee. Refer to the Child Care Calendar for completed list of closure dates, in-service dates, and camp dates. Holiday are days you still pay for even if your child isn't here. Subject to changes based on the Parks & Recreation Department Master Calendar.

<b>Billing Cycle</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Due Date</b>
<b>B</b> 2-week cycle	08/22/16	09/02/16	08/12/16
<b>C</b> 4-week cycle <small>*Labor Day 9/5/16</small>	09/05/16	09/30/16	09/01/16
<b>D</b> 4-week cycle	10/03/16	10/28/16	10/01/16
<b>E</b> 4-week cycle <small>*Thanksgiving 11/24 and 11/25/16</small>	10/31/16	11/25/16	11/01/16
<b>F</b> 3- week cycle <small>*Winter Recess-12/19/16 -1/2/17. You're not charged for these 2 weeks.</small>	11/28/16	12/16/16	12/01/16
<b>G</b> 4 -week cycle <small>*Return on Tuesday 1/3/17</small>	01/03/17	01/27/17	01/03/17
<b>H</b> 4- week cycle <small>*President Camp 2/21-2/24/17. You're not charged for this week.</small>	01/30/17	03/03/17	02/01/17
<b>I</b> 4-week cycle	03/06/17	03/31/17	03/01/17
<b>J</b> 3-week cycle <small>*Spring camp 4/3 to 4/7/17 You're not charged for this week.</small>	04/10/17	04/28/17	04/01/17
<b>K</b> 4-weeks	05/01/17	05/26/17	05/01/17
<b>L</b> 2- weeks cycle	05/29/17	06/08/17	06/01/17



Dear Parent – Once your child release from school we are responsible for their safety and welfare. If you want your child to go to **any After School event** please fill out the form below letting us know what activity, day, time and who will be bringing your child back to the Child Care site. We cannot pick up your child after his/her event,this due to not having enough staff to leave the Child Care site. You must make arrangement to have an adult sign your child back into the Child Care program. Thank you for your cooperation your child safety and welfare is the most important job we have!

**City of Hercules Child Care  
After School Activity Permission Slip**

I \_\_\_\_\_ give consent for my child \_\_\_\_\_  
(Parent/Guardian name)

To participate in the \_\_\_\_\_  
(Name of After School Activity Organization)

\_\_\_\_\_ will have my child from:  
(Name of After School Activity Organization)

\_\_\_\_\_ until \_\_\_\_\_ on the following days \_\_\_\_\_.  
(Time) (Time)

I authorize the following person(s) from the above After School Activity Organization to drop off or pick my child up from the Child Care.

1. \_\_\_\_\_

2. \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_  
After School Organization/Authorized Person(s) Signature