



An after school family values adventure!
A Ministry of the Real Family Church

Kingdom Krew
1730 Curtner Avenue
San Jose, CA 95125
Phone (408)264-2811
KingdomKrew.org
Lic# 434403618

PARENT ADMISSION AGREEMENT

Child's Name: _____		
Birthdate: _____	Gender: _____	Grade: _____
Father's name: _____	Phone #: _____	
Address: _____		
Mother's name: _____	Phone #: _____	
Address: _____		

KINGDOM KREW USE ONLY	Term Start Date: _____	Term End Date: _____
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I understand and agree with the following:

1. The *Kingdom Krew* after school family values adventure includes care for my child after school as well as for extended school breaks during each school year.
2. I have received and read a copy of the Parent Information sheet which explains the hours of operation, holidays and my financial commitment for this school year.
3. I understand that Summer Day Camps are available and require a new Parent Agreement and separate registration.
4. Children may be enrolled in this program regardless of gender, religion, race, or national origin.
5. The goal of *Kingdom Krew* is to instill positive family values based on Christian principles, beliefs, and the Holy Bible. I understand the Bible will be taught as God's truth.
6. *Kingdom Krew* strives for an environment which is both safe and supports the positive family values being taught. Such an environment does not include profanity, fighting, injury to others or destruction of property. If such conduct occurs by parent, guardian or child, the family will be counseled regarding the behavior. The goal is to bring a positive outcome, but if such outcome cannot be achieved, it may result in termination of this agreement and suspension of service to the family. Services may also be terminated for any of the following reasons: late tuition, check returned for insufficient funds, not abiding by policy or procedure, unruly conduct by parent or guardian, child's behavior which threatens the immediate safety of himself/herself or others.
7. Any parent, parent representative or *Kingdom Krew* personnel who display any of the following behavior on the premises may be prohibited from participation in the activity, and may be reported to Child Protective Services:
 1. Physically abusing a child, including shaking, grabbing, hitting, pushing, etc.
 2. Verbally abusing or harassing a child and or a staff member.
 3. Drinking alcoholic beverages. (A child will not be released to anyone who appears to be intoxicated.)
 4. Possessing or using illegal drugs.
 5. Smoking on the premises.
 8. I understand childcare professionals are required by law to report suspect child abuse.
9. If a child or family is terminated from the *Kingdom Krew* program for failure to follow policies or procedures or State guidelines, access to the *Kingdom Krew* program services will not be permitted for minimum of one year from the date termination. If the family situation significantly changes, the family may appeal to the Board of Directors of *Kingdom Krew* by presenting facts about the change and a written plan to ensure adherence to policies and procedures and State guidelines.
10. The Department of Social Services or the licensing agency has the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provision for private interviews with any child or staff member and for the examination of all records relating to the operation of the facility. The Department of Social Services or the licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement; and to have a licensed professional physically examine the child.

Initials: _____

11. During normal operation hours, upon presentation of identification, I have the right to enter and inspect the facility in which my child is receiving care without notice to the provider as stipulated in Title 22, Civ. 12 Health and Safety Code 101195(B).
12. If I cannot pick up my child, I will arrange for another authorized adult, at least 16 years old, to sign for and pick up my child by closing time. I understand that if I designate a different person to pick up my child, than originally identified on the enrollment forms, I will notify **Kingdom Krew** in writing. I will plan my day to allow ample time to pick up my child. **Pickups occurring after 6:00 p.m. will be charged \$1.00 per minute per child.** I understand that the staff have family and time commitments also. Thank you for your consideration in this matter.
13. I agree to notify the **Kingdom Krew** Directors, in writing, at least two weeks in advance of scheduled changes and termination. I understand that I am responsible for the full tuition until notice and withdrawal has occurred. Tuition remains the same whether or not the child attends.
14. For the safety of my child and in accordance with State Law, I agree to sign my child in and out each day with a **full signature**.
15. Transportation for field trips will be by public transit, church van or bus, or commercial contractor. Private vehicles may be used on occasion. Parents will be notified of mode of transport.
16. I will notify **Kingdom Krew** if my child contracts an infectious disease, I will be notified if my child is exposed to an infectious disease while attending **Kingdom Krew**.
17. As required by law, a doctor's written order will be required if my child must take medication while at **Kingdom Krew**: this includes prescription and over the counter medicine. I will sign in the medication at the office with instructions as to time and dosage to be administered.
18. I pledge and agree to meet my financial obligations on or before the date payment is due. If overdue, I will pay late fees as presented on the tuition rate schedule. I understand that TUITION IS PAYABLE IN ADVANCE OF SERVICES RENDERED. TUITION IS TO BE PAID REGARDLESS OF ILLNESS AND VACATION DAYS. REGISTRATION AND REENROLLMENT FEES ARE NONREFUNDABLE.
19. Real Family Church utilizes FACTS Tuition Services for all regular tuition programs. Enrollment in **Kingdom Krew** requires either payment in full for the entire program period (\$50 registration discount for entire program payment), or enrollment in FACTS Tuition Services for regular monthly payments (FACTS enrollment fee included in registration fee).
20. My Financial Commitment (make checks payable to Real Family Church)
 - \$ _____ registration fee (required annually)
 - \$ _____ full program tuition (minus \$50 Registration discount)
 - \$ _____ monthly tuition (enrolled in FACTS after initial payment)

