



City of Hercules Preschool Program



School Year 2019-2020 Registration Form

Child Information-one form per child. Recent photograph of child – wallet size - Required		Child Picture I.D H ere
Child Name:	Gender: Male / Female - Circle one	
Address:	All children must be 3 years above by: September 1, 2019 Age of your child as of 9.01.19 _____ Date Birth _____	
City, State, Zip:	On-Going/Current Medical Issues: Yes / No	

Primary Parent/Guardian Name	Alternative Contact Person
Name:	Name:
Primary Contact #: <i>Required</i>	Alternative Contact #: <i>Required</i>
Address: <i>If different from above.</i>	Address: <i>If different from above</i>
City, State, Zip: <i>If different from above.</i>	City, State, Zip: <i>If different from above.</i>
Primary Email address: <i>Required</i>	Alternative Email address:

Registration for Preschool Year 2019-2020

Current families can get priority register for 2019-2020 School Year from March 25th –April 11. Public registration starts April 16, 2019 at Community Swim Center from 10am to 6pm. Registration for all four of our Preschool classes must have a completed registration forms with chosen pay option completed. We cannot accept a registration packet that's not completed.

There a **\$75 dollar program withdrawal fee** if you drop out early before the end of our school year program. Your household account will be billed if you do not pay this fee before leaving. You must complete a Program change form and give two week notice. No refunds for any payment options after 3.20.2020.

Billing Issues: The City of Hercules will not contact any other person except the parent or guardian on the registration form regarding billing issue. All payments need to be dropped off at the Hercules Community Center mail slot /on-line payment or walk in M-TH 10a-6p.

Program Options Preschool: Each class requires an enrollment of at least 14 participants. **Children must be completely toilet trained. No pull-ups allowed.**

Junior Kindergarten 4-5 year old program Monday – Friday #A \$386.00/\$482.00 NR 9:00am. -12:00pm	Pre-Kindergarten 4-5 year old program Tuesday / Wednesday /Thursday #A \$248.00/\$305.00 NR 9:00am. -12:00pm	Multi-Age 3.4 - 4 year old program Monday / Wednesday / Friday #A \$248.00 /\$305.00 NR 9:00am. – 12:00pm	Little Learners 3 year old program. Tuesday / Thursday #A \$155.00/\$193.00 NR 9:00am. – 11:30am
Hanna - #86140-A	Lupine - #86230-A	Hanna - #86120-A	Hanna - #86110-A

Payment Options for Preschool School Year 2019-2020

At registration you must have a complete registration forms with chosen pay option completed and child picture I.D. There is a 5% multi-child discount for families with two or more children enrolled. See the Fee Information sheet for other paying options and saving. Registration fee is non-refundable registration fee per/child. You will not receive email reminder if not paid by due date of the scheduled payment. You must provide an email address.

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

Option #A: \$100.00 registration fee and 9 = payments (August 20, 2019 – April 20, 2020)

Option #B: \$50.00 Registration fee 4 Equal Payments-first payment due at registration. October 20 /January 20 /March 20.If you drop early you will owe \$50.00 more for registration fee. Money returned will be based on option #A.

Option #C: No Registration fee. Pay in Full by August 20th, 2018. 50% at time registration and 50% by 1st day of Program. You will not receive email reminder for second payment due on August 20, 2019. If you drop early you will owe \$100.00 more for registration fee. Money returned will be based on option #A.

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

Parent Signature: _____ Date: _____

Payment Option #: A / B / C Code: # _____

Payment Received: _____ Date: _____ Time received: _____

Initials of staff: _____ Packet completed: yes / no / Missing forms: _____



City of Hercules – Parks and Recreation Department

ADMISSION AGREEMENT

This agreement is between the City of Hercules **Preschool Program** and the Parents/Guardians.

Parent/Guardian Name _____ for the care of

Child's name _____.

Program Options: Check one.

Junior Kindergarten Pre-Kindergarten Little Learners Multi-Age Little Learners

*Options #B/C if you drop early you will owe the option #A registration fee balance per your option you had.

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

There a \$75.00 dollar program withdrawal fee if you drop out early before the end of our school year program. Your household account will be billed if you do not pay this fee before leaving. You must complete a Program change form and give a minimum of two weeks' notice. If dropping, you're responsible for the whole cycle, no pro-rating in middle of cycle. Drop at the start or end of a billing cycle. No refunds for any payment option after March 20, 2020.

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

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 Recreation webpage and review and print out the Preschool Parent Handbook. I can also view a copy of the Parent Handbook in each of the Preschool Program classrooms.

Termination Conditions:

This agreement may be terminated by the Preschool Program with a one-week notice for the following reasons:

- A. Parent/Guardian has not cooperated with the Preschool 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 Preschool Program payments must 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. The City reserves the right to cancel Preschool Program if minimum required enrollment is not met.

PARTIES TO THIS AGREEMENT:

Signature Parent/Guardian: _____ Date: _____

Signature of Preschool Program: _____ Date: _____



City of Hercules Children's Programs Parks and Recreation Department

Parent/Guardian Liability Waiver Agreement:

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 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 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, (print name) _____, 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/Guardian: _____ Date: _____

Consent to Photograph Release:

The City of Hercules may photograph program participants and recreational users of City facilities and use the photographs in its promotional material. Unless otherwise noted at the time of registration, Parks & Recreation will assume program participant and facility users have given consent to be photographed.

Signature of Parent/ Guardian: _____ Date: _____

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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner



**Parks
Make
Life
Better!**

**City of Hercules – Parks & Recreation Department
INCIDENTAL MEDICAL SERVICES (IMS) FOR CHILDREN’S PROGRAMS**

Please review pages 1-4 of the Parental Consent & Directions to City Staff for the Self-Administration of Medicines, Reminders and Release and Waiver of Liability. **If not applicable check box on this page and page 1 of Consent and sign this page.**

This agreement is between the City of Hercules CHILDREN’S PROGRAMS and Parents or Guardians.

Parent/ Guardian _____ for the care of Child’s name _____

(✓)	K-5 th Grades	Age	Program- JR, Pre-K ,Multi and LL
<input type="checkbox"/>	Not applicable to my child.		
Medical Condition:			
<input type="checkbox"/>	1. Instructions – Step–By-Step		
<input type="checkbox"/>	2. Authorization Administer		
<input type="checkbox"/>	3. Release and Waiver Liability Severe Allergies		

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

Medical Conditions: _____

Parental Consent & Directions for Self-Administration of Medicines: You have read and filled out page 1 of Parental Consent.

- A. Instructions and Medical conditions, Asthmatic and or allergic food restrictions.
- B. Name of Medication and Instruction of use of medication.
- C. Must review Section 1. Reminders on page 2 this is necessary information regarding administration of medication(s). Storage of medication(s) will be in the Classroom Emergency backpack or in the Office on site in cabinet labeled Emergency Medication. Sites Office Classroom Emergency backpack.

Parental/Guardian Consent and Authorization to Administer Emergency Medication and perform Emergency Procedures: This agreement gives authorization.

- A. Parent/Guardian has read page 3 Section 2 and has signed both their name and that of their child. Today date is written and filled out as well.

Release and Waiver of Liability for Administering Emergency Treatment and Medication to Children with Severe Allergies. You have read and filled out page 4 Section 3.

The Children’s Programs is following through with **regulation #101173 Plan of Operation–Incidental Medical Services** a State Law or Public Policy. This plan shall describes the policies and procedures that ensure the proper safeguards are in place.

PARTIES TO THIS AGREEMENT:

Parent /Guardian’s Signature _____ Date _____

Director, or Authorized Representative Signature _____ Date _____

**CITY OF HERCULES
PARENTAL CONSENT & DIRECTIONS TO CITY STAFF
FOR THE SELF-ADMINISTRATION OF MEDICINES, REMINDERS and RELEASE AND
WAIVER OF LIABILITY**

1. INSTRUCTIONS

Child's Name	Date of Birth/ Gender	Program/Class
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Not applicable to my child:

Signature of Parent or Guardian _____ Date: _____

If applicable to your child, complete the information below:

Medical Conditions: _____

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 supervisor of the city program 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 INSTRUCTIONS 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.
- 5.

1. 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.
- Unless city staff is provided with specific written instructions for an individual child and with the permission of the parent/guardian 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 will assist the participant in checking blood sugar levels with proper training provided by parent or guardian. In addition, if the parent/guardian wishes staff to identify a given child's symptoms of hyperglycemia or hypoglycemia, the parent/guardian shall provide staff with specific written instructions from the child's physician.
- 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 child's regularly scheduled medications unless otherwise provided by the consent to administer medications form.
- 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.

2. PARENTAL/GUARDIAN CONSENT AND AUTHORIZATION TO ADMINISTER EMERGENCY MEDICATION AND PERFORM EMERGENCY PROCEDURES

I, _____ am the parent/guardian of my child _____ .

I hereby 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. 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 medications authorized by the child’s physician and parents/guardians, 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. The Parent/Guardian must consult with their child's physician about such risks.

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 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: _____

3. RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT AND MEDICATION TO CHILDREN WITH SEVERE ALLERGIES

WHEREAS, the Parents/Guardians of _____ have requested and authorized the City of Hercules Child Care staff to administer emergency treatment (including the administration of epinephrine) to the child _____ during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child’s Authorization For Emergency Care of Children with Severe Allergies.

As a condition of enrolling my child _____ in the City of Hercules Child Care Program, I hereby release and 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, provided that the City of Hercules staff has used reasonable care in administering medication and in providing other authorized care in conformance with the Authorization.

Signature of Parent or Guardian: _____ Date: _____



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.

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

Parent/Guardian Name (Print) _____

Child's Name	Program	Site	Fee

Monthly total fees _____ = _____

Weekly total fees _____ = _____

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 only for the children and programs listed above. 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 scan and email to PRregistration@ci.hercules.ca.us