

FAIR OAKS

RECREATION & PARK DISTRICT



2016-2017 PRESCHOOL REGISTRATION CHECK LIST

Student's Name: _____

Parent's Name: _____

Item	Received
Waiver Form	<input type="checkbox"/>
Information & Emergency Authorization Form	<input type="checkbox"/>
Parent Handbook Sheet Signed	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Shot Record/Shot Waiver	<input type="checkbox"/>
Car Insurance	<input type="checkbox"/>
Auto Withdrawal Form (if Applicable)	<input type="checkbox"/>

I would like to buyout for the entire year of volunteer. Please note: only 5 per class on first come first serve basis: _____

I have the following restrictions to my volunteer days: _____

The following people may do my volunteer days for me (name any family member who may work in classroom other than yourself that will be fingerprinted): _____

**Please note: An assistant in the classroom is dependent on getting 5 buyout families in each class.*

FAIR OAKS RECREATION & PARK DISTRICT PARTICIPANT'S REGISTRATION WAIVERS, RELEASE, ASSUMPTION OF RISK

Note: Participant(s) or legal guardian must complete waiver form in its entirety, prior to the first class meeting. If waiver is not signed, participant will not be registered, and form will be returned.

PAYEE INFORMATION

LAST NAME: _____ FIRST NAME: _____

PHONE (HOME): _____ PHONE (WORK/CELL): _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE: _____

METHOD OF PAYMENT: Payment at class cannot be made in cash. To pay with cash, you must register in the District Office

Check #: _____ Card #: _____ Expiration Date: _____ CVC: _____ Visa: _____ MasterCard _____ AMEX: _____

Cardholder's Name (Print): _____ Cardholder's Signature: _____

Child's Name	Date of Birth	Class	Fees	BUY OUT Option
		2016-17 Tuesday/Thursday Fair Oaks Preschool	\$80 Registration Fee \$140 (\$135 res) per month \$1,260 (\$1,215 res) yearly	\$50 per month <input type="checkbox"/> I would like to buy out of volunteering
		2016-17 Mon./Wed./Fri. Morning Fair Oaks Preschool	\$80 Registration Fee \$190 (\$185 res) per month \$1,710 (\$1,665 res) yearly	\$50 per month <input type="checkbox"/> I would like to buy out of volunteering
		2016-17 Mon./Wed./Fri. Afternoon Fair Oaks Preschool	\$80 Registration Fee \$190 (\$185 res) per month \$1,710 (\$1,665 res) yearly	\$50 per month <input type="checkbox"/> I would like to buy out of volunteering

Please remember to sign the waiver on the bottom of this form, Thank You!

Agreement, Waivers, & Release Fair Oaks Recreation & Park District

2016

In consideration for being permitted by the above District to participate in the above activity(ies), I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity(ies). This release is intended to discharge in advance the above District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding by my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in the said activity(ies).

Parental Consent

(To be completed and signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, _____ participate in the above activity(ies), and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity(ies).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant (if under 18, Parent or Guardian): _____ Date: _____

I understand that photographs taken of recreational programs may be used by the District for promoting programs, classes or events. _____ initial



FAIR OAKS RECREATION AND PARK DISTRICT
4150 TEMESCAL STREET, FAIR OAKS, CA 95628
916 966-1036

- MWF Morning
 MWF Afternoon
 Tuesday/Thursday

2016-2017 Fair Oaks Preschool Participant Information and Emergency Authorization

Child's Last Name: _____ Child's First Name: _____ MI _____ Male/Female (circle one)
Mailing Address: _____ / _____ / _____
Street City STATE Zip
Home Phone: _____ Work/Cell: _____ DOB: _____ Height: _____ Weight: _____
Allergies, Special Needs/Accommodations/Behavior Issues: _____

PRIMARY PARENT/GUARDIAN NAME:

Last Name: _____ First Name: _____ MI _____ Male/Female (circle one)
Mailing Address: _____ / _____ / _____
Street City STATE Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to Child: _____ email: _____
Does child primarily reside at this address? _____ If no, where does child primarily reside? _____

SECOND PARENT/GUARDIAN NAME:

