

RETURNING - PRESCHOOL

ENROLLMENT PACKET - Instructions 2015-16 School Year

Dear CCP Families,

*Thank you for choosing Coastside Children's Programs for your child!
Here at CCP, we know that your child is very precious to you and are
honored that you have entrusted your child's care with us.*



We look forward to teaching, playing, caring for, and exploring with your child(ren)!

Sincerely,

*Agnes Chan
Executive Director*

Instructions:

- Be sure that you have the correct enrollment packet by checking the program at the top right hand side of this sheet
- If you are a returning family that has been with CCP within the last 3 months, be sure to fill out the shorter "RETURNING" packet
- If you are new to CCP, please fill out the "NEW" packet
- If you are a returning family, but have not been with CCP for longer than 3 months, we will need you to fill out the "NEW FAMILY" packet per health/safety regulations
- All forms must be filled out unless noted in bold at the top of the form
- Deposit must be included to secure space

School-Age Programs:

CCP Half Moon Bay
@ Hatch Elementary
494 Miramontes Avenue
Half Moon Bay, CA 94019
650.726.7413 x9012

CCP El Granada
@ El Granada Elementary
200 Santiago Street
El Granada, CA 94018
650.726.7413 x9031

CCP Montara
@ Farallone Elementary
501 LeConte & Kanoff Streets
Montara, CA 94037
650.726.7413 x9012

Preschools:

CCP Preschool Half Moon Bay
777 Miramontes Street
Half Moon Bay, CA 94019
650.726.7413 x9051

CCP El Granada Pre-K
200 Santiago Street
El Granada, CA 94018
650.726.7413 x9031

CCP Preschool Montara
501 LeConte & Kanoff Streets
Montara, CA 94037
650.726.7413 x9061

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

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 ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

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

DATE OF ADMISSION	DATE LEFT
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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

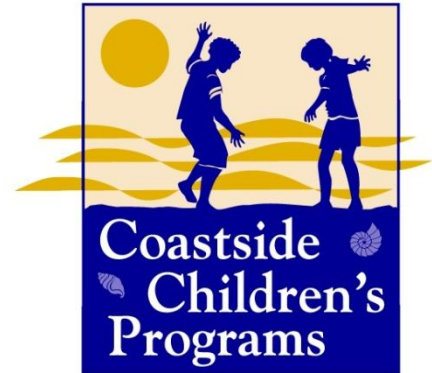
_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

SIGNATURE FORM

I give the following people permission to pick up my child from the center.



Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

REPORTE DEL MEDICO — GUARDERIAS INFANTILES

(EVALUACION MEDICA QUE SE REQUIERE ANTES DE QUE SE LE ADMITA A UN NIÑO A UNA GUARDERIA INFANTIL)

PARTE A – CONSENTIMIENTO DEL PADRE/MADRE (PARA SER COMPLETADO POR EL PADRE/MADRE)

A _____, nacido en _____, se le está evaluando con respecto a su preparación para entrar
(NOMBRE DEL NIÑO(A)) (FECHA DE NACIMIENTO)

en la _____. Esta guardería infantil/escuela proporciona un programa de las _____ a.m./p.m.
(NOMBRE DE LA GUARDERIA INFANTIL/ESCUELA)

a las _____ a.m./p.m., _____ días a la semana.

Por favor, proporcione un reporte sobre el niño mencionado arriba usando el formulario que se encuentra a continuación. Por medio de este documento, autorizo que se comparta la información médica contenida en este reporte con la guardería infantil mencionada arriba.

(FIRMA DEL PADRE/MADRE, TUTOR LEGAL, O REPRESENTANTE AUTORIZADO DEL NIÑO)

(FECHA DE HOY)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN) (PARA SER COMPLETADO POR EL MEDICO)

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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

FACTORES DE RIESGO PARA TUBERCULOSIS (TB) EN LOS NIÑOS:

- * Tener un miembro de la familia o contactos con antecedentes de TB confirmada o sospechada.
- * Ser parte de una familia con miembros nacidos fuera de los Estados Unidos en un lugar donde hay alta ocurrencia de TB (Asia, Africa, América Central, y Sudamérica).
- * Vivir en lugares asignados fuera del hogar.
- * Tener o sospechar de tener una infección del virus de inmunodeficiencia humana (VIH).
- * Vivir con un adulto que tiene resultados positivos en el análisis de sangre del VIH.
- * Vivir con un adulto que ha estado encarcelado en los últimos cinco años.
- * Vivir con o tener contacto frecuente con personas sin hogar, trabajadores campesinos migratorios, personas que usan drogas ilegales, o residentes de establecimientos de cuidado médico continuo no intenso.
- * Tener anomalías en su RX (rayos x) de torax, las cuales sugieren la presencia de TB.
- * Tener evidencia clínica de TB.

Si quiere información respecto a la prevención y el tratamiento de la TB, comuníquese con el programa para el control de la TB del departamento de salud local.

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
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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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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*
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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

ADMISSIONS POLICY AND AGREEMENT

One of the most important components of our Child Care Program is you! It is because we believe that parents/guardians are an important part of our team that we encourage parent participation through volunteerism and parent meetings. Parent meetings in particular are useful forums to communicate ideas and information regarding Center programs. Your involvement and input are greatly valued, and you are always welcome in the Centers!



PLEASE READ THE FOLLOWING CONDITIONS OF ADMISSIONS AND SIGN BELOW:

I understand that the following procedures are required as conditions of enrollment in Coastside Children's Programs' Child Care Centers:

1. Sign-In and Sign-Out must be completed DAILY. My full signature and note of time drop-off and pick-up of my child is required for every day my child is enrolled in the Center. This is a binding legal contract with CCP.
2. If my child will be absent from the Center for ANY reason, I will call and notify the Center of the absence.
3. If my child is absent for more than 3 days due to illness, a doctor's note may be required before s/he is allowed to return to the Center.
4. I have read and completed all Enrollment packet documents and have returned them to the Site Director or an Assistant Director.
5. I am responsible for providing the Center with any changes to my child's Emergency Contact Information (phone numbers, addresses, doctor, etc).
6. The Department of Social Services/Community Care Licensing has the right to visit and inspect any child's file and to talk to children at any time to ensure the health and safety of all children.
7. I have completed and signed a Contract for Services for my child, and understand the basic services, payment provisions and other requirements as stated. Or, I understand that as a drop-in family that our space is not guaranteed unless we have put together a Contract for Services for my child.
8. The Centers are open from 7:00 am to 6:00 pm, Monday – Friday. I am expected to drop off and pick up my child(ren) within my contracted hours/days.

Good and frequent communication between you and the Center staff is important for your child's health, happiness and positive development – as well as your feelings of well being while you are away from your child! Please share your reservations, suggestions, etc. with us.

We hope you and your child enjoy your time with Coastside Children's Programs. Thank you for participating in our program!

Parent/Legal Guardian Signature

Date

Coastside Children's Programs is in compliance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and the Rehabilitation Act of 1973, and does not discriminate on the basis of race, religion, color, national origin, sex, mental or physical handicaps, marital status, sexual preference, age, ancestry or political affiliation in any of its programs or activities. Inquiries regarding these policies may be directed to Coastside Children's Programs, 494 Miramontes Ave., Half Moon Bay, CA 94019 (650-726-7413).

Required Licensing Form

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)

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

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.

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

REGISTRATION FORM 2015-16

Child Information

Child's First Name	Last Name
CCP Center	
Grade	School
Teacher's Name	
Child ever enrolled in a CCP Program before? (circle)	Yes No
If Yes, which center?	
Child's Date of Birth	Child's Ethnicity (optional)



494 Miramontes Ave
 Half Moon Bay, CA 94019
 www.coastsidechildren.org
 facebook.com/coastsidechildrensprogram
 650.726.7413

How did you hear about CCP? _____

Why did you choose CCP? _____

Parent Information

Parent First Name	Last Name	
Email(s)		
Mailing Address		
City		Zip
Home Phone	Cell Phone	Email
Employer Name		Work Phone
Employer Address		
Marital Status (circle) Single Married Divorced Separated		Ethnicity (optional)

Parent First Name	Last Name	
Email(s)		
Mailing Address		
City		Zip
Home Phone	Cell Phone	Email
Employer Name		Work Phone
Employer Address		
Marital Status (circle) Single Married Divorced Separated		Ethnicity (optional)

Other Contact Information

Nearest Relative NOT living with you (Emergency Contact #1) Full Name	
Relationship	Phone
Emergency Contact#2 Name/Relationship	Phone

Parent/Guardian's Signature: _____ Date: _____

Note to CCP Staff: Return to Admin: Registration Form, Financial Agreement, Deposit/Checks, Auto Debit, ID/Emergency Contact LIC700 Form, Parent Participation

Form updated 7/2015

FINANCIAL AGREEMENT/PARENT FEES

2015-16 SCHOOL YEAR



Child's First Name		Last Name	
Center		Grade	
Days (circle)	Hours (if applicable)	Start Date	
M T W Th F			

1. **PAYMENT OF TUITION:** I agree to pay a monthly tuition of \$_____ for each month the center is open for my child. Monthly payments are due the 1st of each month. If payment is not received by the 7th of the month, a \$25 late fee will be charged. If the 7th is a Saturday, Sunday or Holiday, payment is due the business day before. The late fee will be invoiced with the next month's tuition. If payment and late fee are not paid by the 15th of the month, services will be suspended and deposit will be used to pay the tuition for the 1st – 15th. To re-enroll, the late fee, new deposit and tuition will have to be paid. Due date for school-age children at start of school year: August 20, 2015 (before 1st day at CCP).

I understand that tuition is to be paid whether or not my child is absent due to illness, holiday, circumstances beyond CCP's control such as power outages / natural disasters or any other reason and that failure to pay the monthly tuition will result in my child being dropped from the Center. I understand that it is my responsibility to pay this amount on time, whether or not I've received an invoice. I acknowledge that there will not be a pro-rata of monthly tuition for any days missed because of non-payment.

In my enrollment package, I have received a Coastside Children's Programs calendar and acknowledge that the Center will be closed during their Holidays and In-service days. I understand that I will receive no reduction in tuition for these designated days.

- 2. **DEPOSIT:** A deposit that equates to ½ of the monthly tuition will be charged upon enrollment. This deposit will be applied to the last 2 weeks of enrollment for the school year between August and the end of June (not including Summer Camp). Deposits will be adjusted for tuition increases of the new school year for applicable preschool families.
- 3. **WITHDRAWAL:** I understand there must be **written** notification **2 weeks in advance** to the Site Director when withdrawing my child. Upon proper notice the fiscal office will refund any overpayment of tuition beyond the 2 weeks. The deposit that was collected will be applied to the two weeks, if they weren't previously paid. Failure to give proper notice will result in tuition being charged for the 2 weeks or forfeiture of tuition previously paid.
- 4. **CONTRACT CHANGES:** All contract changes **must be submitted in writing** to the Site Director **2 weeks in advance** for approval. **Contract changes will take effect on the 1st or the 15th after the 2 week's notice.** Coastside Children's Programs will provide 30 days notice for any basic rate change to the contracts, except for contracts involving children whose care is funded at government prescribed rates. In this case, the effective date of the government rate change is considered the effective date, and no prior notice is necessary. Modifications to the original contract will be made whenever circumstances covered in the contract change, Coastside Children's Programs will provide 30 days notice.
- 5. **MATERIALS FEE:** An annual material fee of \$60 is charged for each child enrolling. This fee is due upon signing of the contract. This fee is not pro-rated according to enrollment date. I will be charged \$10 for a safety kit if I am newly enrolling at a center.
- 6. **AFTER HOURS FEE – I agree to make all reasonable efforts to pick up my child before 6 PM closing time, or to have an alternate pick up arrangement if I must be late.** I agree to pay an after hour fee of \$1.00 for each minute that I arrive late

AUTO DEBIT AUTHORIZATION, 2015-2016 school year



I authorize Coastside Children's Programs (CCP) to transfer funds from my
 checking savings account at the financial institution indicated below between the 1st and 5th
 day of each month. The amount of the Registration Fees and Monthly Tuition Fees are noted below.

Financial Institution Name	Branch (city/state)
Account Number at Financial Institution	
Financial Institution Routing/Transit Number	

PLEASE ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, OR A DEPOSIT SLIP FOR A SAVINGS ACCOUNT.

This authorization shall remain in full force until I cancel this service with a 30-day written notice to CCP. Cancellation of this service does not indicate withdrawal from the program nor does it negate my responsibility to pay CCP tuition. I understand I will be charged \$35 if my draft is returned for insufficient funds. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Parent/Account Holder Name(s)			
Address			
Email			
City	Zip	Home Phone	Cell Phone
Account Holder Signature(s)		Date	

I authorize for the child(ren) and at the centers listed below:

REGISTRATION FEES

\$ _____ for the enrollment **Deposit**
 \$ _____ Prorated **tuition** amount
 \$ _____ for the **Materials Fee** (\$60)
 \$ _____ for **Volunteer Hours** (\$100)*
 \$ _____ for the **Emergency Kit** (\$10)**
 \$ _____ for a **ONE TIME** tax deductible donation
 to CCP (To the full extent allowed by law)
 \$ _____ **Total ONE TIME Charge**

MONTHLY TUITION CALCULATION

\$ _____ Monthly **tuition** rate
 \$ _____ for a **MONTHLY** tax deductible donation
 to CCP (To the full extent allowed by law)
 \$ _____ **Total MONTHLY Charge**

Check this box if CCP is to debit the account monthly.

Check this box to authorize CCP to debit your account for extra hours/late fees.

*Volunteer hours will be reimbursed upon completion of 5 volunteer hours; otherwise considered as a donation

**Emergency Kit fees are only charged at the start of enrollment at a center (or at a new CCP center)

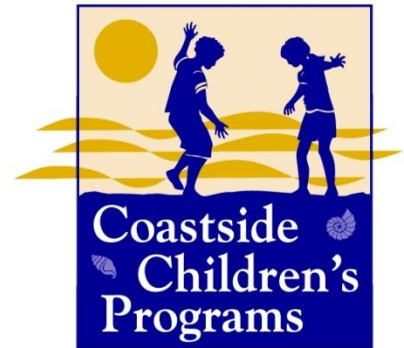
Coastside Children's Programs is a 501(c)3 non-profit organization, Tax ID # 94-2407737

I hereby authorize CCP to debit my account for child care services provided to:

Child First Name	Last Name	CCP Center
Child First Name	Last Name	CCP Center

TERMINATION OF SERVICES

TERMINATION OF CHILDCARE SERVICES BY COASTSIDE CHILDREN'S PROGRAMS MAY OCCUR FOR THE FOLLOWING REASONS:



1. For children not currently enrolled in a public or private elementary or secondary school, failure to provide verification of child's physical examination within 30 days of enrollment in a center program; failure to provide updated immunization records
2. Failure to pay tuition and co-payment and/or penalty fees (according to our contract)
3. Three late pick-ups of a child within a 3 month period
4. Falsification of information
5. Child behavior which is dangerous to self, other children, or to staff
6. A parent's failure to pick up their child following notification of two behavior incidents
7. Abusive or threatening language by the parent to the staff, children or other parents
8. Physical violence or threat of physical violence by the parent to the staff, children or other parents
9. Continued disregard for policies governing the use of the building.
10. Habitual use of profanity, vulgarity, obscenity, or racial remarks
11. Children who, at no fault of their own, have extraordinary needs that CCP is unable to accommodate within our program(s) (such as one on one support)

Note: A parent who has had childcare services terminated may not enroll the child(ren) again for a minimum of six months. CCP reserves the right to refuse services or to accept an application for re-enrollment.

