

# GLO SUMMER ADVENTURES 2010

## REGISTRATION FORM

### Child Information (One Application per Child. Please Print Legibly)

Child's Last Name \_\_\_\_\_  
 Child's First Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade Next Fall \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 GLO Site Child Attends During School Year \_\_\_\_\_  
 School child Attends (if different) \_\_\_\_\_  
 Sex \_\_\_\_\_

Time to join the fun! Please check the Weeks attending (9:00-4:00pm) & Extended Care Choices (AM:7:00-900am and/or PM:4:00-6:00pm)

- |                                                 |       |                                  |                                  |
|-------------------------------------------------|-------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Week 1 (06/14 - 06/18) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |
| <input type="checkbox"/> Week 2 (06/21 - 06/25) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |
| <input type="checkbox"/> Week 3 (06/28 - 07/02) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |
| <input type="checkbox"/> Week 4 (07/06 - 07/09) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |
| <input type="checkbox"/> Week 5 (07/12 - 07/16) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |
| <input type="checkbox"/> Week 6 (07/19 - 07/23) | \$230 | <input type="checkbox"/> AM \$35 | <input type="checkbox"/> PM \$35 |

*For Statistical Purposes Only; eligibility is not based on statistics.*

Ethnicity (please check the ones that apply)

- Caucasian    African-American    Latin-American/Hispanic  
Asian-American    Pacific Islander    Native-American  
 Other \_\_\_\_\_

Income Level: For 2 persons in household (Check ONE box below):

- Low(\$27,150 or less)    Low-Middle(\$42,250)    Middle(\$72,400)    High(\$91,200)

Income Level: For 3 or more persons in household:

- Low(\$30,550 or less)    Low-Middle(\$50,900)    Middle(\$81,450)    High(\$102,600)

TOTAL # OF WEEK(S) \_\_\_\_\_ X \$230 = \$ \_\_\_\_\_  
 TOTAL # OF AM CARE \_\_\_\_\_ X \$35 = \$ \_\_\_\_\_  
 TOTAL # OF PM CARE \_\_\_\_\_ X \$35 = \$ \_\_\_\_\_  
**PROGRAM SUBTOTAL** \_\_\_\_\_ = \$ \_\_\_\_\_

### PAYMENT IN FULL DISCOUNT

Pay in full by April 17th & receive Less 10% of  
 10% discount per child per week tuition Sub-Total -\$ \_\_\_\_\_

### SIBLING DISCOUNT

5% per child on week tuition. Less 5% of  
 Sub-Total -\$ \_\_\_\_\_

Sibling name: \_\_\_\_\_

**PROGRAM TOTAL** \$ \_\_\_\_\_

### DEPOSIT \*\* \$50 PER WEEK

*Deposit is applied towards tuition* \$50 x number of weeks \$ \_\_\_\_\_

\*\*Deposit not required if you are paying in full or if you currently have a deposit on file for the school year with GLO.

### REGISTRATION FEE (non refundable)

\$25 per new child \$ \_\_\_\_\_

NO FEE for current & returning families

**TOTAL INCLUDED WITH REGISTRATION:** \$ \_\_\_\_\_

### Program Cancellation Policy

Deposit is NOT REFUNDABLE. Cancellation fee is \$50 per week

### Payment Methods

**By Check:** Please make checks payable to Growth & Learning Opportunities and mail to 1560 Noriega Street, Suite 206, San Francisco CA 94122.

**By Credit Card:** to use this method, please complete the Authorization Form on page 17, and submit it to GLO with this Registration Form.

Note: when paying by credit card, the total amount due (including registration fees) will be charged.

### Parent/Guardian 1

Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address (if different from child) \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian 2

Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Address (if different from child) \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_

How did you hear about us?

\*\*\*GLO often takes photographs of children for use in brochures, bulletin boards and the GLO web site.

I give my permission for GLO to use my child's photographs & video for these purposes.\*\*\*\*

### SWIMMING LESSONS 2010

There are two courses of swimming lessons. Child must be enrolled in the program to participate.

Session 1: June 15 - July 01 (\$75)

Session 2 : July 06 - July 22 (\$75)

Please submit a separate check payable to GLO. Write your child's name and indicate Swimming Sessions 1 and/or 2 in the "memo".

Signature \_\_\_\_\_ Date \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Staff Use Only	Initials: _____ Amount: _____ Check Number: _____ Cash: _____	DATABASE Client File: _____ Schedule: _____	<input type="checkbox"/> Current GLO Family <input type="checkbox"/> New Family	<input type="checkbox"/> Registration <input type="checkbox"/> Deposit on File <input type="checkbox"/> Deposit included	<input type="checkbox"/> Payment in Full <input type="checkbox"/> Sibling <input type="checkbox"/> Fee Subsidy	COMMUNICATION <input type="checkbox"/> Confirmation Letter <input type="checkbox"/> Child Packet Sent	<input type="checkbox"/> Returning Packet <input type="checkbox"/> New Packet
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### CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addresses by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

**PLEASE CONTACT CENTER FOR INFORMATION ABOUT CREDIT CARD TYPES ACCEPTED.**

Cardholder Name	Phone #
Cardholder Billing Address	Credit Card Account Number
City	Expiration Date
State	
Zip	
Cardholder Signature	Date

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**For Official Use Only:**  
 Date Received: \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_

### Credit Card Charge Schedule

*When paying by credit card, the total amount due, including Registration Fees, will be charged. Penalty fees apply for overdraft and bounced cards.*