Last Name: _____ First Name: _____ MI _____ Male/Female (circle one)
Mailing Address: _____ / _____ / _____
Street City STATE Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to Child: _____ email: _____
Does child primarily reside at this address? _____ If no, where does child primarily reside? _____

ARE PARENTS LIVING TOGETHER? YES _____ NO _____

ARE THERE ANY CUSTODY OR VISITATION RESTRICTIONS? If so, describe _____

EMERGENCY CONTACTS: *(Individuals other than parent or legal guardian who can be contacted in case of an emergency)*

Emergency Contact 1: _____ Relationship to Child: _____
Phone (work): _____ (Home): _____ (Cell): _____
Pick up: **Yes** or **No** (circle one)

Emergency Contact 2: _____ Relationship to Child: _____
Phone (work): _____ (Home): _____ (Cell): _____
Pick up: **Yes** or **No** (circle one)

DISMISSAL AUTHORIZATIONS: Every day at dismissal time the Parent/Guardian or Authorized Alternate picking up the child **MUST SIGN THEM OUT**. No child will be permitted to leave Preschool with persons other than those listed below. **(PLEASE INCLUDE YOURSELF)**

PARENT/GUARDIAN (1): _____

PARENT/GUARDIAN (2): _____

ALTERNATE (1): _____ **ALTERNATE (2):** _____

ALTERNATE (3): _____ **ALTERNATE (4):** _____

NAME OF PERSONS NOT ALLOWED TO PICK UP THE CHILD:

(PLEASE ATTACH APPROPRIATE CUSTODY PAPERWORK IF A PARENT IS NOT ALLOWED TO PICK UP THE CHILD):

NAME (1): _____ **Relationship to Child:** _____

NAME (2): _____ **Relationship to Child:** _____

MEDICAL INFORMATION AND HEALTH HISTORY

NOTE: The purpose of this section of the District's form is to authorize adult employees of the Fair Oaks Recreation and Park District to obtain medical, surgical, or dental aid for your child should the need arise. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

As the parent, agency representative, or legal guardian, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D) or dentist (D.D.S) for (child) _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Physician's Name: _____ **Telephone:** _____

Insurance Carrier: _____ **ID:** _____

Dentist's Name: _____ **Telephone:** _____

Insurance Carrier: _____ **ID:** _____

Date of Last Tetanus Shot: _____ **Date of Last Physical Exam:** _____

- Please attach a copy of your child's current immunization record. Is your child exempt from any immunizations for religious or medical reasons? _____ If yes, please submit appropriate papers.

Past Illnesses (check illnesses that the child has had & specify approximate dates of illnesses):

- | | | | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Chicken Pox | Date: _____ | <input type="checkbox"/> Diabetes | Date: _____ |
| <input type="checkbox"/> Asthma | Date: _____ | <input type="checkbox"/> Epilepsy | Date: _____ |
| <input type="checkbox"/> Rheumatic Fever | Date: _____ | <input type="checkbox"/> Whooping Cough | Date: _____ |
| <input type="checkbox"/> Hay Fever | Date: _____ | <input type="checkbox"/> Mumps | Date: _____ |
| <input type="checkbox"/> Poliomyelitis | Date: _____ | <input type="checkbox"/> 3 Day Measles (Rubella) | Date: _____ |
| <input type="checkbox"/> Ten Day Measles | Date: _____ | | |

NOTE: If District program hours include meal times (including but not limited to snacks and lunch), and your child has food allergies, the child's parent, agency representative, or legal guardian must provide meals for the child to bring to the program to prevent exposure to food allergens. The District and its staff will not be responsible for ensuring that participants are not exposed to food allergens. _____ (Initials of parent or guardian)

Chronic or Recurring Illness: _____

Does your child need to take medication during preschool hours? YES NO

If yes, please list all medications that your child will be bringing: _____

(A copy of a Doctor's note for medication must be submitted to allow the medication to be taken at preschool. Only the dosage that is required per day is allowed to be brought to preschool and Staff is not allowed to administer medication)

List any problems or concerns with vision, language/speech/other:

List any Physical Limitations or Special Accommodations that may be required?

