



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ENSURE A BRIGHTER FUTURE

2017–2018
YMCA Licensed Child Care
Youth Development
Admission Information



MARIN YMCA
1500 Los Gatos Dr.,
San Rafael, CA 94903
415-492-YMCA
www.ymcasf.org/marin

WELCOME TO THE MARIN YMCA!

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YMCA Youth Development

At the YMCA, we believe that values and skills learned early on are vital building blocks for quality of life and future success. Our child care programs implement five key youth development practices; promote a sense of safety, encourage relationship building, foster meaningful youth participation, provide opportunities for community involvement and create challenges and engage learning experiences that help youth build skills.

Our staff is highly trained to carry through these five key principles in our programs offering a rich environment so children can explore and develop their interests and talents. We invest in the health and wellbeing of each child by providing healthy snacks and promoting physical activity.

We support HEPA standards (Healthy Eating Physical Activity) by offering enriching experiences for youth to gain knowledge/understanding of healthy food choices, so they experience a healthy mind and body.

YMCA Policies

The YMCA is committed to providing a safe and welcoming environment for every member and guest. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in the YMCA facilities or participating in YMCA programs.

The YMCA is a smoke-free environment; smoking is not permitted in the YMCA facilities or on its property.

The YMCA reserves the right to deny access or membership to any person who has been charged with or convicted of any crime involving sexual abuse or who is required by law to register as a sex offender.

YMCA management will investigate all reported incidents. If there is a violation of any of the posted or published rules or policies, the YMCA member can be subject to suspension or termination from the YMCA.

YMCA Core Values

Character Development gives us the ability to meet our mission. By holding ourselves accountable and building character around our core values—Caring, Honesty, Respect, and Responsibility—we build healthy spirit, mind, and body for all.

Caring: to demonstrate a sincere concern for others, for their needs, and well-being.

Honesty: to tell the truth, to demonstrate reliability and trustworthiness through actions that are in keeping with my stated positions and beliefs.

Respect: to treat others as I would want them to treat me, to value the worth of every person, including myself.

Responsibility: to do what is right—what I ought to do, to be accountable for my choices of behavior and actions and my promises.

Parent copy please take pages 2-5.

ADMISSION POLICY

We are honored that you have chosen the YMCA for your child care needs. We believe all kids have potential and should have the opportunity to discover who they are, express themselves, and thrive in a nurturing environment. We look forward to a great year!

Payments

- Tuition rates are based on a set 180 school days. Holidays and School In-Service days are not included. Rates are divided into 11 payments per school year. Please note that August & June fees are prorated at 25% in Novato & Ross Valley.
- Payments are due 10 days before the new month starts for the following month of service.
- Automatic Bank Draft is available and is the preferred method of payment.
- We do not accept CASH payment at the sites.
- Checks, money orders or cashiers checks are accepted at the sites OR mailed to the Marin YMCA at 1500 Los Gatos Drive, San Rafael, CA 94903.
- Parents can register, manage and schedule their own payments online. Please go to our website www.ymcasf.org/marin and click the "Online Profile."
- A \$15 Bank fee will be applied to all rejected child care auto payments.
- Program fees cannot be credited or adjusted for absences, teacher work days, holidays, or vacations.
- A \$15 late fee will be applied to accounts that are not paid by the 1st of each month. Participants will be automatically dropped from the program if payments are not received by the 10th of each month.
- If your account becomes delinquent it will be turned over to a collection agency.
- Fees are subject to change with a one-month written notice.
- Out of School Time (OST) is provided during school breaks and teacher work days at an additional cost. Registration is available online or hard copies are provided at Child Care sites.

Receipts

Please retain your receipts for tax purposes and flexible spending accounts. You can print receipts from your online account at www.ymcasf.org/marin. The Marin YMCA's tax ID number is 94-0997140.

Financial Assistance

The Marin YMCA offers financial assistance to the extent possible. Grants are based on need. Financial Assistance is available because of generous donors to our Annual Giving Campaign. The YMCA has the right to cancel financial assistance if: your payments are late; a check is returned because of insufficient funds; or false information is found on your application. Financial Assistance is valid for one school year and it is the parent's responsibility to renew financial assistance each year. Financial assistance, which is never retro-active. Acceptance dates for applications begin April 17 for the fall. Download an application from our website at www.ymcasf.org/marin. For more information contact Torrey Kelly at 446-2148 or tkelly@ymcasf.org.

