

Kids Korner Licensing Paperwork

2025-2026



TRUCKEE-DONNER

Recreation & Park District

Program Coordinators:

Truckee Elementary & CRC

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Glenshire Elementary

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Truckee Donner Recreation and Park District Admission Agreement 2025/2026

I, _____, the parent of _____ have
received and read a copy of the information packet for the Kids Korner Program that my
child(ren) will be attending through TDRPD. I understand the policies described and agree to
their enforcement. _____ (initial)

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

Refund/Payment Due Policy

Program fees are NON-REFUNDABLE. (Refunds requested as a result of a child's extended
injury or illnesses are reviewed on a case-by-case basis.) The parent must notify the TDRPD
Office in a timely manner and provide a doctor's excuse when requesting a refund for an
extended illness or injury. A child removed or suspended from a program-by-program staff for
inappropriate behavior, is not entitled to a refund.

I have read and understand the refund/payment policy. _____ (initial)

Parent/Guardian Signature _____ Date _____

Child Care Licensing

The Department of Social Services, Child Care Licensing has the authority to interview children
or staff without prior consent. The licensee shall ensure provisions are made for private
interviews with any child(ren) or staff members. The Department has the authority to inspect,
audit, and copy child or childcare center records upon demand during normal business hours.

Parent/Guardian Signature _____ Date _____

Youth Program Emergency Information

Please print ALL information clearly

PROGRAM NAME(S): Before School, TK Block, Kids Korner, Kids Square or Transition at Glenshire Elementary, Truckee Elementary, and Community Recreation Center.

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: _____
Last First

Child's Name: _____ M/F Birthdate: _____ Age: _____ Grade: _____
Last First

Physical Address : _____

Mailing Address: _____

*Guardian's Name: _____ Birthdate: _____ Relationship to Child: _____

E-Mail address: _____ Cell: _____ Alt. Phone: _____

*Guardian's Name: _____ Birthdate: _____ Relationship to Child: _____

E-Mail Address: _____ Cell: _____ Alt. Phone: _____

Allergies with Special Instructions:

Physician's Name: _____ Phone Number: _____

*If staff is to administer medications to your child, please fill out the following:
(Please give staff medications in original container)

Type of medication: _____ Purpose: _____ Daily amount prescribed: _____

Times to be administered: _____ Special Instructions: _____

Medication Start Date: _____ Medication End Date: _____

Emergency Contacts and others authorized to pick-up: (Other than guardians)

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____



Youth Program Emergency Information, Registration, Agreement, Waiver & Release Form

Participant's Name(s):

Dates & Times:

Guardian's Signature:

Program Name:

Before School (TEL or GES) _____ 8/27/25-6/12/26 M-F 7am-9am _____

After School (CRC or GES) _____ 8/27/25-6/12/26 M-F 2:30-5:30pm _____

Truckee Donner Recreation & Park District

PROGRAM CODE OF CONDUCT

Participant: _____ Date: _____

Our goal for TDRPD Programs is to maintain both a safe and fun environment. In order for our programs to run smoothly, all students will need to abide by a simple code of conduct. These guidelines are detailed below. It is important that each participant be familiar with the program rules. Please go over the code of conduct with your child(ren) and make sure they have a good understanding of each rule. These are the basic behavior rules that are expected from each participant!

- ☐ I will not hurt other people on purpose.
- ☐ I will do what I know is right.
- ☐ I will be respectful of myself and other people.
- ☐ I will use good and appropriate language.
- ☐ I will tell the truth.
- ☐ I will treat property and equipment with respect and care.
- ☐ I will not use electronic devices such as Gameboy or Nintendo Switch, smart watches, or cell phones.
(If a child needs to make a call home, they must ask staff to do so.)
- ☐ I understand that if my inappropriate use of electronics continues, the staff may confiscate and hold until end of program.
- ☐ I will not bring anything that can be construed as disrespectful or inappropriate.

Failure to follow the code of conduct will result in the following consequences:

1 st	Incident Report	Phone call to parent	Date: _____
2 nd	Incident Report	Meeting with Parents 1 Week suspension	_____
3 rd	Incident Report	Dismissal from program	_____

This contract reflects how inappropriate behavior is *generally* handled in TDRPD programs. We reserve the right to dismiss your child without prior incidence if the offense creates a threat to the staff or other children enrolled in the program. Any fighting will result in an immediate phone call to parents and may result in suspension from the program. A third offense will result in being dropped from the program. Refunds are not issued for children that are suspended or dismissed from a program due to inappropriate behavior.

I have reviewed this contract with my child and understand the behavior policies of the Truckee Donner Recreation & Park District.

Student Signature Date

Parent/Guardian Signature Date

AGREEMENT, WAIVER AND RELEASE

In consideration for being permitted by the Truckee-Donner Recreation and Park District to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Truckee-Donner Recreation and Park District, (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. 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 of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PARENTAL CONSENT *(to be completed and signed by parent/guardian)*

I hereby consent that my son/daughter, named above, 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 able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

CONSENT TO TREAT

I, the undersigned parent/legal guardian of the minor(s) listed above, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital, holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above-named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above-mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child(ren) during Truckee Donner Recreation and Park District programs or events. I give Truckee-Donner Recreation & Park District permission to use any such photos for advertising or in promotional materials.

REFUND/TRANSFER AND CANCELATION POLICY

Once program month starts, no refunds, transfers or credits will be issued, and fees for all dates canceled will be forfeited. All withdraw or transfer requests must be submitted before the first of the month. Please email program director or info@tdrpd.org with your request. If TDRPD cancels a program at no fault of the customer, a credit will be issued for the unattended dates of the program. In order to receive a refund, a written request must be made to info@tdrpd.org and the refund will be issued via check. Refunds will be issued to the original payer. If refund via check is requested, please allow up to 4 weeks for your request to be processed.

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 MYSELF AND THE TRUCKEE-DONNER RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL. I CERTIFY THAT I AM 18 YEARS OR OLDER AND I AM THE PERSON AUTHORIZED TO SIGN THIS WAIVER.

Printed Name: _____

Signature: _____ **Date:** _____

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

- (1) To be accorded dignity in their personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.
- (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

2525 Natomas Park Dr. Ste 250

CITY

Sacramento

ZIP CODE

95833

AREA CODE/TELEPHONE NUMBER

916-208-3734

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)

TDRPD Kids Korner

(PRINT THE ADDRESS OF THE FACILITY)

10981 Truckee Way, Truckee CA 96161

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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: Sacramento Regional Office (Community Care Licensing)

Licensing Office Address: 2525 Natomas Park Dr. Ste 250

Licensing Office Telephone #: 916-208-3734

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.

TDRPD KIDS KORNER

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

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ T_D_R_P_D_K_ID_S_K_O_R_N_E_R_____ 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:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

()

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT/ AUTHORIZED REPRESENTATIVE NAME		DOES PARENT/ AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT/ AUTHORIZED REPRESENTATIVE NAME		DOES PARENT/ AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS/ HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION
DEVELOPMENTAL HISTORY <i>(*For infants and preschool-age children only)</i>		
WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS

PAST ILLNESSES - Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
DYES <input type="checkbox"/> NO		DYES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? DYES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? DYES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): DYES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? DYES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT/ AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE