

Pacific Camps and Family Resources

Site _____

Original Start Date ___/___/___

2010 - 2011 Registration Form

Today's Date ___/___/___

How did you learn of Pacific Camps? Friend__ Banner__ Promotional Event__ Flyer__ Other_____

Child's Legal Name: _____ Birth Date: ___/___/___ Sex (Circle) M F

Allergies: _____ Special Conditions: _____

Please apply **sunscreen** on my child __ Yes __ No My child can use any **sunscreen** lotion provided __ Yes __ No

Name of School: _____ Grade Entering Sept. 2010: _____

Home Address: _____ City: _____ Zip: _____ Phone: _____

All adults 18 and older sharing the home with the camper: _____

Father's Legal Name: _____ Home Phone: _____

Father's Address: _____ City: _____ Zip Code: _____

Father's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father's CA Driver's License No.: _____ Exp. Date: _____ SSN: _____

Mother's Legal Name: _____ Home Phone: _____

Mother's Address: _____ City: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Mother's CA Driver's License No.: _____ Exp. Date: _____ SSN: _____

Health Insurance Information

Insurance Company: _____ Plan: _____ Group #: _____

Doctor's Name: _____ Phone: _____ Dentist's Name: _____ Phone: _____

Emergency Contact (If Unable to Reach Parents):

Name: _____ Relationship to Camper: _____ Phone: _____

Emergency Medical Consent

I hereby consent to Pacific Camp Family Resource, Inc., to obtain all emergency medical or dental care prescribed by a Licensed Physician, Osteopath, or Dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my child.

Parent/Guardian Signature: _____ Date: _____

Persons Other Than Parents Who Are 16 Years of Age or Older and Authorized To Pick Up Your Child:

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

3. Name: _____ Phone: _____ Cell: _____

Persons Not Authorized to Pick Up Camper: (Note: Court Documentation Is Necessary If This Is A Parent)

1. _____ 2. _____

Office Use Only

E1	E4	T1	LFO3	Magic Mt.	Rec# _____
E2	E5	LFO1	LFO4	Shirt	Camp: PL K 1-2 3-5 7-8
E3	E6	LFO2	PLO1		E1

Revised March 15, 2010

Parent Initials: _____

Parent Handbook

I have read, understand, and agree to follow Camp policies, procedures, and enrollment conditions. I further understand and agree:

1. To allow my child's image to be used in any and all promotional photographs, videos, or websites.
2. Not to hold Pacific Camps responsible for any articles of clothing, personal belongings, or personal athletic equipment that is lost or damaged by theft, fire, natural disaster, or other occurrences.
3. That Pacific Camps provides no accident medical protection.
4. That by signing my child into the daily program, I am giving Pacific Camps permission to transport my child off Camp property and my child will participate in field trips.
5. At Pacific Camps children are served without regard to race, color, National or ethnic origin or in any other category protected by law. Pacific Camps reserves the right to make decisions regarding camper participation due to physical and/or mental limitations or disabilities. Children with special needs may be enrolled upon mutual agreement between the parents and the Director. Reasonable accommodations will be made for individuals with disabilities. Modifications to policies or procedures can be made if the modifications do not fundamentally alter the services the Camp provides or adversely affect the operation of the program.
6. Arbitration- By signing below, I understand that any dispute involving Pacific Camps and myself or my child shall be resolved by way of arbitration through the rules and regulations of the American Arbitration Association. Each party shall bear its own costs and attorney fees in connection with any such action, to the extent allowed by law.
7. By my signature below, I am responsible for all financial obligations incurred to Pacific Camps for this child.
8. As the Parent or Authorized Representative, I hereby give consent to Pacific Camp Family Resource, Inc. to obtain all emergency medical or dental care prescribed by a duly Licensed Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.
9. There are no refunds or credits given. (For example, but not limited to: If your child is expelled for disruption or other bad behavior, there is no refund provided by Pacific Camps.)
10. **Please Note:** When offered, our non-school day activity programs run from 9:00 AM to 4:00 PM. Please drop off your child before 9:00 AM and pick up your child after 4:00 PM in order to ensure that your child does not miss that day's event.

Parent/Guardian Signature: _____ Date of Admission: _____

Child's Legal Name: _____

Our mission is to build individual relationships with children to bring them and their families into a relationship with Jesus Christ. We seek to accomplish our mission by enriching the lives of children through quality recreational child care programs and enhanced family provider services.

POLICIES & PROCEDURES OF PACIFIC CAMPS AND FAMILY RESOURCES

Throughout the following information, "Parent" is defined as any person living with a child who has responsibility for the care and welfare of the child.

GENERAL INFORMATION:

- The parent signing the child's registration form is considered the **financially responsible party for that Child**. If both parents wish to be considered the responsible party both parents must sign the registration form.
- Pacific Camps **staff is trained annually** in first aid and CPR, child abuse detection, self-esteem, communication and discipline and are fingerprinted as required by law. The background check includes CACI, DOJ, and FBI. Our school bus drivers are certified through the DMV and CHP and are fingerprinted through the DOJ.
- **"Parent Information"** is located at the front desk area. Important notices, schedule changes and upcoming events will be posted in this area. It is your responsibility to stay updated. **Check Information Board for Notices Daily**.
- It is a requirement that **every child be signed in and out using your full legal name in the log sheet** at the front desk.
- Pacific Camps serves Preschool through Eighth Grade children from the hours of 7:00 AM to 6:00 PM, Monday through Friday and observes all Federal Holidays unless otherwise noted.
- Pacific Camps is a **Christian Ministry** that seeks to spread the gospel of Jesus Christ. Chapel times and teaching of Biblical truths are part of our weekly programming.
- The staff to child ratio meets all Community Care Licensing Requirements for each of its programs it provides.
- Pacific Camps **prohibits the use of tobacco, alcohol or non-prescription drugs** on Pacific Camps' premises. Pacific Camps reserve the right not to release children to those with alcohol on their breath or under the influence of drugs or suspicion thereof.
- **Please label all of your children's personal belongings** with their names.
- All children must **wear close-toed shoes** while in attendance.
- Children are required to wear **Camp T-Shirts** every day school is not in session. Camp shirts must be seen. If a child does not have a Camp T-shirt, one will be provided for him/her and a fee of \$10 will be charged to his/her account. (No altered shirts, half shirts, cut sleeves, etc.)
- Pacific Camps generally schedules **"G" or "PG" rated movies** for our field trips and/or onsite events, however, if a **"PG 13"** movie of appropriate matter is available, it may be included.
- Pacific Camps has a snack bar from which your child may purchase snacks. Prices vary starting at \$.10. We have **2 Snack** times per day (am and pm). You may prepay for your child's snacks at the front desk. Children may also bring their own snacks from home.
- **Parents are required to provide a lunch for their children each day**. Lunch must be present with your child at the time of sign in. A \$10 charge will be added to your account if Pacific Camps needs to provide a lunch for your child.
- Pacific Camps will not be responsible for storing, microwaving, refrigerating or freezing any items.
- Pacific Camps' phones may be used by children in **emergency** situations only. Children are not allowed to use cell phones unless pre-approved by a Director. Pacific Camps cannot be held responsible for lost or stolen cell phones.
- **Pacific Camps provides no accident medical protection**.
- No electronic devices are allowed at Pacific Camps.

DISASTER PLANS: In the case of an emergency or disaster, the following procedures will be implemented:

- All children will remain with Pacific Camps staff on the premises or at the designated emergency relocation site, as listed on our Emergency Disaster Plan, for up to 72 hours unless an injury requires release to an emergency medical facility.
- Please do not phone Pacific Camps. Emergency Cellular Phone numbers are: **Derek 805-402-2041, Ed 805-432-6128, Hayden 805-258-6029, John 805-509-4805 or Terri 805-432-8271.**

REGISTRATION AND TUITION:

- A **Registration Fee** and **Weekly Tuition** is required for your child to attend any Pacific Camps program.
- **Weekly tuition** is due and payable in advance by Friday evening for the next week your child is attending. A late fee of \$15 will be charged if not paid by Friday evening and services may be terminated if delinquency is consistent. If delinquent over 30 days, Pacific Camps will begin a collection process on accounts as deemed necessary. **Billing statements are not sent out unless there is a balance owed.**
- **There are no refunds, rollovers or credits given.**
- Pacific Camps accepts cash, checks, money orders, Master Card, Visa, Amex, Discover and other subsidized methods of payment.
- **Checks returned** from the bank will be subject to a \$25 service charge. If three checks are returned you will be expected to pay with cashiers check, money order, cash or credit card for at least 6 months.

- **Camp closes** promptly at 6pm and children picked up after close will be assessed a late pick up fee of: \$15 for the first 15 minutes (6pm to 6:15pm) and \$1 for each minute thereafter. (This is per child.) Three or more late pick-ups will result in a doubling of late fees. (This is per child.)
- **Copies of enrollment forms and sign in log** sheets will only be released upon written request by the enrolling parent or court order. A minimum \$25 fee will be charged per quarter of forms requested and may take up to 3 weeks to be processed.
- Pacific Camps will issue **1 account/financial statement** per household per year upon written request. Additional copies can be made available for a fee of \$10. A tax statement will be given upon request only if your account is current.
- Pacific Camps reserves the right to **change our policies and/or procedures** at any time after 30 day written notification.
- Pacific Camps requires a two (2) week written notification when terminating services.

HEALTH:

- All Pacific Camp staff are **mandated reporters** and are required by law to report any suspected child abuse (physical, sexual, verbal or emotional) to Child Protective Services.
- If a child shows **signs of illness** while at Pacific Camps, he/she may not be admitted or may be sent home. If sent home, parent or authorized person will be required to pick up the child **within one hour**. Please seek a physician's help when necessary. Children with fevers and other contagious illnesses must be excluded from Pacific Camps for at least 24 hours after the temperature returns to normal. Any child diagnosed with a streptococcal infection must be excluded for 48 hours after the initial dose of physician prescribed medication.
- We **must** be notified if your child has a **communicable disease** (lice, chickenpox, fifth disease etc.), as it is our responsibility to notify other families of the risk and the Health Department/ Community Care Licensing. Pacific Camps has a no Nit policy as it pertains to Lice.
- If a child is involved in a minor accident while at Pacific Camps a **“Parent Information Notification”** will be written and given to parent. If a physician's care is needed, parents will be contacted immediately and emergency procedures will be followed. A Doctor's note must be submitted to the Director for review before a child may return to Pacific Camps after injury or illness.
- Pacific Camps will **administer medication** to children only when a parent has completed a medication card. I/We hold Pacific Camps and Family Resources harmless of any damages or responsibility due to insufficient storage or refrigeration of medications.
- **Each medication bottle must have a current prescription label with the child's name, the dosage, and the physician's name** on it. Children may not bring self-administered medications that have not been cleared through the Director.

BEHAVIOR:

Pacific Camps reserves the right for the Director to suspend a child from Pacific Camps at any time for any length of time. If deemed necessary by the Director, a parent will be notified to come and pick up their child within one hour.

- Pacific Camps is designed for children who want to cooperate and participate in activities. Each child's good behavior is imperative to the success of Pacific Camps. Children who are physically aggressive, defiant to authority etc. may be allowed to attend on a trial basis. We reserve the right to dismiss any child whose behavior hampers the Camp experience for others without refund of fees paid.
- Pacific Camp's discipline is designed to promote the development of self-direction, self-control and socially acceptable behavior. This is accomplished through: sensitivity, consistency, firmness, fairness and follow through. We strive to maintain a loving and positive atmosphere and reinforce the structured boundaries required. Any form of discipline involves specific learning processes.

Below are examples of behavior and resulting corrective actions. These lists are not meant to be exhaustive:

Minor behavioral incidents:

BEHAVIOR Yelling inside, picking on others or cheating

CORRECTIVE ACTION 2 min. to 5 min. of silent time out and debrief, sit out of activity or have a privilege denied

Major behavioral incidents:

BEHAVIOR Talking back to staff, not listening to staff, fighting/aggressive behavior, swearing, damaging property or running away from staff

CORRECTIVE ACTION A parent conference will be necessary for all major behavioral incidents. This meeting will consist of a discussion of the child's behavior, outlining a plan of action to eliminate the behavior, and a discussion of the consequence for that day's behavior and for if the behavior should persist. All of this will be documented on our Parent Conference Record (**PCR**) and signed by the site director, the parent and the child. The PCR will then be filed in the camper's file for future reference. Any unusual incidents will be reported to CCL.

Consequences for both minor and major behavioral incidents are at the **discretion of the site director**. Except in the case of aggressive behavior towards others where the Pacific Camps' policy is suspension with a parent conference. The duration of the suspension is up to the discretion of the site director.

Pacific Camp Family Resource, Inc.
Assumption of Risk, Release of Liability & Indemnity Agreement

In consideration of the services of Pacific Camp Family Resource, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, including designers, manufacturers, and installers of any climbing walls & skate parks, equipment, or programming (hereinafter collectively referred to as "Pacific Camps"), I, (hereinafter also referred to as "climber, skater, participant, or camper") hereby agree to release and discharge Pacific Camps on behalf of myself, my children, my parents, my heirs, assigns, or personal representative and estate.

