

Contract For Tiny Tots Summer Camp Program

AKA Bermudez Family Day Care

Lic. #197412464

13929 Manor Dr.

Hawthorne, CA 90250

(310)675-1646

www.tinytotshome.com

Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text \_\_\_yes \_\_\_no

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text \_\_\_yes \_\_\_no

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone Numbers At least one must be listed

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Tuition Rates

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

Full Week- \$200

Daily \$60

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

## Daycare 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.* Initial \_\_\_\_\_

**LATE CHARGE:** The day care closes 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 \_\_\_\_\_

## 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.

## 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:

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\_\_\_\_\_ 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 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.

**\*\*Lunch and snacks will be provided daily except for some field trip days. Food from home must be provided if your child will not eat what's being served. A monthly menu is available if requested.\*\***

## 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:

5pt HARNESS CAR SEAT

HIGHBACK BOOSTER 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 departure, 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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** \_\_\_\_\_ 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  
( )

## 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:	300 Continental Blvd. #290 A, El Segundo CA 90245
Licensing Office Telephone #:	(424)301-3077
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](http://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. Tiny Tots AKA Bermudez Family FCCH  
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.**

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LIC 995A (8/08)

# 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)