# City of Rocklin
# KIDS JUNCTION
# Grades 1-6

## 2010-2011 School Year Program

The City of Rocklin Kids Junction program is a state-licensed, before and after school recreation program, which provides supervised activities for children in grades K-6. Daily activities may include: games, arts and crafts, sports, snack, homework time, and fun play. Our program is designed to promote the physical, mental, social and emotional health of school-age children. Rocklin Community Services sponsors this program. For more information please visit http://www.rocklin.ca.us

### PROGRAM SCHEDULE

Program dates: August 17, 2010-June 2, 2011
Daily hours: Monday - Friday from 7 am until school begins and from school release until 6 pm.
***We observe the same holiday schedule as the Rocklin Unified School District.***

### LOCATIONS

| | | |
|---|---|---|
| Antelope Creek School | 6185 Springview Dr. | Phone#: 625-5257 |
| Breen School | 2751 Breen Dr. | Phone#: 625-5256 |
| Cobblestone School | 5740 Cobblestone Dr. | Phone#: 625-5250 |
| Parker Whitney School | 5145 Topaz Ave. | Phone#: 625-5251 |
| Rock Creek School | 2140 Collet Quarry Dr. | Phone#: 625-5266 |
| Rocklin School | 5025 Meyers St. | Phone#: 625-5258 |
| Ruhkala School | 6530 Turnstone Way | Phone#: 625-5243 |
| Sunset Ranch School | 2500 Bridlewood Drive | Phone#: TBA |
| Sierra School | 6811 Camborne Way | Phone#: 625-5253 |
| Twin Oaks School | 2835 Club Dr. | Phone#: 625-5252 |
| Valley View School | 3000 Crest Dr. | Phone#: 435-3571 |

### FEES

| | | | |
|---|---|---|---|
| Before & After School (grades 1-6) | $30 per day | Before School Only (grades 1-6) | $13 per day |
| Minimum Day Fee (grades 1-6) | $ 6 per day | After School Only (grades 1-6) | $22 per day |

Registration Fee (non-refundable)....$75 per child

Daycare will be billed monthly and calculated according to the days and times your child is registered, based on the daily fees listed above. Monthly daycare is due & payable in full by the 1st of each month.
**Participants will be removed from the program for non-payment.**

### 2010 - 2011 REGISTRATION

Open registration begins for the City of Rocklin Kids Junction programs on May 6, 2010 at the Rocklin Sunset Center between 8:00am-4:30pm. Complete registration packet and registration fee of $75 per child is required at the time of registration.

**SEE CITY OF ROCKLIN KIDS JUNCTION PARENT HANDBOOK FOR FULL DETAILS**
**CALL 625-5200 FOR MORE INFORMATION**

CITY OF ROCKLIN COMMUNITY SERVICES & FACILITIES
Creating Community through People, Parks & Programs
Kids Junction

# CITY OF ROCKLIN KIDS JUNCTION

# GRADES 1-6

## 2010-2011

### REGISTRATION FORM FOR CHILDREN ENTERING GRADES 1-6

PARTICIPANT'S NAME _____ GRADE ENTERING:_____DOB: _____
First & Last

ADDRESS _____ CITY _____ZIP_____

PHONE (HOME) _____(WORK) _____(CELL) _____

KIDS JUNCTION SITE:_____ ROCKLIN ACADEMY: Yes No

EMAIL ADDRESS: _____ START DATE: _____

*PCOE: Yes No Case Worker's Name & phone #* _____

☐ Pre-registration conference requested

**PLEASE FILL IN APPROPRIATE SPACES WITH DAYS AND TIMES OF ATTENDANCE:**

| | BEFORE | AFTER | B&A |
|---|---|---|---|
| Monday | ☐ | ☐ | ☐ |
| Tuesday | ☐ | ☐ | ☐ |
| Wednesday | ☐ | ☐ | ☐ |
| Thursday | ☐ | ☐ | ☐ |
| Friday | ☐ | ☐ | ☐ |

**Participants must register for a minimum of two consistent days per week.**

## GRADES 1-6

_____ **BEFORE & AFTER SCHOOL**
(AM & PM)
$30 per day

_____ **AFTER SCHOOL**
(release from school-6:00 PM)
$22 per day

_____ **BEFORE SCHOOL**
(7:00AM-release to school)
$13 per day

***MINIMUM DAY FEE ($6 per day)***

☐ **$75 Registration Fee (non-refundable)**

**25% Fee added to all prices for NR**
**_____ (parent initials)**

AMOUNT:_____ CHECK#::_____ CASH / VISA / MC RECEIPT#:_____ DATE:_____ BY:_____

Complete Pkt Rcvd: ____ On Roster: ____ Reg Fee _____ Reg. Course _____ Packet Scanned ____ E-mail sent____

Office Use Only

# KIDS JUNCTION PARENT CONTRACT

Before your child may be registered in the Kids Junction program you must read, understand, and agree to the following terms:

1. **Required Forms:** I will complete all registration forms for each of my children prior to attendance.

2. **Registration:** I will submit all required registration fees twenty four hours prior to my child's attendance at Kids Junction. **I will abide by all registration policies set forth in the parent handbook.**

3. **Attendance:** It is my responsibility to make sure my child(ren) are signed in and out on a daily basis. If I am not available to sign my child in or out of the program, I will send a person 16 years of age or older who is designated on the child's emergency card to do so in my place. I understand that children in grades 1-6 must walk to KJ themselves.

4. **Non-registered children:** I understand if my child attempts to attend any Kids Junction site without prior payment, or after being administratively dropped from the Kids Junction program, that Kids Junction cannot assume legal responsibility for my child, and I understand my child will be taken to the school office.

5. **Illness:** My child will not attend Kids Junction when ill. If my child becomes ill during attendance, I or my emergency designees, will pick up my child within one hour of notification. I understand I must inform KJ staff if my child has been exposed to any contagious diseases. **I will refer to the parent handbook if I have any questions about the Kids Junction illness policy.**

6. **Hygiene:** I understand that my child(ren) must be toilet trained in order to attend Kids Junction. Three bathroom accidents may result in the removal of my child from the Kids Junction program.

7. **Daycare:** I understand that this is a family account, and I am responsible for payment of all daycare fees for each child I am enrolling in Kids Junction, regardless of custody arrangements or other agreements. Failure to keep the account current for any of my children will result in dismissal of all of my child(ren) from Kids Junction. I agree to pay daycare on the 1st of each month by 4:30pm. If the 1st of the month falls on a weekend or holiday, payment is due the next business day. If payment is not received by the due date, I understand my account will be charged a **MINIMUM $50 LATE FEE PER CHILD** (see pages 8-9 of Parent Handbook). Habitual late payments may result in dismissal from the program. Following dismissal for any reason, I understand my child(ren) cannot be registered at any Kids Junction Site until (a) the account is paid in full, (b) a waiting period of one business day after the account is paid in full, (c) space is available, subject to waiting list , and (d) a $75 re-registration fee will be required.

8. **Responsible Parent & Discipline:** I understand that my child must be able to get along with others and adhere to the rules of the program. I also understand it is necessary for parents to conduct themselves in a respectful and mature manner while at Kids Junction or on the phone with a City employee. I understand that any verbal abuse or physical threatening by any parent towards any City of Rocklin employee or participant of the program will result in the immediate dismissal of my child (ren) from the program.

9. **Parent Handbook:** I have read and understand the Kids Junction Parent Handbook. A copy can be requested at your KJ Site or at the Sunset Center, or viewed on the website http://www.ci.rocklin.ca.us.

10. **Main Contact:** The person designated as the "Main Contact" is solely responsible for payment of all fees and charges. Only the main contact parent may review, copy, and/or authorize the release of the children's confidential information or records. All changes regarding the child(ren)'s records must be done at the Kids Junction site that the child(ren) attend. All communication from the City of Rocklin and the Kids Junction program will be sent to the person designated as the main contact. If there is an additional parent or guardian signature they will only have access to billing information.

11. **Dropping**: When dropping my child(ren) from the program, I must submit **written notice two weeks prior to the drop date** to the Program Coordinator. If written notice is not submitted, I will be charged for two weeks after the last day of attendance. **If my child drops during any program and I would like to re-register at a later date, I will be considered a new participant and required to re-register with a new completed packet, payment of new registration fee, and payment of full month's daycare, if space is available.**

12. **PCOE (Subsidy) Registrants**: I understand that I am responsible **for payment of ALL fees not covered by PCOE each month** and for reading and following all of terms of the PCOE Contract attached, if applicable to my child(ren).

**I have read, understand, and agree to the terms of this Parent Contract, and I am signing below as an indication of my intent to have my child participate in the Kids Junction Program. I also understand that if I fail to fulfill any of these requirements my child will be dropped from the program.**

Signature:_____ Date: _____

OFFICE COPY

# City of Rocklin
# PCOE Billing Policy & Procedures

**The Billing Policy & Procedures below need to be read and signed only by parents who have PCOE or subsidized daycare arrangements.** It is the parent's responsibility to read and understand these policy & procedures prior to admittance to the Kids Junction program.

1. **Registration Fees**: Kids Junction will bill PCOE for all required registration fees. If PCOE does not cover these fees, the parent will be responsible for payment upon billing. If Kids Junction has not received an approved schedule from PCOE prior to your child's start date, you will be responsible for any fees not covered by PCOE.

2. **KJ Minimum Registration Requirement**: Kids Junction has a minimum registration requirement of two days per week. **PCOE will be billed for a minimum of two days per week whether or not your billing sheet indicated attendance. If PCOE does not pay, it will be the parent's responsibility to pay**.

3. **Billing Sign-In & Sign-Out Sheets**: All PCOE billing sheets (including Generic & Camp sheets) must be completed as indicated below, otherwise PCOE **WILL NOT** pay and parent will be responsible for any unpaid fees.
   A. Completed and signed by the parent (or their representative) **at the time of service daily**, including the time & full legal signature. If child is absent, an absence reason and full signature MUST be filled in on the date absent (i.e. ill, dr. appt.). If this field is not completed correctly, PCOE WILL NOT PAY and it will be the parent's responsibility to pay. If a child is absent on a regularly scheduled day, PCOE will be billed for this day.
   B. Completed and signed by the parent (or their representative) using full legal name at month end. Monthly billing sheets require parent signature and need to be signed no later than the 3rd school day of the next month.
   C. Completed and signed by parent (or their representative) using consistent signatures and same color of ink.

4. **Camps**: If your child(ren) are signed up for a specialty camp, the Kids Junction Camp Site will print a "Generic PCOE Camp Billing Sheet" for the parent (or their representative) to sign for the camp timeframe only. This sheet is to be signed following the guidelines in #2 above. The Kids Junction Site will submit this billing sheet directly to Kids Junction Billing after camp is completed or month end, whichever occurs first.

5. **Daycare Co-Pay**: Kids Junction will bill parents for any fees due that are not covered by PCOE for each month of service. This amount is referred to as the "parent's co-pay". All co-pay amounts are due by the date indicated on the statement. If the co-pay amount is not received by this date, the child(ren) will be administratively dropped from the program. The child(ren) cannot return to the Kids Junction program until: (a) the account is paid in full, (b) a waiting period of one business day after the account is paid in full, (c) space is available, subject to waiting list , and (d) a $75 re-registration fee will be required.

   Parents are solely responsible for resolving any payment differences with PCOE. If an appeal is filed with PCOE, the parent is responsible for paying the current bill for services to remain in the program.

   Any unpaid Kids Junction accounts will be turned over to collections if not paid within the timeframe stated on your billing statement.

_____ _____ _____

Signature of Parent/Guardian Date Printed Name

**(Office Copy)**

# 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) |
|---|---|
| | |

# 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.

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: Community Care Licensing

Licensing Office Address: 8745 Folsom Blvd. Suite 200

Licensing Office Telephone #: 916-229-4530

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

*NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.*

LIC 995 (0/02)

(Detach Here - Give upper Portion to Parents)

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## 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.*

# 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* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
|---|---|---|
| MONTHS | MONTHS | MONTHS |

## PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|---|---|---|---|---|---|
| ☐ Chicken Pox | | ☐ Diabetes | | ☐ Poliomyelitis | |
| ☐ Asthma | | ☐ Epilepsy | | ☐ Ten-Day Measles (Rubeola) | |
| ☐ Rheumatic Fever | | ☐ Whooping cough | | ☐ Three-Day Measles (Rubella) | |
| ☐ Hay Fever | | ☐ Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| | | |
|---|---|---|
| DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |

## 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

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

| | |
|---|---|
| ANY FOOD DISLIKES? | ANY EATING PROBLEMS? |

| | | | |
|---|---|---|---|
| IS CHILD TOILET TRAINED?* ☐ YES ☐ NO | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO | WHAT IS USUAL TIME?* |
| WORD USED FOR "BOWEL MOVEMENT"* | | WORD USED FOR URINATION* | |

PARENT'S EVALUATION OF CHILD'S HEALTH

| | | | |
|---|---|---|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ 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 |

# Kids Junction - Emergency Information

**Please fill out COMPLETELY**

**Child:** **Date of birth:** **Grade entering:**

Parent/Guardian Information

Mother's name:_____ Home #:_____ Cell#:_____

Home address:_____ City/Zip:_____ Child's primary residence?: **Y N**

Employer:_____ Occupation:_____ Work #:_____

E-mail address: _____

Father's name:_____ Home #:_____ Cell#:_____

Home address:_____ City/Zip:_____ Child's primary residence?: **Y N**

Employer:_____ Occupation:_____ Work #:_____

E-mail address:_____

List the names of persons other than parents, authorized to take above-named child from the facility. **NO OVER THE PHONE AUTHORIZATION WILL BE ACCEPTED.** Picture ID will be required when they pick up participant.

| NAME | PHONE | RELATIONSHIP |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

## Medical History

Physician:_____ Phone:_____

Address:_____ City:_____ Zip:_____

Dentist:_____ Phone:_____

Medical Insurance Carrier:_____ Policy#:_____

List medical problems:_____

List medication & dosage:_____

List allergies:_____

Physical or medical limitations:_____

I hereby authorize the City of Rocklin to secure required medical attention for the above-named child at my expense, in the event of sickness or accident, if they are unable to contact me. This authorization applies whether the charges are covered by my insurance or by myself. To the best of my knowledge, my child is free of any potential health problems which might affect his or her participation, or communicable disease which might endanger others.

Main Contact Parent or Guardian Signature:_____ Date:_____

Additional Parent or Guardian Signature:_____ Date:_____

**Main Contact Parent or Guardian must sign.**

# City of Rocklin Kids Junction
# FIELD TRIP PERMISSION/PHOTO RELEASE FORM

**Participant's Name:**_____

## Field Trip Permission:

I give permission for my child to participate in this program, which will include community field trips. The community field trips will involve being bused or walking from the program to various locations within the area. I understand that I will be notified of these trips in advance, and that it is my responsibility to see that my child reaches the program by the stated time of departure. I understand that no money is to be brought by my child on the field trip, and that parents must provide sack lunches to be brought on field trips. **I understand that there will be no leaders left on site while the camp participants are on the field trip. The program site will be closed during the time of the field trip.**

If I elect not to have my child participate in the field trip, or my child arrives at the program site after the group has left, I will be responsible for finding alternate arrangements for care for that period of time. **The children will not be allowed to be dropped off or picked up from the field trip location.** The program site will be closed during the time of the fieldtrip.