FSA

Flexible Spending Account (FSA) agencies do not recognize the YMCA as a childcare facility, for that reason the credit cards decline and do not work with our system. However, a signature or receipts can be obtained through your online account with the YMCA.

Late Pickup Policy

If children are not picked up by closing time, a late fee of \$5 will be charged for every minute beyond closing time. Financial assistance will not be applied to this fee nor will Third Party Agency pay this fee. If your child is not picked up after 30 minutes, we will call those listed on your emergency contact pickup list. If we can not contact anyone, we will call the police and CPS. If your child is picked up late more than 5 times, the YMCA has the right to terminate care.

Cancellations / Reduction of days

A 30 day written notice is required to cancel. In order for us to process your request, you must fill out a Child Care Change form. This form can be downloaded from our website or found on the parent table located at your site. Reduction of days takes effect on the 1st of the following month after a change form is completed.

Child's Attendance

It is the responsibility of the parent/guardian to inform the childcare site of absences. If site is not informed in advance of absence and we expect the child(ren) to attend our program that day we take the following steps: 1. Call school office to confirm. 2. Call primary contacts (parent/guardian). 3. Call down the emergency pick-up contact list. 4. If we do not hear back from any of the emergency contacts confirming whereabouts of the child(ren) within 20 minutes we will contact the local police department.

The YMCA holds the right to terminate care after the fifth unannounced absence.

Extra Use Days

The YMCA uses an iPad application called Rollcall to conduct sign-in/sign-out. As an added benefit for our families registered in our child care program, we will allow Extra Use Days on a space available basis. An extra morning or afternoon must be requested and approved by the Site Coordinator 24 hours before use. The morning (\$16), TK/Kindie program (\$36) and afternoon (\$31) will be charged to your credit card or EFT on file when the day is approved.

Sign-in/Sign-out

California licensing regulations require that children be signed in/out by their parents or guardian with a full signature. Initials will not be accepted. Any other adult authorized to pick up your child must be listed on the Emergency form. Please inform the site in writing if someone not listed on emergency form is picking up your child and please keep your authorized pickup list updated. We will ask to see a photo ID if the staff does not know the person who comes to pick up your child.

Medication

Please indicate on your child's Medical Release Form any medication (prescription or over-the-counter) that he/she needs. Medication must be given to a staff person in its original container and with complete written instructions. You can get this form from the Site Coordinator. The YMCA staff are not permitted to apply sunscreen to your child.

Enrichment Classes

If a child enrolls in a before/after school program hosted by the Elementary School, sport team, etc... a release form is required. Parents are required to inform the Y staff of any extra-curricular activities that may alter the time they are in our care. You can get this form from the Site Coordinator.

Snacks / Physical Activity

The Marin YMCA provides a light, nutritious morning snack and a small snack each afternoon. We are not able to cater to special food requests. We incorporate Healthy Eating and Physical Activity Standards (HEPA) in our programs. We provide fresh fruit/vegetables and whole grain foods, made without trans-fat. We offer water as beverage of choice and it is available at all times. We ensure that children engage in at least 60 minutes of physical activity per day. Parent partnership is important to us, we encourage parents to support the YMCA by upholding the standards of eliminating sugary drinks, snacks with trans-fat and high in sodium content. Our staff is trained in HEPA standards and will support children in making healthy food choices. Ask the staff for a list of healthy snack ideas.

Eligibility

Our School Age Child Care Program is licensed by the State of California for elementary school-aged children. Our license places limits on accepting children with some special needs. Please see your Site Coordinator for eligibility. The YMCA Child Care program may accept only "well" children. We have the right to turn down care if we believe your child is ill or contagious. Our child care sites follow a strict NO NIT/LICE policy. The YMCA will ensure that all individuals and families regardless of race, religion ethnicity, configuration, sexual orientation or gender identity are made to feel welcome.

Behavior Guidelines

The YMCA of San Francisco's approach to working with children utilizes positive redirection and self-discipline. Staff work with the children using positive reinforcement, preventive measures, and programs that support children's success. Each participant in the YMCA program is expected to respect themselves, other people, and their belongings. Restorative Practices and circle dialogue are practiced in YMCA programming. Classroom circles support the two main goals of restorative practices: building community and responding to harms through dialogue that sets things right.

When an incident occurs, we follow these steps:

1. Talk to the child.
2. Remove child from activities, institute a cooling off period, implement Restorative Practices.
3. Call parent.
4. Insist that parent pick up child and attend mandatory meeting.
5. Put child on a behavioral agreement.
6. Suspend child from program.
7. Expel child from program.

BILLING & HOLIDAY INFORMATION

Tuition rates are based on 180 days that school is in session. Holidays breaks and school in-service days are not included. Rates are divided into 11 payments per school year.

NUSD School	August - June	Prorated 25% in August & June
RVSD School	August - June	Prorated 25% in August & June

	Morning Program	TK/Kindie Program	After School Program
	Com. Participant / Facility	Com. Participant / Facility	Com. Participant / Facility
1 day	\$53 / 49	\$138 / 129	\$106 / 99
2 day	\$88 / 81	\$235 / 218	\$176 / 164
3 day	\$123 / 113	\$302 / 280	\$245 / 228
4 day.....	\$150 / 140	\$385 / 358	\$302 / 280
5 day	\$180 / 168	\$461 / 428	\$362 / 336
TK/Kindie 4 day Flat Rate	\$171 / 149	M T TH F	

Payment is due ten days before the 1st of the month.

Extra Use Days:

Extra use Days:	Morning \$16	Afterschool \$31	TK/Kindie \$36
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You must be registered one day a week to utilize extra use days. 24 hours advance notice required based on availability. Must have credit card on file. Card will be charged upon approval of extra use day.

Out of School Time (OST) & Holiday Breaks

The Y provides enrichment programs during teacher in-service days, staff development and school closure days and will feature a variety of popular activities, guest visitors and local field trips. OST days are based on themes that will add growth and learning opportunities for your child.

Locations: Rancho Elementary, Novato and Hidden Valley Elementary, San Anselmo.

Fee: \$55 for Facility Member, \$60 for Community Participant Fees may vary due to planned activities. Payment is due upon registration. Registration is available on-line at www.ymcasf.org. Registration closes the Tuesday before the session starts.

	Registration Closes
Thanksgiving OST	November 20-22
Winter Break OST	December 26-29, January 2-5
Mid Winter OST.....	February 19-23
Spring Break OST.....	April 9-13

Novato one day OST's: November 9th, 2017 & May 25th, 2018

Ross Valley one day OST's: October 9, 2017 and March 12, 2018

MARIN YMCA • BEFORE/AFTERSCHOOL REGISTRATION 2017-18

Novato: ☐ Pleasant Valley ☐ Loma Verde ☐ Rancho ☐ San Ramon ☐ Hamilton

Ross Valley: ☐ Manor ☐ Brookside ☐ Hidden Valley

APPLICANT INFORMATION

Student Name _____ Gender ☐ M ☐ F Birthdate _____

Home Address _____ Grade: _____

City _____ State _____ Zip _____

Start Date _____ Email _____

Parent/Guardian #1 (emergency contact & authorized to pick-up child):

Name _____ Date of birth _____

Primary Phone _____ Secondary Phone _____ Occupation: _____

Parent/Guardian #2 (emergency contact & authorized to pick-up child)

Name _____ Date of birth _____

Primary Phone _____ Occupation: _____

Additional authorized pick-ups/emergency contacts:

Pick-Up #1 Name _____ Pick-Up #1 Phone _____

Pick-Up #2 Name _____ Pick-Up #2 Phone _____

MEDICAL INFORMATION

List allergies _____

Medications your child takes _____

Anything else we should know about your child _____

Family Doctor _____ Doctor's Phone _____

Preferred Hospital _____

FINANCIAL & REGISTRATION INFORMATION

Applicants must have either a Facility Membership (grants full access to the YMCA facility and programs) or a Community Participant (grants access to YMCA programs only). If you would like to sign up for a Facility Membership, please speak with a Membership staff at the front desk. If you do not wish to be a Facility Member, you will automatically be a Community Participant.

Novato: ☐ San Ramon ☐ Loma Verde ☐ Rancho ☐ Hamilton ☐ Pleasant Valley

Ross Valley: ☐ Manor ☐ Brookside ☐ Hidden Valley

School-Age Program Fee Schedule for School Year

Morning Program

	Community Participant / Facility	Days of Week (please circle)
1 day/wk	\$53 / 49	M T W TH F
2 days/wk	\$88 / 81	M T W TH F
3 days/wk	\$123 / 113	M T W TH F
4 days/wk	\$150 / 140	M T W TH F
5 days/wk	\$180 / 168	M T W TH F

Fee: \$ _____

TK / Kindie Program: This time block is for TK / Kindies that need care up until 6:30pm.

	Community Participant / Facility	Days of Week (please circle)
1 day/wk	\$138 / 129	M T W TH F
2 days/wk	\$235 / 218	M T W TH F
3 days/wk	\$302 / 280	M T W TH F
4 days/wk	\$385 / 358	M T W TH F
5 days/wk	\$461 / 428	M T W TH F

Fee: \$ _____

TK/Kindie Flat Rate: This time block is for TK / Kindies that need care until 1st – 5th grade release time. Wednesdays are not included. If you need care on Wednesdays, please register for 1 day of after school program.

	Program / Facility	Days of Week (please circle)
4 days/wk	\$171 / 149	M T TH F

Fee: \$ _____

After School Program: This time block is for 1st – 5th graders that need care up until 6:30pm.

	Community Participant / Facility	Days of Week (please circle)
1 day/wk	\$106 / 99	M T W TH F
2 days/wk	\$176 / 164	M T W TH F
3 days/wk	\$245 / 228	M T W TH F
4 days/wk	\$302 / 280	M T W TH F
5 days/wk	\$362 / 336	M T W TH F

Fee: \$ _____

SUMMARY OF REQUIRED PAYMENT

\$ _____ **Program Registration:** \$85/child

\$ _____ **Marin YMCA "Annual Giving Campaign" Donation**

\$ _____ **TOTAL DUE AT REGISTRATION**

Please Select Payment Method:

☐ Pay by check monthly

☐ Schedule payments with existing account on file. Please specify last 4 digits on card _____

(If card is not on file, please go online to enter payment method or come to the Marin branch)

A NEW WAY TO MANAGE PAYMENTS: For your protection, we will no longer accept credit card information written in registration packets. To add or manage a billing method, visit www.ymcasf.org/register_online.

BILLING POLICIES

All payments are due 10 days before the first of the month. If your account is not current and you have a credit card or bank account on file, we will request permission from you 5 days after the due date via email or letter to pay off your balance using your credit card or bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card or bank account on file to pay your balance.

Parents must update billing information if there are any changes to their billing account, including credit card replacement and new expiration dates. This can be done by coming into the main branch or by editing your billing information on-line.

Parents will be contacted regarding returns from their account. It is the parent's responsibility to update their account and pay for childcare by the 1st of the month. If payment is not received by the 10th of the month, your child will be suspended from the program.

All extra use days must be charged in advance to your billing method on file.

A \$15 bank fee will be charged for any returned payments.

I have read and understand the above billing information and agree to comply with the terms and conditions.

Parent Signature _____

PRE-ADMISSION FORM

All about my child

Name of Child _____ Birthdate _____

Favorite snacks _____

My child does not like _____ for snack.

Favorite dinner _____

My child does not like _____ for dinner.

Favorite fruit _____ Favorite animal _____

Favorite hobby _____ Favorite sport _____

Favorite game _____ Reading level _____

My child is allowed to watch movies that are rated: G PG PG-13 R

My child needs extra help with _____

Family Structure: Married Single Parent Shared Custody Other

My child handles stress by _____

Please pay special attention to _____

What type of redirection or discipline do you practice at home? _____

What would you suggest the staff to try when dealing with any difficult behavior issues? _____

Anything else we should know about your child? _____

YMCA of San Francisco Membership Application

Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. PARTICIPATION: I give permission for my child to participate in YMCA activities, field trips, and for the YMCA to use any pictures taken of my child for future YMCA promotional purposes.

6. MEDICAL TREATMENT: I understand that the YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that I cannot be reached for emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injections and emergency treatment for my child as named on this form.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____

**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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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: 851 TREAGER AVENUE, SUITE 360 SAN BRUNO, CA 94066

Licensing Office Telephone #: 650-266-8843

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (9/08)

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 851 Traeger Avenue, Suite 360		
CITY San Bruno, CA	ZIP CODE 94066	AREA CODE/TELEPHONE NUMBER 650-266-8843

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)