



Nipomo Recreation Association

261 West Dana Street
 Nipomo CA 93444
 (805) 929-KIDS (5437)
 Geneva.NipomoRecreation@gmail.com

2021-2022 Kids Club Registration Form

*Please check the school & program
 your child will attend* **Drop-Off Time**

- Dana (BS) _____
- Dana (TK/K) _____
- Dana (AS) _____
- Lange (BS) _____
- Lange (TK/K) _____
- Lange (as) _____
- Nipomo (BS) _____
- Nipomo (TK/K) _____
- Nipomo (AS) _____

CHILDS NAME	GRADE	Before School Care	Program	GRADE

PARENT/GUARDIAN NAME: _____ HOME PHONE _____

ADDRESS: _____ WORK/CELL PHONE _____

CITY _____ ZIP CODE _____ EMAIL _____

EMERGENCY CONTACTS *(People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)*

AUTHORIZED ADULT: _____ PHONE _____

AUTHORIZED ADULT: _____ PHONE _____

AUTHORIZED ADULT: _____ PHONE _____

Any specific activities to avoid? Yes No If YES, what and why _____

Are there any behaviors/concerns/Special Needs the NARA staff should be aware of? _____

Does your child have any allergies which our staff should be aware of? Yes No

If YES, please describe _____

Other significant information about your child that would be helpful to know? _____

MEDICAL AND LIABILITY RELEASE: *Please read carefully before signing.*

The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this recreation program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE _____ DATE of ADMISSION _____

2021-22 Nipomo Recreation's Kid's Club

2021-2022 Parent Admission Agreement

The following information is important for the safety and protection of your child. Please read the information and sign this form.

Your signature below indicates that you have read and agree to the following:

- I understand that either I, another Authorized Adult, or staff member must sign my child(ren) into/out the program.
- I understand if my child leaves the program early, I must sign an authorization permitting him/her to do so.
- I understand that I am not to leave my child at the Nipomo Recreation program site unless a staff member is there to receive and supervise my child.
- I understand that I am responsible for submitting and paying in full and on time the monthly program fee.
- Payment is due on the 1st of each month. A \$15 late fee will be issued if payment is not received by the 5th school day of each month.
- I understand that I am required to notify Nipomo Recreation if my child will no longer be attending the program.
- I understand that Nipomo Recreation Staff are mandated by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- If my child is on CAP / SLO, I understand that I must sign the Cap / SLO Attendance Records each day my child attends the program. I understand that if I do not sign my child's attendance record each day my child may be removed from the program.

Parents are **REQUIRED** to pay tuitions for absences including illness or doctors appointments, as per contracted.

See monthly FEE Sheets for program rates.

I _____ have read and understand the parent statement of understanding, and all the policies of the Nipomo Recreation.

Child's Name

Parent/Guardian Signature

Date

NIPOMO RECREATION
ASSOCIATION
261 West Dana Street
Nipomo CA 93444
(805) 929-KIDS (5437)

KIDS CLUB

Emergency Information Form

CHILDS LEGAL NAME (One Form Per Child)	DOB	AGE	GRADE	School Attends

Physician Name & #: _____ **Dentist Name & #** _____

FATHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORKPHONE: _____

MOTHER/GUARDIAN NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY/ZIP: _____ CELL PHONE: _____

EMAIL: _____ WORKPHONE: _____

Person Responsible for Payment: Father Mother EOC Other (please list): _____

EMERGENCY CONTACTS (People who are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____
AUTHORIZED ADULT: _____	PHONE: _____

Any specific activities to avoid? Yes No If YES, what and why _____

Are there any behaviors/concerns/Special Needs/fears the staff should be aware _____

Does your child have any allergies which the staff should be aware of? Yes No

If YES, please describe _____

Other significant information about your child such as past injuries or illnesses? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a Nipomo Area Recreation Association program, I give my permission for the NARA staff members to administer necessary medical treatment. NARA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred: _____ City _____

I hereby give consent to the Nipomo Area Recreation Association (NARA) and it's designated leaders to transport my child (named above) by means of walking, public transportation or private bus companies on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of NARA and that all possible precautions are taken to insure the health and safety of my child. I give permission for NARA staff to apply sunscreen, as needed for my child.

MEDICAL AND LIABILITY RELEASE *Please read carefully before signing:*
The undersigned agrees to hold Nipomo Recreation Association and any other officer or employee thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. This registration form will act as medical release. If the participant is under 18, parent or guardian must sign release.

SIGNATURE _____ DATE _____

Official Nondiscrimination Statement

(USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means of communication of program information (Braille, large print, audiotape, etc.) should contact SDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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

Community Care Licensing Central Coast Division

ADDRESS

6500 Hollister, Ave Suite 200

CITY

Goleta

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

(805) 562-0400

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)

Nipomo Recreation Association

(PRINT THE ADDRESS OF THE FACILITY)

261 W. Dana Street #100, Nipomo CA 93444

(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-Community Care Licensing

Licensing Office Address: 6500 Hollister Avenue, Goleta, CA 93117

Licensing Office Telephone #: 805-685-0400

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

LIC 995 (9/08)

(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.

Nipomo Recreation Association

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.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov