

Contract For Tiny Tots Summer Camp Program

AKA Bermudez Family Day Care

Lic. #197412464

13929 Manor Dr. Hawthorne, CA 90250

(661)886-0417

www.tinytotshome.com

Start Date: _____

Child's Name: _____

Birthday: _____

Home Address: _____

Email: _____

Mother's Name: _____

Work Phone: _____

Cell Phone: _____ Text ____yes ____no

Father's Name: _____

Work Phone: _____

Cell Phone: _____ Text ____yes ____no

Doctor: _____ Phone: _____

Emergency Phone Numbers (*At least one must be listed*)

Name: _____ Phone: _____

Relationship: _____ Cell: _____

Name: _____ Phone: _____

Relationship: _____ Cell: _____

Summer Camp Fees:

All tuition is to be paid in advance on a monthly, weekly or daily schedule.

3-5 year olds:

Full Week- \$225

Daily- \$55

6 years and older:

This group is for children that have completed kindergarten and older

Full Week- \$200

Daily \$55

******tuition does not include field trip fees. Those fees vary and will be due the day the field trip takes place.

Summer Camp Agreement

- Tuition is due in advance by cash or electronic transfer through Zelle or Venmo. Tuition can be paid monthly, weekly, or daily if doing drop in care. Initial _____
- There are no refunds given for days reserved that your child does not attend. In certain instances, credit will be given for future days due to a paid absence. Initial _____
- **LATE CHARGE:** The day care closes promptly at 4:30pm. After 4:30 pm, there will be a late charge of \$10 for the first 15 minutes and \$1 per minute after the 15 minute period per child. I understand that multiple late pick ups may result in termination of care. Initial _____

- Summer camp runs June 16- August 22. The daycare will be closed for the following days: 7/10, 7/11, 7/14, and 7/15 for caregivers vacation days. Initial _____

- **Sunscreen**

_____ My child has skin reactions to certain sunscreens and may only use the sunscreen I provide.

_____ My child does not have any restrictions to sunscreen and may use whatever sunscreen the day care provides.

- **Electronics**

I understand that if my child brings their electronic device, they are responsible for their own device as well as the charger and any other items related to it. I will talk to my child about following the summer camp electronics rule and only be used when allowed by the caregiver. _____ Initial

Food Allergies and Restrictions

_____ My child is on a restricted diet or has food allergies so they can only have the food I send daily. Please list diet or allergies here:

_____ My child can have the food I pack as well as anything that is served at daycare. They have no restrictions. (this includes sweets given as rewards and prizes as well as special celebration days)

_____ My child does not have allergies or on a special diet but I would rather them not have candy or sweets as prizes or rewards. They may participate in special celebrations and I will give permission on an "as needed" basis.

I understand that lunch for field trips must be brought from home.

Initial _____

- **Behavior**

I understand that my child is expected to behave in a respectful manner at daycare and on field trips. Kids will be kids and are expected to have some behavior reminders. If the caregiver has a hard time with my child, I understand that the disciplinary action would be to miss the next field trip. Multiple disciplinary issues may result in the termination of care. Any issues involving bullying or aggressive behaviors will be handled as needed with parent, staff, and children involved. Serious behavior issues may require immediate termination of care. Initial _____

- **Field Trips**

_____ My child uses a car seat when traveling; Circle one:

HARNESS CAR SEAT

BOOSTER CAR SEAT

_____ My child uses a regular seat belt when riding in a car.

Field Trip Permission

I give the staff at day care permission to transport my child to their scheduled field trip. I will know in advance what time we are leaving for the trip. If I am not at the daycare in time for the trip, I will either drop my child off at the location of the field trip or agree to have the child miss the trip and stay at the daycare with an available caregiver or be taken home if no caregiver is available,

I HAVE READ AND UNDERSTAND ALL THE INFORMATION ABOVE. BY SIGNING, I AGREE TO THE POLICIES STATED IN THIS AGREEMENT.

_____ Parent Signature

_____ Date

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

Community Care Licensing

ADDRESS

300 Continental Blvd. #290 A

CITY

El Segundo

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

(424)301-3077

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)

Tiny Tots AKA Bermudez Family FCCH

(PRINT THE ADDRESS OF THE FACILITY)

13929 Manor Dr. Hawthorne, CA 90250

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Megumi Nakamura

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

. THIS CARE MAY BE GIVEN UNDER

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

()