Please list child's allergies (including food and medication) or special problems, fears, and conditions that we should be aware of.

None Known _____

_____ **Initials** _____

I have read and understand all policies of **Kingdom Krew** as stated in this Admission agreement and agree to them. All legal parents/guardians must sign below.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of authorized **Kingdom Krew** representative _____ Date _____

OPTIONAL AGREEMENT: Photos taken during **Kingdom Krew** activities may be released to newspapers, posted on school bulletin boards, or released for other media and advertising purposes. **Photos of my child** *may* *may not* **be used as stated above.**

Signature of Parent/Guardian _____ Date _____

Family ID Card for _____

Child's Name (Last First Middle)

Date _____

Father/Guardian

Mother/Guardian

Child's Nickname (if used) _____

Name _____

Name _____

School _____

Street Address _____

Street Address _____

Grade _____

City Zip _____

City Zip _____

Gender: M F

Home Ph _____

Home Ph _____

Date of Birth _____

Work Ph _____ ext. _____

Work Ph _____ ext. _____

Child lives with:

Cell Ph _____

Cell Ph _____

Mother _____

Email _____

Email _____

Father _____

Occupation _____

Occupation _____

Guardian _____

Employed by _____

Employed by _____

Foster Parent _____

Street Address _____

Street Address _____

Other _____

City Zip _____

City Zip _____

Enrolling: Part-Time Full-Time

Responsible for tuition pay Yes No

Responsible for tuition pay Yes No

Date to Start _____

Explanation _____

Explanation _____

Other info _____

CDL# _____

CDL# _____

AUTHORIZATION TO RELEASE		PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON, OR ANY PERSON UNDER AGE 16, WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)		
NAME	ADDRESS	PHONE #	ID & RELATIONSHIP	Call in an emergency
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	
First _____	Street _____		CDL# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last _____	City _____ Zip _____		Relationship _____	

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO *KINGDOM KREW / REAL FAMILY CHURCH* TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR _____.

CHILD'S NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT / AGENCY REPRESENTATIVE / GUARDIAN SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

INSURANCE/MEDICAL RESPONSE INFORMATION

Insurance, if any: _____ Medi-Cal, Kaiser, or Insurance Policy No.: _____

Physician to be called in case of emergency: _____

Address: _____ Phone: () _____

Dentist to be called in case of emergency: _____

Address: _____ Phone: () _____

Family Hospital to be called in case of emergency: _____

Address: _____ Phone: () _____

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

CALL EMERGENCY HOSPITAL OTHER (EXPLAIN)

SIGNATURE OF PARENT OR GUARDIAN

DATE

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:

Community Care Licensing

NAME

2580 North First St. Suite 300

ADDRESS

San Jose, CA

CITY

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

408-324-2148

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)

Kingdom Krew

(PRINT THE ADDRESS OF THE FACILITY)

1730 Curtner Ave. San Jose, CA 95125

(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

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 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

When your child is sick...



Please do not send a sick child to school or to Kingdom Krew.

If your child is sick, or does not attend school for any reason, please call Kingdom Krew and let us know that they are absent.

(408)264-2811

If your child requires any medication, while at Kingdom Krew, the medication must be taken to the office with complete instructions, in writing, provided by a parent or doctor.

I, the parent of _____
have read and understand the above sick/
medication policy for Kingdom Krew.

Signed _____

Date _____

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm