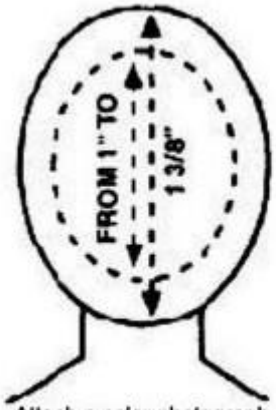
CASA CERRITO PRESCHOOL PROGRAM

AGES 3-5

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: **Minimum of 2 days per week.**

Casa Cerrito Preschool 8:30am-1:00pm	☐	☐	☐	☐	☐

_____STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE) _____

Program Start Date: _____

CASA CERRITO PRESCHOOL PROGRAM

FEE SCHEDULE SEPTEMBER 2019-AUGUST 2020

MONTHLY CHARGES ARE AS FOLLOWS:

Casa Cerrito	2 days / week	3 days / week	4 days / week	5 days / week
Programs	**Resident**	**Resident**	**Resident**	**Resident**
AM: 8:30am-1pm	$365/month $256 Reduced	$522/month $366 Reduced	$665/month $466 Reduced	$794/month $556 Reduced
	Non-Resident	**Non-Resident**	**Non-Resident**	**Non-Resident**
AM: 8:30am-1pm	$411/month $288 Reduced	$588/month $412 Reduced	$749/month $525 Reduced	$894/month $626 Reduced

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

Casa Cerrito Preschool

For Ages 3 - 5 Years
Location: 6927 Portola Drive
El Cerrito, CA 94530
Hours: 8:30am-1:00pm (AM)
Days: Monday-Friday (2-day minimum)

Experienced and passionate staff lead a highly enriching program full of art, science, pre-reading and pre-math skills. Children practice kindergarten readiness activities in an exciting, age-appropriate setting. Casa Cerrito has a huge backyard, and outdoor environmental education is a large focus in the program. Toilet training is required.

CASA CERRITO PRESCHOOL 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: _____

CASA CERRITO PRESCHOOL 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_____

CASA CERRITO PRESCHOOL PROGRAM

INCIDENTAL MEDICAL SERVICES & PARENT AUTHORIZATION AGREEMENT

Date:_____

Child's Name: _____

Parent/Legal Guardian Name: _____

____My child will not require Incidental Medical Services during his/her time in the Licensed Child Care Program.

____My child may require Incidental Medical Services during his/her time in the Licensed Child Care Program. These services may include (initial by all that apply):

____Taking an oral medication
____Taking an inhaled medication
____Using an epi-pen
____Other (please describe_____)

Please choose and initial authorization of training from the options below:

____I understand that Child Care staff are trained in American Red Cross Pediatric First Aid or an EMSA approved class, and that this training describes how to handle administering oral medication, inhaled medication, and the use of an epi-pen. I authorize this training as acceptable in handling an Incidental Medical Service that may occur with my child.

____I prefer to train the staff myself in handling an Incidental Medical Service that may occur with my child. I trained the following staff to administer_____
_____ medications:

Staff Name:	Date Trained:
_____	_____
_____	_____
_____	_____

I authorize the trained staff at the _____ Child Care site to administer Incidental Medical Services to my child.

Parent's/Guardian's Signature x_____ Date_____

CASA CERRITO PRESCHOOL PROGRAM

INCIDENTAL MEDICAL SERVICES PLAN

City of El Cerrito Recreation Department including the following sites:

Master Site – Harding Afterschool - 070209620

Madera Afterschool - 070210326

Fairmont Afterschool – 070210325

Casa Cerrito Preschool - 070211456

Staff will administer medications at the preschool or before and after school program only when a medical professional has deemed it necessary to do so during program hours. We will accommodate the needs of each child in our care and follow all medical providers' written care plans. Medications will only be administered under the conditions as listed in detail below. Types of incidental medical services to be provided include but may not be limited to: prescription medications and over-the-counter (OTC) medications as determined in writing by the medical provider. All plans are individualized based on the needs of the child and preparation of staff in ensuring the health and safety of the child in the program.

REPORTING

Any incident deemed unusual or severe will be reported to licensing through an Unusual Incident Report within 24 hours, with a written report to follow within 7 days. Use of regularly scheduled medicines as prescribed such as inhalers or medications will be considered typical, and not unusual, and will not be reported. However, all medications administered, even typical will be logged in the medication log as stated in the Record Keeping section of this plan. Unusual or severe incidences would include any use of an epi-pen as well as any symptoms that merited a call to the parent, and any symptoms that require immediate medical attention.

PRESCRIPTION MEDICATIONS

Prescription medications will be administered only if the medication is in its original container with a prescription label attached. The medical provider's recommended dosage must be on the label as well as the child's name. The Consent to Administer Medication form will be completed by the parent and staff to ensure all staff can administer the required medication. All medications will be current and will not exceed the expiration date as listed on the medication container. Teaching staff will document each time the medication was given using the medication log. The teacher will initial the medication log after each dose is administered and the parent/guardian will sign at the end of each day as needed.

OVER-THE-COUNTER (OTC) MEDICATIONS

OTC medications will be administered only if the medication is in the original container and a letter from a medical professional is on file. The letter must state how the medication is to be used, the length of treatment time, and the dosage needed and signed and dated by the medical professional. This letter will expire in one year's time if not otherwise noted. The Consent to Administer Medication form will be completed by the parent and staff to ensure all staff can administer the required medication as needed. Teaching staff, or other staff administering the medication, will be trained and document each time the medication is given using the medication log. All staff will initial the medication log after each dose is administered and the parent/guardian will sign at the end of each day as needed.

OTHER MEDICATIONS

Epipens, Inhalers, and other medications will only be given at one of our preschools or child care sites with a prescription according to the health provider instructions, and a special health care plan is in place (asthma action plan, allergy action plan, seizure care plan, etc.). All care plans will be reviewed by the Site Director. Additional training will be given as needed to address each individual care plan. The Consent to Administer Medication form will be completed by the parent and staff to ensure all staff can administer the required medication as needed. Teachers or other staff administering medication will document each time the medication was given using the medication log. Staff will initial the medication log after each dose is administered and the parent/guardian will sign at the end of each day as needed.

ASTHMA PLANS

An Asthma Action Plan is in place for all children diagnosed with asthma by a qualified medical professional. Inhalers or other medications will be administered as indicated above. Children with asthma are listed on the Extra Special Health Needs plan which is posted confidentially in each classroom and in the kitchen or food preparation areas. Licensing form (LIC 9166) is completed to allow staff to administer inhaled medications.

EPIPENS

To have an Epipen on site, children must have an Allergy Action plan completed by their medical professional. The Allergy Action plan will identify the symptoms to look for and will indicate when an Epipen should be used. Children with allergies are listed on the Extra Special Health Needs plan which is posted confidentially in each classroom and in the kitchen or food preparation areas.

RECORD KEEPING

Medical records will be obtained for all incidental medical services needed. Staff will request medical records with the parent's written authorization for the City of El Cerrito to contact medical providers. All documents will be maintained in the child's center file and also will be uploaded into the agency's database. All documents will be reviewed by the Site Director. Copies of all documents and care plans with also be stored in the medication bag next to the prescribed medication. Written instructions from medical providers are needed to administer any medication. Other documents used for record keeping include: verification of staff training, asthma action plan, allergy action plan, special health care plan, nebulizer consent, medication administration consent, medication log and the Extra Special Health Needs posting. In addition, case notes from staff will document the follow up needed for each child requiring medications.

STORAGE

All medications are stored in medication backpacks in the classroom and will be kept out of reach of children and locked at all times. Each child will have individual medications stored in a zip lock bag in the medication backpack. Each zip lock bag will be labeled with the child's name and the date of medication expiration. Lifesaving medications, such as Epipens, will be kept out of reach in the medication backpack, but will remain in the unlocked front pocket for quick access. All medications requiring refrigeration will be kept in a locked medication box in the refrigerator and will be labeled with child's name and date of medication expiration. It is the parent's responsibility to collect the medication from the center once the medication is no longer in use and to replace before it expires.

ADMINISTRATION

Teaching staff and Site Directors are the primary staff trained to administer all medications. Additional staff may administer medications if the required consents and forms are signed and dated. All medications will be brought to every field trip and evacuation due to drills and emergency situations and will be carried in the medication backpack. In addition, the medication back pack is brought outside and stored out of reach, during every outdoor play period.

TRAINING

Annual trainings for all staff to address medication administration, storage, and procedures will be conducted. Individual trainings will take place on site for each child in order for staff to review each individual health provider recommendation. Training will be completed by our Site Director as needed. A training binder will be kept on site at each center.

PRECAUTIONS

Gloves will be worn while administering any medication to ensure universal precautions are met. Hands will be washed prior to medication administration and immediately after medication administration.