



TEETER TOTS PROGRAM
AGES 2-4 ½ YEARS
REGISTRATION PACKET

Please complete and return this registration packet along with a photo of your child within 24 hours from registering. Your child's immunization record is due three business days prior to the start date and the Physician's Report must be turned in by the first day of programming. Please email the completed packet to recreation@ci.el-cerrito.ca.us or drop off a printed copy to the mail slot at the El Cerrito Community Center located at 7007 Moeser Lane, El Cerrito, CA 94530.

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:	

For Ages 2-4 ½ years
Location: Community Center - Teeter Tots Room
7007 Moeser Lane
El Cerrito, CA 94530
Hours: 9am-12pm



TEETER TOTS PROGRAM

2021 FEE SCHEDULE

El Cerrito Residents: \$537/month
Non Residents: \$673/month

Monthly payments will be automatically charged in advance, on the 15th of the month. For example, February's billing will be automatically charged on the 15th of January.

PAYMENT PROCEDURES

Payment of Fees: Fees must be paid through the auto-debit system. If you do not have your log-in information, please email recreation@ci.el-cerrito.ca.us for your username and password.

Payments must be made with Visa/MasterCard/American Express that is scheduled as a payment method through your log-in at www.el-cerrito.org/onlinereg.

Payments for childcare must be paid by the scheduled payment dates. If your payment method is declined, your receipt will indicate this information. It is your responsibility to notify us and update your payment method as soon as possible or within 5 days of your declined receipt of notice. If this is not done, a late fee of \$20 will be charged.

If your payment declines, you should select "Pay Balance" on our online registration system, WebTrac: el-cerrito.org/onlinereg or contact recreation@ci.el-cerrito.ca.us. We do accept payments from third-party agencies such as Child Care Links. For this option, please coordinate with the Recreation Admin. Specialist at recreation@ci.el-cerrito.ca.us.

Billing Receipts: Households will receive receipts when their auto-debit payment is processed. If you do not receive a receipt 5 days after your scheduled auto-debit please email recreation@ci.el-cerrito.ca.us.

Credit/Debit Card Update: If your payment method is declined, your receipt will indicate this information. It is your responsibility to notify us and update your payment method by the 20th of the month. If it is not done, a late fee of \$20 will be charged.



TEETER TOTS PROGRAM REGISTRATION PACKET

TEETER TOT PROGRAM AGREEMENT & WAIVER

LIABILITY RELEASE: To the extent permitted by law, I hereby absolve the City of El Cerrito, its employees, agents, contractors, and volunteers from all liability that may arise as the result of participating in the El Cerrito Recreation Department programs and, if the above-named participant is a minor, I hereby give my permission for his/ her participation as indicated and in so doing absolve the City of El Cerrito, its employees, contractors and volunteers from such liability. I also waive and release the City from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person by COVID-19 that occurs, or is alleged to occur, as a result of participating in the El Cerrito Recreation Department programs. 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.

REQUIRED PROTOCOLS FOR PARTICIPATION:

1. The current Contra Costa County Health Order recommends excluding children with underlying conditions that can increase their risk. Personal physicians should be contacted for child-specific recommendations.
2. Daily health screenings must be conducted at home every morning prior to dropping your child off at their recreation program. See the Teeter Tot Parent Policy and Information Handbook for specific instructions and requirements. City staff will also use a touchless thermometer at the time of drop-off. If participants experience or demonstrate symptoms of illness at any point, the El Cerrito Recreation Department reserves the right to contact parents/guardians and require immediate pick-up from the program.
3. To the extent possible, outside of the program, children should only be with members of their immediate household and regular/consistent caregiver (including weekends).
4. Children can only participate in one pod or social bubble of 14 children (including programs not offered by the City of El Cerrito) during the program session. If you enroll in two City of El Cerrito in-person programs, you will be automatically unenrolled from one at the Recreation Department's discretion.
5. Physical Distancing procedures, including all protocols/policies detailed in the Teeter Tot Parent Policy and Information Handbook and other distributed materials, must be strictly followed. Non-staff, including parents/guardians, are not permitted in the facility and/or surrounding areas used for program activities.
6. Safety and Hygiene requirements: Face coverings are required for participation. Children should bathe daily, wear clean clothes every day, wash hands before leaving home and wash hands throughout the day with hand sanitizer to be used only in situations where hand washing is not an option.
7. Protocols, policies, and rules are subject to change at any time.

TEETER TOT PROGRAM PARENT POLICY & INFORMATION HANDBOOK: I have read and will adhere to the detailed information presented in the parent handbook including policies and procedures. For a copy of the parent handbook, please visit www.el-cerrito.org/preschool and click on "Parent Policy and Information Handbook".

