



# TINY TOTS

## Preschool Program

### 2019 / 2020

### Registration Packet

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 District Main Office: 5750 Grant Avenue, Carmichael, CA 95608.

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](mailto:tinytots@carmichaelpark.com)

District Main Office  
(916) 485-5322

Matthew Zimmerling  
Recreation Supervisor  
(916) 483-7826 x26  
[mzimmerling@carmichaelpark.com](mailto:mzimmerling@carmichaelpark.com)

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

**Hours:** 9am - 12pm

**Program Dates:** August 26, 2019 through May 29, 2020

<b>Closure Dates:</b>	September 2 October 4 October 7 November 11 November 12 November 25-29 December 23 – January 3 January 6 January 20 February 17-21 March 16 April 6 – 10 May 25
	Labor Day School Holiday School Holiday Veteran's Day School Holiday Thanksgiving Break Winter Break School Holiday Martin Luther King Jr. Day President's Week Break School Holiday Spring Break Memorial Day

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

Payment Due Dates	Month	Social Experiences (Ages 3-4) T/TH	Kindergarten Readiness (Ages 4-5) M/W/F
Upon Registration	August/September	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
9/25	October	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
10/25	November	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
11/25	December	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
12/25	January	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
1/25	February	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
2/25	March	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
3/25	April	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)
4/25	May	\$150 (R), \$160 (NR)	\$210 (R), \$220 (NR)

# **CHILD EMERGENCY FORM:**

Child's Name: \_\_\_\_\_ Sex: M F 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: \_\_\_\_\_



## 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 Preschool Program**

*August 26, 2019 – May 29, 2020*

### **AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the above district to participate in the above 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 above district (its officers, officials, employees, 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 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 on 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 the result of my death or injury or property damage that I may sustain while participating in said activity.

#### **PARENTAL CONSENT:**

I hereby consent that my son/daughter \_\_\_\_\_ participate in the above activity, 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 may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**PHOTO RELEASE:** By signing this agreement, you are agreeing to release photo rights to Carmichael Recreation & Park District. Carmichael Recreation & Park District reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain the property of Carmichael Recreation & Park District.

**I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Carmichael Recreation & Park District and I sign it of my own free will.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_  Parent  Guardian







## Tiny Tots Preschool Program (Ages 3-5)

### REGISTRATION FORM - 2019/2020

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

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

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

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

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	August/September	\$150	\$160
	October	\$150	\$160
	November	\$150	\$160
	December	\$150	\$160
	January	\$150	\$160
	February	\$150	\$160
	March	\$150	\$160
	April	\$150	\$160
	May	\$150	\$160

#### Kindergarten Readiness (4-5 years old) M/W/F

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	August/September	\$210	\$220
	October	\$210	\$220
	November	\$210	\$220
	December	\$210	\$220
	January	\$210	\$220
	February	\$210	\$220
	March	\$210	\$220
	April	\$210	\$220
	May	\$210	\$220

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