



Super Summer Adventure Camp
121 Ross Avenue, San Anselmo, CA 94960
Telephone (415) 453-3181

The Super Summer Adventure Camp will offer care to the undersigned upon the following terms and conditions:

Section 1. A summer **Scheduling Agreement Form** must accompany your **Super Summer Adventure Camp** application. The Schedule Reduction Fee will **not** be applied providing there are no reductions to your child's summer schedule after May 15. In the event of a scheduling reduction, \$50 will be charged to your credit card. Any subsequent scheduling reductions will require a \$50 charge to your credit card each time. If there are no scheduling reductions your credit card will not be charged any Scheduling Reduction Fees for the summer. If your child will be attending both summer and fall, we will need both the fall registration fee (\$125) and the summer Scheduling Agreement Form (completely filled out and signed).

In addition to covering any Schedule Reduction Fees, your credit card will be used to charge any outstanding tuition still due by August 20. You may pay tuition at any time prior to August 20 by check or cash as usual. There is a 2% discount for cash or check payments. Published rates are discounted rates. Your online receipt will show this.

Billing occurs monthly. San Anselmo Preschool & Afterschool Center bills continuing families on the first of each month for one month in advance. As in the past, tuition is due by the 20th of each month prior to the month billed. Tuition for June summer sessions are due on May 20, for July summer sessions on June 20, and August summer sessions on July 20. Children that only attend the Super Summer Adventure Camp are required to pay the full summer tuition at the time of enrollment. *Children may not attend a session until tuition is paid in full. If you wish to drop a session(s), you must give us two-week's notice, or your credit card will be charged full tuition.* Tuition paid for time beyond the two-week notice will be credited at the next billing cycle. Any reductions to your schedule after May 15 will be treated as follows: the first reduction, you will be charged \$50 to your credit card (as stated on the Scheduling Agreement Form). For each subsequent reduction, you will be charged a \$50 schedule reduction fee to your credit card (as stated on the Scheduling Agreement Form).

Section 2. Registration: A drop-in service is available only to registered children at \$12/hour and is left to the discretion of the Head Teacher.

Section 3. Late Pick Up: The Super Summer Adventure Camp closes at 6:00 PM. **If a child is left longer, there is a \$1.00 fee for each minute that you are late.** You are responsible for notifying the Head Teacher if you are not able to pick up your child at your allotted time. After three late pick-ups your situation will be reviewed by the Board of Directors.

Section 4. Emergency Closure: In the instance of a catastrophic emergency we may be forced to close the camp for an entire day or part of a day. In such circumstances it is impossible for us to provide you with advance warning. As soon as the emergency closure has been determined we will leave a message on our voicemail and we will activate our emergency phone tree. In cases where we need to close the school during the school day it is imperative that you provide us with two emergency contacts on your Identification and Emergency Information form. It is impossible to refund tuition for emergency closure days nor can we trade days.

Section 5. Medication: The staff can only dispense medication of **any type** after the parent has filled out a medication permission slip. Permission slips, which are available at the Super Summer Adventure Camp, must be filled out and signed on a daily basis, and medication must be stored in or near the refrigerator, in its original bottle. Medication must be taken home at the end of each day.

Section 6. Illness: The Super Summer Adventure Camp is not equipped to care for sick children. If a child is unable to participate in the normal routine the parent will be called and asked to take the child home. **Before returning to camp the child should remain at home fever-free for twenty-four hours.**

Section 7. Parents are required to notify the Super Summer Adventure Camp of any infectious and communicable diseases in your family.

Section 8. Dress your child in old, comfortable clothing that will not restrict his/her play. We offer children messy play with water, sand, paint, etc. **All removable clothing including shoes and boots must be marked with your child's name.**

Section 9. The Super Summer Adventure Camp admits children regardless of race, creed or national origin. We reserve the right to exclude a child from attendance for any reason whatsoever including but not limited to health, disruptive behavior, lack of adjustment to the group situation, or delinquency of the tuition account.

Section 10. The Department or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren), or any staff member, and for the examination of all records relating to the operation of the facility. The Department or Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Section 11. The parent or guardian who signs the contract is responsible for payment of tuition.

Child's Name (Please Print) _____

Parent's Signature _____ **Date** _____

School Representative _____ **Date** _____

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

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

_____ 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, DOMESTIC PARTNER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

**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: DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

Licensing Office Address: PENINSULA REGIONAL CHILD CARE OFFICE – 801 TRAEGER AVE. #100

Licensing Office Telephone #: SAN BRUNO, 94066 (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.

LIC 995 (12/06)

(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.

San Anselmo Preschool & Afterschool Center

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.

LIC 995 (12/06)

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:

Department of Social Services Community Care Licensing

NAME

Peninsula Regional Child Care Office

ADDRESS

801 Traeger Avenue #100

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

San Bruno

94066

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:

San Anselmo Preschool & Afterschool Center

121 Ross Avenue, San Anselmo 94960

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____

(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

- ☐ ___ I do not know of any allergies my child has to sunscreen.
- ☐ ___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s) /type(s) of sunscreen:

- ☐ ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- ☐ ___ I have provided the following brand/type of sunscreen for use for my child:

- ☐ ___ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Health Care Provider's Signature (*optional*): _____

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER!**

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. " http://www.dhs.ca.gov/cpns/skin/skin_resources.html California Childcare Health Program (CCHP) 07/03 www.ucsfchildcarehealth.org

San Anselmo Preschool and Afterschool
Photograph Authorization and Waiver



With your authorization below, San Anselmo Preschool and Afterschool (SAPS/SAAS) may take photographs of your child for use in brochures and other promotional materials. In addition, staff members may take digital photographs and post them on a password-protected website accessible to SAPS and SAAS staff and parents of SAPS and SAAS children. Parents and staff members will be able to download the photographs and make copies for personal use and school activities and projects.

Please check the box below to indicate your authorization or instructions not to photograph your child, whichever you prefer. (Please check only ONE box.) Please understand that you are not in any way required to provide authorization, and we will fully respect whatever decision you make.

Full Authorization:

- ☐ I authorize SAPS/SAAS staff members to photograph my child and to post pictures of my child on a password-protected website that will be accessible to me, other parents of SAPS/SAAS children and SAPS/SAAS staff members. I understand that I and other parents and SAPS/SAAS staff members will be able to download the photographs and make copies for personal use and for school-related activities and projects. I further authorize SAPS/SAAS to publish any photograph of my child in any SAPS/SAAS brochure or other promotional materials.

Limited Authorization:

- ☐ I authorize SAPS/SAAS staff members to photograph my child and to publish such photograph(s) in any SAPS/SAAS brochure or other promotional materials, but I do NOT authorize SAPS/SAAS staff members to post any photographs of my child on any website.
- ☐ I authorize SAPS/SAAS staff members to photograph my child and to post pictures of my child on a password-protected website that will be accessible to me, other parents of SAPS/SAAS children and SAPS/SAAS staff members. I understand that I and other parents and SAPS/SAAS staff members will be able to download the photographs and make copies for personal use and for school-related activities and projects. I do NOT authorize SAPS/SAAS to publish any photograph of my child in any SAPS/SAAS brochure or other promotional materials.

No Authorization:

- ☐ I do NOT authorize SAPS/SAAS staff members to photograph my child for any purpose whatsoever.

To the extent I have authorized SAPS/SAAS staff members to take, post, publish and/or use my child's photograph, I hereby waive any rights of privacy and/or publicity I or my child may have in connection with such activities. (This waiver does not apply if I have not authorized SAPS/SAAS staff members to photograph my child.)

Please print clearly:

Child's Name: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____