PROGRAM PAYMENT POLICY: I understand and agree to the monthly automatic-payment policy. All fees are automatically charged in advance, on the 15th of the month. For example, February's billing will be automatically charged on the 15th of January.

CREDIT/DEBIT CARD UPDATE: If your payment method is declined, your receipt will indicate this information. It is your responsibility to notify us and update your payment method by the 20th of the month. If it is not done, a late fee of \$20 will be charged. If your payment information is not updated and the balance remains your program enrollment may be discontinued, and your delinquent balance will be sent to collections.

REFUNDS, CANCELLATIONS & TRANSFERS POLICY: I understand that cancellations, transfers, and/or refunds must be requested 2 business days before next payment. Example – you want to cancel starting the beginning of February, we need to know 2 business days before January 15 = January 13.

DROP-OFF & PICK-UP POLICIES: I understand and agree to the Drop-Off & Pick-Up policies and requirements as detailed in the Teeter Tot Parent Policy and Information Handbook. I understand that, in general, I must pick-up and drop-off my child during the designated times.

LATE PICK-UP POLICY: Anytime a child is picked up after their regularly scheduled ending time in the program they will be charged as a late pick-up.

Any late pick-up results in a \$20.00 charge and an additional \$1 per minute. EXAMPLES: Being 5 minutes late results in $\$20.00 + \$5.00 = \$25.00$

Being 12 minutes late results in $\$20.00 + \$12.00 = \$32.00$

- o Parent or person picking up the child will be asked to pay the late pick-up fee when the child is picked up with a check (no cash accepted) or with a credit card on file with your account and to sign our late pick-up slip. Late fee charges cannot be billed or invoiced for later payment.

- o Parents should always contact the site when they are going to be late. Staff is paid a 30-minute minimum and you will still be charged the late pick-up fee.

TRANSPORTATION: I hereby give permission for my child to be transported by the City of El Cerrito transportation service and, to the extent permitted by law, I waive, release, and discharge any and all claims for personal injury, death, or property damage that is a direct result of or is in any way connected or associated with my child's being transported by the Recreation Department. I understand that such transportation may take place by walking to nearby destinations. To the extent permitted by law, this agreement is intended to discharge the City of El Cerrito, including but not limited to its Recreation Department, and all of El Cerrito's officers, employees, agents or, contractors from any and all liability arising out of or in any way connected with the transportation of my child by the Recreation Department including such liability which may arise out of the negligence or carelessness on the part or persons or entities mentioned above, except as provided herein. Program destinations will be communicated to parents/guardians ahead of time.

BEHAVIOR POLICY: I understand that my child is expected to follow all rules established by City Staff – Teachers and Aides, and any failure to comply may result in dismissal from the program. Children must be able to follow instructions specific to the health & safety of themselves and others. I also understand that no refunds will be given.

SUN EXPOSURE: I understand that I am responsible for ensuring that my child has applied sunscreen before the program, and that staff is not allowed to apply sunscreen to my child.

EMERGENCY PROCEDURE: I understand that in the case of a medical emergency, 911 will be called and that my child may be transported by ambulance to a nearby hospital at the discretion of emergency personnel. Every effort will be made to contact the parent/guardian

CONSENT TO PHOTOGRAPH, FILM OR TAPE: I agree to have photographs, films, or tape recordings taken of me or minor child registered under my signature while participating in City of El Cerrito programs and I permit these photographs, films, or tapes to be released for use in publications, promotional materials, web site, and for other public information purposes by the City of El Cerrito only.

FOOD POLICY: I understand that I am responsible for sending my child to the program with water bottles and a snack. I further understand there are children in Recreation programs with food allergies. I will not send any snacks, lunch, or other food items with my child made with nuts or cooked in nut oils.

The City of El Cerrito reserves the right to modify any of the conditions of this agreement.

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 a 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/Guardian 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/Guardian Signature x _____ Date _____



**EL CERRITO TEETER TOTS PROGRAM
CONSENT FOR EMERGENCY MEDICAL TREATMENT**

As the parent/guardian or authorized representative, I hereby give consent to the City of El Cerrito Teeter Tot Program to obtain all medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for _____.
Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Please note any allergies your child may have:

Parent/Guardian 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/Guardian 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 is 9am-12pm 4 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)	/ /	/ /	/	/	/

I have reviewed the above information with the parent/guardian.

Physician: _____ Date of Exam: _____

Address: _____

Telephone: _____ Date Form Completed: _____

Physician's Signature: _____ Date: _____

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.