



City of Porterville Parks & Leisure Services Department
TINY TOTS PROGRAM ENROLLMENT FORM
2019/2020 School Year

Child's Name _____ Start Date _____

Circle one: Male or Female Age _____ Birth Date _____

Mother _____ Live in home? _____

Address _____ Phone _____
Home / Cell

Email _____

Employer _____ Phone _____

Father _____ Live in home? _____

Address _____ Phone _____
Home / Cell

Email _____

Employer _____ Phone _____

Check the days your child will be attending the program.

Monday	Tuesday	Wednesday	Thursday	Friday

Is other Parent/Guardian authorized to make changes to this agreement? _____ Yes _____ No

PARENT RESPONSIBILITIES

Please initial each of the following to indicate that you have read, understand and agree to each item.

I understand and agree that:

- _____ 1. My Child is 3 to 5 years old and is toilet trained. In the event of a bathroom accident, I will come and change my child.
- _____ 2. My child is not allowed to come and go freely from the Tiny Tots program. My child must be signed in and out daily by myself or an authorized person.
- _____ 3. I must maintain communication with program staff about my child and keep staff informed on any pertinent changes. I must notify the program staff in writing of any daily departure changes.

- _____ 4. I must pick up my child within 15 minutes of being notified by the Tiny Tots Program that my child is sick or his/her behavior is out of control.
- _____ 5. If a medical emergency arises, the Tiny Tots Program will first attempt to contact me. If I cannot be reached, the Tiny Tots Program will contact the person designated on this agreement as an emergency contact. If the emergency is such that immediate hospital attention is necessary, the Tiny Tots staff may call 911 to take my child to the hospital or emergency care facility. I am responsible for all costs incurred.
- _____ 6. The Tiny Tots Program will operate from 9:00 a.m. to 12:00 p.m. Monday through Friday. The program will operate August 19, 2019 – June 10, 2020. We will be closed on the following dates:
- | | |
|--|----------------------------|
| September 2 nd | Labor Day |
| November 1 st | Staff Development Day |
| November 11 th | Veterans Day |
| November 25 th - 29 th | Thanksgiving |
| December 18 th - Jan. 3 rd | Winter Break |
| January 20 th | Martin Luther King Jr. Day |
| February 10 th & 17 th | President Birthdays |
| April 6 th - April 13 th | Spring Break |
| May 25 th | Memorial Day |
| June 10 th | Last Day of School |
- _____ 7. I understand that for the comfort and safety of my child the following dress code will be enforced: no open toe shoes or shoes with heels, no long dresses (tripping hazard). Children should wear comfortable “play” clothes as they will be active and will most likely get dirty.
- _____ 8. I understand the Tiny Tots program celebrates all holidays and special occasions.

BILLING PROCEDURES

	Mon-Wed-Fri	Tues – Thurs	Both Sessions	Date Paid	Amount	Check #
August	\$60.00	\$40.00	\$100.00			
September	\$120.00	\$80.00	\$200.00			
October	\$130.00	\$100.00	\$230.00			
November	\$80.00	\$60.00	\$140.00			
December	\$70.00	\$50.00	\$120.00			
January	\$120.00	\$80.00	\$200.00			
February	\$100.00	\$80.00	\$180.00			
March	\$130.00	\$90.00	\$220.00			
April	\$90.00	\$70.00	\$160.00			
May/June	\$170.00	\$110.00	\$280.00			

Use the payment schedule to keep track of your child care expenses. **Tax ID #94-6000398**

Please initial each of the following certifying that you have read, understand and agree to each item.

I understand and agree that:

- _____ 1. Fees are as specified. There is a \$25 registration/administration fee per family. This fee is non-refundable.
- _____ 2. I am responsible for the monthly payment of fees, paid in advance. The rates will be in effect until further notice.
- _____ 3. I agree to pay the above monthly fee until a new agreement is executed or this agreement is canceled.
- _____ 4. I agree to pay the monthly fee on or before the 5th day of the month. Payments received after the fifth day of the month are subject to the following late payment fees:
- | | | | |
|-------------------------------------|------|-------------------------------------|------|
| 6 th – 10 th | \$5 | 21 st – 25 th | \$20 |
| 11 th – 15 th | \$10 | 26 th – 31 st | \$25 |
| 16 th – 20 th | \$15 | | |
- _____ 5. Accounts need to be current and paid up to date by the 10th of each month or the child may be removed from the program.
- _____ 6. I agree to make sure that my child is picked up at the scheduled time each day. Parents whose children remain past the scheduled pick up time must pay an overtime fee At the rate of \$5 for each 10 minutes late. (Overtime charges must be paid at the time of pick-up)
- _____ 7. I will be notified in advance of any rate increases.
- _____ 8. I understand that failure to pay fees on time and failure to pick up my child on time is cause for removal from the program. No refunds or discounts will be given for illness or absence.
- _____ 9. I understand and agree to abide by all the above parent responsibilities and billing procedures.

I, the undersigned, hereby agree to defend, and hold harmless the City of Porterville and its officers, employees and agents from and against any and all loss, liability, charges and expenses including attorney's fees and cause of action of whatsoever character which may arise from reason of participation in the above program/service or be in any way connected herein. The City of Porterville does not provide accident, medical, liability or any other insurance for the program participants. Please be advised that participants in Parks & Leisure Services activities are subject to being photographed, and such photographs may be used to promote city programs.

Print name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

DEPARTURE PROCEDURES:

List below persons authorized to take your child from the facility including parent's names. (Your child will not be allowed to leave with any other person).

Name	Phone #	Relation

Any changes in the above department procedures must be received in writing from the parent or guardian.

Enrollment in the Tiny Tots Program shall be granted to students without regard to race, religion, color or national origin. The Tiny Tots Program attempts to both enrich and complement the pre-school age child experience by providing an educational, safe, secure and caring environment.

Pam Loverin, Tiny Tots Director
Donnie Moore, Leisure Services Director

CHILD'S INTERESTS:

Languages other than English the child speaks or understands: _____

Special interests or favorite activities: _____

Particular behavior difficulties or potential problems that you would like us to be aware of: _____

How would you like for us to handle behavioral difficulties or problems? _____

In relation to your child, what are your expectations of this program? _____

What specific skills/lessons would you like to see taught or practiced? _____

Please list important values you want focused upon in the area of your child's development: _____

As parents, we encourage you to participate in the program. If you have any skills, hobbies, or talents you would like to share with the program please list: _____

EMERGENCY INFORMATION FOR

Name _____ Program Attending **Tiny Tots Program**

Birth date _____ Gender _____ Age _____

Parent/Guardian Names _____

Home Address _____

Home Phone _____ Business Phone _____

EMERGENCY CONTACTS:

Please list the name, address, and phone numbers of people that can be notified in case of emergency or to pick up child when parents or guardian are not available. (These contacts are also authorized to remove child from the program)

Name	Address	Phone #	Relation

CONSENT TO TREAT A MINOR

The above has my permission to engage in all program activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize and secure proper treatment for my child in the event of an emergency. If an ambulance is needed to be called, the program director has my permission. I understand that I am responsible for all medical expenses resulting from the emergency.

Signature

Relation to child

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any medical attention in the event of illness or accident.

Signature

Relation to child

Date

MEDICAL HISTORY INFORMATION

Name of child _____

Is child subject to:	please check one	YES	NO
	Colds	_____	_____
	Sore throat	_____	_____
	Fainting Spells	_____	_____
	Bronchitis	_____	_____
	Convulsions	_____	_____
	Cramps	_____	_____
	Allergies	_____	_____

Does child have a history of:		YES	NO
	Heart trouble	_____	_____
	Asthma	_____	_____
	Lung trouble	_____	_____
	Sinus trouble	_____	_____
	Hernia (rupture)	_____	_____
	Appendicitis	_____	_____
	Has appendix been removed	_____	_____

Explain any Yes marks _____

Is child's eyesight good? _____ Is child's hearing good? _____

Is child currently under medical care? _____ Explain _____

Please identify child's allergies, including allergies to foods, medications and any other reactions you know about _____

Please list any physical handicaps or disorders that may limit your child's activities in this program, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc. _____

Please list all medications the child is presently taking**:

Name of medication	Dosage	Time taken
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**Program staff is not allowed to administer medication. Absolutely no over the counter medications will be administered by program staff.

Name of child's physician _____ Phone _____