

The Creek A Middle School Youth Center Enrollment Packet



At Foothill Middle School

You may return this packet by mail or email

The Creek
A Middle School Youth Center
P.O.Box 3325
Walnut Creek, CA 94598

fhteenyouthcenter@gmail.com
www.thecreekyouthcenter.org

Print this form and submit with check.

The Creek Middle School Youth Center Foothill REGISTRATION FORM

Date: _____

Student Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Parent/Guardian Email address: _____

Alternate Parent/Guardian Email address: _____

Student's Grade in September: _____ Last School Attended: _____

Male Female

WCI Operating Hours: \$52.50 Per Day

Monday - Friday 8:30 am - 4 pm

Options: (please check appropriate option)

Each week my child will attend: (PLEASE CHECK ALL DAYS NEEDED)

Monday Tuesday Wednesday Thursday Friday

Registration Fee : \$60.00

- Check (Make check out to The Creek)
 Please charge the fee to my Tuition Express account

If your preferred days are not available, your student will be put on a waiting list.

Email or Mail this form with the registration fee :

The Creek, P.O. Box 3325, Walnut Creek, CA 94598

For questions and information, contact:

Colleen White (925) 934-3324 or email:

fhteenyouthcenter@gmail.com *Registration is nonrefundable

Website: <http://www.thecreekyouthcenter.org>

**The Creek Middle School Youth Center
Admissions Agreement**

Student's Name: _____

Admissions Policy:

The Creek, A Middle School Youth Center accepts applications for enrollment without regard to race, religion, sex, national origin, creed or disability. Students in grades 6th-8th are eligible for The Creek program. Enrollment is granted based on space available and preference is given to siblings of students already enrolled in the program. When necessary, a waiting list will be maintained and admission will be granted in numerical order of wait-list.

The Creek has a goal of serving the needs of the individual child, family, and all children enrolled in the Center. It may be necessary to assess an individual child on a case by case basis for appropriateness in the program.

Financial Terms and Agreements:

1. I understand that all forms and registration payments must be completed and returned prior to the 1st day of attendance.
2. I will pay tuition by the 10th of the month. A late fee will be assessed at 10% if received after the 10th of the month.
3. I agree to pay a \$7.00 convenience fee every month when paying by credit card.
4. I agree to pay the required late fee of \$1.00 per minute after the first five minutes, if I am late picking up my child.
5. In case of withdrawal from the Center, 30 days written notice is needed.
6. I agree to pay a return check fee of \$25.00.
7. The Creek will give at least a 30-day written notice prior to any rate change.
8. The Registration Fee is non-refundable.
9. I agree to pay a finder's fee of \$5.00 if my child does not sign into The Creek within the allotted time.
10. No tuition refunds for school closure or The Creek closure due to circumstances beyond our control.
11. If your student attends on a school minimum day there will be an extra \$10 fee.

Rights of the licensing agency:

I understand and acknowledge that The Creek is a licensed care center and that under California law, the California Department of Social Services has the right at any time, without prior notice or prior consent, to privately interview the children, or staff, to inspect and audit the children's records, to observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examinations of the children.

Photo Usage

The Creek uses photos of students in publications, in social media sites and in marketing materials. **If you do not wish to have your child's picture included, please let us know in writing**

Termination Policy:

The Creek reserves the right, in its sole discretion, to terminate or suspend my child's enrollment effective immediately upon written notice if any of the following conditions arise:

- a. A financial obligation remains unpaid for 30 days following the date such payment is due.
- b. Termination or suspension is in the best interest of my child or the school.

If my child's enrollment is terminated pursuant to (a) above, I acknowledge that I remain responsible for all unpaid obligations incurred up through the date of termination/suspension. If my child's enrollment is terminated pursuant to (b) above, any prepaid tuition will be refunded in full (subject to the reduction for any unpaid financial obligations incurred through the date of termination).

