

Carmichael



TINY TOTS

Preschool Program

2021 / 2022

Registration Packet

Registration Begins 8/10/2021

We appreciate your interest in Carmichael Recreation & Park District's Tiny Tots Preschool Program. Please fill out this registration packet and bring it with you as well as the items listed below when you register your child/children for our program.

Registration will take place in person at the La Sierra Recreation Office:
5324 Engle Road #100, Carmichael, CA 95608.
(916) 483-7826

Items that must be turned in before your child is enrolled in the Tiny Tots Preschool Program:

- _____ Emergency Form
- _____ Health History Form
- _____ Agreement, Waiver, & Release Form
- _____ Registration Form
- _____ Signed page from the Information Packet
- _____ Copy of Immunization Record
- _____ Non-refundable \$50 registration fee
- _____ 1st Months Fee

General Information

Location: Veteran's Building
5750 Grant Avenue
Carmichael, CA 95608

Phone: Tiny Tot Room
(916) 972-7647
tinytots@carmichaelpark.com

District Main Office
(916) 485-5322

Matthew Zimmerling
Recreation Supervisor
(916) 306-5514
mzimmerling@carmichaelpark.com

Telly Freidenfelt
Recreation Coordinator
(916) 483-2991
Telly@carmichaelpark.com

Hours: 9am - 12pm

Program Dates: September 7, 2021 through May 27, 2022

Closure Dates:	October 8	School Holiday
	November 11	Veteran's Day
	November 12	School Holiday
	November 22-26	Thanksgiving Break
	December 20 – December 31	Winter Break
	January 3	School Holiday
	January 17	Martin Luther King Jr. Day
	February 21-25	President's Week Break
	March 18	School Holiday
	March 21	School Holiday
	April 11 - April 15	Spring Break

Fees: A \$50 non-refundable fee applies upon registration.

Payment Dates	Month	Social Experiences (Ages 3-4) T/TH	Kindergarten Readiness (Ages 4-5) M/W/F
Upon Registration	September	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
9/25	October	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
10/25	November	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
11/25	December	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
12/25	January	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
1/25	February	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
2/25	March	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
3/25	April	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)
4/25	May	\$160 (R), \$170 (NR)	\$220 (R), \$230 (NR)

CHILD EMERGENCY FORM:

Child's Name: _____ Gender: _____ Birth Date: _____ Age: _____

Parent: _____ Parent: _____ Guardian: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact: _____ Alternative Contact: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) 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 dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Dentist: _____ Hospital Desired: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



CRPD Tiny Tots Preschool Program September 7th 2021 – May 27th 2022



AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, 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. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO and LIABILITY RELEASE: By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT: (to be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

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 FREE WILL.

 Signature

 Name (Printed)

 Date

HEALTH HISTORY:

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	
		Other: _____	

2. Infectious Diseases? No ___ Yes ___ (If yes, please explain)

3. Other Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

4. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

5. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain)

6. Does your child tire easily? No ___ Yes ___ (If yes, please explain) _____

7. Is your child: Left Handed ___ Right Handed ___ Unsure ___

8. What is your overall evaluation of your child's health?

9. How does your child get along with parents, siblings, and other children?

Number of Children in the Home: _____ Their Ages: _____

10. How does your child handle group experiences?

11. Does your child have any special problems (fears, etc.)? No ___ Yes ___ (If yes, please explain)

12. Does your child have any disabilities? No ___ Yes ___ (If yes, please explain)

13. What is your overall evaluation of your child's personality?

14. Comments?

Help us get to know your child. Please check the following:

My Child...	Yes	No
1. Can take care of toilet needs		
2. Can manipulate scissors		
3. Can form a circle with other children		
4. Knows which side of the paper to apply paste		
5. Knows primary colors		
6. Can recognize colors		
7. Knows how to count to ten		
8. Knows the alphabet and can recognize most letters		
9. Can print his/her name		
10. Will go through a major adjustment the first week of school (parent/child separation)		

Do you have any additional comments or is there anything else that you would like to tell us about your child that could help provide a better program experience?



Carmichael Recreation & Park District

5750 Grant Ave ♦ Carmichael, CA 95608
District Office Phone: 916.485-5322 ♦ Fax: 916.485.0805



Tiny Tots Preschool Program (Ages 3-5)

REGISTRATION FORM - 2021/2022

Registration Begins 8/10/2021

Child's Name: _____ Date of Birth: _____ Gender: _____

Social Experiences (child must be 3 before 9/1/2021) Kindergarten Readiness (child must be 4 before 9/1/2021)

Parent's Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Receipt Needed: Printed Emailed Office Receipt #: _____

Fees: A \$50 non-refundable fee applies upon registration.

Social Experiences (3-4 years old) T/TH
(participants must be 3 on or before 8/31/2021)

Kindergarten Readiness (4-5 years old) M/W/F
(participants must be 4 on or before 8/31/2021)

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	September	\$160	\$170
	October	\$160	\$170
	November	\$160	\$170
	December	\$160	\$170
	January	\$160	\$170
	February	\$160	\$170
	March	\$160	\$170
	April	\$160	\$170
	May	\$160	\$170

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	September	\$220	\$230
	October	\$220	\$230
	November	\$220	\$230
	December	\$220	\$230
	January	\$220	\$230
	February	\$220	\$230
	March	\$220	\$230
	April	\$220	\$230
	May	\$220	\$230

PAYMENT: Payment must accompany registration. Monthly fees are due by the 25th of each month. A \$10 late fee applies to payments not paid by the 1st of the month.

We accept checks, credit cards (VISA or MasterCard), cash, and money orders. Make Checks payable to CRPD.

Total Amount Due: _____

Payment Type: Check # _____ Cash Credit M/O

CREDIT: Card Number: _____ Expiration Date: _____

Signature: _____ CVV: _____