City of Manteca Parks and Recreation Department
252 Magnolia Avenue • Manteca, CA 95337
Phone (209) 456-8600 • Fax (209) 923-8954
www.mantecagov.com/parks

KIDS' ZONE PROGRAM APPLICATION
August 4, 2016 - May 26, 2017

Name(s) of participating child(ren): *Please print; check all programs that apply for each child*

1. _____Date of Birth: _____Age:__ Grade: _____

School site: _____ ☐ Before School ☐ After School ☐ KinderZone

2. _____Date of Birth: _____Age:__ Grade: _____

School site: _____ ☐ Before School ☐ After School ☐ KinderZone

3. _____Date of Birth: _____Age:__ Grade: _____

School site: _____ ☐ Before School ☐ After School ☐ KinderZone

LIABILITY AND PHOTO WAIVER

In consideration of the acceptance of my application for entry into the above program/event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Manteca as a result of my participation in the event. This release is intended to discharge the City of Manteca, its agents and employees, and any other involved municipalities or public entities from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above.

I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or entities mentioned above to assume those risks and to release and to hold harmless all of the persons or entities mentioned who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

The Parks and Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City of Manteca Parks and Recreation Department and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Manteca from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

Signature: _____ ☐ Parent ☐ Guardian

Printed Name: _____**Date:** _____

MOVIE-VIEWING PERMISSION FORM

During the course of the Kids' Zone Programs, we will be viewing movies rated 'G' and 'PG.' For our mutual convenience and understanding, we are requesting that you sign this permission slip for us to keep on file during the duration of the program. By signing below, you indicate that the child(ren) listed above have your permission to view movies rated 'G' and 'PG.'

Signature: _____ ☐ Parent ☐ Guardian

Printed Name: _____**Date:** _____

KIDS' ZONE PROGRAM AGREEMENT

August 4, 2016—May 26, 2017

Kids' Zone Program Mission Statement: The mission of the Kids' Zone Program is to enrich the lives of children by providing a safe, supportive, and structured environment. These programs promote the social, physical, and intellectual development of children.

Kids' Zone Program Overview: Manteca Parks and Recreation, in cooperation with Manteca Unified School District, offers state-licensed before-school, KinderZone, and after-school programs for children in Kindergarten through 7th grade. Kids' Zone operates throughout the school year, Monday through Friday, on school days only at select schools. Enrollment is limited to Manteca Unified School District students attending the schools listed below. If a program is not full, other MUSD students may registers; however, **transportation between school sites must be provided by the parents.** Hours of operation may vary by school site; please review your child's school bell schedule.

State-Licensing Requirements: The Kids' Zone Program complies with the Community Care Licensing Agency regulations and standards. These standards relate to staff, health, safety procedures, nutrition, staff-to-child ratio and recordkeeping. We believe that these standards are in the best interest of the children. The Licensing Program Analyst has the authority to interview staff or child(ren) and to inspect or audit child(ren) records without prior consent.

State License Numbers: Brock Elliott (393616654); Joshua Cowell (393616653); McParland Main Site (393616652); McParland Annex (393616651); Neil Hafley (393616650); New Haven (393616649); Stella Brockman (393616648); Veritas (393616647); Woodward (393616646).

PROGRAMS OFFERED

Before-School Program

Ages: Kindergarten through 7th grade (Kindergarteners may attend **if** their school bell schedule allows). Please make sure your child has eaten breakfast before coming to program, or send $.75 with them each day to buy breakfast at the school.

Sites: Brock Elliott*, McParland Annex, McParland, Neil Hafley, Stella Brockman, Veritas, and Walter Woodward

Hours: 6:30 am until the start of the regular school day (*Brock Elliott opens at 7:00 am)

KinderZone Program

Ages: Kindergarten students only

Sites: Joshua Cowell, McParland Annex, Neil Hafley, Stella Brockman, Veritas, and Walter Woodward

Hours: From Kindergarten dismissal until 3:30 pm

After-School Program

Ages: Kindergarten through 7th grade

Sites: Brock Elliott, Joshua Cowell, McParland Annex, McParland, Neil Hafley, New Haven, Stella Brockman, Veritas, and Walter Woodward

