

TurtleRock SUMMER CAMP

ENROLLMENT PACKET SUMMER CAMP PROGRAM

The following forms are required to complete your child's enrollment. If enrolling more than one child, each child requires a separate and complete enrollment packet.

Our Forms

- Camper Registration Form
- Summer Camp Admission Agreement
- Summer Camp Parental Permission Form
- RapidTuition Enrollment Form

If your child was previously enrolled in one of our programs and you believe we may have the following items on-file it may not be necessary to complete this section. Please contact us to verify.

State of California Forms

- LIC 700: Identification and Emergency Information
- LIC 702: Child's Preadmission Health History
- LIC 995: Notification of Parents Rights
- LIC 613A: Personal Rights
- LIC 627: Consent for Medical Treatment

Additional Required Items

- One Parent's Driver's License, State ID or Current Passport
- Evidence of Child's Health Insurance Coverage

TurtleRock SUMMER CAMP

2014 CAMPER REGISTRATION FORM

PART 1

Please complete a separate registration form for each camper.

Camper _____ M F Birth Date __ / __ / __

Address _____

City _____ State ____ ZIP _____ Tel (H)(_____) _____

Primary Contact _____ Mother Father Other

Place of Employment _____ Tel (W) (_____) _____

Email Address _____ Tel (C) (_____) _____

Secondary Contact _____ Mother Father Other

Place of Employment _____ Tel (W) (_____) _____

Email Address _____ Tel (C) (_____) _____

Lives with: Both Parents Father Mother Other _____

Does camper have any physical limitations, medications or special needs we should be aware of?

No Yes - If yes, please explain (use separate sheet if necessary). _____

I, the undersigned parent (or legal guardian) of the camper(s), a minor, do hereby authorize the staff of Turtle Rock Preschool, Inc. as agents of the undersigned to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I/we hereby authorize treatment and/or care of camper at any hospital. If we cannot be reached, please contact:

Emergency Contact _____ Tel (_____) _____

Family Doctor _____ Tel (_____) _____

Insurance Provider _____ Policy #: _____

Allergies or Food Limitations _____

Comments _____

I hereby release from all liability and indemnify Turtle Rock Preschool, Inc. and its owners, officers, agents, representatives, volunteers and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, for any injury, illness or damage resulting from my child's enrollment. I have received a copy of the camp policies and agree to follow all camp enrollment and tuition policies.

Signature _____ Date ____ / ____ / ____

PART 2

Camper _____

Camp Program Requested: Full Day: 7am - 6pm Core Day: 9am - 4pm

Week of Attendance:	Attendance Choice:	Tuition Due:
Week 1 : Jun 30 – Jul 4	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	With Enrollment On or Before July 1 st
Week 2 : Jul 7 – Jul 11	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 3 : Jul 14 – Jul 18	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 4 : Jul 21 – Jul 25	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 5 : Jul 28 – Aug 1	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 6 : Aug 4 – Aug 8	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	On or Before Aug 1 st
Week 7 : Aug 11 – Aug 15	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 8 : Aug 18 – Aug 22	<input type="radio"/> M - F <input type="radio"/> M, W, F <input type="radio"/> T, TH	
Week 9 : Aug 25 – Aug 27	<input type="radio"/> M, T, W (3-Day Rate Only)	

_____ There are no changes, deletions or refunds (for any reason) after June 27th
INITIAL

Camp T-Shirt Order: (\$18 each, at least one shirt is required)

- Youth Small 6-8 Youth Medium 10-12 Youth Large 14 - 16
 Adult Small Adult Medium Additional T-Shirts _____

Camp Rash Guard Order: (\$18 each, at least one rash guard is required if participating in off-site water activities)

- Youth Small 6-8 Youth Medium 10-12 Youth Large 14 - 16
 Adult Small Adult Medium Additional Rash Guards _____

Weekly Tuition Rates

Program	Days	Days	Rate
Full Day 7am - 6pm	5 days	M - F	\$255
	3 days	M, W, F	\$195
	2 days	T, Th	\$150
Core Day 9am - 4pm	5 days	M - F	\$225
	3 days	M, W, F	\$170
	2 days	T, Th	\$130

Welcome to Turtle Rock Summer Camp! This agreement and our Parent Handbook comprise our rules and policies. You must read and understand this agreement and the handbook and agree to comply with them. If you have any questions, please feel free to ask.

The 2014 Summer Program operates for 9 weeks, with a different theme and educational program offered each week. You may enroll for the whole summer or individual weeks. We offer 5-day, 3-day and 2-day options with a choice of either full day (7am – 6pm) or core (9am – 4pm) hours. Children who have completed Kindergarten through 6th Grade are eligible. Children are placed into groups based on their grade level with exceptions made when appropriate.

REGISTRATION: Registration occurs on a first-come, first-served basis. Because our program has limited enrollment, early registration is encouraged. Enrollment is accepted only when accompanied with your registration fee of \$35 per family, a deposit of \$150 per child and a complete Summer Camp enrollment packet. The deposit will be applied to your last week of tuition. The registration fee and deposit are both non-refundable. If you choose not to attend, all monies already paid will be forfeited in full.

PARENT MEETING: All parents must attend the Parent Orientation Meeting on June 5th from 5:30 - 6:30 pm for vital camp information. Children are welcome to attend!

FINANCIAL AGREEMENT: You agree to pay weekly tuition as published for the current year, in advance, on or before the published "Tuition Due" date on Part 2 of the Camper Registration Form.

RapidTuition is the preferred method of payment to deduct monies owed from your bank account at no additional cost. If you elect not to enroll in RapidTuition, you understand that tuition is due by the published "Tuition Due" date listed for each week of camp, and there will be a late charge of \$30 for any tuition not received by the third day of the month. Should your account become delinquent by more than one week, immediate withdrawal of your child will be required. You will then be required to pay any outstanding balance and a re-registration fee to re-enroll your child, subject to availability.

On-site visitors and field trips are included in tuition. Premium Optional Excursions will be charged an additional fee. These excursions range in price depending upon the activity. Spaces are limited; there are no refunds or changes, regardless of reason, after June 27th. Activities and excursions are subject to change without prior notice.

ABSENTEE POLICY: Please notify the office at (949) 854-7611 by 8 am if your child will be absent. You understand that you are responsible for full payment of tuition for each week selected, whether or not your child attends the week. There are no refunds or make-up days should your child miss Camp due to holidays, vacations, illness or for any other reason. You may not switch your child's scheduled Camp days to non-scheduled Camp days, due to staffing ratios and schedules. You may request to add a day for an additional fee, subject to availability. If your child is absent for one week and tuition has not been paid, your child will automatically be withdrawn from the school. You will then be required to pay any outstanding balance and a re-registration fee to re-enroll your child, subject to availability.

LUNCH: Snacks are provided; hot lunch options may be available (see Summer Camp lunch menu). If bringing a lunch, it must be brought each day in a disposable Ziploc or paper bag (not a lunch box) with your child's name and the date clearly marked. Please note any allergies and/or food restrictions on your Camper Registration Form.

BACKPACKS: Your child is required to bring a backpack daily containing a change of clothes, a towel, sandals and disposable camera (optional). All items must be marked with your child's name.

DRESS: Your child is required to wear his or her Turtle Rock t-shirt every day. T-shirts may be purchased for \$18 each. Children are required to wear tennis shoes and socks daily. We are not responsible for lost items.

WATER ACTIVITY: On swim, water play or beach days, please send your child to school wearing his or her bathing suit, with sunscreen already applied. Rash guards with the Turtle Rock logo are recommended and may be purchased for \$18. For better sun protection, we suggest baseball caps or other hats with brims. Sandals may be brought on these days and stored in your child's backpack.

RETURNED PAYMENT POLICY: A \$25 fee will be charged for any returned check or RapidTuition debit not honored by your bank. Anytime there is a returned check, a money order or cashier's check will be required as a replacement.

DISCOUNTS: 5-day programs with a minimum sign up of 5 weeks will receive a 10% discount if ½ tuition is paid by June 27th. No other discounts are applicable to our Summer Camp program.

LATE PICKUPS: All late fees are due upon arrival directly to the office. Exact time is determined by the clock in the office.

Core Program: Program hours are 9:00 AM to 4:00 PM. If your child remains at school past 4:00 PM, you will be charged \$5 for each 5 minutes late (or portion of 5 minutes thereof), starting at 4:01 PM.

Full Day Program: Program hours are 7:00 AM to 6:00 PM. School closes promptly at 6:00 PM. If your child remains at school past 6:00 PM, you will be charged \$5 for each 5 minutes late (or portion of 5 minutes thereof), starting at 6:01 PM.

Note: If your child is left at school longer than 30 minutes past the scheduled closing time without contact to the school and the school has exhausted all emergency contacts on-file, then the Irvine Police Department will be contacted. At that time your child will be the responsibility of the Irvine Police Department. You will still be responsible for late fees incurred.

4th OF JULY HOLIDAY: The school will be closed in observance of the 4th of July holiday. Full tuition for that week remains the same.

MEDICAL CARE: Should it be necessary for your child to have medical treatment while participating, you hereby consent to have your child treated by a physician for medical or surgical care. Every reasonable effort will be made to contact you or your emergency contacts before such action is taken. You also agree that in case of injury to your child requiring medical attention that your accident and hospitalization insurance will be used to pay any expenses connected with that injury.

If necessary, Turtle Rock Preschool will complete required accident insurance forms, after which all claims for injuries received while participating in the summer program activities and events, shall be processed by the parent(s) or guardian(s) directly through the student accident insurance policy and not through Turtle Rock Preschool.

ACCESS OF RECORDS: The school values privacy and wants to be sure that it protects information concerning families. School staff may access your child's records and health information for school purposes. The California Department of Social Services Community Care Licensing Division has the right to interview children and review children's files without the permission of the parents under California regulation (section 101200).

PHOTOGRAPHY POLICY: Children are occasionally photographed during camp, both on and off campus. These photos may be used in camp activities, our newsletter, published on our website or various other materials. You hereby grant, without limitation, permission for the use of any photographs of your child in any printed or online material for the school. You may check here to opt-out:

SCHOOL INITIATED WITHDRAWAL POLICY: The school reserves the right to have any child removed from the program at any time without previous notice or a corrective program being required. Please refer to the Parent Handbook for further details.

UPDATING OF EMERGENCY INFORMATION: It is important that the school maintain current and accurate records for each child so that parents can be contacted in the event of an emergency. It is the parent's responsibility to make sure that the school has current contact information. If there are any changes to this information, the office must be notified so that they can update their records.

You hereby release from all liability and indemnify Turtle Rock Preschool, Inc. and its owners, officers, agents, representatives, volunteers and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, for any injury, illness or damage resulting from your child's enrollment.

You have read and agree to these policies. You will keep in your possession a copy of this Summer Camp Admission Agreement, the Parent Handbook and all other policies and agreements. As specified in the Parent Handbook, all policies may be revised with 30 days' posted notice.

Parent's Name _____

Signature _____ Date ____/____/____

Camper Name: _____

The above named minor has my permission to participate in Turtle Rock Summer Camp activities (including groups, field trips, excursions, projects, sports, games and activities) during the program session beginning 6/30/2014 and concluding on 8/27/2014.

I agree to direct my child to cooperate and follow directions and instructions of the personnel in charge of the activities. I understand that if my child fails to follow instructions that I may be called to pick him or her up.

INITIAL

During the summer program, transportation will be provided to/from the location of various activities for all participating children via 15-passenger vans or a 7-passenger station wagon with 1-2 supervising adults per vehicle. Parent volunteers may also assist by driving their own vehicles on occasion, and must meet certain requirements and conditions.

INITIAL

I agree to ASSUME ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITLY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGE TO PERSON OR PROPERTY OR DEATH, sustained by my child when participating in, attending, preparing for or traveling to and from all activities, including the risk of negligence of the Turtle Rock Preschool, Inc. staff, or hidden, latent or obvious defects in the facilities or equipment used.

I agree if any claim for personal injury or wrongful death is commenced against Turtle Rock Preschool, Inc. (including its officers, directors, members and/or volunteers), I will defend, indemnify and hold harmless Turtle Rock Preschool, Inc. from any and all claims or causes of action for personal injuries, property damage or wrongful death that hereafter accrue, arise out of, result from or are caused directly or indirectly by my child's attendance at Turtle Rock Preschool, Inc.

2014 Summer Camp field trips and excursions include, but are not limited to: Pump It Up, Big Air, Santa Ana Planetarium, Medieval Times, Irvine Regional Park, Newport Dunes, IMAX Movie, Discovery Science Center, Disneyland, Jump N' Jammin, Santa Ana Zoo, Fountain Valley Skate Roller Skating, Aquarium of the Pacific, Whale Watching, Team OC, Pretend City, Young Chef's Academy, Boomers, Bowling, Knott's Berry Farm, K1 Speed, Queen Mary, Soak City, Angels Baseball Game, Rockreation, IREC Zip-Line and Archery, Dave & Busters, Newport Aquatic Center and Flight Deck.

I have read and understand this Parental Permission Form and agree to assume the responsibility stated and waive all claims.

Print Full Name of Parent or Guardian

Signature

Date

ELECTRONIC BANK FUNDS TRANSFER AUTHORIZATION

I authorize Turtle Rock Preschool to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account. I authorize the school to withdraw sufficient funds to pay my regular tuition charges, and any other charges or fees that are due and payable. I authorize the school to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. If my payment is returned unpaid, I also authorize you to collect the current Returned Item Fee.

Your Name _____ Phone _____

Address _____

City _____ State _____ ZIP Code _____

Bank Name _____

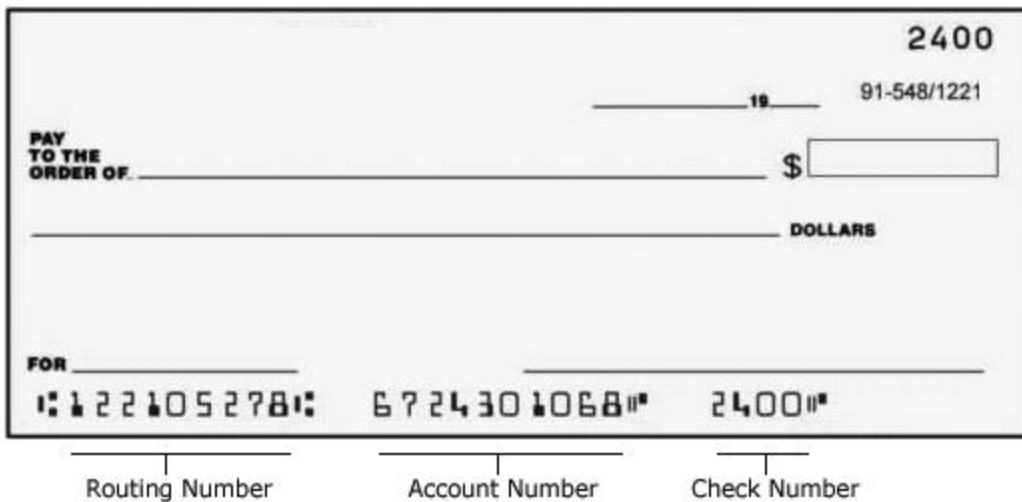
Account Type: Checking Savings Business Checking

Routing Number _____ Account Number _____

This authorization will remain in full force and effect until I notify Turtle Rock Preschool in writing of its termination. Notification must be received 5 business days in advance of termination date to permit reasonable time to act.

Signature and Title _____ Date ____/____/____

Please attach a voided check – deposit slips not accepted



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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CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER
ANY FOOD DISLIKES?	ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*
<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*
		WHAT IS USUAL TIME?*

THIS SECTION NOT APPLICABLE TO SUMMER CAMP

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'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE	DATE
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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

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)

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

AS THE PARENT 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 OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()