

3. Fees:

- a. I agree to pay Galt Parks and Recreation's registration and monthly fees for my child to participate in the City Tots Preschool. **FEES are DUE BY THE FIRST OF THE PRIOR MONTH (i.e. November's tuition is due no later than October 1st). WHEN THE 1ST FALLS ON A WEEKEND OR HOLIDAY, THE DEADLINE IS NOT EXTENDED. IF PAYMENT HAS NOT BEEN RECEIVED BY 5th OF EACH MONTH, YOUR CHILD/REN WILL NOT BE ABLE TO ATTEND CLASS UNTIL FULL PAYMENT (PAYMENT PLUS \$20.00 LATE FEE) HAS BEEN MADE AT THE PARKS AND RECREATION OFFICE. Since the Parks and Recreation Department does not invoice parents and/or guardians, it is the responsibility of such parents/guardians to make payment promptly when due. If payment is not made by the 5th of the month, your child may not be able to attend class, until the full payment is made.** Fees are not pro-rated for time not used and there are no refunds or credits for unused hours.
- b. I understand that additional fees will be charged to parents or guardians for students who are picked up late after school. For each 15 minutes or fraction of that a student is picked up after the stated end time, the parent/guardian will be charged \$5.00. Multiple infractions may result in the student being removed from the program.

4. Illness: My child will not attend the City Tots Preschool when ill. If my child becomes ill during attendance, I or my emergency designee will pick up my child within one (1) hour of notification by City Tots Preschool instructors.

5. Dis-enrollment: If I wish to dis-enroll my child from the City Tots Preschool, and hence terminate this agreement, notification must be given to Galt Parks and Recreation Department Office one month in advance. **No refund (including \$25.00 non-refundable registration fee) will be granted.** To re-enroll, all registration procedures must be completed again.

6. Behavior

Our behavior rules are as follows:

- I. Students may not conduct themselves in a manner that could physically or mentally endanger other students or staff.
- II. Threats and inappropriate language are not permitted.
- III. Students are expected to follow directions given by the teachers and support staff.

If your child does not adhere to these rules, we will contact a parent. You will be required to pick him/her up from school within 30 minutes of contact. Certain behavioral issues will be dealt with on an individual basis. Although hitting, biting and other types of aggressive behavior exhibited are not unheard of at this age; it cannot be tolerated in a school setting, as the safety of all children in our program is our top priority. It may be determined with input by the teacher(s), Recreation Supervisor(s), and/or Parks and Recreation Director that it is in the best interest of the program to drop a child due to any type of aggression and/or certain behavioral issues that may endanger other students or staff. City Tots Preschool reserves the right to drop a participant at any time for signs of aggression. Refunds will not be available.

I have read, and fully understand and agree to abide by the terms of the Registration Agreement provided above, the terms of the Parent Handbook, and all other terms of the Program established by the Galt Parks and Recreation Department. In signing below, I am indicating my intent to have my child _____ participated in the Galt Parks and Recreation's City Tots Preschool Program.

Signature of Parent/Guardian

Date

Child's Name

CHILD'S HEALTH HISTORY/PARENT REPORT

Child's Name _____ Sex ___ Age ____

Birthday _____

Child's Address: _____

Father's Name _____ Does he live with child? _____

Mother's Name _____ Does she live with child? _____

Parent's Home Phone: 1. _____ 2. (If applicable) _____

Mother's Work Address: _____ Phone: _____

Father's Work Address: _____ Phone: _____

Has child been under regular doctor supervision? ___ Date of last physical exam? _____

Past Illnesses - check all illnesses child has had and write approximate date in parentheses.

___ Chicken Pox () ___ Diabetes () ___ Poliomyelitis ()

___ Asthma () ___ Epilepsy () ___ Mumps ()

___ Rheumatic Fever () ___ Hay Fever () ___ Rubella ()

___ Whooping Cough () ___ 10 Day Measles ()

Other serious or severe illness or accidents: _____

Does child have any allergies, medicine, or dietary restrictions? Please explain:

Conditions requiring special attention: _____

List any prescribed medication the child takes and purpose: _____

Parents' evaluation of health of child _____

Describe your child's personality, likes, dislikes: _____

Names and ages of other siblings at home _____

How does child get along with parents, siblings, peers? _____

Has the child had group play experiences? _____

Does the child have any special problems, fears, habits? _____

What is the plan for care if the child is ill? _____

EMERGENCY INFORMATION

Child's Name: _____

1. Names of persons authorized to take the child from the facility. (This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

NAME:	RELATIONSHIP:	PHONE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Additional names/relationships/phone numbers of persons who may be called in emergency to pick up child: _____

3. Physician/Dentist to be called in Emergency (911 will be called when necessary)
- Physician Name: _____ Phone: _____
- Dentist Name: _____ Phone: _____
- Local hospital preferred for emergency treatment: _____
- If physician/dentist cannot be reached, what action should be taken? _____

4. Child's Medical Insurance: _____ Medical Insurance Number: _____

5. Allergies or medical limitations: _____
- _____

PERMISSION FOR MEDICAL TREATMENT:

The undersigned parent/guardian of _____ does hereby authorize Galt Parks and Recreation Department as its agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by a physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act, whether diagnosis or treatment is rendered at the office of said physician, the hospital or in the field.

It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgment may deem advisable. This authorization is given pursuant to Section 25.8 of the Civil Code of California.

The undersigned in consideration for agent accepting such responsibility shall pay upon demand all medical cost incurred as a result of agents authorization whether or not such costs are covered by medical insurance. This authorization should remain effective as long as my child is participating in the City Tots Preschool Program, unless sooner revoked by written instrument delivered to agent prior to the exercise of the power and authority granted herein.

Signature of Parent/Guardian

Date