Hours: From school dismissal (including minimum days) until 6:00 pm

ENROLLMENT

Enrollment is limited to Manteca Unified School District students in grades kindergarten through 7th and limited to the available spaces at each site. A current Kids' Zone application packet and fee must be returned to the Manteca Parks and Recreation office before enrollment occurs and child must be enrolled and paid for prior to attending the program. ***All participants must be fully potty-trained and able to utilize the restroom unassisted.***

PROGRAM FEES

Annual Registration Fee: Kids' Zone applications must be renewed each school year prior to any child attending the Kids' Zone Programs. The annual registration fee of $20.00 for each registered child is due at the time you turn in your application packet. An additional non-resident fee of $10.00 will be assessed to individuals whose primary residence is outside Manteca city limits. *This non-resident fee applies only to the annual registration fee,* ***not*** *the program fees.*

Before-School, After-School, and KinderZone Fees (per child, per program; no multi-child discounts):

- Monthly fee = $120.00
- Weekly fee = $50.00
- Daily drop-in fee = $20.00

PROGRAM DUE DATES AND LATE FEES

For monthly registration, payment is due **before the first school day** of each month. Payments not received **before the first school day** are considered late and a $10.00 late fee will be assessed on the first school day and every Monday thereafter until the end of the month. For weekly registration, payment is due on the **first day of attendance**. Payments not made by the **first day of attendance** are considered late and a $10.00 late fee will be assessed. For daily drop-in registration, payments are due **before noon on the day your child attends the program.** Payments not made **prior to attendance** are considered late and a $10.00 late fee will be assessed. Drop-in payments are valid by calendar month. If your child doesn't use a paid drop-in within the month it is intended for, it is the parents' responsibility to contact us and request a transfer. Children must be enrolled prior to attending any programs. In addition, any outstanding balances must be paid prior to enrolling a child into any program. The online registration option may be disabled for outstanding accounts. Failure to pay outstanding or past due balances may result in immediate suspension of your child from program. **Children attending program without payment may be sent to the school office at the discretion of Manteca Parks and Recreation staff.**

LATE PICK-UP FEES

For the After-School program, a late fee of $5.00 per child will be charged to any parent/guardian who arrives between 6:01 pm and 6:05 pm, and an additional $1.00 per child will be charged for each minute after 6:05 pm until the parent/guardian arrives. If your child has not been picked up from the site by 6:01 pm, and staff has not been notified of your late arrival, someone on your Emergency Contact list will be contacted and asked to pick up your child. If no one can be reached and you have not picked up your child by 6:30 pm, program staff will contact the Manteca Police Department. For the KinderZone program, pick-up time is 3:30 pm. A late fee of $5.00 per child will be charged to any parent/guardian who arrives between 3:31 pm and 3:35 pm, and an additional $1.00 per child will be charged for each minute after 3:35 pm until the parent/guardian arrives. Payment of late pick-up fees is due in full within five business days of the incident; if not received within 5 business days after the incident, an additional $10.00 late fee per child will be charged. If you have questions regarding this or any other Kids' Zone policies, please call the Manteca Parks and Recreation Department office at (209) 456-8600 as soon as possible to avoid fee accrual.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES LISTED IN THIS AGREEMENT.

Signature: _____ ☐ Parent ☐ Guardian

IDENTIFICATION / EMERGENCY CONTACT INFORMATION

PLEASE PRINT CLEARLY AND FILL IN ALL THE BLANKS

1. PARENT/GUARDIAN INFORMATION

Mother/Legal Guardian's Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Name of employer: _____ Work Phone: _____

Driver's License Number: _____ (used for identification purposes only)

Father/Legal Guardian's Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Name of employer: _____ Work Phone: _____

Driver's License Number: _____ (used for identification purposes only)

2. PICK-UP AUTHORIZATION

List names of persons, other than parent/guardian, who are **18 years of age or older** and are authorized to take child(ren) from the facility. Child(ren) **<u>will not</u>** be allowed to leave with any person not listed below.

