



# TINY TOTS Preschool Program

## 2023 / 2024 Registration Packet

*Registration Begins 4/11/2023*

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](mailto:tinytots@carmichaelpark.com)

La Sierra Community Center Office  
5325 Engle Road #100  
(916) 485-5322

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

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

**Hours:** 9am - 12pm

**Program Dates:** August 21, 2023, through May 24, 2024

<b>Closure Dates:</b>	September 4	Labor Day
	October 2	School Holiday
	November 9	School Holiday
	November 10	Veteran's Day
	November 20 – 24	Thanksgiving Break
	December 22 – January 8	Winter Break
	January 15	Martin Luther King Jr. Day
	February 19 – 23	President's Week Break
	March 25-29	Spring Break
	April 26	School Holiday

**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	August & September	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
9/25	October	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
10/25	November	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
11/25	December	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
12/25	January	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
1/25	February	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
2/25	March	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
3/25	April	\$180 (R), \$190 (NR)	\$240 (R), \$250 (NR)
4/25	May	\$180 (R), \$190 (NR)	\$240 (R), \$250 (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 August 21<sup>st</sup> 2023 – May 24<sup>th</sup> 2024



## 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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**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 - 2023/2024**

*Registration Begins 4/11/2023*

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

Social Experiences (Age 3 on or before 8/31/2023)  Kindergarten Readiness (Age 4 on or before 8/31/2023)

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 8/31/2023)

**Kindergarten Readiness (4-5 years old) M/W/F**  
 (participants must be 4 on or before 8/31/2023)

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	August & September	\$180	\$190
	October	\$180	\$190
	November	\$180	\$190
	December	\$180	\$190
	January	\$180	\$190
	February	\$180	\$190
	March	\$180	\$190
	April	\$180	\$190
	May	\$180	\$190

Select Month	Fee Months	Resident Fee	Non-Resident Fee
	August & September	\$240	\$250
	October	\$240	\$250
	November	\$240	\$250
	December	\$240	\$250
	January	\$240	\$250
	February	\$240	\$250
	March	\$240	\$250
	April	\$240	\$250
	May	\$240	\$250

**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: \_\_\_\_\_