



# After School Application

## GOOD SHEPHERD CATHOLIC SCHOOL

The following items must be submitted prior to completing registration with the *arc* after school program:

- \_\_\_\_\_ **Completed Enrollment Form (NOTE: PK ONLY NEEDS TO FILL OUT THIS FORM)**
- \_\_\_\_\_ **Signed Parent/Guardian Release & Agreement Form**
- \_\_\_\_\_ **Child Care Licensing Forms**
  - \_\_\_\_\_ Identification and Emergency Information
  - \_\_\_\_\_ Consent for Emergency Medical Treatment
  - \_\_\_\_\_ Child's Preadmission Health History
  - \_\_\_\_\_ Notification of Parents' Rights
  - \_\_\_\_\_ Personal Rights
- \_\_\_\_\_ **2018-2019 School Year Balance Paid in Full**

I \_\_\_\_\_ have completed the above application requirements for the *arc* after school program at Good Shepherd Catholic School.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YOUR STUDENT/S IS NOT REGISTERED WITH OUR PROGRAM UNTIL YOU HAVE RECEIVED AN EMAIL CONFIRMATION FROM THE AFTER SCHOOL SITE COORDINATOR.**

**Upon acceptance to program, please download the Kinderlime app onto your device. Kinderlime is used to process your monthly payments. Thank you!**

**For office use only:**

_____ Completed Application	_____ Checked Balance on KL	_____ Free/Reduced Lunch
_____ Signed Release & Agreement	_____ All Child Care Forms Signed	_____ Provided Family with Parent Packet
arc Signature: _____		Date: _____

# arc AFTER SCHOOL: GOOD SHEPHERD

PLEASE WRITE INFORMATION NEATLY AND LEGIBLY.

DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT 1: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

EMERGENCY CONTACT 2: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

MEDICAL NOTES: \_\_\_\_\_

## REGISTRATION

- Full Time: \$380/month
- Part Time: \$13/hour

## SIBLING DISCOUNT

- I am eligible for the 10% sibling discount.
- Sibling Name/s: \_\_\_\_\_

## PAYMENT INFORMATION

- MC  VISA  AMEX  Check # \_\_\_\_\_ (Checks payable to "arc")
- Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ CV Code \_\_\_\_\_  
Address on Card \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

My signature indicates I have read this entire document, understand it completely, and agree to be bound by its terms.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK

**DUTY OF PARTICIPANTS:** Some activities conducted by Good Sports Plus Ltd. doing business as arc (hereinafter, "arc") may be hazardous to participants. All participants have a duty to act as a reasonably prudent person when engaging in the activities offered by arc.

**ACKNOWLEDGMENT AND ACCEPTANCE OF RISK:** I understand and acknowledge that the activities which I am about to voluntarily engage bear certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property, or to spectators or other third-parties. I accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to myself or to my property. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of all known and unknown risks.

**RELEASE:** In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby release arc, its principals, directors, officers, agents, employees, and volunteers from any and all liability and waive any cause of action or complaint for any damage whatsoever arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse arc for all attorney's fees and costs should I bring legal action against arc and lose.

**FILM & PHOTOGRAPHY:** All film and photos taken in connection with the arc program are the sole and exclusive property of arc and may be used in any promotional materials.

**BEHAVIOR:** arc reserves the right to dismiss participants whose behavior proves disruptive to other participants. In such cases a consultation will be held with all relevant parties before any action is taken. No refunds will be offered in such cases.

**REFUNDS:** Refunds are only given in cases of clerical errors or program cancellation. Refunds are issued in 7-10 business days. No refunds for daily participants as charges occur only after services are rendered.

**ENTIRE AGREEMENT:** I understand that this is the entire Agreement between myself and arc, its agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of arc or by me.



## PARENT/GUARDIAN AGREEMENT & RELEASE FORM

*Please check each box after reviewing.*

- I understand that with any program such as this, some risks are involved, even though appropriate precautions are taken to prevent accidents. Therefore, I, my heirs, and the child being registered hereby waive and release **arc** and Good Shepherd Catholic School from all claims for damages and injuries in connection with this program.
- I understand that **arc** and Good Shepherd are separate entities. While some of our policies may differ, we are operating in partnership to deliver a quality program for our families.
- Communication to **arc** must be made via email or the Kinderlime app.
- I understand that **arc** reserves the right to cancel or change programs or activities as listed in the itinerary when necessary.
- I understand that **arc** is not responsible for the loss or damage to my child's personal belongings.
- I grant permission for my child to be taken off site from time to time with **arc** for field trips. At those times, I will be asked to sign a permission slip for the event or program.
- I agree to accept full responsibility, financial or otherwise, for the conduct of my child. In order to make each student's experience a rewarding one, all are expected to adhere to Good Shepherd and **arc**'s behavior policy. There is no refund should my child be dismissed from the program for behavior deemed unsatisfactory or if, in the sole opinion of the director, a student's presence is not in the best interests of the program.
- All pictures or video taken in connection with the **arc** program are the sole and exclusive property of **arc** and may be used in any promotional materials.
- The costs for the after school program are as follows:
  - Full Time: \$380/month      Hourly: \$13/hr
  - 10% Sibling Discount Available
- I understand that I will be charged automatically on the 27<sup>th</sup> of the month to pay for the next month's services. I will be charged every Friday if my child drops in.
- I am responsible for all fees related to my child's participation. There are no adjustments or refunds in the monthly program fees for absence, nonparticipation, or early withdrawal from the program. Your fee covers our direct operating expenses (staffing, snacks, materials, activity fees, etc). When you enroll your child, you are reserving, space, time, staffing, and provisions whether or not they attend.



- I understand that parents who do not pick up their child by 5:30PM will also be charged \$5 for every minute past 5:30PM and payment is due upon arrival.
- I understand that **arc** does not accept cash payments and that payments are submitted through the Kinderlime app. We also accept check or money order. Checks must be made payable to “**arc**.” We also require an active credit card to be on file at the **arc** main office.
- There will be a \$35 charge for all returned checks. If a check is returned, a credit card or money order will be the only acceptable form of re-payment. If I desire to switch my payment method, I must provide a written notice 15 days in advance of payment to the site coordinator or the **arc** main office.
- I understand that those who do not pay their program fees will not be allowed to attend program until payments are submitted.
- Participants leaving the program are required to notify **arc** in writing at least 15 days prior to the month the child will leave the program. Changes in schedule must also be submitted to **arc** in writing. After 30 days, unpaid accounts may be submitted to a 3<sup>rd</sup> party collection agency.
- If we need to consider any special information about your child (i.e. diet, homework, health concerns, behavioral issues, 2<sup>nd</sup> parent responsible for billing), please attach a brief note of explanation.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

**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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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
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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
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HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?
--

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?
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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
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PARENT'S SIGNATURE	DATE
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## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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](http://www.meganslaw.ca.gov)*

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# 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)