



TEETER TOTS PROGRAM

AGES 2-3 1/2
REGISTRATION PACKET

Prior to submitting this registration packet, you must have completed the program tour.
Registration will **not** be accepted until your tour has been completed.

After your visit please complete this registration packet and return with a copy of the child's immunization record and photo to the El Cerrito Community Center office at 7007 Moeser Lane, El Cerrito, CA 94530. A \$73.00 non-refundable registration fee will be charged upon confirmation of start date.

Attach a color photograph
taken within the last six months

EMAIL OPTION AVAILABLE: RECREATION@CI.EL-CERRITO.CA.US
MUST BE SUBMITTED AT THE TIME OF REGISTRATION

CHILD'S NAME:	
NICKNAME:	DATE OF BIRTH:
STUDENT INFO: Does your child have any special needs (including developmental differences, physical limitations or dietary restrictions) that may affect their experience?	

PARENT/GUARDIAN NAME 1:	
CELL PHONE PARENT/GUARDIAN 1:	PROVIDER:
WORK PHONE PARENT/GUARDIAN 1:	
EMAIL PARENT/GUARDIAN 1:	
PARENT/GUARDIAN NAME 2:	
CELL PHONE PARENT/GUARDIAN 2:	PROVIDER:
WORK PHONE PARENT/GUARDIAN 2:	
EMAIL PARENT/GUARDIAN 2:	

Please circle your preferred schedule: **Maximum of 3 days per week.**

Teeter Tot Program 8:30am-12:30pm	M	T	W	TH	F
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_____ STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE) _____

Program Start Date: _____



TEETER TOTS PROGRAM FEE SCHEDULE SEPTEMBER 2019-AUGUST 2020

MONTHLY CHARGES ARE AS FOLLOWS:

	2 days / week	3 days / week	2 days / week	3 days / week
Program Description	Resident	Resident	Reduced	Reduced
Teeter Tots 8:30am-12:30pm	\$324/month	\$464/month	\$227/month	\$325/month
	Non-Resident	Non-Resident	Reduced	Reduced
	\$365/month	\$522/month	\$256/month	\$366/month

Fees are subject to change

A One Time Non-refundable Registration Fee: \$73 will be charged with your first childcare bill
Transfer Fee (from Teeter Tots to Casa Cerrito): \$20

**Low Income families may qualify for reduced rates. Reduced rates are based on the David Hunter Scholarship Application. For more information see Susan Ortega in the Community Center Front Office.*

Email: sortega@ci.el-cerrito.ca.us

Phone: (510) 559-7000

Teeter Tots

For Ages 24 Months - 3.5 Years

Location: Community Center - Teeter Tots Room

7007 Moeser Lane

El Cerrito CA 94530

Hours: 8:30am-12:30pm

Days: 2 or 3 day schedules (maximum of 3 days)

Children who participate in the Teeter Tots program learn social skills such as sharing, taking turns and using words. The program emphasizes a nurturing first experience for your toddler in a play-based learning environment that will prepare them for a preschool setting. Staff are experienced in assisting both children and families working through separation anxiety. Children are required to bring a lunch that is nut-free and easy to eat without any heating or preparation. Toilet training is not necessary.



TEETER TOTS PROGRAM REGISTRATION PACKET

General Information Receipt & Admissions Agreement

_____ I have read and I understand the information in the School-Based Recreation and/or Licensed Childcare Programs which may be found online: Policies, Procedures and General Information, and Fee Schedule. I have read and understand the City's Emergency procedures. I am aware of and understand the administrative Policies and Procedures regarding Cancellations and Schedule Changes and information regarding Refunds/Credits.

As the Parent/ Guardian of (name of child) _____, To the extent permitted by law, I hereby absolve the City of El Cerrito, its employees and volunteers from all liability that may arise as the result of my child's participation in the activities mentioned in this packet. I hereby give my permission for his/ her participation as indicated and in so doing absolve the City of El Cerrito, its employees and volunteers from such liability. I realize that the City of El Cerrito is not responsible for lost or stolen articles. I understand that participants in the City of El Cerrito programs do so at their own risk and the City does not provide accident insurance.

_____ Photo Release: I acknowledge that the City of El Cerrito takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image or my child's image by the City for such purposes. I understand I will not be compensated for use of photos or videos.

_____ Nut Allergy Policy: There are children in our program with food allergies. Please do not send any snack, lunch or other food items with your child made with nuts or cooked in nut oils.

_____ Behavior Policy: I understand that all participants are expected to follow all rules established by the class instructor, and any failure to comply may result in dismissal from the program. I also understand that no refunds will be given. A copy of our policy is available upon request.

_____ Emergency Procedure: I understand that in the case of a medical emergency, 911 will be called and that the participant may be transported by ambulance to a nearby hospital at the discretion of emergency personnel. Every effort will be made to contact the emergency contact listed on the form.

I am aware that for children in the licensed program the State of California Licensing Agency (Community Care Licensing) has the following authority:

- a. To interview children, or staff, and to inspect and audit child or facility records without prior consent.
- b. To observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

_____ I agree that I have received and read a copy of the Program Policies, Procedures & General Information Packet and agrees to all the operating policies and procedures as described therein.

The City of El Cerrito reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parent/guardian.

This agreement may be terminated by the City of El Cerrito for any reason including, but not limited to, the following:

- a. Disruptive or unsafe behavior by student or parent/guardian.
- b. Parent/Guardian has not paid the agreed upon fee.
- c. Violation of any other City of El Cerrito policy.

I have read and fully understand the terms of this waiver, release and indemnity.