CHILD'S HEALTH STATEMENT

I, the undersigned, understand that a Fair Oaks Recreation & Park District camp program contains physical activity that is a regular part of the program. I understand that walking field trips part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the other side) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Fair Oaks Recreation & Park District of any restriction on my child's activities. I further certify that my child's immunizations are current.

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Signature: _____ Date: _____

CONSENT TO TREATMENT

FAIR OAKS RECREATION AND PARK DISTRICT, AUTHORIZATION BY PARENT OR LEGAL GUARDIAN TO ADULT PERSON TO CONSENT TO MEDICAL, SURGICAL, HOSPITAL AND DENTAL CARE TO MINOR.

THE UNDERSIGNED, who is the parent having legal custody, or the legal guardian of (Child's Name) _____ hereby authorizes any adult staff member of the Fair Oaks Recreation and Park District, into whose care the above named minor child has been entrusted, to consent to any e-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the Fair Oaks Recreation and Park District neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given in consideration of participation of the name minor child in a program or programs conducted by the Fair Oaks Recreation and Park District.

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Signature: _____ Date: _____

ACKNOWLEDGMENT OF PARENT HANDBOOK & REFUND POLICY

I have received a copy of the Fair Oaks Recreation & Park District Parent Handbook and/or program information sheet and agree to abide by the policies and procedures set forth within. I understand the refund policy that has been established for this program.

Parent or Legal Guardian Signature _____ Date: _____

AGREEMENTS

I give approval for my child to be photographed by the Fair Oaks Recreation and Park District staff to be used for the sole purpose of promoting or publicizing the Fair Oaks Recreation and Park District programs. I understand that these become the property of the Fair Oaks Recreation and Park District. _____ (Initial here)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1763 _____ Volunteer - Preschool
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type

Preschool Volunteer _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Fair Oaks Recreation & Park District _____ 07587 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

4150 Temescal Street _____ Human Resources - HRtoGO _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

Fair Oaks _____ CA 95628 _____ (916) 966-1036 _____
 City _____ State ZIP Code _____ Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number APPLICANT PAYS ALL FEES _____
 (Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number APPLICANT PAYS ALL FEES _____
 (Other Identification Number)

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Your Number: 142962 _____
 OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



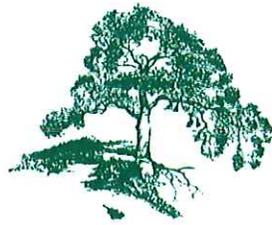
FAIR OAKS

RECREATION & PARK DISTRICT

LIVE SCAN APPLICANT INSTRUCTIONS

1. We ask that you see the Live Scan locations/hours information below in order to complete the Live Scan.

LOCATION	HOURS
<p>THE UPS STORE 11230 Gold Express Drive, STE #310 Gold River, CA 95628</p> <p>www.goldriver-ca-1614.theupsstorelocal.com</p> <p>PHONE: 916-852-6390 FAX: 916-852-0641</p> <p>CONTACT: Eric Hokom Store1614@theupsstore.com</p>	<p>MONDAY - FRIDAY 8:30 AM - 6:30 PM</p> <p>SATURDAY 9:00 AM - 5:00 PM</p> <p>CLOSED SUNDAY</p>



FAIR OAKS

RECREATION & PARK DISTRICT

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM 2016-2017 School Year

If you would like to enroll in automatic withdrawal for Preschool Tuition payments please fill out the information below and return this form to the Preschool Director at the District Office. The Fair Oaks Recreation and Park District can accept Visa, MasterCard and American Express Credit or Debit cards for this service.

Name on Credit/Debit Card: _____

Card Type: Visa MasterCard American Express

Credit/Debit Card Number: _____

CVC Number: _____ Expiration Date: _____

ENROLLMENT AUTHORIZATION

I hereby request and authorize the Fair Oaks Recreation and Park District to make withdrawals from the account identified above. This authority extends to the schedule of tuition payments as described in my account documents with the Fair Oaks Recreation and Park District. I may cancel this authorization by providing the Fair Oaks Recreation and Park District written notice to 4150 Temescal St. Fair Oaks, CA 95628 or by calling the Fair Oaks Recreation and Park District Preschool Director at 916-966-1036.

Name (Print): _____

Signature: _____ Date: _____