I acknowledge that climbing on artificial climbing wall, fixed or portable, or the use of other climbing apparatus, or the use of skate park equipment entails many inherent, known, and other unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I also know and accept that climbing or instruction by Pacific Camps is not intended to prepare me for the risks and hazards of outdoor climbing or other use of climbing equipment and facilities. I know that by participating in the activities described, I risk personal injury or death from many causes, including (but not limited to) the following: (a) slips, trips, or falls while using the facilities or equipment, climbing walls, and skate parks, loose and/or damaged artificial holds, landing surfaces, floors, stairs, and/or ramps; (b) entanglement with ropes or other equipment; (c) failure to climb or belay safely or within my own ability; (d) misuse or failure of the facilities or equipment; (e) involvement in falls of other persons or their equipment, or involvement in falls in which I or my equipment strikes or becomes entangled with others; and (f) reliance upon inexperienced persons assisting me in the preparation, inspection, or use of harnesses, and other equipment.

I know that risks exist in all places and in all activities conducted by Pacific Camps, including the use of climbing walls, skate parks, program events, or transportation to or from an event as well as in the use of other equipment, and participation in classes or activities sponsored by Pacific Camps. I also know that safety equipment, proficiency checks, supervision, and enforcement of rules by Pacific Camps do not and cannot guarantee my or my child's safety. Therefore, I Freely Accept and Fully Assume the Risk That I or My Child Can Get Hurt, not only in the ways described above, but also in ways that are unknown and unexpected, and even if I follow the instructions or advice of Pacific Camp's employees.

I choose to use Pacific Camp's facilities and equipment in spite of the risk of injury or death, and in addition to the representations I have made above, I agree as follows:

I Hereby Waive And Release Any And All Claims that I or my heirs have or may have in the future against Pacific Camps for any loss, damage, expense, or injury, including death, suffered from or in connection with my use of these facilities or equipment, or participation in activities sponsored by Pacific Camps, due to any cause whatsoever, including Negligence on the Part of Pacific Camps.

Parent Initials: _____

I Hereby Relieve Pacific Camps From Any Duty To Protect Me From Harm, and agree that even if Pacific Camps chooses to implement safety procedures, such actions shall not alter the fact that Pacific Camps has no duty to protect me.

Parent Initials: _____

I Will Hold Harmless And Indemnify Pacific Camps for liability for property damage or personal injury, including death, to myself and any other person resulting from or arising in connection with my use of these facilities or equipment, or participation in activities sponsored by Pacific Camps.

Parent Initials: _____

I have had sufficient opportunity to read and understand this Agreement and intend that it be binding on me, my heirs, executors, administrators, administrators, and assigns.

You can get hurt using these facilities and equipment. If you do not wish to accept the risk of injury or death, then you may return this release unsigned.

Parents of children under Age 18 Must Sign This Section and Initial All Blanks Above.

I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, waiver, release and indemnity described above on behalf of myself, the minor, and any other parent or guardian of the minor. I intend to give up my right, the minor's right, and the right of any other parent or guardian to maintain any claim or suit against Pacific Camps arising out of the minor's use of Pacific Camp's facilities or equipment, or participation in activities sponsored by Pacific Camps. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify Pacific Camps for all liability arising out of any lack of authority on my part to make such waivers and releases.

Signature of Parent Parent's Name (Print) Child's Name (Print) Date _____

Recurring Billing

Section I

___ No, do not set me up for automatic payments each week. I would prefer to pay my tuition manually each week.

*If checking no, please skip to section II.

___ Yes, please set me up for automatic payment **each week on Friday, beginning immediately.**

*If checking yes, please fill in the remainder of the page and sign and date at the bottom.

Checking account: Please attach a voided check

or

Credit Card: If yes, please check one of the following:

__ Visa __ Master Card __ Discover __ American Express

Name EXACTLY as it appears on card: _____

Card Number: _____

Expiration date: _____

CVV2 value: (3 digit security code on back): _____

___ I authorize PACIFIC CAMPS FAMILY RESOURCES INC. to charge any and all accounts on file including but not limited to checking, savings, or credit cards for child care service, snacks, late fees, or any other fees associated with my account. I will notify the billing department one week prior to changing amounts, cancelling or suspending recurring billing.

Section II

Please fill in all children's names and program rate for each child:

Child's Name

Program rate

Child's Name

Program rate

Child's Name

Program rate

Child's Name

Program rate

Your signature below indicates that you accept the financial responsibility to pay the above named child(ren's) payment(s) to Pacific Camps and Family Resource, Inc.

