

LAS POSAS CHILDREN'S CENTER, INC
AFTER SCHOOL CHILD CARE AT PIERPONT SCHOOL
PAYMENT AGREEMENT & PRICES
2009-10 SCHOOL YEAR
(805) 648-2867

| Grades 1-5 After School <i>2:15pm –6:30pm</i> | Kindergarten <i>11:30am-6:30pm</i> |
|---|--|
| 5 days per week.....\$64.00 | 5 days per week.....\$72.00 |
| 3 days per week.....\$48.00 | 3 days per week.....\$54.00 |
| 2 days per week.....\$32.00 | 2 days per week.....\$36.00 |
| 1 day per week.....\$16.00 | 1 day a week.....\$18.00 |
| Hourly rate.....\$7.00 | Hourly rate.....\$7.00 |

Subsidized Payments

All families whose childcare is paid for by an outside agency, such as *Child Development Resources* and *Children's Home Society* are responsible for all tuitions and fees not covered by the outside agency. Additionally you will be charged \$25.00 if you fail to complete your voucher correctly or on time. **Initial** _____

Minimum Days

There is a \$2.00 per day charge over and above your weekly fee for all minimum days attended. **Initial** _____

Inservice Days and School Holidays

There is a \$12.00 charge over and above the WEEKLY FEE for all school holidays and inservice days attended. The fee for such days for students not regularly enrolled is \$25.00. **Initial** _____

October, Christmas and Spring Breaks

Prices and days open will be announced when they come up. **Initial** _____

Hourly and Daily Rates

You may switch back and forth between the daily and hourly rate as often as you like. However, you must give advance notice (*at least 1 day prior to the week you want to switch*), and **you may not use both rates during the same week.** **Initial** _____

Payment Due/Late Fee

Payments are due 6:30pm on the Friday preceding each week. All accounts not paid by 6:30pm on the preceding Friday will be assessed a \$5.00 **Late Fee.** **Initial** _____

Late Pickup Fee

LPCC closes at 6:30pm every night. Please do not be late. You will be charged \$5.00 for every 15 minute increment that you are late in picking up your child. **Initial** _____

Absences

Please call the center if your child is going to be absent. You will be charged \$5.00 if you fail to do so. **Initial** _____

Early Closing Times

LPCC will close at 5:30pm on three days in June for staff training. LPCC reserves the right to change opening and closing times when necessary. **Initial** _____

Returned Checks

For all checks that do not clear the bank the first time and must be redeposited, a **\$5.00 Redeposit Fee** will be charged to the account. If the check does not clear after being redeposited and is returned, a **\$5.00 Rejected Check Fee** will be charged to the account, totaling \$10.00 for a bounced check. **Initial** _____

Refund Policy

No refunds will be given for any reason, including your child being expelled from the program for disciplinary reasons and your decision to drop from the program. Any credit due you will be given in services rendered. **Initial** _____

Collections

Delinquent accounts that go unpaid will be sent to an outside collection agency. **Initial** _____

The State Dept. of Social Services has the right to perform the duties described in Section 101200 (b) and (c) of the Health and Safety Code.

I have read this PAYMENT AGREEMENT and agree to abide by its terms. I have received a copy of this agreement.

| Children's Names | Grade in SY 2009-10 | Daily Or Hrly | Specify Days (√) | | | | |
|------------------|---------------------|---------------|------------------|---|---|----|---|
| | | | M | T | W | Th | F |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Parent Signature

Date

LAS POSAS CHILDREN'S CENTER, INC

AFTER SCHOOL CHILD CARE AT PIERPONT SCHOOL

PAYMENT AGREEMENT & PRICES

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PARENT COPY

Las Posas Children's Center, Inc.