Student Schedule Changes:

It is very important that you notify The Creek, **VIA EMAIL**, of any change by the 20th of the prior month. For example, if you want to change your child's schedule for the month of January you need to email The Creek by December 20th to request that change. Failure to notify us by the 20th of the month will result in a non-refundable draw of that month's tuition.

Monthly Enrollment Options:

Monday through Friday 8:30 am - 4 pm

Pricing:

Daily rate \$52.50

Please return all forms listed below and sign and date before your students start date.

The Creek, P.O. Box 3325, Walnut Creek, CA 94598

- Copy of Admission Agreement
- Emergency Information Form
- Notification of Parents' Rights
- Personal Rights Form
- Consent for Emergency Medical Treatment
- Sign out Form

Signature of Parent/Guardian _____

Date _____

Signature of Director _____

Date _____



Students Health and Family Information Report

Date ___ / ___ / ___

Student Name _____ Sex _____ DOB _____

Parent 1/Guardians Name: _____

Occupation : _____ Tel # _____ Cell _____

Parent 2/Guardians Name: _____

Occupation : _____ Tel # _____ Cell _____

Parents evaluation of student's health _____

Date of Last Physical Exam _____ Are immunizations up to date? _____

Any regular medications? _____ If yes, list medications: _____

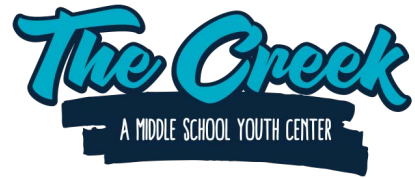
Does your child have any food allergies? _____ If yes, what? _____

Any other known allergies? _____

Any special needs or ongoing health issues? Explain. _____

Please list student's siblings and ages: _____

Parent Signature _____ Date _____



**THE CREEK
A MIDDLE SCHOOL YOUTH CENTER**

Student self sign-out permission slip

I give permission for my child _____ to sign him/herself out from The Creek.

When I call
or

at _____ p.m.

I understand that it is my responsibility to update this form if the above information changes.

Signature of parent/guardian _____

Date _____

Field Trip Permission Slip

I give The Creek permission to take my student _____ on a walking field trip to The Encina Shopping Center or The Orchards Shopping Center

Signature of parent/guardian _____

Date _____

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1515 Clay St. #1102

Licensing Office Telephone #: 510-622-2602

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, The Creek Middle School Youth Center
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

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

1515 Clay St #1102

ADDRESS

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

510-622-2602

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)

The Creek Youth Center

(PRINT THE ADDRESS OF THE FACILITY)

2775 Cedro Ln, Walnut Creek, CA 94598

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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					BUSINESS TELEPHONE
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE
					()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					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
()



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We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) The Creek A Middle School Youth Center to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

*** VISA or MASTER CARD ONLY**

*** \$7.00 convenience fee every month when paying by credit card**

Cardholder Name	Phone #		
<hr/>			
Cardholder Address	City	State	Zip
<hr/>			
Account Number	Expiration Date		
<hr/>			
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
<hr/>				
Address	City	State	Zip	
<hr/>				
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
<hr/>				
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
<hr/>				
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of





COVID-19 PUBLIC HEALTH EMERGENCY

FAMILY & CHILD

ACKNOWLEDGMENT AND DISCLOSURE

For BOTH parents or guardians. Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Name and number of who to contact if my child needs to be picked up:

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

4. _____ I understand that my child's temperature will be taken daily upon arrival and midday as long as the public health emergency is in place.

5. _____ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local social distancing and stay-at-home orders, will limit my child's contact outside of care to persons living in my household.

7. _____ I will immediately notify my center Director if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

8. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some

people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

9. ____ I understand if anyone in our household travels out of the State, I will notify The Creek and my student may be asked to not attend The Creek for 2 weeks without tuition reimbursement.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by The Creek will result in disciplinary action up to and including termination of services. I acknowledge that my enrollment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

Parent/Guardian Name: _____ Date _____