Signature:_____ Date:_____
Main Contact Parent/Guardian

## Photo Release

I give permission for my child to be photographed by the City of Rocklin Community Services and Facilities program and the Kids Junction Program to use for promotional purposes only.

Signature:_____ Date:_____
Main Contact Parent/Guardian

CITY OF ROCKLIN
COMMUNITY SERVICES & FACILITIES
Creating Community
through People, Parks & Programs
Kids Junction

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# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS
## CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccld.ca.gov/contact.htm

# PERSONAL RIGHTS

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(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) |
|---|---|
| | |

# 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.

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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: Community Care Licensing

Licensing Office Address: 8745 Folsom Blvd. Suite 200

Licensing Office Telephone #: 916-229-4530

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

*NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.*

LIC 995 (0/02)

(Detach Here - Give upper Portion to Parents)

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## 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.*

# 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

## PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|---|---|---|---|---|---|
| ☐ Chicken Pox | | ☐ Diabetes | | ☐ Poliomyelitis | |
| ☐ Asthma | | ☐ Epilepsy | | ☐ Ten-Day Measles (Rubeola) | |
| ☐ Rheumatic Fever | | ☐ Whooping cough | | ☐ Three-Day Measles (Rubella) | |
| ☐ Hay Fever | | ☐ Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

## 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

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

ANY FOOD DISLIKES? | ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO | IF YES, AT WHAT STAGE:* | ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO | WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"* | WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO | IF YES, WHAT KIND AND ANY SIDE EFFECTS:

DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ 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

# City of Rocklin
# PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This form is a contract with legal consequences. Read carefully before signing.
If waiver is not signed, participant will not be registered and form will be returned.

In consideration of the acceptance of this registration form for the program listed, the participant(s) named on the program registration form or his/her legal guardian, freely agrees to and makes the following contractual representations and agreements:

1. The participant named, or his/her legal guardian, has read the class description(s) and under stands the nature and content of the activities involved, and any potential dangers incidental to engaging in the activities.

2. The participant named, or his/her legal guardian, hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury (including death) or property damage occurring to himself/herself arising as a result of participating in or receiving instructions in the said program or any incidental activities.

3. The participant named, or his/her legal guardian, agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against the City of Rocklin or any of its officers, employees or volunteers, for any of said or similar causes of action, including those which arise by the negligence of the City, or of any of said persons, whether passive or active. **IT IS THE INTENTION OF THIS INSTRUMENT TO EXEMPT AND RELIEVE THE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

4. The participant named, or his/her legal guardian, further agrees to defend, indemnify and hold harmless the City, its officers, employees and volunteers, from any claims, demands, damages, costs, expenses or liability arising out of his/her participation in said program and activities.

5. The participant named, or his/her legal guardian, acknowledges that he/she has been fully and completely advised of the potential dangers incidental to engaging in the activities, and fully and voluntarily assumes the risks of engaging in the program and activities.

6. The participant named, or his/her legal guardian, has read this form carefully and is fully aware of the legal consequences of signing it.

**The City of Rocklin does not have or provide medical or accident insurance for persons involved in programs sponsored by the City of Rocklin Department of Community Services & Facilities. I understand that refunds will not be given unless the program is cancelled.**

Signature:_____ Date:_____
Main Contact Parent/Guardian

OFFICE COPY

# City of Rocklin Kids Junction
# SIGN-IN/SIGN-OUT PROCEDURES

As professional caregivers your child's safety is of utmost importance to us. We make every effort to provide a safe and secure environment for your child.

After the school release time, your child in grades 1st-6th is responsible to arrive promptly at the Kids Junction site and staff will sign them into the program. The Kids Junction staff will allow children ten minutes to arrive at the site after the school dismissal bell. A parent will be called when the child doesn't arrive after ten minutes. A staff member will pick up your kindergarten child after school and walk them to Kids Junction.

It is imperative that you call the site if your child is absent. Due to teacher/staff ratios it is very difficult to send staff to search for children who don't show up after school.

When signing your child in & out please remember to use your full legal signature.

As the parent it is your responsibility to make sure you stay in contact with the site so you receive daycare notices, registration materials, important newsletters and calendars. Children often do not make it home with these important documents and parents are left un-informed.

The Kids Junction staff would like to share a part of your child's day with you so please come in and meet the crew!

# KIDS JUNCTION PARENT CONTRACT

efore your child may be registered in the Kids Junction program you must read, understand, and agree to the following terms:

. **Required Forms:** I will complete all registration forms for each of my children prior to attendance.

. **Registration:** I will submit all required registration fees twenty four hours prior to my child's attendance at Kids Junction. **I will abide by all registration policies set forth in the parent handbook.**

. **Attendance:** It is my responsibility to make sure my child(ren) are signed in and out on a daily basis. If I am not available to sign my child in or out of the program, I will send a person 16 years of age or older who is designated on the child's emergency card to do so in my place. I understand that children in grades 1-6 must walk to KJ themselves.

. **Non-registered children:** I understand if my child attempts to attend any Kids Junction site without prior payment, or after being administratively dropped from the Kids Junction program, that Kids Junction cannot assume legal responsibility for my child, and I understand my child will be taken to the school office.

5. **Illness:** My child will not attend Kids Junction when ill. If my child becomes ill during attendance, I or my emergency designees, will pick up my child within one hour of notification. I understand I must inform KJ staff if my child has been exposed to any contagious diseases. **I will refer to the parent handbook if I have any questions about the Kids Junction illness policy.**

6. **Hygiene:** I understand that my child(ren) must be toilet trained in order to attend Kids Junction. Three bathroom accidents may result in the removal of my child from the Kids Junction program.

7. **Daycare:** I understand that this is a family account, and I am responsible for payment of all daycare fees for each child I am enrolling in Kids Junction, regardless of custody arrangements or other agreements. Failure to keep the account current for any of my children will result in dismissal of all of my child(ren) from Kids Junction. I agree to pay daycare on the 1st of each month by 4:30pm. If the 1st of the month falls on a weekend or holiday, payment is due the next business day. If payment is not received by the due date, I understand my account will be charged a **MINIMUM $50 LATE FEE PER CHILD** (see pages 8-9 of Parent Handbook). Habitual late payments may result in dismissal from the program. Following dismissal for any reason, I understand my child(ren) cannot be registered at any Kids Junction Site until (a) the account is paid in full, (b) a waiting period of one business day after the account is paid in full, (c) space is available, subject to waiting list , and (d) a $75 re-registration fee will be required.

8. **Responsible Parent & Discipline:** I understand that my child must be able to get along with others and adhere to the rules of the program. I also understand it is necessary for parents to conduct themselves in a respectful and mature manner while at Kids Junction or on the phone with a City employee. I understand that any verbal abuse or physical threatening by any parent towards any City of Rocklin employee or participant of the program will result in the immediate dismissal of my child (ren) from the program.

9. **Parent Handbook:** I have read and understand the Kids Junction Parent Handbook. A copy can be requested at your KJ Site or at the Sunset Center, or viewed on the website http://www.rocklin.ca.us.

10. **Main Contact:** The person designated as the "Main Contact" is solely responsible for payment of all fees and charges. Only the main contact parent may review, copy, and/or authorize the release of the children's confidential information or records. All changes regarding the child(ren)'s records must be done at the Kids Junction site that the child(ren) attend. All communication from the City of Rocklin and the Kids Junction program will be sent to the person designated as the main contact. If there is an additional parent or guardian signature they will only have access to billing information.

11. **Dropping**: When dropping my child(ren) from the program, I must submit **written notice two weeks prior to the drop date** to the Program Coordinator. If written notice is not submitted, I will be charged for two weeks after the last day of attendance. **If my child drops during any program and I would like to re-register at a later date, I will be considered a new participant and required to re-register with a new completed packet, payment of new registration fee, and payment of full month's daycare, if space is available.**

12. **PCOE (Subsidy) Registrants**: I understand that I am responsible **for payment of ALL fees not covered by PCOE each month** and for reading and following all of terms of the PCOE Contract attached, if applicable to my child(ren).

**I have read, understand, and agree to the terms of this Parent Contract, and I am signing below as an indication of my intent to have my child participate in the Kids Junction Program. I also understand that if I fail to fulfill any of these requirements my child will be dropped from the program.**

Signature:_____ Date: _____

PARENT COPY

# City of Rocklin Kids Junction
# PAYMENT POLICY

**Daycare payments can be made by the following methods:**

- Online using Visa or Master Card at www.rocklin.ca.us/RecDirect.
  **Monthly charges post to RecDirect on the 1st of the month.**
- Automatically charged to your Visa or Master Card upon submission of a completed Automatic Payment Service Authorization Agreement. Customers who opt for this service will be provided a monthly bill for information only. For more details contact KJ Billing at the Sunset Center (916) 625-5200.
- Cash, Check, Visa and Master Card payments are accepted at the Sunset Center located at 2650 Sunset Blvd., Rocklin CA 95677. All payment types are accepted at the Sunset Center during business hours, or checks can be mailed to the Sunset Center or dropped in the drop box located in front of the Sunset Center. Make checks payable to the City of Rocklin and include child's name on check.

**23rd of each month:**

***Bills*** for the following month's scheduled daycare are distributed at your child's Kids Junction site. Please pay the **exact amount** due as reflected on your bill. If you feel the bill is incorrect, please include a written explanation regarding any discrepancy with your payment. Any credit or debit to your account will be adjusted on your next month's bill.

**1st of each month:**

***Deadline for making monthly daycare payment.*** Payments must be received **at the Sunset Center 2650 Sunset Blvd., Rocklin, CA 95677 and receipted by 4:30pm on the 1st.** If the 1st falls on a weekend or holiday, the due date will be the next business day. Daycare will be considered "late" if received after that time. A ***MINIMUM*** $50.00 late fee will be assessed **PER CHILD as referenced in the Kids Junction Handbook Billing Policy & Procedures, page 8-9.** Adjustments, if warranted, will be reflected on your next month's bill.

**10th of the month:**

Participants who have not paid their daycare by the 10th of the month or are habitually late in making their payments will be ***DROPPED*** from the program. Re-enrollment may occur once total balance owed is paid in full and a one business day waiting period has expired; if space is still available, and a $75.00 re-registration fee will be required.

**15th of each month:**

**Schedule change/vacation request forms must be turned into the site coordinator** by parents if changes are requested for the following month. If the schedule change/form is not received by 4:30pm on the 15th by the site coordinator, you will be billed for your child's standard schedule on the next month's bill and any changes will be reflected on your bill two months hence. All forms must be turned in at the Kids Junction site only; **forms will not be accepted at the Sunset Center or by fax.**

Parent's Copy

# City of Rocklin
# PCOE Billing Policy & Procedures

**The Billing Policy & Procedures below need to be read and signed only by parents who have PCOE or subsidized daycare arrangements.** It is the parent's responsibility to read and understand these policy & procedures prior to admittance to the Kids Junction program.

1. **Registration Fees**: Kids Junction will bill PCOE for all required registration fees. If PCOE does not cover these fees, the parent will be responsible for payment upon billing. If Kids Junction has not received an approved schedule from PCOE prior to your child's start date, you will be responsible for any fees not covered by PCOE.

2. **KJ Minimum Registration Requirement**: Kids Junction has a minimum registration requirement of two days per week. **PCOE will be billed for a minimum of two days per week whether or not your billing sheet indicated attendance. If PCOE does not pay, it will be the parent's responsibility to pay**.

3. **Billing Sign-In & Sign-Out Sheets**: All PCOE billing sheets (including Generic & Camp sheets) must be completed as indicated below, otherwise PCOE **WILL NOT** pay and parent will be responsible for any unpaid fees.
   A. Completed and signed by the parent (or their representative) **at the time of service daily**, including the time & full legal signature. If child is absent, an absence reason and full signature MUST be filled in on the date absent (i.e. ill, dr. appt.). If this field is not completed correctly, PCOE WILL NOT PAY and it will be the parent's responsibility to pay. If a child is absent on a regularly scheduled day, PCOE will be billed for this day.
   B. Completed and signed by the parent (or their representative) using full legal name at month end. Monthly billing sheets require parent signature and need to be signed no later than the 3rd school day of the next month.
   C. Completed and signed by parent (or their representative) using consistent signatures and same color of ink.

4. **Camps**: If your child(ren) are signed up for a specialty camp, the Kids Junction Camp Site will print a "Generic PCOE Camp Billing Sheet" for the parent (or their representative) to sign for the camp timeframe only. This sheet is to be signed following the guidelines in #2 above. The Kids Junction Site will submit this billing sheet directly to Kids Junction Billing after camp is completed or month end, whichever occurs first.

5. **Daycare Co-Pay**: Kids Junction will bill parents for any fees due that are not covered by PCOE for each month of service. This amount is referred to as the "parent's co-pay". All co-pay amounts are due by the date indicated on the statement. If the co-pay amount is not received by this date, the child(ren) will be administratively dropped from the program. The child(ren) cannot return to the Kids Junction program until: (a) the account is paid in full, (b) a waiting period of one business day after the account is paid in full, (c) space is available, subject to waiting list , and (d) a $75 re-registration fee will be required.

   Parents are solely responsible for resolving any payment differences with PCOE. If an appeal is filed with PCOE, the parent is responsible for paying the current bill for services to remain in the program.

   Any unpaid Kids Junction accounts will be turned over to collections if not paid within the timeframe stated on your billing statement.

_____ _____

Signature of Parent/Guardian Date Printed Name

**(Parent Copy)**

# Electronic Credit Card Charge
# Automatic Payment Service Authorization Agreement

## City of Rocklin - Kids Junction or Preschool

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To participate in the Automatic Payment Service, please complete this form and return it to:
**City of Rocklin - Kids Junction or Preschool**
**2650 Sunset Blvd. Rocklin, CA 95677**

## Customer Information

Primary Payer Name on Account:_____
Last Name First Name

Child(ren's) Name_____ KJ Site _____Preschool Class:_____

Street Address:_____City: _____

State: _____ Zip code: _____Phone:(_____)-_____-_____ (home/cell)

Email address: _____

## Credit Card Information

Type of account to be charged (circle one): VISA MASTERCARD

Account number to be charged: _____ Expiration:_____ / _____

Name of cardholder (please print): _____
Last Name First Name

Signature as it appears on card: _____

## Authorization

I authorize the City of Rocklin to begin charging my Visa or MasterCard account indicated above for payment of my monthly Kids Junction child care bill or Preschool tuition. I understand that I have the right to stop these automatic charges upon 30 days written notice to the City of Rocklin prior to the time my account is charged. I also understand that the City of Rocklin and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

I authorize the full month's daycare or tuition bill to be charged on the 1st of each month.
***If the 1st falls on a weekend or holiday, the full amount will be charged the next business day.***

Please start with the billing cycle beginning _____(month) _____(year).

**This authorization for recurring payments will remain in effect until 30 day written notice to cancel is received by the City of Rocklin from the primary account holder.**

_____
Customer Name (Please Print)

_____ _____
Customer Signature Date

**City of Rocklin**
**Kids Junction & Preschool Billing**
**2650 Sunset Blvd. Rocklin, CA 95677**
**916-625-5200**
**(Fax) 916-625-5296**