Child Emergency Information, Health History, & Medical Release

| | | |
|--------------|---------------|-----|
| Child's Name | Date of Birth | Sex |
|--------------|---------------|-----|

Check the first person to be called in case of emergency

| | | | |
|-------------------|------------|-------------------|------------|
| Father's Name | | Mother's Name | |
| Address | | Address | |
| Home Phone | | Home Phone | |
| Employer | | Employer | |
| Work Phone | Cell Phone | Work Phone | Cell Phone |
| Stepfather's Name | | Stepmother's Name | |
| Address | | Address | |
| Home Phone | | Home Phone | |
| Employer | | Employer | |
| Work Phone | Cell Phone | Work Phone | Cell Phone |

Known allergies _____

Child's Physician _____ Phone _____

Parent's Insurance Co. _____ Policy # _____

I, the natural parent/ legal guardian of _____ authorize the following:

1. My child's participation in the Las Posas Children's Center, Inc. program and all its activities.
2. Las Posas Children's Center, Inc. and its staff to provide transportation to and from related Children's Center activities.
3. Las Posas Children's Center, Inc., its staff, and ambulance to provide necessary emergency transportation.
4. Las Posas Children's Center, Inc. staff to provide basic first aid treatment.
5. Any Physician or the medical staff of a licensed hospital or clinic to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

I also understand that there is risk involved with respect to such activities and will assume responsibility and will indemnify, hold harmless and defend the Las Posas Children's Center, Inc., its staff, its officers, and its agents against any claim brought on behalf of my minor child in connection with this program. This authorization will remain effective during the enrollment period of this child, unless sooner revoked in writing to said agent.

Parent/ Legal Guardian Signature

Date

Please complete other side

Immunization History

Please record the date (month and year) of basic immunizations and most recent booster doses.

| Vaccines | Year of Basic Immunization | Year of Last Booster |
|--|----------------------------|----------------------|
| Diphtheria Pertussis (Whooping Cough) Tetanus or Tetanus Diphtheria or | 1 2 3 | 1 2 |
| Tetanus Diphtheria or | | |
| Tetanus | | |
| Oral Polio (Sabin) TOPV | | |
| Injectable Polio (Salk) | | |
| Measles (hard measles, 3-day measles, Rubeola) | | |
| Mumps | | |
| Rubella (German measles, 3-day measles) | | |
| Other | | |
| Tuberculin test given _____ (most recent) | | |
| Haemophilus influenza b (HIB) | | |
| Hepatitis B | | |

We cannot allow anyone to participate in our camp program until immunization history is completed.
(You may attach a copy of current immunization record to this form and sign below)

| Health History |
|-------------------------------------|
| (Check. Give approximate dates.) |
| _____ Frequent Ear Infections |
| _____ Heart defect/Disease |
| _____ Convulsions |
| _____ Diabetes |
| _____ Bleeding/Clotting Disorders |
| _____ Hypertension |
| _____ Mononucleosis |
| Diseases |
| _____ Chicken Pox |
| _____ Measles |
| _____ German measles |
| _____ Mumps |
| Allergies (Dates not needed) |
| _____ Hay Fever |
| _____ Insect Stings |
| _____ Penicillin |
| _____ Other drugs |
| _____ Asthma |
| _____ Other (Specify) _____ |

Operations or serious injuries (*dates*)

Chronic or recurring illness or medical condition

Dietary restrictions _____

Current medications _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

For Female

Has this person menstruated? _____

If not, has she been told about it? _____

Please list anything about your child that you think we should know. Are there any activities in which you don't want your child to participate?

Parent or Guardian Signature

Date

LAS POSAS CHILDREN'S CENTER, INC.
Confidential Questionnaire

Date _____

Child's Name _____ Date of Birth _____

Parent Information

Marital Status _____

| | | | |
|---------------|--------------|---------------|--------------|
| Father's Name | | Mother's Name | |
| Address | | Address | |
| Home Phone # | Work Phone # | Home Phone # | Work Phone # |
| Occupation | Cell Phone # | Occupation | Cell Phone # |

Please list the names and ages of other children living in the family.

Please list all persons authorized to pick up the child.

Emergency Contacts Other Than Parents

Name _____ Hm Phone # _____ Wk Phone # _____

Name _____ Hm Phone # _____ Wk Phone # _____

Child's Pediatrician _____ Phone # _____

Please note any pertinent health information.

