

Print this form and  
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## 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

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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 6<sup>th</sup>-8<sup>th</sup> 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 1<sup>st</sup> 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 10<sup>th</sup> 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 20<sup>th</sup> 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 \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

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 \_\_\_\_\_