



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHARACTER BUILDERS



## Steps to Register for YMCA Licensed Child Care

1. Fill out the registration forms completely.
2. Turn in the registrations forms and licensing packets to the Program Administrator at the Copley-Price Family YMCA along with the \$50.00 non-refundable per child registration fee. Children may attend the program two business days after complete registration form has been submitted.
3. Take a parent handbook. It will provide you with essential information about the program.
4. Payment information:

Fees have been calculated based upon an annualized rate of the total number of program days divided into 10 equal monthly payments which includes all minimum days. On days when school is closed for teacher work days or holidays, care options are available at Copley-Price Family YMCA for an additional cost.

All payments are processed by a bank draft or credit card draft. Bank draft will occur on the 25th of each month; credit card draft will occur on the 15th of each month. See the last page of the registration form to indicate which option you would prefer. Child Care payments are processed one month in advance.

If you have further questions please contact the Program Director or the Program Administrator at 619-280-9622.

**Copley-Price Family YMCA**  
4300 El Cjaon Blvd.  
San Diego, CA 92105  
T: 619-280-9622  
F: 619-283-7586

# Registration Check Off List for Character Builders

- Child Attendance/Admission Agreement Form
- Payment Information
- Medical Registration Form
- Food Allergies
- LIC 700 Identification and Emergency Information
- LIC 702 Preadmission Health History
- LIC 995 Parents' Right
- LIC 613A Personal Rights
- LIC 627 Consent for Emergency Medical Treatment
- Parent Handbook Acknowledgement Form

**Office use only:**

Front Desk Directions: Please check through quickly to make sure that each form is turned in and completed. Take the Reg. fee and first month and give a hand receipt for the first month. Clip packet and copy of receipt and drop in the safe Attention: Program Administrator. Staff initial \_\_\_\_\_

We have received all documents: Admin. Initial \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

# Character Builders Licensed Child Care 2014-2015

## Child Attendance/ Admission Agreement

My Child \_\_\_\_\_ will be attending the Character Builders program at \_\_\_\_\_ elementary beginning (date) \_\_\_\_\_. Please indicate when your child will attend the program. Full time is 3-5 days per week. Part-time is 2 days or less per week.



Please place a check mark in the boxes below to indicate which day(s) your child will be attending the program. If your child attends Character Builders any days other than specified below you will be charged the monthly rate. I \_\_\_\_\_ agree to pay \_\_\_\_\_ for my child to attend the Character Builders program at \_\_\_\_\_.

If there are changes to the above information or if you decide to remove your child from the program please contact the Program Administrator, at 619-280-9622. If you need to make changes to your child's days of attendance you must fill out a new attendance information sheet and give at least one week notice. \_\_\_\_\_ (Initial)

A written cancellation for the Character Builders program must be given to the Program Administrator at least 10 days prior to your draft date (the 15th or 25th). \_\_\_\_\_ (Initial)

The Character Builders program closes promptly at 6:00pm. Any pickup that occurs after 6:00pm will assess a late fee of \$1.00 per minute per child, late fees must be paid at the time of pickup. \_\_\_\_\_ (Initial)

Children must be signed in and out by an authorized adult or parent each day.

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|               | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Before School |        |         |           |          |        |
| After School  |        |         |           |          |        |

# Character Builders Licensed Child Care 2014-15

## Payment Information

1. Parents/ Guardians are required to complete the registration forms, licensing packet (required by CA state licensing) and pay the \$50 non-refundable registration fee per child prior to the child's registration being accepted into the program.
2. Fees have been calculated based upon an annualized rate of the total number of program days divided into 10 equal monthly payments that includes all minimum days. All Character Builders payments are processed by bank draft or credit card draft. Bank draft takes place on the 25th of each month and credit card draft takes place on the 15th of each month. The first bank draft for the 2014-15 school year will begin August 25th and the first credit card draft will begin August 15th. The Program Administrator must be notified of any changes or cancellations of the Character Builders program 30 days in advance.
3. Please fill out the bottom portion of this document completely. For bank draft we need a voided check (no deposit slips). For credit card draft we need the type of credit card, the credit card number and expiration date.
4. If payment is split between two parties, this must be requested in writing. Each responsible party must complete the required payment information below.

|                            | <b>Full Time<br/>3+ Days</b> | <b>Part Time<br/>2 Days</b> |
|----------------------------|------------------------------|-----------------------------|
| Before School only         | \$181                        | \$125                       |
| After School only          | \$278                        | \$201                       |
| Before & After School only | \$459                        | \$326                       |
| Half Day only (pm hours)   | \$141                        | \$141                       |

If you have further questions please contact the Program Administrator, at 619-280-9622.