Are there any special circumstances in the family which may be a factor in your child's behavior?

In what ways would you like to see your child develop in our program?

Please add any comments which you feel will help us to know your child better.

LAS POSAS CHILDREN'S CENTER, INC.

HEALTH & SAFETY POLICIES

HEALTH POLICIES

If your is ill, please keep him/her home so other children and staff will not be exposed.

If your child should become ill during the day he/she will be isolated until a parent or authorized person picks him/her up.

We ask your cooperation in reporting any contagious condition to a staff member.

You will be notified immediately if your child is injured and requires medical attention beyond basic first aid. A seriously ill or injured child will be taken to the nearest emergency medical facility. Every attempt will be made to contact a parent before the trip is made.

MEDICATIONS

We can administer medication to your child. All medications must have a doctor's note. A prescription bottle is acceptable as a doctor's note. You must complete and sign a *Medication Request and Record Form*.

SAFETY POLICIES

All children are expected to follow the basic Las Posas Children's Center rules to ensure that all children and staff have a positive day care experience.

1. Keep your hands and feet to yourself. (*No fighting*).
2. Stay with *your* counselor or other staff member at all times.
3. Rocks, sticks, sand, etc. stay on the ground. (*No rock throwing*).
4. Keep your language clean. (*No cussing*).
5. Say only nice things to others. (*No teasing or name calling*).
6. Tell a staff member instead of retaliating against another child.
7. Respect the property of others and the property of Las Posas Children's Center, Inc. and Ventura Unified School District.
8. Respect and obey the staff.

These policies will be explained to the children. We ask that you also go over them at home. Your child may be expelled from the program if the policies are continually disregarded.

-----Detach Here-----

I have read the Health & Safety Policies and have reviewed them with my child(ren).

I understand that my child(ren) can be expelled from the program if the policies are not followed.

Parent Signature

Date

Child(ren)'s Name

PERSONAL RIGHTS

All children receiving services from Las Posas Children's Center, Inc. shall have rights which include, but are not limited to, the following:

1. To be accorded dignity in his /her 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 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 the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
4. To have his/her parent/guardian informed of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, 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 parents(s) or guardian(s).
6. Not to be locked in any room, building, or facility premises by day or night.
7. Not to be placed in any restraining devices without advance approval of the licensing agency.

Complaints about this facility should be forwarded to:

State Department of Social Services
 360 S. Hope Avenue, Suite C-105
 Santa Barbara, CA 93105
 (805) 682-7647

Parent - Detach here and keep top portion

This form to be kept in the child's file

To: Parent/Guardian/Child or Authorized Representative

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgement:

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 my child's admission to Las Posas Children's Center, Inc.

Child's Name

Signature of the Representative/Parent/Guardian

Title of the Representative/Parent/Guardian

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 childcare by licensing childcare centers and family childcare homes. Our highest priority is to be sure that children are in safe and healthy childcare settings. California law requires a background check for any adult who owns, lives in, or works in a licensed childcare 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 childcare home or center unless approved by the Department. This approval is called 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 childcare 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 childcare 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 parents or authorized representative of a child in licensed childcare, you have the right to ask the licensed childcare 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 childcare 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://cclid.ca.gov/docs/maps/state.htm>

CHILD CARE CENTER NOTIFICATION OF PARENTS RIGHTS

PARENT'S RIGHTS

As a parent/Authorized Representative, you have the right to:

1. Enter and inspect the childcare 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 childcare center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: **Department of Social Services, Community Care Licensing**

Licensing Office Address **360 S. Hope Avenue, Suite C-105
Santa Barbara, CA 93105**

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/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

(DETACH HERE- PARENTS KEEP UPPER PORTION)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (PARENT/AUTHORIZED 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.

Las Posas Children's Center
NAME OF CHILD CARE CENTER

Signature (Parent/Authorized Representative)

Date

NOTE: THIS ACKNOWLEDGEMENT MUST BE KEPT IN THE CHILD'S FILE AND A COPY OF THE NOTIFICATION GIVEN TO PARENT/AUTHORIZED REPRESENTATIVE.

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