Parent/Guardian Signature

Date

PARENT PARTICIPATION AGREEMENT

At Coastside Children’s Programs (CCP) we feel that it is most desirable that all parents/guardians participate and become actively involved in the Center’s program. CCP requires parent involvement and believes that a child’s success in school and in the community is dependent upon the collaborative efforts of students, parents, and CCP staff.

CCP parents are asked to have an active role in the child care center. **Parents are required to volunteer 5 hours of their time per year (or donate \$100 per family),** and we encourage everyone to share their interests and talents with CCP students.



I WOULD LIKE TO:

Volunteer time at school to support maintenance (parent work day projects)

Volunteer time with fund raising:

- Pumpkin Festival
- CCP Raffles
- Gingerbread House Event
- CCP Board Committees (if available)

Coastside Children’s Programs wishes to THANK YOU for your support and cooperation in our effort to make your child’s experience at the center the best.

I understand that these efforts will contribute to CCP’s success and agree to the above. **I acknowledge that I will be billed at enrollment for the \$100 and it will be reimbursed once the 5 volunteer hours are completed.**

Parent’s Name (Please Print)	
Parent’s Signature	Date
Child’s Name (Please Print)	
Email	Phone



**The Big Lift Media Release
Permission to Publish Photos and Videos**

Your child is enrolled in a preschool program that is supported with funding from The Big Lift. The Big Lift is a partnership between the San Mateo County Office of Education, the County of San Mateo and the Silicon Valley Community Foundation. The Big Lift's goal is to help children get ready for kindergarten and improve third grade reading proficiency in San Mateo County.

Occasionally, The Big Lift photographs or films children, parents or community members or receives photographs or videos from programs for Big Lift publications, website and social media postings or distribution to the media. In addition, updates about Big Lift events may sometimes include quotes from participants, images of children, parents or community members and may be featured in newspaper articles, television news shows or documentary films. Your written permission will allow us to use images or films of your child and family to share news about The Big Lift.

Children and parents/caregivers whose photographs are selected for a Big Lift web site or social media site will not be identified by name. No demographic information will appear; however, identification of the school district and/or program name may be part of the web page design.

In order to protect the confidentiality of your children and family, children and parents/caregivers whose artwork, other schoolwork, and/or quotes are selected to appear in any Big Lift publications, websites or social media sites will be identified by first name only.

Permission to release/publish photos or videos:

YES, I give permission to The Big Lift, including the three lead agencies listed above, to publish quotes, artwork, schoolwork, photos and videos of my child and family for Big Lift publications, website postings, and distribution to the media. I understand that this permission will remain in effect for the period of one school year and that I can withdraw my permission at any time in writing. To do this I send a request to: Early Learning Support Services, San Mateo County Office of Education, 101 Twin Dolphin Drive, Redwood City, CA 94065.

NO, I do not give permission

Student Name (please print)

Preschool Name

Parent/Guardian Name (please print)

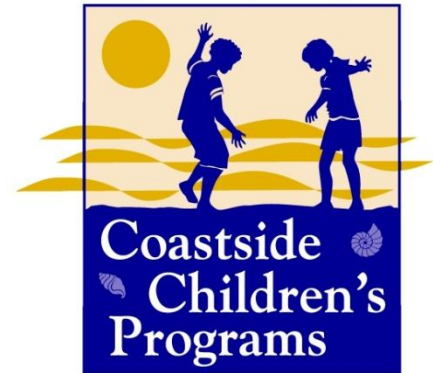
Parent/Guardian Signature Date

CHANGE OF CHILD INFORMATION RELEASE

Coastside Children's Programs requires up to date information on all children enrolled in the program.

The following documents are already in your child's file. Please check the box next to the forms for which you authorize CCP to continue to use the same forms as last year:

- Public Release Form
- Parent Handbook Acknowledgement
- Afterschool Authorization for the Teacher to sign-in Child (school-age only)
- Child's Preadmission Health History
- Walking Field Trips Authorization
- Acknowledge of Child Abuse Reporting Form



Please ask your site supervisor if you would like to see a form or your child's file. If one or more of the forms are not checked above for authorization to use again for this school year, you will be required to fill it out again.

Please sign below if there are no changes to the above checked forms and you authorize CCP to continue using the same forms as last year.

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

Please list any **ALLERGIES** to food, animals, medications that your child may have (or developed since last year):

HEALTHY FOOD POLICY

Children attending Coastside Children's Programs (CCP) are served a nutritious snack from two food groups daily (two times for full days, once daily for partial days) and are encouraged to drink water throughout the day. Foods served are based on national nutritional, age-appropriate guidelines and may include the following items:



- Whole Grain Breads, Pastas, Cereals
- Fruits and Vegetables
- Lean Meats, Poultry, Fish, Beans, Eggs, Soy, Nuts (when age appropriate)
- Low fat Milk, Yogurt, Cheese
- Foods limited in sugar, salt, and fat
- Foods with no trans fats

The snack menu is posted at each center. Please make sure the CCP staff is aware of any food allergies your child may have.

Preschoolers will be provided a nutrition lunch. Lunches will be put together via USDA meal pattern guidelines. However, children can be finicky eaters, if your child is as such, please feel free to still pack lunch for your child. Children attending before/after school centers will also be provided lunch on full days at CCP. Feel free to send nutritious snacks with your child to CCP.

CCP prohibits glass bottles, medicine, soda, or candy in snacks or lunches.

CCP believes that every child has the right to:

- Have access to sufficient nutritious foods
- Receive consistent, positive messages by caregivers knowledgeable in good nutrition practices
- Have a nurturing and supportive environment that provides for enjoyable mealtime experiences
- Have a variety of healthy foods that reflect cultural and family values and allow for individual choices

2015-2016
Coastside Children's Programs
Employee Holiday & Staff In-Service
(No childcare on these dates)



2015

Friday, July 3	Independence Day
Tuesday – Wednesday, August 18-19	Staff In-Service Days
Monday, September 7	Labor Day
Wednesday, November 11	Veterans Day
Thursday – Friday November 26-27	Thanksgiving Holiday
Wednesday – Friday, December 23 – January 1	Winter Break

2016

Monday, January 18	Martin Luther King Jr. Day
Monday, February 15	Presidents Holiday
Friday, March 4	Staff In-Service Day
Friday, April 15	Spring Break
Monday, May 30	Memorial Day
Friday, June 10	Staff In- Service Day



Coastside Children's Programs
2015-16 Monthly Tuition Rates
www.coastsidechildren.org

Preschool Programs		
CCP Montara - Preschool	CCP Half Moon Bay - Preschool	CCP El Granada - PreK
1100 Le Conte Ave, Montara at Farallone View Elementary	777 Miramontes St, Half Moon Bay at CU Methodist Church (unaffiliated)	200 Santiago St, El Granada at El Granada Elementary
650-726-7413 x9061	650-726-7413 x9051	650-726-7413 x9031

Full Day (7am-6pm) 5 days: \$1140 3 days: \$828 2 days: \$590	Full Day (7am-6pm) 5 days: \$1140 3 days: \$828 2 days: \$590	Part Day Program Only*
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Part Day (7am-1pm) 5 days: \$955 3 days: \$680 2 days: \$485	Part Day (8:30am-2:30pm) 5 days: \$955 3 days: \$680 2 days: \$485	Part Day* (8:15am-11:15am) 5 days: \$500 3 days: \$310 2 days: \$205
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Please see Parent Agreement for full information on additional fees/deposits.
 Sibling Discount: 5% off lesser tuition rate(s) reflected on invoice.
 Lunches are now included in the tuition price.

Extra Day Rate: \$75 Part Day, \$85 Full Day (dependent on space availability)

Materials Fee: \$60 **Emergency Kit Fee:** \$10 **Late fee:** \$1/minute **Volunteer Hrs Deposit:** \$100

*El Granada PreK follows the Cabrillo Unified School District Calendar closures in addition to CCP Holiday Calendar closures.

Find us on facebook: [facebook.com/coastsidechildrensprograms](https://www.facebook.com/coastsidechildrensprograms)