**Please sign and return the bottom portion of this document.**

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**Bank Draft/Credit Card Authorization for Character Builders**

I hereby authorize the Copley-Price Family YMCA to initiate debits to the Bank or Credit Card indicated below. The authority is to remain in full force and effect until the Copley-Price YMCA has received written notification regarding the termination of this agreement. The Program Administrator must be notified of any changes or cancellation of the Character Builders program at least 10 days prior to my draft. I understand there are no refunds given and that it is my responsibility to check my monthly bank statement and report any corrections immediately to the Copley-Price Family YMCA. I also understand that I will be charged a \$20 fee for any returns.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Attends the Character Builders Program at \_\_\_\_\_ Elementary

Bank Name (for bank draft): \_\_\_\_\_  Visa  Master Card  Discover  Amex

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# YMCA PROGRAM MEDICAL FORM

Copley-Price Family YMCA  
4300 El Cajon Blvd.  
San Diego, CA 92105  
619-280-9622  
copleyprice.ymca.org

## CHILD INFORMATION

Please print in ink

|                               |        |            |     |   |
|-------------------------------|--------|------------|-----|---|
| Child's Name                  |        |            |     |   |
| Birthdate (MM/DD/YYYY)<br>/ / | School | Grade      | Age | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Home Address                  |        | E-mail     |     |   |
| City/State/Zip                |        | Home Phone |     |   |
| Parent/Guardian               |        | Cell Phone |     |   |
| Place of Business             |        | Work Phone |     |   |
| Parent/Guardian               |        | Cell Phone |     |   |
| Place of Business             |        | Work Phone |     |   |

### CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACTS

Persons Authorized to Pick Up Child from Facility:

| Name     | Relationship | Home/Work/Cell Phone |                                  |                                    |
|----------|--------------|----------------------|----------------------------------|------------------------------------|
| 1. _____ |              |                      | <input type="checkbox"/> Pick-up | <input type="checkbox"/> Emergency |
| 2. _____ |              |                      | <input type="checkbox"/> Pick-up | <input type="checkbox"/> Emergency |
| 3. _____ |              |                      | <input type="checkbox"/> Pick-up | <input type="checkbox"/> Emergency |
| 4. _____ |              |                      | <input type="checkbox"/> Pick-up | <input type="checkbox"/> Emergency |

Persons Unauthorized to Pick Up Child:

|          |  |
|----------|--|
| 1. _____ |  |
| 2. _____ |  |

Child in Custody of:  Both Parents  Mother  Father  Guardian  
 Other \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Guardian  
 Other \_\_\_\_\_

### YMCA OF SAN DIEGO COUNTY BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.

2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHOTOGRAPHIC WAIVER/CONSENT

I, \_\_\_\_\_ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, \_\_\_\_\_, in the YMCA's general publicity and campaign materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION

|                                  |
|----------------------------------|
| Name of Health Insurance Company |
| Policy Number                    |
| Family Doctor Name               |
| Phone Number                     |
| Dentist/Orthodontist Name        |
| Phone Number                     |

### IMMUNIZATION HISTORY

#### ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE?

State of California School Immunization Law requires enforcement of immunization requirements

YES  NO IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER

DATE OF LAST TETANUS SHOT / /

### HEALTH HISTORY

Is the child currently taking medication?  YES  NO

Medications administered during camp require a completed MEDICATION RELEASE FORM

List any conditions requiring special consideration, accommodations or restrictions while at camp:

List any past medical treatment that may affect participation in camp?

List any activities from which the camper should be exempted for health reasons:

### ALLERGIES /DIETARY RESTRICTION

Check all that apply:

- Hay Fever
- Insect Sting
- Penicillin
- Peanuts
- Poison Ivy, etc.
- Other

### CONDITIONS REQUIRING CONSIDERATION

Check all that apply:

- ADHD
- Asthma
- Seizures
- Bleeding Disorders
- Diabetes
- Other

### YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL

(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

- White/Caucasian
- Hispanic/Latino
- Native American Indian
- Asian/Pacific Islander
- Black/African American
- Multi Cultural

### PRIMARY LANGUAGE

- English
- Spanish
- Other

# Food Allergies

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Pediatrician/Allergist: \_\_\_\_\_

Type of Allergy: \_\_\_\_\_



Milk/Dairy



Eggs



Nuts



Wheat/Gluten

Please specify what the reactions will be if ingested.

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Procedures to follow if ingested.

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# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

|  |           |        |       |                           |                           |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME   | LAST      | MIDDLE | FIRST | SEX                       | TELEPHONE<br>( )          |
| ADDRESS  | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
| BIRTHDATE  |           |        |       |                           |                           |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>( ) |                           |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
| HOME TELEPHONE<br>( )                                |           |        |       |                           |                           |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>( ) |                           |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                     | ZIP                       |
| HOME TELEPHONE<br>( )                                |           |        |       |                           |                           |
| PERSON RESPONSIBLE FOR CHILD                         | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE<br>( )     | BUSINESS TELEPHONE<br>( ) |

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
|      |         |           |              |
|      |         |           |              |
|      |         |           |              |
|      |         |           |              |

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

|           |         |                         |                  |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>( ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>( ) |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |

TIME CHILD WILL BE CALLED FOR

|   |      |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

|                   |           |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

|  |  |            |
|--|--|------------|
| CHILD'S NAME   | SEX  | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME                  | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |            |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME                  | DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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* | MONTHS | BEGAN TALKING AT* | MONTHS | TOILET TRAINING STARTED AT* | MONTHS |
|------------|--------|-------------------|--------|-----------------------------|--------|

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

|  |                        |   |
|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> 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:<br>(What does child usually eat for these meals?) | BREAKFAST | WHAT ARE USUAL EATING HOURS?<br>BREAKFAST _____<br>LUNCH _____<br>DINNER _____ |
|   | LUNCH     |  |
|   | DINNER    |  |
|   |           |  |

|                    |                      |
|--------------------|----------------------|
| ANY FOOD DISLIKES? | ANY EATING PROBLEMS? |
|--------------------|----------------------|

|  |                         |  |                      |
|--|-------------------------|--|----------------------|
| IS CHILD TOILET TRAINED?*                                | IF YES, AT WHAT STAGE?* | ARE BOWEL MOVEMENTS REGULAR?*                            | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |                      |

|                                 |                          |
|---------------------------------|--------------------------|
| WORD USED FOR "BOWEL MOVEMENT"* | WORD USED FOR URINATION* |
|---------------------------------|--------------------------|

|                                       |
|---------------------------------------|
| PARENT'S EVALUATION OF CHILD'S HEALTH |
|---------------------------------------|

|  |                         |  |   |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?                | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)?                | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

|  |                    |  |                    |
|--|--------------------|--|--------------------|
| DOES CHILD USE ANY SPECIAL DEVICE(S):                    | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?            | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |

|  |
|--|
| 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 |
|--------------------|------|

## 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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](http://www.meganslaw.ca.gov)**

### 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.

\_\_\_\_\_  
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](http://www.meganslaw.ca.gov)**

# 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

|            |                |                                  |
|------------|----------------|----------------------------------|
| CITY _____ | ZIP CODE _____ | AREA CODE/TELEPHONE NUMBER _____ |
|------------|----------------|----------------------------------|

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) |
| (PRINT THE NAME OF THE CHILD)                     |                                     |
| (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) |                                     |
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)     | (DATE)                              |

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )

# Character Builders Licensed Child Care 2014-15 Parent Handbook Acknowledgment Form

This is to acknowledge that I have received a copy of the YMCA childcare:

- Parents Handbook
- Parents Rights
- Personal Rights
- Admissions Agreement
- Fee Schedule



I understand that this policy supersedes any other policies I may have received during my participation in the Copley-Price Family YMCA Childcare Programs. I understand that it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the Copley-Price Family YMCA Childcare Programs.

Parent's Name (please print): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*This page becomes part of your child's participant file.**