Parent's/Guardian's Signature x _____ Date _____



EL CERRITO TEETER TOTS PROGRAM

IDENTIFICATION AND EMERGENCY INFORMATION

 CHILD'S NAME DATE OF BIRTH

 PARENT/GUARDIAN NAME 1 CELL PHONE:

 PARENT/GUARDIAN NAME 2 CELL PHONE:

 HOME ADDRESS CITY STATE ZIP

ADDITIONAL PERSONS TO BE CONTACTED IN AN EMERGENCY

(If primary contacts are not available)

NAME	CELL/WORK PHONE:	RELATIONSHIP TO CHILD	AUTHORIZED TO PICK-UP? (Check Box if Yes)
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

 PHYSICIAN ADDRESS MEDICAL PLAN AND NUMBER TELEPHONE

 DENTIST ADDRESS MEDICAL PLAN AND NUMBER TELEPHONE

Parent's/Guardian's Signature x _____ Date _____



EL CERRITO TEETER TOTS PROGRAM
CHILD'S PREADMISSION HEALTH HISTORY
PARENT'S REPORT

Has Child Been Under Regular Supervision of a Physician? Yes No

Date of Last Physical: _____

DEVELOPMENTAL HISTORY:

Walked at: _____ Began Talking at: _____ Toilet Training Started at: _____

PAST ILLNESSES: Check illnesses that the has had and the approximate date of illnesses

	DATES:		DATES:
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Whooping Cough	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Three-Day Measles (Rubeola)	
<input type="checkbox"/> Epilepsy			

Specify Any Other Serious or Severe Illnesses or Accidents:

Does child have frequent colds? Yes No How Many in the Last Year? _____

List Any Allergies Staff Should be Aware of:

Daily Routines:

Time Child Gets up: _____ Bedtime: _____ Does Your Child Sleep Well? _____

Does Child Nap During the Day? _____ Time: _____ How Long? _____

Diet Pattern: Breakfast _____ Time: _____

Lunch _____ Time: _____

Dinner _____ Time: _____

Any Food Dislikes? _____

Is your child potty trained? **Yes** **No** Are bowel movements regular? **Yes** **No**

What is the usual time? _____ Word used for bowel movement: _____

Word Used for Urination: _____

Parent's Evaluation of Child's Health: _____

Parent's Evaluation of Child's Personality: _____

How Does Child get Along with Parents, Siblings and Other Children? _____

Has the Child had Group Play Experiences? _____

Does the Child Have any Special Problems/Fears/Needs? (Please Explain) _____

What is Your Plan When Your Child is Ill? _____

Reason for Seeking our Program: _____

Parent's/Guardian's Signature x _____ Date _____



EL CERRITO TEETER TOTS PROGRAM
CHILD'S PREADMISSION HEALTH EVALUATION
PHYSICIAN'S REPORT

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

_____, born _____ is being studied for readiness to
Child's Name (Date of Birth)
enter the Teeter Tot Program. The Teeter Tots Program extends from 8:30am to 12:30pm 2/3
days a week.

Please provide a report on the child named above using the form below. I hereby authorize
release of medical information contained in this report for the child named above.

Parent's/Guardian's Signature x _____ Date _____

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

Problems of which you should be aware of: _____

Developmental / Language / Speech: _____

Hearing: _____

Vision: _____

Allergies, Medicine: _____

Insect Stings: _____

Asthma: _____

Dental: _____

Other (Include behavioral Concerns): _____

Comment / Explanations: _____

IMMUNIZATION HISTORY (FILL OUT OR ENCLOSE CALIFORNIA IMMUNIZATION RECORD)

DATES EACH DOSE WAS GIVEN	1ST	2ND	3RD	4TH	5TH
<input type="checkbox"/> Polio (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
<input type="checkbox"/> DTP/DTaP/DT/Td (Diphtheria, Tetanus and [Acellular] Pertussis or Tetanus and Diphtheria only)	/ /	/ /	/ /	/ /	/ /
<input type="checkbox"/> MMR (Measles, Mumps, and Rubella)	/ /	/ /	/	/	/
<input type="checkbox"/> HIB MENINGITIS (Child Care Only)	/ /	/ /	/ /	/ /	/
<input type="checkbox"/> HEPATITIS B	/ /	/ /	/ /	/	/
<input type="checkbox"/> VARICELLA (Chickenpox)	/ /	/ /	/	/	/

SCREENING FOR TB RISK FACTORS

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: _____ Date of Exam: _____

Address: _____

Telephone: _____ Date Form Completed: _____

Physician's Signature: _____ Date: _____



EL CERRITO TEETER TOTS PROGRAM AUTOMATIC DEBIT AUTHORIZATION FORM

Please print information neatly, in blue or black ink

To activate my automatic credit card authorization, I understand that I must either (1) already have a credit card on file or (2) come to or call the Community Center to have the credit card securely encrypted and stored.

I, _____ authorize the City of El Cerrito Recreation Department to automatically deduct payment(s) from my credit or debit card.

Please note: Your credit card will be charged on the first business day of each month. Your credit card will continue being charged unless written notification of cancellation is submitted to the Recreation Department. All cancellation requests must be submitted in writing with a two weeks' notice. Your request will be effective the first of the next month. If your credit card is replaced by your bank for any reason (lost, stolen, expired) you must update this form and provide your new credit/debit card to be encrypted and stored by the staff at El Cerrito Community Center.

Credit Card Type (please circle): VISA MASTERCARD AMEX

Name as it appears on Credit Card: _____

Last Four Digits of Credit Card Number: _____

****note: do not write your entire credit card number on this form. Your credit card info should be encrypted and stored in our system. Please call (510) 559-7006 to store your card in our system or come by our office.***

Expiration Date: Month: _____ Year: _____

Signature: _____ Date: _____

Card holder Name (please print): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____