If GLO receives your paperwork by:	Your credit card will be charged on:	If GLO receives you form by	Your credit card will be charged on:
Monday 03/01/10	Friday 03/05/10	Monday 05/17/10	Friday 05/21/10
Monday 03/08/10	Friday 03/12/10	Monday 05/24/10	Friday 05/28/10
Monday 03/15/10	Friday 03/19/10	Monday 06/01/10	Friday 06/04/10
Monday 03/22/10	Friday 03/26/10	Monday 06/07/10	Friday 06/11/10
Monday 03/29/10	Friday 04/02/10	Monday 06/14/10	Friday 06/18/10
Monday 04/05/10	Friday 04/09/10	Monday 06/21/10	Friday 06/25/10
Monday 04/12/10	Friday 04/16/10	Monday 06/28/10	Friday 07/02/10
Monday 04/19/10	Friday 04/23/10	Tuesday 07/06/10	Friday 07/09/10
Monday 04/26/10	Friday 04/30/10	Monday 07/12/10	Friday 07/16/10
Monday 05/03/10	Friday 05/07/10	Monday 07/19/10	Friday 07/23/10
Monday 05/10/10	Friday 05/14/10		

**Record Retention Notice:** The child care provider shall retain parent (client) authorization form in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

GLO IDENTIFICATION, EMERGENCY, HEALTH HISTORY & CONSENT FORM (LIC 700, 702, 627)

The California Department of Social Services requires that all participants attending a CA Licensed program, completes these forms before the first day of attendance. This information is to be completed by Parent or Authorized Representative.

CHILD'S INFORMATION

First Name: Last Name: Address: City/State/Zip Home Phone: Birth date: / / Grade (in Fall 10): Height: Weight: Hair Color: Eye Color: Birthmarks/scars: Sex:

PARENT/GUARDIAN 1 INFORMATION

First Name: Last Name: Lives in Home with Child? YES NO Home Phone: Cell Phone: Work Phone Employer: E-mail:

PARENT/GUARDIAN 2 INFORMATION

First Name: Last Name: Lives in Home with Child? YES NO Home Phone: Cell Phone: Work Phone Employer: E-mail:

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY/NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (LIC 700) Child will not be allowed to leave with any other person without written authorization form parent or authorized representative

Name: Cell Phone: Alternate #: Relationship: Name: Cell Phone: Alternate #: Relationship: Name: Cell Phone: Alternate #: Relationship: Name: Cell Phone: Alternate #: Relationship:

MEDICAL CAREGIVERS (INFORMATION REQUIRED BY STATE LAW)

Physician: Address: Medical Plan & Number Phone: Dentist: Address: Medical Plan & Number Phone: Medical Insurance Company: Policy Number:

HEALTH HISTORY (Check illnesses that child has had and include approximate dates) (LIC 702)

Asthma: Poliomyelitis: Seizures: Diabetes: Whooping Cough: Measles (Rubeola): Rheumatic Fever: Mumps: Chicken Pox: Measles (Rubella): Allergies: Pollen Penicillin Poison Oak Bee Stings Bee Sting Kit Foods Hay Fever Other Insect Stings Other Drugs Other Allergies?

List Other Allergies Here (include dietary restrictions):

Parent's Evaluation of Child's Health:

Is/Has Child Been Under Regular Supervision of Physician? Date of Last Physical/Medical Examination:

Is Child Under a Doctor's Care? YES NO Does Child take Prescribed Medications? YES NO Reason/Side Effects:

Does Child Use Any Special Devices? YES NO What Kind?

Does Child Have Frequent Colds? YES NO How Many in the Last Year?

Parent's Evaluation of Child's Personality:

How Does Child Get Along with Parents, Siblings and Other Children?

Has the Child Had Group Play Experiences?

Does Child Have Any Special Problems, Fears or Needs? (Explain)

What is the Plan for Care When Child is Ill?

Reason for Requesting Day Care Placement

CONSENT FOR MEDICAL TREATMENT (LIC 627)

As the Parent, Agency Representative or Legal Guardian, I hereby give consent to GLO to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for Child's Name. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

Parent/Agency Representative, Guardian Signature Date

## ACKNOWLEDGMENT OF NOTIFICATION OF PERSONAL RIGHTS (LIC 613A)

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained on page 20 complete the following acknowledgement:  
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 Name of the Facility GLO at West Portal GSA 2010	Print the Address of the Facility 5 Lenox Way, San Francisco CA 94127
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Print the Name of Child

Signature of Parent/Guardian or Authorized Representative

Title of Parent/Guardian or Authorized Representative

Date

## ACKNOWLEDGMENT OF NOTIFICATION OF PARENTS' RIGHTS (LIC 995)

(Parent/Guardian or Authorized Representative Signature Required)

I, the Parent/Guardian or Authorized Representative of \_\_\_\_\_, have received  
Child's Name  
a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENT'S RIGHTS" and the CAREGIVER BACKGROUND CHECK  
PROCESS form from the licensee. (Page 20)

GLO at West Portal  
GSA 2010

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Guardian or Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgment must be kept in child's file and a copy of the Notification given to Parent/Guardian or Authorized Representative.**

## PERSONAL RIGHTS (LIC 613A)

### 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 aides 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 the 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:**

Peninsula District Office Child Care Department of Social Service  
Community Care Licensing  
801 Traeger Avenue, Suite 100  
San Bruno, CA 94066  
650-266-8843

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS (LIC 995)

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

- (1) Enter and inspect the child care center without advanced notice whenever children are in care.
- (2) File a complaint against the licensee with the licensing office and review licensee's public file kept by the licensing office.
- (3) Review, at the child care center, reports of licensing visit and substantiated complaints against the licensee made during the last three years.
- (4) Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- (5) Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
- (6) Receive from the licensee the name, address and telephone number of the local licensing office.(see above)
- (7) Be informed by the licensee, upon request, of the name and type of association to the child care center 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.
- (8) Receive, from the licensee, the Caregiver Background Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**