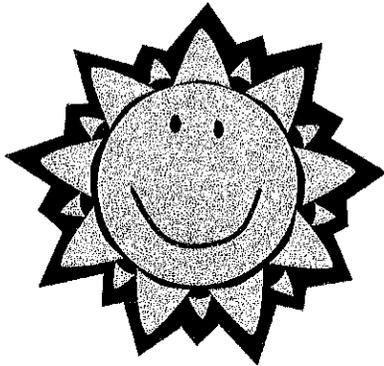


FALL CAMP EMERGENCY PACKET



Highlands Recreation Center

1851 Lexington Ave.
San Mateo, CA
Phone: 650-341-4251
Fax: 650-349-9627

www.highlandsrec.ca.gov

PACKET MUST BE COMPLETED AND RETURNED TO HRC
PRIOR TO YOUR CHILD STARTING CAMP! ONE PACKET
PER CHILD!
MAY NOT BE TURNED IN ON CHILD'S 1ST DAY!

**Highlands Recreation District
Fall Camp 2020
Admission Agreement**

The Highlands Recreation Center will run a modified K-8 grade Fall Camp due to COVID-19 Pandemic. Fall Camp will be offered only with a 5-day/week option at this time. Week #1 will run 10/12 –10/16. . The center hours are from 8:30am-5:30pm. The modified camp structure and hours are necessary to comply with the County Health Officer orders and childcare licensing requirements which include increased cleaning and consistent staffing to promote safety.

Payment

Payment must be made prior to the beginning of Camp. Checks returned for insufficient funds will be subject to a \$20 charge.

Fall Camp 2020 Weekly Rate		
Program	Resident	Non-Resident
Week #1 (10/12-10/16)	\$355	\$390

Refunds

Refunds available before October 1st. After October 1st, refunds will only be given before camp starts and if the Director is able to fill the space.

Program Cancellation

In order HRD to offer Fall Camp, each cohort must enroll a minimum number of students. If this number is not met 7 days before the start of camp, the cohort may be cancelled and families will receive a full refund. If camp is cancelled due to a COVID-19 related illness, families will receive a prorated credit for the week. No refunds or credits will be given for temporary closures lasting 3 days or less. The Highlands Recreation District reserves the right to cancel Fall Camp at any time.

Late Pickup Fee

Please pick up your child by 5:30pm. You will be charged \$10:00 every 5 minutes past 5:30pm. This fee can be paid by cash/check to the onsite staff at time of pickup or within 5 calendar days. If not paid within 5 days, enrollment will be suspended. This amount cannot be added to your monthly tuition fee. You are responsible to phone in a credit card number if you choose to pay with credit card.

Visitation

Due to COVID-19, Parents and visitors are not able to enter their child's classroom until further notice.

State Licensing Board Requirement

The State of California General Licensing Requirements, Section 101195 states: The Department of Licensing agency shall have the authority to interview children, or staff and to inspect and audit child or facility records without prior consent.

The Admission Agreement Contract may be changed when necessary. Any modification of fees by the Highlands Recreation District will be presented in writing 30 days in advance.

I have received, read, understand and agree to follow all HRD policies and procedures, including those in the COVID-19 Parent Handbook.

Child's Name: _____

Week #1 ____ **10/12-10/16**

Parent or Guardian Signature _____

Date _____

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

MOM'S Cell: _____
DAD'S Cell: _____

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

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 Child Care 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: _____

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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 (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.

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		
ADDRESS		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

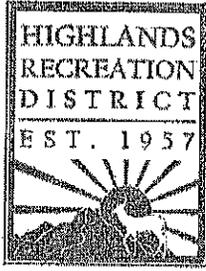
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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)



Highlands Recreation District

1851 Lexington Avenue • San Mateo, CA 94402

(650) 341-4251 • Fax (650) 349-9627

www.highlandsrec.ca.gov

"A Community Place to Learn, Grow & Play"

AGREEMENT, WAIVER, AND RELEASE

In consideration of being permitted by the District to participate in the above-referenced 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 a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, 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 further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation 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/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my son/daughter, _____, participate in the above-referenced 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 District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation 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 MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Name

Signature

Date