AFTER SCHOOL PROGRAM K-5TH GRADE

Child Care Programs
NEW STUDENT PACKET
2015-2016

Highlands Recreation Center
1851 Lexington Ave
San Mateo CA 94402
(650) 341-4251
www.highlandsrec.ca.gov

Highlands Recreation Center

Code of Conduct

Welcome to the Highlands Recreation Center. The HRC is a multi-use facility where customers can participate in recreation, socialization, educational, and fitness activities, as well as find a variety of helpful, relevant services in a fun and relaxed setting.

The Highlands Recreation District is committed to providing a safe and welcoming environment for our participants, visitors and staff. To help ensure a positive setting for all who come to the Center, the following Code of Conduct was established based on common sense and respect.

It is imperative that all participants, visitors and staff act appropriately while at the Highlands Recreation Center or any of its satellite locations. Everyone should be able to participate, socialize and interact with others in a positive manner. This means that people should treat each other with dignity and respect at all times.

The following is not acceptable conduct:

1. profanity, vulgarity or explicit sexual language
2. hate speech or epithets (e.g. racial, ethnic, sexist, homophobic and religious slurs)
3. promotion of or engaging in any illegal activities
4. participating while under the influence of alcohol or illegal drugs
5. harassment of any kind to anyone
6. fighting, physical abuse, challenging others to fight, destroying or damaging property

Inability to comply with the Code of Conduct may result in losing the temporary or permanent privilege of using Center grounds and/or participating in Center programs and activities. In certain situations it may be necessary to defer matters to the Sheriff's Department to ensure customer compliance and/or safety.

Use is a privilege not a right

Adopted September 11, 2007 by the Highlands Recreation District Board of Directors

SCHOOL-AGE PROGRAMS

PHILOSOPHY

The Highlands Recreation Center is neither home nor school to your child. It doesn't attempt to replace either of these, but it does complement both. The children in our programs are away from home for many hours and they move through several different environments in the course of their day. There are children of various ages and stages of development and their differing needs must be met.

These needs are social, emotional, intellectual and physical. The HRC will strive to meet these needs by creating an environment that:

* Offers children a base of warmth and security provided by caring adults, in which they can all grow, respect and enjoy each other.
* Fosters autonomy, cooperation and self-control, choice and the assumption of responsibility.
* Permits freedom within set limits.
* Encourages creativity.
* Provides activities reflecting and filling these different needs, while respecting cultural diversity.

The HRC will also strive to meet the parent's needs by:

* Offering safe, accessible, affordable after school & camp programs.
* Providing a warm, trusting, competent, responsible staff that understand and meet the needs of the children.
* Respecting and incorporating parental needs, values and cultural diversity in the policies and activities of the HRC.

Our professional staff receives on site & off site training in:

* CPR & First Aid Certification
* Team Building & Communication
* Guidance & Discipline Techniques
* Age appropriate programming

And lastly, the HRC will strive to meet the needs of the residents of the Highlands community and those non-resident participants by:

* Encouraging the participation of community residents and non-residents, of different racial, ethnic, cultural and economic backgrounds.
* Providing quality care to their children.
* Sharing and building upon existing community resources.
* Respecting other agencies, such as 4-C's (Child Care Coordinating Council) and SAC (School Age Consortium), who share the concern for children's and families' needs.
* Giving the Highlands Community a feeling of pride.

By putting all these concepts together, the design of our program is to produce a high quality childcare program. Our program has incorporated these concepts to better serve you, the parents, and make your child(ren) feel happy, safe and secure during their stay at HRC's School Age Programs.

ADMISSION AGREEMENT

BASIC SERVICE:
To provide supervision after school & for camps; for children age's five to twelve, which include swimming, arts and crafts, sports, games and a daily snack. The children have a variety of "options" to choose from.

ILLNESS:
In consideration of all children in the program, please do not send sick children to the Rec. Should your child become ill during the program you will be contacted to pick him/her up immediately. You will not be refunded or able to do make-up's on the first three days of an illness. However, you will be credited for everyday thereafter related to the same illness. In the instance of an "exposure", please contact the Child Care Director immediately. Such "exposures" include but are not limited to: Head Lice, Hand, Foot & Mouth Syndrome, Pinworm Infection, Scabies, Slap Cheek, Pinkeye etc. We have a No Nit policy in regards to Head Lice. We will appropriately notify families of the "exposure" with notices. *Pick-up Time Frame:* In order to prevent the spreading of illnesses and exposure to other children, Parents/Guardians have **1 hour** from the staff phone call to pick up their child or to arrange for another authorized adult to pick their child up from the program within the above time frame.

HOLIDAYS:
Holidays are not pro-rated. Holidays observed are Memorial Day; New Year's Day; Veteran's Day; Labor Day; Thanksgiving Day and the day after; Martin Luther King Day; President's Day. There may be other days that come up when we will be closed, but we will give prior notice so you can make other arrangements.

ABSENCES:
If your child will not be attending a regular scheduled day of ASP, you must contact the Child Care Director no later than 12pm on that day. Absences due to vacation times will not result in tuition credit or make-up time. If your child has been sick consecutively for three days, contact the Director for tuition credit.

SCHEDULE CHANGES/CANCELLATION:
All **schedule changes** i.e. change of weeks, days of the week or cancellation of a day or week must be cleared by the Director **two weeks prior** to the start of a change. Staff are not authorized to grant these changes. **Thirty days** prior notice must be given to cancel completely out of any child care program without a payment penalty.

MEDICATION:
All prescription and non-prescription medications (including Epi-pen's) shall be administered only with the written approval and instructions from the child's parent/guardian and in accordance with the label directions as prescribed by the child's physician. We must have the prescription bottle and the label must be unaltered. Medication cannot be administered without this label. Staff may administer medication with written approval of parent/guardian. All medications including sunscreen will be kept in a safe place inaccessible to children. They must also include the child's name and shall be dated. All administered medication will be documented on the "medication log."

SUNSCREEN:
If your child needs sunscreen please send it with him/her and instruct them on how to apply it. Older children must be responsible for applying it themselves. Please keep in mind that the staff is not responsible for and cannot be blamed for sunburns. The staff will remind the children to apply it and will help the younger children as much as possible. As we do not provide sunscreen for the children in our program, please make sure to send sunscreen with them.

MAILBOXES:
Mailboxes are located in the Social Room for each family in the ASP program. Please check daily to keep informed of up-to-date polices, procedures, programs and registration information.

SIGN-IN & OUT PROCEDURES:
ASP staff will sign your child in daily at Highlands School and your child must be signed out by the parent or authorized adult dropping off or picking-up the child. When picking-up your child in the afternoon a parent/guardian must come to the Social Room, sign the child out and notify a staff member that you are leaving with your child. Licensing requires that when signing in or out your child you must use your full written signature and time. **Initials are not acceptable.** Under no circumstances are children allowed to sign themselves out or walk home alone without notifying the Director with written permission from the parent. If someone other than the child's parent/guardian will be picking-up the child, either a phone call or a note must be given to the Director or Head Teacher. That individual must be prepared to show identification, i.e. driver's license. It's not enough that a person's name is on the Identification & Emergency Information Form as an "alternate pick-up person," you still must call or send a note.

IN THE EVENT HRC IS FINED BY LICENSING FOR AN INCOMPLETE/LACK OF SIGNATURE ON SIGN-IN & OUTS, HIGHLANDS RECREATION CENTER RESERVES THE RIGHT TO BILL PARENTS FOR ANY FINES INCURRED.

FOR THE SAFETY OF YOUR CHILD:
If for any reason a person picking up the children appear to be under the influence or smell like alcohol or liquor the child will not permitted to leave with them and an alternate person will be called. Please understand this is for the safety of your children.

EMERGENCIES:
If there is a medical emergency involving a child, the parent/guardian will be notified and the child will be taken to the nearest hospital by ambulance. It is required that a parent/guardian fill out the Health Information Form, Consent for Medical Treatment Form, Disclaimer Form and that these forms be updated when changes occur. The child will not be admitted into the program without these forms completed and turned in prior to beginning the program.

LUNCH:
On Wednesday's all ASP kids need to bring their lunch or may get a hot lunch at the school; lunch will then take place at the school's lunch court. On non-school days, children are required to bring their lunch to the program. Kindergarten children have the option to bring their own lunch or buy a school lunch. It is important that Kindergarten parents stay up-to-date with their child's lunch money account. If your child's lunch money account runs out, they will not be able to get a school lunch that day.

EVACUATION:
If the Highlands Recreation building ever becomes uninhabitable by fire or other disasters, the children will be escorted to the Highlands School. If the school becomes uninhabitable, children will be escorted to the Crystal Springs Methodist Church which is located on Bunker Hill Drive, for shelter.

DISCIPLINE & REASON FOR TERMINATION:
All the children in the HRC School Age Programs are entitled to a pleasant and harmonious environment. Therefore, we cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal and physical activity which may include, but is not limited to, such behavior that: requires constant attention from the staff; inflicts physical or emotional harm on other children; verbally/ physically abuses the staff; and/or ignores or disobeys the rules which guide behavior. Reasonable efforts will be made to assist children to adjust. Disruptive behavior will be dealt with in the following manner:

1. The misbehaving child will be given a five-minute break, in order for him/her to cool off and think about his/her actions. The Rec. Leader will talk to the child and explain why he/she is taking a break and give the child positive alternatives to solve the problem.
2. If a second, five-minute break is given to the child in a single day, a written note or verbal communication will be given to the parent.
3. If a child continues with disruptive behavior, a meeting with the Director, parent/guardian, and child will be held. The Director or Head Teacher will directly contact the parent or guardian to schedule a conference or meeting at the soonest most possible date.

4. The policy for children hitting or biting each other is very strict. At first offense, the child will be given a warning and will be sent to the Director's Office until the parents come to pick up the child. On the second offense the child will be suspended for one day from the Rec.
5. If the disruptive behavior continues after a parent meeting a temporary or permanent dismissal from the HRC will be given.
6. In the event of a reported incident between two or more children, the District reserves the right to suspend all involved parties until the investigation is complete.

NOTE: Types of discipline not permitted at Highlands Recreation include:

NO CORPORAL PUNISHMENT/VIOLATION OF PERSONAL RIGHTS
(CCR, Title 22, Section 101223.2)

GENERAL RULES:

The following rules will be implemented and upheld by the ASP Staff on a consistent basis:

1. No hitting, biting, fighting or roughhousing.
2. No inappropriate touching.
3. Please remember to respect other people's personal space.
4. Bikes, skateboards, or scooters are not allowed on HRC grounds. Parking these items is permitted in the bike rack on the pathway.
5. Children must stay on walkways out of landscaped areas.
6. Climbing on fences or railings is not allowed.
7. Shoes must be worn at all times.
8. Children are not permitted on the handrails.
9. Children are not allowed to pick leaves, flowers, or gather rocks, unless they're for specific art projects.
10. Children are not allowed to play in the bathrooms, climb on trees or play around the garbage cans.
11. Sand must be kept in sandbox area.
12. Dirt, rocks, sticks leaves. etc., cannot be brought into sandbox.
13. Standing is not allowed on the tables.
14. Water fountain is for drinking only.
15. Children are not allowed to dig on the lawn.
16. Children are not allowed to play with the sprinkler heads.
17. No running, wrestling, sitting on top of cabinets and tables or yelling in the Social Room.
18. Markers are not permitted on the rugs in the Social Room.
19. Children are only permitted on the Sports Court or Playground when there is a Rec. Leader present.
20. Tackle football is not permitted.
21. Children are not permitted behind Court 4 or on the hill.
22. If a ball goes down the hill, a Rec Leader needs to retrieve it, not a child.
23. Absolutely No children are allowed in the ballroom or the kitchen.
24. Children are not permitted on the blue mats if they are stacked three mats higher.
25. Jump ropes are for jumping rope only.
26. Do not kick balls at lights or speakers in the gym.

CHILD ABUSE:

It is a misdemeanor for any caregiver not to report suspected or known child abuse or the neglect of children enrolled in HRC's Programs. Under current law, programs do not have to notify the parent/guardian before notifying Child Protective Service(CPS). It is the program's responsibility to protect children from abuse and/or neglect.

RATE CHANGES:

Rate changes will be posted thirty days in advance.

REFUNDS:

Refunds will be given only when the Director is given at least one month notice. Pro-rating is not available.

SNACKS:
There will be one snack provided each day for the children at 3pm. It's their choice to eat it or not. We do not give alternate snacks unless there is a health problem, i.e. allergies. Please notify the Director of any allergies or special diet restrictions on the Health Information Form. If your child does have certain restrictions, it's suggested you send a separate snack along with the child's lunch. Snacks are only for children signed up until 6pm care.

RECREATION CLASSES:
Your child is encouraged to take enrichment classes offered through the Highlands Recreation Center seasonal brochure. Our lessons coordinator will drop-off and pick-up your child at the recreation class they're registered for, ie: swimming, tennis etc. If your child is enrolled in a private lesson with a swim, diving or tennis instructor, it is the parents responsibility to inform ASP staff of a these lessons times, teacher etc. There are no discounted ASP rates for aquatic programs. If your child is enrolled in semi-private or private swim lessons and/or tennis lessons, you're responsible for informing the ASP staff as to the instructor, days, dates and time.

SWIMMING:
Recreational swimming will be available to the children attending our programs depending on pool staff availability. All children who enter the deep water (outside the 3 foot end of the pool) will be screened by a Lifeguard for swim proficiency. If your child cannot pass the swim test swim, he/she will be referred to swimming lessons and the parent and or guardian will be notified. Those children who don't pass the swim test will be allowed to swim in the three foot end of the pool. All children will be under close supervision by both Lifeguard Staff and the ASP staff. It's important that they follow these rules for their own safety and enjoyment. The Lifeguard Staff may take away swimming privileges if the rules are not adhered to. Your child will need a suit, a towel, goggles, and if their hair is long, they will also need a ponytail holder. A change of underwear for boys is recommended.

CELL PHONES:
Having a cell phone is a privilege in the ASP and the usage of phones for calling or texting may only be used appropriately. Cell phones are the sole responsibility of the ASP students and the ASP program is not responsible if the phone is lost, stolen or broken while you're child is at HRC. Cell phones may be confiscated at the discretion of the ASP Staff and Head Teacher. The following activities are prohibited: prank calling, inappropriate texting, messages of pictures or sharing of movies deemed inappropriate or cell phones during homework hour or rows. **Inappropriate includes**, but is not limited to: nudity, pornography, hate speech, violence, gambling, weapons, sexual inferences, bullying or racial epitaphs.

TOYS:
Please do not send any toys to our programs, i.e. I-Pod, hand-held video games, cars, games, balls, etc. If your child comes with a toy, they will be asked to put it in their backpacks.

BIRTHDAYS:
We do not celebrate children's birthdays, but if you would like to do something special we will work with you to make your child's day special.

RIGHTS OF LICENSING AGENCY:
Any duty authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of this act, or the regulations adopted by the department pursuant to this act.

I agree, have read and understand the admission agreement, rules and procedures of the Highlands Recreation Center Child Care Programs Enrollment Packet.

Parent/Guardian Signature: _____ **Date:** _____
School-Age Director Signature: _____ **Date:** _____

ASP SCHOOL-AGE FEES

See current brochure for fees.
All fees are due by the 5th business day to avoid late fees.

PARENT'S FEE AGREEMENT

TUITION:

- ***The fee is due by the 5th business day of the month***. Fees are non-refundable. Your child will not be accepted into the program without payment.
- **TUITION LATE FEE POLICY**
  1. **1ST Two Months**: There is a $15.00/child late fee per month, if monthly fees are paid after the fifth business Day of the month.
  2. **After 2nd Monthly Late Fee:** The monthly late fee will be increased to $40/child.
  3. **After 3rd Monthly Late Fee:** Families will be required to sign up for automatic tuition deduction (ACH) system.
- Visa, MasterCard, American Express and Discover are accepted.
- If you would like your payment deducted automatically from your checking/savings account, please complete an auto deduction slip (ACH), available in the HRC office. Transaction Fee: $2.00
- There is a $10 sibling discount, per month, for a child living in same household.
- A one time Supply Fee of $75 for 1-day and $20 each additional day is due each year as your deposit.
- There will be additional fees for some extended days, i.e. Parent Teacher Conferences. Any extra-unscheduled days will be charged extra (depending on grade) for each day during the school year.
- **A late fee pickup charge of $10.00 per every five minutes of daycare after 6p.m**. This Overtime Charge is payable to the HRC and can be given to the on-site staff or you can be billed by the office at a later date. Payment must be received within 5 days or you will incur an additional fee. **This fee may not be added to the monthly fee.**
- Checks returned by the bank for insufficient funds (ISF's) will be subject to a fee of $20. Parents will be notified immediately upon receipt of the ISF notice by the Director and shall have one week in which to pay the fee. If the fee is not paid by the end of that week; the child(ren) will not be able to return to the ASP until the fee is paid.
- **Transaction Fee:** A $5 transaction fee will be added to each registration including monthly child care. Whether you enroll for one class or many classes, the fee will be $5 per registration, not per class. If the participant cancels from a class or program, the HRC retains the $5 transaction fee. **Automatic Monthly Payments:** The transaction fee for all ACH payments will be $2.
- All registration receipts will be e-mailed to the payer of the completed registration. Receipts will only be printed on special request.

I agree and understand the parent's fee agreement for the Highlands Recreation Center Child Care Programs.

Parent/Guardian Signature: _____ **Date:** _____

School-Age Director Signature: _____ **Date:** _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Mom's Cell: _____
Dad's Cell: _____

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 NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
MOTHER'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 ( )

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

THE CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE | DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION | DATE LEFT

HIGHLANDS RECREATION DISTRICT
HEALTH INFORMATION FORM

CHILD'S NAME: _____ **AGE:** _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S DAYTIME PHONE NUMBER:

MOTHER (Home) _____ **FATHER (Home)** _____

MOTHER (Cell) _____ **FATHER (Cell)** _____

MOM'S PROFESSION _____ **DAD'S PROFESSION** _____

EMAIL ADDRESS: MOM: _____ **DAD:** _____

PHYSICAL CONDITIONS: Please note conditions, which affect your child and symptoms that may help us identify possible problems:

ALLERGIES:

Drug Allergies: _____
Symptoms: _____

Food Allergies: _____
Symptoms: _____

Insect or other Allergies: _____
Symptoms: _____

Asthma: _____ **Symptoms:** _____

Diabetes: _____ **Symptoms:** _____

Seizures: _____ **Symptoms:** _____

Other: _____ **Symptoms:** _____

OTHER:
Please list below any other conditions, learning/social disabilities or health problems of which we should be aware of in order to best care for your child:

_____

_____

_____

_____

_____

CONSENT TO TREAT
SCHOOL-AGE PROGRAMS

In the event that my child is injured at the Highland Recreation Center or at a designated District field trip site, I hereby give my consent to the Highlands Recreation District, its employees, and officers to facilitate emergency medical care, at my expense, and in doing so I absolve the Highlands Recreation District from all liabilities as stated above.

If I cannot be reached immediately or if the situation is viewed as critical by the staff member in charge, I request that one of the following physicians be called, but if emergency medical treatment is believed to be necessary, I authorize the HRD'S ASP Staff to request assistance from the paramedics, and I consent to any emergency treatment that is recommended by paramedics or emergency room staff.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
PHYSICIAN NAME: CITY PHONE NUMBER

_____ _____
DENTIST NAME: CITY PHONE NUMBER

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

HIGHLANDS RECREATION CENTER
1851 Lexington Ave.
San Mateo, CA 94402
(650) 341-4251

I _____, hereby give my permission for an authorized Highlands Recreation District Staff member to drive my son/daughter _____, From Highlands Elementary School to the Highlands Recreation Center on inclement weather days as well as participate in neighborhood walks/hikes throughout the 2015-2016 school year.

_____ _____
Signature Date

Model Release Form

I hereby grant the Highlands Recreation District, their legal representatives and assigns (including any agency, client or publication), irrevocable permission to publish photographs of me or my child(ren) taken at a District facility or event. These images may be published in any manner, including but not limited to advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the aforementioned District, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me.
I affirm that I am more that 18 years of age and competent to sign this contract on my own behalf. I have read this release and fully understand its contents.

PLEASE PRINT:

Child's Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

PARENT/GUARDIAN CONSENT (IF APPLICABLE)

I am the parent or guardian of the minor named above and has legal authority to execute this release. I consent to use of said photographs based on the contents of this release.

Parent/Guardian Name:_____

Parent/Guardian Signature:_____

ASP HOMEWORK HOUR

Homework Hour is Monday-Thursday 3:30-4:30pm throughout the school year. The program takes place in the Social Room and overseen by at least one staff. We require no talking during the hour and children can receive help from the in-room staff.

Homework Hour is optional; however, if you wish to have your child attend "Homework Hour" on a consistent basis, please complete the lower half of this sheet. We will then ensure your child is participating in the hour.

NAME_____ GRADE_____

NAME_____ GRADE_____

I would like my child to attend "Homework Hour" on a daily basis. Please ensure my child is enrolled in the program.

SIGNATURE_____DATE_____

PRINTED NAME_____

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

   Licensing Office Address: 801 Traeger Ave, Suite 100 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.

Highlands Recreation 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.***

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

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

Department of Social Services

ADDRESS

801 Traeger Ave, Suite 100

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Bruno CA	94066	(605) 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)
Highlands Recreation Center	1851 Lexington Ave, San Mateo CA 94402

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

HIGHLANDS RECREATION DISTRICT
AFTER SCHOOL PROGRAM
2015-2016

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district 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 I may have, or which may hereafter accrue to me, as result of participation in said activity. This release is intended to discharge in advance the above 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 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 person or entities free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in 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.

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 THE ABOVE DISTRICT AND MYSELF AND I SIGN IT OF MY FREE WILL.

_____	_____	_____
Signature	Name (Printed)	Date