FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Enrollment Packet 2016-2017

- **Please fill out in ink pen with original signatures**

- **Please fill out insurance and Doctor´s information completely. If your child is too young for the dentist, you may put N/A.**

Burbank Community YMCA
Child Development Center

FOR YOUTH DEVELOPMENT®
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CHILD INFORMATION **DATE OF ADMISSION:**

Child's Last Name	**Child's First Name**	
Birthdate (Month/Day/Year)	Age	___ Male ___ Female
Home Address	City/State/Zip	
Guardian's Name (Last, First)	Email	
Guardian's Address	City/State/Zip	
Home Phone Number	Cell Phone Number	
Employer Name	Work Phone Number	
Guardian's Name (Last, First)	Email	
Guardian's Address	City/State/Zip	
Home Phone Number	Cell Phone Number	
Employer Name	Work Phone Number	
SCHOOL AGE ONLY:	School	Grade

Please list any allergies and/or dietary restrictions, if any:
Please list any past medical treatment, if any:
Please list any activities from which the child should be exempted for health reasons, if any:
Please list all current medications, prescribed and over-the-counter, if any:
Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at the YMCA, if any:

Name of Health Insurance Company	Policy Number
Family Doctor's Name	Phone Number
Dentist/Orthodontist Name	Phone Number

AUTHORIZATION FOR TREATMENT OF A MINOR

_____ (initial) _____ (initial) The undersigned as the parent and legal guardian of the child registered on this form, hereby, authorizes the Burbank Community YMCA and its delegated Adult Leaders and Directors to consent any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. The authorization is given pursuant to the provisions of section 25.8 of the civil code of California. It is understood that if time and circumstances reasonable permit, the YMCA will endeavor, but it is not required, to communicate with the parent prior to treatment. The undersigned further agrees that the Burbank Community YMCA and its designated Leaders and Directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given to the Burbank Community YMCA in conjunction with any authorized event. The undersigned understands that the Burbank Community YMCA carries no accident or health insurance and assumes no financial obligation in case of illness or accident. The undersigned further understands that he or she may be required by the medical facility to pay for minor's medical bills, and then seek reimbursement from the appropriate insurance company.

_____ (initial) _____ (initial) I do not permit treatment. I hereby release liability if I cannot be reached. If my child needs care, please do the following: _____

EMERGENCY CONTACTS (AUTHORIZED TO PICK UP)

Name (Last, First)	Phone Number (Cell Phone, if applicable)	Relationship
Name (Last, First)	Phone Number (Cell Phone, if applicable)	Relationship
Name (Last, First)	Phone Number (Cell Phone, if applicable)	Relationship
Name (Last, First)	Phone Number (Cell Phone, if applicable)	Relationship
Name (Last, First)	Phone Number (Cell Phone, if applicable)	Relationship

Your child will not be allowed to leave the program with an unauthorized person. Authorized individuals must be listed on this form and be at least 18 years of age. Those listed on this sheet will be permitted to pick up your child. Biological parents may not be unauthorized without a court order.

PRICING

My child is registering for the (check all that apply):		
	Toddler Program (18 months to 2 years)	$1295.00 per month
	Young Preschool Program (2 years to 2.5 years)	$1190.00 per month
	Preschool Program (2.5 years to Pre-K)	$1085.00 per month
	School Age Program – Before School Care (K-5)	$210.00 per month
	School Age Program – After School Care (Kinder)	$640.00 per month
	School Age Program – Before/After School Care (Kinder)	$690.00 per month
	School Age Program – After School Care (Grades 1-5)	$540.00 per month
	School Age Program – Before/After School Care (Grades 1-5)	$590.00 per month
	School Age Program – Middle School (with Transportation)	$315.00 per month

$125.00 Enrollment Fee Required for All Programs

PAYMENT OF FEES

Registration fees are due before your child begins attending the Child Development Center (CDC). Registration fees are non-refundable and non-transferable. The first month's fees are due prior to the first day of attendance, in accordance to the draft schedule. Each month thereafter, the monthly fee (amount owed) is due on the 20th of each month for services provided for the following month; all fees are due in full if registering after the draft has taken place for the month. Burbank Community YMCA CDC accepts payment for monthly child care fees by credit card (Visa, MasterCard, and American Express) or checking account. A late fee of $50.00 will be assessed on the last business day of each month that payment was not received. No child may attend after the last day of the month until all fees have been paid in full, unless otherwise approved by the Program Director.

PAY BY CREDIT CARD: Complete a Payment Authorization form.

Your monthly program fees will be charged to the card we have on file on or near the 20th of the month (if 20th falls on a Saturday, payments are taken out the Friday before; if the 20th falls on Sunday, payments will be taken out on Monday).
A fee of $25.00 will be assessed for any charge declined by the bank. If a charge is declined, payment in full must be received by the last day of the month. A late fee of $50.00 will be assessed on the last day of each month that payment is not received.

This payment authorization may be rescinded or amended in writing to our administrative office by the account holder.

PAYMENT POLCIES

I/We understand the draft date schedule.

_____ (initial) _____ (initial)

The monthly fee is payable every month even when your child(ren) is/are absent from the program. I/We understand that no credit will be given for short term absences like (i.e.) vacations. Additional fees may be assessed for special activities or field trips.

_____ (initial) _____ (initial)

I/We understand I/we will be responsible for the FULL cost of child care as determined by the Burbank Community YMCA CDC.

_____ (initial) _____ (initial)

I/We understand I/we must sign in and out every day with a full legal signature. There is a $2.00 fee for failure to sign and for signing with initials.

_____ (initial) _____ (initial)

The CDC closes at 6:00pm for Preschool and 6:30pm for School Age. Parents who pick up their child(ren) after 6:00pm for Preschool and 6:30pm for School Age will be allowed one late pick up and will then be subjected to the following fees: $25 for the second late pick up, $50 for the third, and $100 for the fourth and thereafter. I understand these fees may be added to my monthly tuition.

_____ (initial) _____ (initial)

I/We understand that I/we must submit a Cancellation of Care form at least 10 business days prior to withdrawing my child(ren) from the program. Failure to do so will result in the assessment of fees in conformance with the Burbank Community YMCA CDC program fee/prorated schedule.

_____ (initial) _____ (initial)

School Age only: I/We understand that I/we must call no later than 10am for Kindergartners and noon for Grades 1-8 if my/our child(ren) will not need pickup from the YMCA van. Failure to do so will result in a $5.00 charge per violation. I understand these fees may be added to my monthly tuition.

_____ (initial) _____ (initial)

PERMISSION FOR WALKING FIELD TRIPS
From time to time, the children visit neighborhood facilities such as the fire station, parks, the library, the fitness facility, etc. These are supervised trips within walking distance of the CDC and we must have permission for your child to participate. Blanket trip authorization takes the place of parent's signature on permission slips for individual trips. However, parents will be notified in advance of dates and schedule of trips.

My child may participate in walking trips.

_____ (initial) _____ (initial)

TRANSPORTATION AUTHORIZATION
I hereby authorize the Burbank Community YMCA to transport my child in the means and matter of the event he or she is enrolled. This includes, but is not limited to, transporting to and from school and any field trips. I further authorize the Burbank Community YMCA, in the event of a medical emergency, to transport my child to the nearest hospital.

_____ (initial) _____ (initial)

PERMISSION FOR OBSERVATION AND PARTICIPATION
The Burbank Community YMCA Child Development Center provides opportunities for observations, participation, and research by students. The program serves as a site for Child Development student teaching assignments.

CDC staff members supervise all activities involving these visitors. Children's names are not used outside the programs in written reports or with photographs. Activities do not interfere with a child's normal and appropriate daily activities. We ask that you give permission for your child to be included in the following activities:

- Observation of regular activities
- Participation in selected activities

I/We hereby grant permission for my child to be included in the activities listed on this form. I/We realize that the Burbank Community YMCA Child Development Center have established guidelines that provide screening and supervision of all participants.

_____ (initial) _____ (initial)

PERMISSION TO APPLY SUNSCREEN
Parents are to supply the Child Development Center with sunscreen for their child(ren). Sunscreen must be labeled with your child(ren)'s name. There will be absolutely no sharing of sunscreen among children.

I/We give permission for staff at the Child Development Center to apply a sunscreen product of SPF 15 or higher to my child(ren) as specified below, which I agree to provide when he or she will be playing outside, especially during the months of March through October and between the daily times of 10am to 4pm. I/We understand that sunscreen, which I will provide, may be applied to exposed skin including, but not limited to, the face, tops of ears, nose, bare shoulders, arms, and legs.

I/We do not know of any allergies my child has to the supplied sunscreen and that the brand supplied has been applied to my child(ren) at least one time before.

