



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHARACTER BUILDERS | YMCA LICENSED CHILD CARE

STEPS TO REGISTER:

1. Fill out all registration forms completely (one packet per child).
2. Turn in the registration forms at the Joe & Mary Mottino Family YMCA along with the \$50.00 non-refundable per child registration fee. A \$100 holding deposit will be collected for registration submitted prior to August 1, 2016. Children may attend the program two business days after complete registration form has been submitted.
3. Take a parent handbook. It will provide you with essential information about the program.
4. Payment information: Fees have been calculated based upon an annualized rate of the total number of program days divided into 10 equal payments (August-May) which includes all minimum days. On days when school is closed for teacher work days or holidays, day camp is available at the Joe & Mary Mottino Family YMCA for an additional cost. Please visit the Joe & Mary Mottino Family YMCA website for camp information. All payments are processed by a bank draft or credit card draft. Bank draft will occur on the 10th of each month; credit card draft will occur on the 15th of each month.
5. If you have further questions please contact the Childcare Director, Melissa Greenway or Payment Technician, Maxine Langdon at 760-758-0808.

Office Use Only | Front Desk Directions: Please check through to make sure that each form is turned in and completed (one packet per child). Take the registration fee and give the parent a copy of the Parent Handbook. Clip the packet and copy of receipt together and give to the Payment Tech.

Staff Initial _____ Date Rcvd. _____ Payment Tech Initials: _____ Start Date: _____





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CHARACTER BUILDERS ADMISSION AGREEMENT

Child's Name _____ Program Start Date _____

School Name Reynolds McAuliffe Ivey Ranch Empresa (Vista)

Child's Attendance

My child will attend (place an X to all that apply):

- Before (Oceanside 6:30am - 9:00am) (Vista 6:30am - 8:00am)
- After (Oceanside 3:30pm - 6:00pm) (Vista 2:00pm - 6:00pm)
- PM Kindergarten (Oceanside 12:15pm - 3:30pm) (Ivey Ranch)

Days Per Week Monday Tuesday Wednesday Thursday Friday

ACKNOWLEDGMENTS - Please read and initial below.

I _____ (Parents name) agree to pay _____ (monthly rate; see rates on next page) for my child to attend the Character Builders program.

Initial

If there are any changes to the hours/type of care needed, please contact the Child Care Administrator at 760-758-0808. Any changes must be given 10 days prior to your draft date (10th or 15th).

Initial

A written cancellation for the Character Builders program must be given to the Child Care Administrator at least 10 days prior to your draft date (10th or 15th).

Initial

The Character Builders program closes promptly at 6:00 p.m. Any pickup that occurs after 6:00 p.m. will assess a late fee of \$1.00 for every 1-minute late per child, which will be billed to your account.

Initial

I understand all the policies and procedures in the parent handbook and on this admissions agreement.

Parent Name (please print) _____

Parent Signature _____ Date _____



2016-2017 MONTHLY CHILDCARE PRICING

OCEANSIDE SCHOOL DISTRICT

Full Time (3+ days)	Hours	Member	Participant
Before	6:30am - 9:00am	\$177	\$208
After	3:30pm - 6:00pm	\$270	\$318
Before & After	6:30am - 9:00am / 3:30pm - 6:00pm	\$425	\$500
PM Kinder	12:15pm - 3:30 pm	\$208	\$245
Before & PM Kinder	6:30am - 9:00am / 12:15pm - 3:30pm	\$385	\$453
PM Kinder & After	12:15pm - 6:00pm	\$478	\$563
PM Kinder & Both	6:30am - 9:00am / 12:15pm - 6:00pm	\$600	\$705

Part Time (2 days)	Hours	Member	Participant
Before	6:30am - 9:00am	\$124	\$146
After	3:30pm - 6:00pm	\$188	\$221
Before & After	6:30am - 9:00am / 3:30pm - 6:00pm	\$312	\$367
PM Kinder	12:15pm - 3:30 pm	\$145	\$170
Before & PM Kinder	6:30am - 9:00am / 12:15pm - 3:30pm	\$269	\$316
PM Kinder & After	12:15pm - 6:00pm	\$333	\$391
PM Kinder & Both	6:30am - 9:00am / 12:15pm - 6:00pm	\$457	\$537

VISTA SCHOOL DISTRICT

Full Time (3+ days)	Hours	Member	Participant
Before	6:30am - 8:00am	\$140	\$165
After	2:00pm - 6:00pm	\$311	\$365
Before & After	6:30am - 8:00am / 2:00pm - 6:00pm	\$430	\$506

Part Time (2 days)	Hours	Member	Participant
Before	6:30am - 8:00am	\$99	\$116
After	2:00pm - 6:00pm	\$217	\$255
Before & After	6:30am - 8:00am / 2:00pm - 6:00pm	\$316	\$371

Primary Payment Information

Automatic payments occur once a month. Checking accounts on the 10th and credit/debit card accounts on the 15th. Changes to automatic payments must be submitted in writing and at least (10) days prior to draft date.

_____ Initial

Name on the Account _____

Bank Name (for bank draft) _____

Visa Mastercard Discover American Express

Credit Card Account Number _____ Exp. Date _____

*If using a checking account, a voided check is required.

I hereby authorize the Joe & Mary Mottino Family YMCA to initiate debits to the bank or credit card indicated above. The authority is to remain in full force and effect until the Joe & Mary Mottino Family YMCA has received written notification regarding the termination of this agreement, 10 days prior to the draft. The child care administrator must be notified of any changes or cancellation of the Character Builders program at least 10 days prior to my draft. I understand there are no proration or refunds given and that it is my responsibility to check my monthly bank statement and report any corrections immediately to the Joe & Mary Mottino Family YMCA. I also understand that I will be charged a \$10 fee for any returns.

Signature _____ Date _____

Split Payment Information

Please fill out the form below for the second billing party.

- Both forms of payment must be the same type (both credit cards or both voided checks).
- Both forms of payment must be turned in before your child can begin the program.
- If the same billing method declines and remains unpaid for two or more months, only one billing method will be allowed for the remainder of the school year. Primary account will be responsible for payments for remainder of the school year.

_____ Initial

_____ Initial

_____ Initial

Name on the Account _____

Bank Name (for bank draft) _____

Visa Mastercard Discover American Express

Credit Card Account Number _____ Exp. Date _____

*If using a checking account, a voided check is required.

Signature _____ Date _____



YMCA REGISTRATION

MOTTINO FAMILY YMCA
4701 MESA DR.
OCEANSIDE, CA 92056
(760) 758-0808
mottino.ymca.org

CHILD'S BASIC INFORMATION

Child's Name					
Birthdate / /	School	Grade	Age	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Home Address			E-mail		
City/State/Zip			Home Phone		
Parent/Guardian			Cell Phone		
Place of Business			Work Phone		
Parent/Guardian			Cell Phone		
Place of Business			Work Phone		
Child in Custody of: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Child Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					

CHILD RELEASE AUTHORIZATION/EMERGENCY CONTACT INFORMATION

Additional Persons Authorized to Pick Up Child from Facility:

Name	Relationship	Phone	Pickup Y/N	Emergency Y/N
1.				
2.				
3.				

PERSONS UNAUTHORIZED TO PICK UP CHILD

1.
2.

HEALTH HISTORY

Is the child currently taking medication? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medications administered during camp require a completed MEDICATION RELEASE FORM	
List any conditions requiring special consideration accommodations or restrictions while at camp and/or childcare:	
List any past medical treatment that may affect participation in camp:	
List any activities from which the camper should be exempted for health reasons:	

ARE YOUR CHILD'S IMMUNIZATION CURRENT/UP TO DATE? State of California School Immunization Law requires enforcement of immunization requirements.	IF EXEMPT, PLEASE SUBMIT COPY OF WAIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF LAST TETNUS SHOT / /
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ALLERGIES /DIETARY RESTRICTION (check all that apply)			CONDITIONS REQUIRING CONSIDERATION (additional forms may be required)		
<input type="checkbox"/> Insect Sting	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Peanuts	<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other: _____

CHILD MEDICAL INFO

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

MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL				(Optional): This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.			
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>	Two or More Races	<input type="checkbox"/>	Other _____
PRIMARY LANGUAGE							
<input type="checkbox"/>	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Other _____		

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

PHOTOGRAPHIC WAIVER/CONSENT

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

Parent/Legal Guardian Signature _____ 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:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

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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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*	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

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
