

**Truckee-Donner Recreation and Park District
Kids Korner**

2021-22

Licensing Paperwork



TRUCKEE-DONNER
Recreation & Park District

Program Coordinators:

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Truckee Donner Recreation and Park District Admission Agreement 2021/2022

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/Vacation/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 child care 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, Kids Korner, Transition, Shuttle, and Art Korner at Glenshire Elementary, Truckee Elementary, Community Art Center and Community Recreation Center

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

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

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

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

Physical Address: _____

Mailing Address: _____
(if different than Physical)

*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

Program Name	Participants' Name(s)	Dates & Times	Guardian's Signature	Date
Before School- GS, TEL		8/31/21-6/23/22 7:00 am-9:00 am, Monday-Friday		
Kids Korner- GS, CRC		8/31/21-6/23/22 1:30-5:30 pm, Monday-Friday		
Art Korner - CAC		8/31/21-6/23/22 3:00-5:30 pm, Monday-Friday		
Transition- Shuttle/CRC		8/31/21-6/23/22 3:30-5:30 pm, Monday-Friday		

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 may have, or which may hereafter accrue, 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 participation in said activity, even though that liability may arise out of 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 participation in the above-referenced activity exposes me and participant to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that above-named participant is 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.

TRAVEL/FIELD TRIP PERMISSION

I give my permission for my child(ren) to accompany the program(s) listed on this form on local and out of town field trips, either walking, or in District Vehicles. I am aware that travel and/or transportation may be part of the program(s), and schedules of any such trips are available in advance.

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

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:

Community Care Licensing

NAME

Sacramento Regional Office

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)

(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

_____ TDRPD KIDS KORNER _____ 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 (*For infants and preschool-age children only)

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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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
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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?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <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
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