_____ (initial) _____ (initial)

I/We have read manufacturer's information on the container regarding the type and use of sunscreen for my child.

_____ (initial) _____ (initial)

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

_____

NO BABYSITTING POLICY
The Burbank Community YMCA ***Child Abuse Prevention Policy*** strictly prohibits our employees from relating to children outside of approved YMCA activities or providing transportation of any kind. It also prohibits employees from having one-on-one contact with any child enrolled in any YMCA program, both in and outside of the YMCA. This YMCA policy is in place to care for and protect everyone, our kids, their families, and our YMCA staff.

I/We have read and understand the Burbank Community YMCA "No Babysitting Policy". I agree to support the efforts of the Burbank Community YMCA and will not solicit YMCA employees as babysitters or caregivers outside of YMCA approved activities.

_____ (initial) _____ (initial)

PERMISSION FOR PHOTOGRAPHY
On occasion, the children are photographed for the purpose of interpreting the school's program. Any photography will be done only by permission and under the supervision of the Program Director, but blanket parent permission is required.

- Photography for Burbank Community YMCA
- Photography of regular activities/classroom use

_____ (initial) _____ (initial)

EARTHQUAKE PREPAREDNESS INFORMATION

In the event of an earthquake, the following procedures go into effect:

- All children will take cover in designated earthquake safety zones, crouched, with knees to chest, head tucked down with hands covering the back of their necks.
- If children are in the hallways or outside, the teachers will instruct them to crouch against an outside wall.
- When appropriate, the children will evacuate the Child Development Center and be escorted to the parking lot area across the street, as is done during fire drills.

When retrieving a child please:

- Proceed to the Burbank Community YMCA parking lot as soon as it's safe to do so. (If a parent/guardian is delayed, CDC staff will remain with all children throughout the emergency).
- Line up at the parking lot at the designated location.
- A runner will escort your child to you.
- Sign the emergency sheet.
- Exit with your child.

NOTE: Emergency information sheets must be kept up to date. Please inform the CDC office when any change in this information occurs.

It is possible that the above procedures may be revised depending on current conditions at the time of emergency.

Each child should have their own Earthquake Preparedness Kit. Please put the following items in a one gallon Ziploc bag:

- 1 set of warm clothing
- 2 sets of underclothing
- 1 sweater
- 1 photograph of a family member
- 1 transitional object (blanket, teddy bear) that is comforting

Please discuss this plan with your children.

_____ (initial) _____ (initial)

I have read and understand this admission agreement as written and agree to abide by all policies and procedures as stated in this agreement as well as the Parent Handbook available online or at parent request a printed version may be provided

Guardian's Signature Date

Guardian's Signature Date

ADDITIONAL INFORMATION

Number in the Family:		**Household Structure:**		Female Head of Household		Male Head of Household		Share Household

How did you hear about us? (please check one)		Referral/Word of Mouth		Advertisement		Saw the Van at my Child's School
		School Insert		Website		Other:

Annual Family Income:		Under $15,000		$15,000-$24,999		$25,000-$34,999
		$35,000-$49,999		$50,000-$74,999		$75,000-$99,999
		$100,000-$149,999		Over $150,000		

Race:		American Indian or Alaskan Native		Black/African American		American Indian or Alaskan Native and Black/African American
		Asian		Black/African American and White		Asian and White
		Native Hawaiian or Other Pacific Island		Hispanic/Latino Ethnicity		White
		Other:				

Young Men's Christian Association of Burbank, Inc. (aka Burbank Community YMCA)

Membership, Release, and Waiver of Liability and Indemnity Agreement

The Burbank Community YMCA has established rules, policies, and procedures which allow members and their guests to safely participate in YMCA-sponsored programs and utilize its facilities and equipment. Rules are listed the parent handbook, in program packets and on signs posted throughout the facility. Rules are subject to change and may be added to by the Burbank Community YMCA. YMCA staff members may also verbally inform members of these rules and procedures, especially during times of safety drills and emergencies. The undersigned and those listed on this membership – as well as any guest - agree to abide by these rules and procedures and that the failure to follow any of the rules and procedures may result in a verbal warning, expulsion from the facility or program, suspension and/or termination of membership privileges. The undersigned also understands that his/her membership is **nontransferable and nonrefundable**, and that the Burbank Community YMCA is not responsible for any lost or stolen items. If present at YMCA-led events and programs, the undersigned gives the Burbank Community YMCA permission to take photos of the undersigned and those listed on this application for publicity purposes. The undersigned is aware that he/she and those individuals listed on the application are participating in program activities and/or utilizing the facilities and equipment at **his/her own risk.** In cases of injury, sickness or emergency, the undersigned gives consents for the YMCA staff to secure, at the undersigned's expense, necessary medical treatment and will notify the undersigned and/or the emergency contact person.

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. 'I'HE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK AND HAVE READ AND UNDERSTOOD ALL THE TERMS LISTED ABOVE, INCLUDING THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. BY MY SIGNING OF THIS FORM, I AGREE TO THE TERMS LISTED ON THIS FORM AND DO SO FREELY AND VOLUNTARILY.

Legal Guardian's Signature *Date*

Legal Guardian's Signature *Date*

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FOR SOCIAL RESPONSIBILITY

CHILD DEVELOPMENT CENTER
REFUND POLICY

The Child Development Center requires a 10 business day notification for cancellation of care by submitting a Cancellation of Care form to the CDC Associate Director. Whenever possible, please let us know prior to the bank draft date. Your tuition will be prorated accordingly if your child is a part of our Preschool or School Age programs.

If cancelling a week for Summer Camp, the above 10 day notification for cancellation of care is required and must be prior to the beginning of the week you want to cancel. There are no partial refunds for camp weeks. A Cancellation of Care form must be submitted to the Office Administrator. The requested camp week will be cancelled and the balance will be refunded or credited. We do not prorate for Summer Camp.

All deposits and enrollment fees for all programs are non-refundable.

Requests typically take 10 business days to be processed in our system and reflected on your account.

If the original payment was made by credit card or electronic funds transfer (through your checking account), we will transfer the refund directly into your account. This is the fastest and most convenient method.

If the original payment was made by cash or check, we will create a reimbursement check that you can either pick up or have mailed to you.

The preferred alternative is to turn your refund into a voucher in the system, which can be applied to future membership dues or program fees.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Child Development Center Payment Authorization (Rev. 01/16)

2016-2017 School Year

Welcome to Burbank Community YMCA!

As a participant of the Child Development Center we require that Program fees be paid via our "Easy Pay" Plan, where fees are automatically deducted from either a valid checking account, bank debit card, or credit card. This electronic debiting process is an easy way to pay for your membership and enjoy all of its benefits. Please take a moment to read the terms of the plan and sign below. Feel free to speak with a Child Development Associate if you have any questions. Thank you.

"Easy Pay" Plan Terms:

1. After reading the terms below regarding the Easy Pay plan and then signing this agreement, you are giving the Burbank Community YMCA the authorization to automatically deduct your monthly fees from the account you have designated below (either checking account OR a credit card.) These fees will come out on or around the 20th of each month to pay for the following month.

2. Please notify the Burbank Community YMCA 5 business days prior to your scheduled automatic withdrawal date if there are any changes that will impact your automatic deduction – such as switching to a new bank or credit card, closing your checking account, a credit card expiring or losing your credit card due to identity theft.

Please note i*f we do not receive this change notification 5 business days prior to your scheduled deduction date and we receive a "decline" on your credit card account or an "insufficient funds" notice, we will send you a letter regarding this situation and you will incur a $25 service charge fee.* ***Please help us keep our records up to date so that you will not incur this fee****.*

3. If your payment is returned for any reason a $25.00 Return Payment Fee will be applied to your account. A $50.00 Late Fee will also apply for any payments returned not paid by the last day of the month.

4. By signing this authorization, you are authorizing any additional fees to be charged to the account as related to the Child Development Center, including but not limited to swim lessons, gymnastics, or basketball. All fees will not be charged without a confirmation from the account holder.

5. The Burbank Community YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to your membership category once per year. You will receive at least four weeks' notice prior to any such change in membership fees.

Authorization Agreement

I hereby authorize the Burbank Community YMCA to initiate automatic debits from the account indicated below in accordance with the schedule of monthly dues and other fees as fixed by the Board of Directors. This authorization will remain in full force and effect until the end of the school year or upon termination. A 10 business day notification is required for all cancellations. Monthly dues will be pro-rated appropriately. I have read the terms of the Easy Pay Plan as described above and agree to abide by it.

_____ Name of Billing Member_____

Child's Name

_____ _____

Billing Address City, Sate, Zip Code

Signature of Billing Member _____Date_____

Account Type: ☐**CHECKING** ***(voided check attached)***	☐**Visa** ☐**MasterCard** ☐**American Express**
Financial Institution _____	Card number _____
City, State _____	Expiration Date_____
Routing/Transit Number _____	Name on card _____
Account number_____	

Verified by	Date	Processed by	Date

Course of Action for Non-Medical Emergencies/Behaviors

Child related incidents are bound to happen in school. Whether it is a sickness, injury or behavior related incidents, we want our Parents to feel comfortable that we are taking the best course of action for their child. In order for us to do this, it helps when parents inform us of any unusual reactions/behaviors their child may have in certain situations and what actions they would like us to specifically take.

Please list any behaviors your child may have in certain situations: (*i.e. extreme separation anxiety, vomiting when very upset or coughing hard, frequent bloody nose, eating problems, biting, aggression, etc.*)

_____

_____

_____

_____

_____

What course of action or support systems does your family use when these certain situations occur:

_____

_____

_____

_____

Plan for additional meetings to update Needs and Services Plan/Course of Action for Non-Medical Emergencies/Behaviors or other information to help us meet the individual needs of the child:_____

_____

_____ _____

Parent's Signature Date **Director's Signature Date**

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER'S NAME		DOES MOTHER 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

PERSONAL RIGHTS

Child Care Facilities

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

(a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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

Community Care Licensing - Department of Social Services

ADDRESS

1000 Corporate Center Drive, Suite 200B

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park, CA	91754	323-981-3350

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)
Burbank Community YMCA Child Development Ctr	332 E San Jose Ave, Burbank, CA 91502

(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.

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: 1000 Corporate Center Dr, Suite 200B, Monterey Park

   Licensing Office Telephone #: 323-981-3350

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

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Burbank YMCA Child Development Center
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

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

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PRESCHOOL DOCUMENTATION

- **Please write your desired start date here**

_____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____ . This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Vision:

Developmental:

Language/Speech:

Allergies: medicine:

insect stings:

food:

asthma:

other:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:_____
Address:_____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practioner

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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCHOOL DEVELOPMENTAL HISTORY

Child's Last Name	**Child's First Name**

Are parents:		Married		Single		Separated		Divorced		Parents Deceased

If living with one parent, how often does your child see the absent parent?			
	Never		Periodically. How often?
	Rarely		Regularly. How often?

Please list brothers and sisters living at home. Include half-brothers/sisters and step-brothers/sisters.			
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	

Please list brothers and sisters living outside the home. Include half-brothers/sisters and step-brothers/sisters.			
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	
Name		Age	

Please list any additional persons living with the family and indicate the relationship to the child.			
Name		Relationship	
Name		Relationship	
Name		Relationship	

What holidays, if any, are celebrated at your child's home?

Languages spoken at home?	

Has your child ever been to preschool before?		Yes		No

Has your child ever been in a group meeting? (Gymboree, Parent and Me, etc.)		Yes		No

Has your child had a nanny/babysitter?		Yes		No
If so, how long?				

Is there a person whom your child is specially attached?		Yes		No
If so, who?				

How does your child display affection?

What is your child afraid of?

What makes your child upset?

Does your child watch TV?		Yes		No
If so, what shows?				

Does your child have a transitional object (something that he/she sleeps with, carries around, and needs to have at times when separated from parent)?		Yes		No	
If your child has a transitional object, what is the object, and when does your child need this object?					

In your current living space, is there a yard?		Yes		No

Does your child live near a park?		Yes		No

Does your family have any pets?		Yes		No
If yes, what kind, and what are their names?				

If your child is ill and unable to come to preschool, is there someone who will stay at home with them?		Yes		No

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FOR SOCIAL RESPONSIBILITY

Infant/Toddler Needs and Services Plan

Prior to the first day of enrollment at our Center, the parent and Director of our Center meet to develop a Needs and Services Plan which includes the Infant/Toddler Service Plan, and to gather general information which will assist the Center meeting the individual needs of the child. The Needs and Services Plan is updated quarterly or more frequently as needed or requested.

The Center provides two snacks daily to children in attendance. Parents are to notify the Center of any allergies.

Child's Name:_____ **Date of Birth:**_____

Instruction from the Child's physician relating to special diet or feeding:
(Please attach physician's note)

_____

_____

_____

_____

_____

In an effort to help support your child's needs, please provide the following information:

Food Likes:_____

_____

Food Dislikes:_____

_____

Food Allergies:_____

_____

_____ _____

Parent's Signature **Date** **Director's Signature** **Date**