Name:_____ Telephone:_____ Relationship: _____

Name:_____ Telephone:_____ Relationship: _____

Name:_____ Telephone:_____ Relationship: _____

Name:_____ Telephone:_____ Relationship: _____

Emergency contact(s), if parent cannot be reached (If same as above, initial here: (_____)

Name:_____ Telephone:_____ Relationship: _____

Name:_____ Telephone:_____ Relationship: _____

Please be sure to notify these people that you have listed them as an emergency contact for your child(ren)

3. PHYSICIAN TO BE CALLED IN CASE OF AN EMERGENCY

Name:_____ Telephone:_____

Address: _____ City: _____ Zip: _____

If physician cannot be reached, what action should be taken? _____

_____

4. MEDICAL INSURANCE PROVIDER: _____

Subscriber Name: _____ Policy No.: _____ Group No.: _____

PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES

The complete Medication Policies can be found on pages 6-7 of the Parent Handbook.

_____ _____ _____

Child's Name Date of Birth Program/Class

Medical Condition(s): Please indicate "none" if child has no known medical condition(s):_____

_____

Asthmatic: ☐ Yes ☐ No

Allergies: [NOTE SEVERITY, FOOD RESTRICTIONS, ETC]: _____

_____

Medications: ☐ Kept at site ☐ Brought daily in child's backpack

Name of Medication:_____ **Form (liquid, pill, etc):**_____

All medications, prescription and over-the-counter, must be provided to Program site in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the INSTRUCTIONS section. **If additional instructions are required, please attach another sheet.**

INSTRUCTIONS: Parents/Guardians—*Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staff's ASSISTANCE with administration of medical treatment of your child. Additional forms may be required.*

Example: *1. Administer Epi-Pen* *2. Administer 2 teaspoons of liquid Benadryl*
3. Call 9-1-1 *4. Call Parents at xxx-xxx-xxxx*

*1.*_____

*2.*_____

*3.*_____

*4.*_____

ADMINISTRATION OF MEDICATIONS POLICY & PROCEDURES

Authorization, Waiver and Release

(This acknowledgement must be signed even if child has no medications to administer)

I authorize any City of Manteca Parks and Recreation Employee to perform emergency procedures, including assisting with the administration of Epi-pens, injections or self-administered medications (whether over-the-counter or prescription) or any other steps that I have described on the Parents' Consent & Directions page to treat any illness, medical condition, allergic reaction, or injury that my child may experience.

I recognize and acknowledge that there are certain risks of injury in connection with administration of medication to any minor child. Such risks include, but are not limited to: failing to properly administer the medication, failing to observe side effects, failing to assess and recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I hereby authorize City of Manteca Parks and Recreation Department employees or staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.

I acknowledge the assistance in administration of the Epi-Pen or other medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Manteca, its officers, officials, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Manteca, its officers, officials, employees, agents and volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer medication to my child.

I also give my permission to the City of Manteca Parks and Recreation Department staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible for payment of any and all medical and emergency services rendered to my child.

Signature: _____ ☐ Parent ☐ Guardian

Printed Name: _____ **Date:** _____

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

DSS Community Care Licensing Division

NAME

River City Regional Office

ADDRESS

2525 Natomas Park Drive Suite 250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Sacramento, California	95833	916.263.5744

[redacted]

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)

LIC 613A (8/08)

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: 2525 Natomas Park Drive, Suite 250 Sacramento, CA 95833

   Licensing Office Telephone #: (916) 263-5744 (916) 216-7801

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)

[redacted]

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

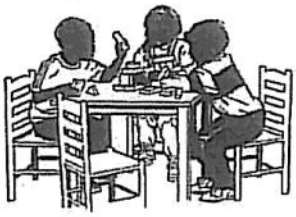
NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

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

LIC 995 (9/08)

Community Care Licensing

CHILD CARE CENTER



NOTIFICATION OF PARENTS' RIGHTS

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY ACCESSIBLE AREA OF THE CHILD CARE CENTER

AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A RIGHT

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.
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.

http://www.ccld.ca.gov

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

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.

Licensing Office Name: Dept. of Social Services Community Care Licensing Division

Licensing Office Address: 2525 Natomas Park Drive, Suite 250
Sacramento, CA. 95833

Licensing Office Telephone Number: 916.263.5744

PUB 393 (12/05) STATE OF CALIFORNIA • HEALTH AND HUMAN SERVICES AGENCY • DEPARTMENT OF SOCIAL SERVICES