



# Tiny Tots Summer Camp 2023

***Registration Begins 4/11/2023***

We appreciate your interest in Carmichael Recreation & Park District's Tiny Tots Preschool Program. Please complete the registration forms in this packet and bring them 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

The following items that must be turned in before your child may enroll:

- \_\_\_\_\_ Emergency Form
- \_\_\_\_\_ Agreement, Waiver, & Release Form
- \_\_\_\_\_ Health History Form
- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Copy of Immunization Record (if your child is currently enrolled in the 2022/2023 school year this is not needed)
- \_\_\_\_\_ Registration fee for each session you are signing up for

# General Information

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

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

Matthew Zimmerling  
Recreation Supervisor  
(916) 306-5514  
[mzimmerling@carmichaelpark.com](mailto:mzimmerling@carmichaelpark.com)

District Main Office  
(916) 485-5322

Courtney Onstot  
Recreation Coordinator  
(916) 483-2991  
[Courtney@carmichaelpark.com](mailto:Courtney@carmichaelpark.com)

## Program Dates and Hours:

Session 1:  
June 12<sup>th</sup> – June 29<sup>th</sup>  
Monday – Thursday 9am-12pm  
Fees: \$260 (R) / \$270 (NR)

Session 2:  
July 10<sup>th</sup> – July 27<sup>th</sup>  
Monday – Thursday 9am-12pm  
Fees: \$260 (R) / \$270 (NR)

## Ages:

Open to 4 and 5 year old's.

## **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 Summer Program

June 12<sup>th</sup> 2023 – July 27<sup>th</sup> 2023



## 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.**

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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?

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# Tiny Tots Summer Information Packet

The Carmichael Recreation and Park District (CRPD) Tiny Tot program is focused on developing a positive self-image by emphasizing the emotional, physical, social, and cognitive development of the child. We understand that children develop at different levels, therefore, we allow the children to proceed at their own pace. Our ultimate goal is to teach children to respect themselves and those around them.

**Summer program is for Children 4 and 5 years old**

## HEALTH AND SAFETY

The CRPD Tiny Tot program requires a report on the child's history, including a copy of the child's current immunization record and any emergency I.D. information. California State Law requires that all children attending our Tiny Tot program have current immunizations. Please bring proof of immunization.



**Important Note:** In the event of illness, please keep sick children at home as they will benefit more by returning to class well rested and healthy. Further, the instructor should be notified immediately if by chance the child is diagnosed with a communicable disease, such as Pink Eye, Strep Throat, Head Lice, Chicken Pox, Measles, or Mumps.

Should the child become ill during class, the parents will be notified and asked to pick the child up. It is the policy of the CRPD Tiny Tot program that medications will not be dispensed during class time. In the event of an emergency, certified personnel will administer appropriate First Aid procedures. If an extreme situation should arise, 911 will be called and the parent will be notified.

## ATTENDANCE

Doors will open at 9:00am at which time you must sign your child in. Prior arrangements and authorization are required when someone besides the parents/guardians will pick up the child. A sign-in/sign-out sheet will be inside the classroom by the door for parents/guardians to use. Classes will end promptly at 12:00pm (noon). Please contact the instructor if you will be late to pick up your child.



## CLOTHING

For the safety of your child, closed toed shoes are required. Clothing should be appropriate for outside play as well as messy arts and crafts. If your child has occasional bathroom accidents, please bring a change of clothes in a bag with their name on it.

## SNACK AND SHARING

Please pack your child a beverage and a nutritious snack to bring with them to preschool. A full lunch is NOT necessary.

**NOTE: Tiny Tots Preschool Program is peanut/nut free. Do NOT send any nut foods to the program with your child. This is a safety precaution for all of the children, thank you.**



## DISCIPLINE

The instructor will attempt to demonstrate to the child the inappropriateness of the child's action(s). This will be followed by suggestions of alternative forms of behavior. If reasoning should fail and three warnings have been given, then the child will have a "Time-Out". If problems should continue a Parent-Staff conference will be scheduled. After all other behavior modifications have been exhausted; we reserve the right, and have the authority, to dismiss the child from the program. Physical behavior is not allowed in our programs. Any child who demonstrates physical behavior may be dismissed from the program handled on a case-by-case basis. CRPD Tiny Tots program follows the **No Bite Policy**, one warning will be given. If a second occurrence were to happen, the child may be removed from the program.

## BATHROOM PROCEDURES



All children must be toilet-trained and able to take care of their own bathroom needs prior to enrollment in the Tiny Tot program. Please speak to the instructor if you have any questions regarding this.

## HOLIDAY OBSERVANCES

In the CRPD Tiny Tot program, we understand that holidays and birthdays are important to children. We enjoy celebrating these times with the children, but we can also appreciate how certain holidays are celebrated by different beliefs. Therefore, to remain neutral in our participating families' given beliefs, all holidays are celebrated without religious slant.

If you would like to have your child celebrate their birthday with the class, please talk to your child's teacher beforehand to make sure those who may have food allergies are notified. It is important to provide an inclusive environment for all of the children so please do not hand out invitations for parties during school hours unless the whole class is invited.

## INSTRUCTORS/DISTRICT STAFF

The program has a head instructor and an assistant. They are on site with the children on a day-to-day basis. We fingerprint, drug test, and TB screen all staff that have direct contact with the children. Our on-site Maintenance employees are also fingerprinted. If the instructor or aide are ill, we will have recreation staff available to assist with the program. Our staff strives to create a nurturing, fun, and creative atmosphere for all children. We hope you enjoy our program.





**Carmichael Recreation & Park District**

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



**Tiny Tots Summer Program (Ages 4 & 5)**

**REGISTRATION FORM 2023**

*Registration Begins 4/11/2023*

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Receipt Needed:  Printed  Emailed Office Receipt #: \_\_\_\_\_

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**Session 1 – June 12<sup>th</sup> – June 29<sup>th</sup>**  
**Monday – Thursday 9am-12pm**  
**\$260 (R) / \$270 (NR)**

**Session 2 – July 10<sup>th</sup> – July 27<sup>th</sup>**  
**Monday – Thursday 9am-12pm**  
**\$260 (R) / \$270 (NR)**

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**PAYMENT:** Payment must accompany registration.

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: \_\_\_\_\_

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