Name of Responsible Party (Print)

Signature

Date

**Transportation
Child Drop Off/Pick-Up Policy
Vehicle Guidelines**

The child drop off/pick-up form must be filled out on a weekly basis, even if your child's schedule never changes. This form must be completed in order for your child to attend the After School Program. Please turn in no later than Friday, for the next week. PACIFIC CAMPS IS NOT RESPONSIBLE FOR PICKING UP CHILDREN WHO DO NOT HAVE A CURRENT "CHILD DROP OFF/PICK UP FORM" ON FILE. It is the Parent/Guardian's responsibility to **inform Pacific Camps of any changes to your child's schedule.** This must be done **no later than 10:00 am** the day of the change. The only exception would be something beyond your control such as your child going home from school due to illness, in which case, you should notify Pacific Camps as soon as possible. **Your cooperation in this matter is essential to the effectiveness and safety of our program.** A \$10 fee will be charged if you fail to call us and cancel your child's pick-up for any given day your child will not be attending. **A suggestion for avoiding some of the following fees:** Talk to your child's teacher and let him/her know that your child has to catch a Pacific Camps vehicle to go to afternoon childcare. Please be aware, however, that you will be responsible for the following fees even if the teacher holds your child after school.

Additional Fees

There will be an additional fee of \$10 per day per child for any combination of the following three violations. (Fees will double after the fourth violation).

- NO FORM-** If you have not completed a "Child Drop Off/Pick-Up Form" for the week and your child arrives expecting a ride, Pacific Camps will take them, and there will be a charge. (The "Child Drop Off/Pick-Up Form reserves seats on Pacific Camps vans/buses.)
- NO CALL-** If your child is scheduled for transportation by Pacific Camps but was transported by someone else without notifying the Pacific Camps Front Desk, there will be a charge. Locating a child who did not show for scheduled transportation takes several staff members and their time.)
- 2ND TRIP-** If your child misses a scheduled pick up **for any reason** and we must return to the school to pick them up, there will be a charge. Please encourage your child to be at the designated pickup area on time. (Second trips take time and may pull a driver away from other scheduled responsibilities.)
- SPECIAL TRIP-** Any extra trips to school to pick up your child outside of our regular pick up route. This would include: breakfast, band, sports, etc.

Parents are Required to Review Transportation Guidelines with Their Child/Children

- Campers are to report to the Pacific Camps vehicle after the bell rings or when dismissed from class.
- Once children board the Pacific Camps vehicle, children may not leave the vehicle for any reason. This means, wanting to talk to friends or for any item(s) left in the classroom/school. It is the child's responsibility to gather all things before coming to the vehicle.
- Campers may not stand up, move around, or unbuckle their seatbelt once they enter the vehicle.
- Once seated, the child's back should be against the back seat with their seat belt tightened.
- Campers may talk in the vehicle without yelling, screaming, or cursing.
- Campers may not eat food in vehicles and food must remain in their backpacks.
- Campers may not drink in the vehicles and drinks must be sealed and unopened in their backpacks.
- If any child destroys property in the vehicle, the parent(s) will be held liable to replace the item(s) broken.
- Campers are not allowed to use cell phones unless pre-approved by a Director; this includes while riding in Pacific Camp's vehicles.
- Drivers are on scheduled routes, and they pick up children from more than one school, therefore, children need to promptly arrive at the pick up area to ensure that all children can be picked up in a timely fashion.
- Campers are to enter/exit the vehicles without shoving and pushing.
- Campers are to exit the vehicle with all of their belongings.

Child's Full Legal Name: _____ Date: _____

Parent Signature: _____ Date: _____

Pacific Camps and Family Resources

Admission Agreement

In applying for admission of my child to Pacific Camp Family Resource, Inc., I attest that I have received a copy of the Parent Handbook, and that I have read and clearly understand the policies, rules, and requirements stated, and I agree that I will comply with the policies.

I understand that I will be given a 30 day written notice prior to any change in policy or fee schedule and agree to comply with any changes made. I agree and understand that I am responsible for keeping myself updated and informed regarding Pacific Camp's policies and program activities as well as any changes made. Failure to follow Pacific Camp's policies may lead to termination of childcare services. In addition, the inspection authority for Pacific Camp Family Resource, Inc. is:

Community Care Licensing
360 South Hope Avenue, Suite C-105
Santa Barbara, CA 93105

The Department of Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The Licensing Agency shall make provisions for private interviews with any clients, including children or staff, and for the examination of records relating to the operation of the facility.

The Department of Licensing shall have the authority to observe the physical condition of the client, including conditions, which could indicate neglect, abuse, or inappropriate placement, and to have a Licensed Medical Professional physically examine the client. All Pacific Camp Family Resource staff are mandated reporters. If any staff person suspects a child is being physically, sexually, verbally, or emotionally abused, they are required by law to report this to Child Protective Services.

This agreement shall be in effect until a child leaves Pacific Camp with a two week written notice to the Director or at the end of the six-week trial period. Modifications to this agreement shall be made whenever circumstances require such changes. No refunds will be made for services already rendered.

I have read and agree to the conditions and policies stated in the Parent Handbook.

Parent/ Legal Guardian Signature

Child's Printed Name

Date

LFO1

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Domestic Partner/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: Community Care Licensing

Licensing Office Address: 360 South Hope Avenue, Suite C-105

Licensing Office Telephone #: 805-682-7647

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/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/DOMESTIC PARTNER/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 (1/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Domestic Partner/Authorized Representative Signature Required)

I, the parent/domestic partner/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.

Pacific Camp Family Resource, Inc.
Name of Child Care Center

Signature (Parent/Domestic Partner/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/domestic partner/authorized representative.

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

LIC 995 (1/08)

LF02

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), domestic partner(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/DOMESTIC PARTNER/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

360 South Hope Avenue, Suite C-105

CITY

Santa Barbara

ZIP CODE

93105

AREA CODE/TELEPHONE NUMBER

805-682-7647

DETACH HERE

TO: PARENT/DOMESTIC PARTNER/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)

Pacific Camp Family Resource, Inc.

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(DATE)

LIC 613A (1/08)

LFO3

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption. You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.**

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked. You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclcd.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

LIC 995F (4/03)

LF04

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	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
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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: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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
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LIC 702 (7/00) (CONFIDENTIAL)

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ insect stings: _____
Developmental: _____ food: _____
Language/Speech: _____ asthma: _____
other: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- 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 Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

Pacific Camps Policy for Season Passes to Magic Mountain

Hello Parents!

This summer we will be offering optional Magic Mountain and Hurricane Harbor field trips. Parents may choose to purchase season passes for their children allowing them to participate in the field trips. These field trips are completely optional, and there will be on-site activities scheduled for all campers who choose not to participate. **Only campers with season passes will go to Magic Mountain or Hurricane Harbor.**

In the past we have offered the Magic Mountain Season Pass at a discounted price to interested parents. We will still be offering the discounted Magic Mountain Season Passes (Prices Below), but this year we will also be offering a Combination Pass that includes season passes to both Magic Mountain and Hurricane Harbor. This is a real money saver for interested parents!

These passes can only be purchased for registered campers who will be attending the Magic Mountain trips.

As always, it is necessary for Pacific Camps to hold the passes over the summer to ensure the passes are not misplaced, and that they are readily available for each trip to Magic Mountain. If your child needs her or his season pass for a non-camp trip to Magic Mountain, you will be able to check-out the pass and will need to check the pass back in as soon as possible to your camp director. If your child's pass is not checked back in, he or she no longer has a season pass when going with Pacific Camps, and a fee may apply.

In order to purchase a season pass through Pacific Camps, agreement to this policy and payment is required. Please initial the plan that you would like to purchase below. Your signature below signifies that you understand and agree to follow Pacific Camps' Magic Mountain season pass policy. Pacific Camps has a no refund policy.

Type Of Season Pass	Purchased By 5/31	Purchased After 5/31	Purchased After 6/18
Combination Pass	\$75	\$80	\$85
Magic Mt. Pass Only	\$50	\$55	\$60

____ Yes, I want to purchase a **Combination Pass** for my camper.

____ Yes, I want to purchase a **Magic Mountain Pass** for my Camper.

____ No, I do not want to purchase any type of season pass for my camper.

Parent Name

Parent Signature

Camper's Name

Camper's Name

Camper's Name

Camper's Name

.....
Here is some helpful information about Park Prices:

- Season pass purchased through Magic Mountain: \$89.99 (regular price)
- Single-day Admission Ticket purchased at the park for Magic Mountain: \$54.99
- Single-day Admission Ticket purchased at the park for Hurricane Harbor: \$24.99
- Season Pass Replacement Fee \$25

----- OFFICE USE ONLY -----

Receipt #: _____

Date: _____

MM