



# THE BREAKFAST CLUB

**For K-8<sup>th</sup> graders -**

**with two locations: Teen Center and Ohlone Community Center.**

Child Information		CHILD PICTURE I.D HERE
<input type="checkbox"/> Attach recent photograph of child – wallet size – <b>Required</b> <input type="checkbox"/> Subsidized Family –see Fee Information sheet.		
Child Name:	Gender: Male / Female - Circle one	
Address:	Birth Date:	Grade 2019-2020:
City, State, Zip:	<b>Child Must be in Kindergarten to enroll.</b> On-Going/Current Medical Issues: Yes / No ❖ Any special needs to be aware of: Yes / No	

❖ If yes, please provide a note with child's special needs and how we can help.

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

\* If enrolled in Rap/Teens you pay only one registration fee.

<b>Breakfast Club K-8<sup>th</sup> for School Year 2019-2020</b> ✓ Mark your child's school. <b>Time:</b> 6:30am-8:30am / <b>Days:</b> Monday-Friday <b>Locations:</b> Teen Center, 2007 Refugio Valley Rd. 510.799.8289/ <b>NEW- Ohlone Community Center</b> , 190 Turquoise Drive, 510.334.4523			
<input type="checkbox"/> Ohlone #76310	<input type="checkbox"/> Hanna #76110	<input type="checkbox"/> Lupine #76210	<input type="checkbox"/> Middle school #66111

**Option #A:** \$100.00 registration fee and 10 installment payments (July 22, 2019 - April 20, 2020) paid in full a flat fee.\* If enrolled in RAP/Teens you pay only one registration fee.

10 installment payments	Grade	Times	Resident	Non/Resident
Breakfast Club	K-5	6:30am-8:30am	\$193.00	\$242.00

**Option #B-Saver:** 4 Equal installment payments-first one due at registration or by 7.22.19. October 20, January 20, and March 20. This option has a \$50.00 registration fee at enrollment. If you drop early you will owe \$50.00 more for registration fee. Money returned will be based on option #A fee.

Option #B	At registration or by 7.22.19	10.20.19	01.20.20	3.20.20	Total
Resident	\$482.50	\$482.50	\$482.00	\$482.00	\$1,930.00
Non/Resident	\$605.00	\$605.00	\$605.00	\$605.00	\$2420.00

**Option #C - Super Saver:** 2 installment payments 50% due at time of registration and 50% due by 1<sup>st</sup> day of the program. This option has no registration fee at enrollment. If you drop early you will owe the \$100.00 registration fee and payment returned will be based on option #A.

Resident	50% due at registration-\$965.00	Due by 8.19.19 50% \$965.00	\$1930.00
Non/Resident	50% due at registration-\$1,210.00	Due by 8.19.19 50% \$1,210.00	\$2420.00

### City of Hercules Breakfast Club Information 2019-2020

There is a 5% multi-child discount for families with two or more children enrolled. Breakfast Club must have a minimum enrollment number of 9 participants.

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 a minimum of two week notice. No refunds for any payment option after 3.20.2020.

At registration you must have a complete registration forms with chosen pay option completed and child picture I.D. See the Fee Information sheet for other paying options and savings. Registration fee is non-refundable registration fee/per child.

\***Breakfast Club will be open if school is open.** Holidays are days you still pay for even if your child isn't here. Refer to the Parent Handbook for those legal holidays we're closed.

I acknowledge that I have read and understand the terms set above by the City of Hercules Parks and Recreation Department. I have received, read and understand the registration information. I understand I can go on-line at [www.ci.hercules.ca.us](http://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: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

#### \*\*\*\*\* STAFF ONLY \*\*\*\*\*

Site Code Circle one: Ohlone #76310 / Hanna #76110 / Lupine #76210 / Middle School # 36111 Payment Option: A / B / C

Payment Received: CC: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_



## 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: \_\_\_\_\_

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### 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: \_\_\_\_\_



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

**ADMISSION AGREEMENT**

This agreement is between the City of Hercules Kaleidoscope Kidz Recreation Afterschool Program and the Parents/Guardians.

Parent/Guardian Name: \_\_\_\_\_ for the care of

Child's name: \_\_\_\_\_

	<b>Kaleidoscope Kidz RAP – T.K. K-5<sup>th</sup> graders</b>	
<input type="checkbox"/>	Dismissal-5:30pm Resident	\$420.00
<input type="checkbox"/>	Dismissal-5:30pm Non-Resident	\$462.00

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 program that applies. Also note that we have two other paying options. Option #B- 4 equal payments of \$950.00 and Option #C-2 equal payment of \$1829.00 due by first day of school. Please see the fee information schedule for the different options and paying methods. 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. Parent/Guardian understands he/she must go online to the City of Hercules website to the Recreation webpage and review and print out the RAP Parent Handbook. You may also view a copy of the RAP Parent Handbook in each of the classrooms.

**Termination Conditions:** This agreement may be terminated by the Kaleidoscope Kidz RAP with a one-week notice for the following reasons:

- A. Parent/Guardian has not cooperated with the Kaleidoscope Kidz RAP 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 Kaleidoscope Kidz RAP 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. The City reserves the right to cancel Kaleidoscope Kidz RAP if minimum required enrollment is not met.

**PARTIES TO THIS AGREEMENT:**

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

Signature of RAP: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF HERCULES CHILDREN'S PROGRAMS EMERGENCY INFORMATION CARD:**

<b>IDENTIFICATION AND EMERGENCY INFORMATION</b>	
To be completed by Parent/Guardian - Please print or type	
Student Name: First _____ Last _____	Gender: Male / Female - Circle one      Grade:2019-20
Address: _____	Birth Date: _____
Home Number Required: _____	City, State, Zip: _____

<b>Primary Parent/Guardian Name</b>	<b>Alternative Contact Person</b>
PERSON RESPONSIBLE FOR CHILD	
Name: _____	Name: _____
Primary Contact #1 <sup>ST</sup> : Required this No. we can reach you at. (    ) _____	Alternative Contact #2 <sup>ND</sup> :Required (    ) _____
Address: If different from above. _____	Address: If different from above _____
City, State, Zip: If different from above. _____	City, State, Zip: If different from above. _____
Primary Email address: Required _____	Alternative Email address: _____

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

Name	Relationship to student
CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE.	<b>SIGNATURE OF PARENT/GUARDIAN:</b>

**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 PROGRAMS EMERGENCY INFORMATION CARD:**

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** In the event of emergency accident or illness, program staff will attempt to contact the parent/guardian, 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 /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:** \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Family Dentist Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Hospital to which child should be transported if necessary: \_\_\_\_\_

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

Name	Contact Telephone No.	Relationship to child

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

Please check if your child has No on-going or current medical problem:

Bee stings  Asthma  Heart Murmur  Hearing loss  Vision Problems  Any Special Needs we should be aware of.

Allergies to: \_\_\_\_\_ Activity Restrictions: \_\_\_\_\_

Is your child currently on medication? Yes / No If yes, what? Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Time: \_\_\_\_\_

Other information we should know: \_\_\_\_\_

**DISTASTER PREPAREDNESS**

In case of disaster/evacuation, I authorize my child \_\_\_\_\_, to be released to the following adults:

\_\_\_\_\_ Any adult my child knows \_\_\_\_\_ Any adult relative of my child's \_\_\_\_\_ Parent /Guardian Only

The following adults ONLY: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_



**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 <sup>th</sup> Grades	Age	Grade
<input type="checkbox"/>	<b>Not applicable to my child.</b>		
<b>Medical Condition:</b>			
<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 \_\_\_\_\_





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**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