



TEL HI's Youth Program Enrollment Form

OFFICE USE ONLY Staff initial/ _____ Date Rec: _____

Section 1: CHILD'S INFORMATION

Last Name		First Name		Middle Initial	Age	Date of Birth(mm/dd/yyyy)
Legal Name (if different from above)		Gender (M of F)		Child's E-mail Address (if applicable)		
Primary Address	Apt #	City	Zip Code	Birth Place (city)	New Immigrant? (less than 5 years in USA) <input type="checkbox"/> Yes <input type="checkbox"/> No Year child arrived in USA _____	
Grade entering in the next school year		Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name			
Has your child participated in TEL HI's programs before? <input type="checkbox"/> No <input type="checkbox"/> Yes Year Enrolled _____		Do you have other children enrolled at TEL HI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Home Phone (if applicable)		
Race/Ethnicity (Check one) <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander Other: _____ ___ Central American ___ Guamanian ___ Caribbean ___ Hawaiian <input type="checkbox"/> Asian ___ Mexican ___ Tongan ___ Cambodian ___ South American ___ Samoan ___ Chinese Other: _____ ___ Other: _____ ___ Filipino ___ Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White ___ Japanese ___ Arab ___ European ___ Korean ___ Iranian ___ Other: _____ ___ Laotian ___ Other: _____ <input type="checkbox"/> Multiracial/ Multiethnic ___ Thai ___ Vietnamese <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ ___ Other: _____ <input type="checkbox"/> Native Alaskan				Home Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer/ Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Toishanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> ASL <input type="checkbox"/> Other:		English Fluency <input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat Fluent <input type="checkbox"/> Not Fluent
				Check all that applies: <input type="checkbox"/> Receives Free/ Reduced Lunch <input type="checkbox"/> Disabled <input type="checkbox"/> TANF <input type="checkbox"/> Teen Parent <input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Held back a grade		

Section 2: PARENT'S INFORMATION

Parent 1: First and Last Name		Cell Phone Number	Work Phone Number	E-mail	Primary Language
Highest Level of Education Completed <input type="checkbox"/> Did Not Graduate High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> Trade School					
Parent 2: First and Last Name		Cell Phone Number	Work Phone Number	E-mail	Primary Language
Highest Level of Education Completed <input type="checkbox"/> Did Not Graduate High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> Trade School					
Number of family members in household:	Annual Household Income (check one) <input type="checkbox"/> Under \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$60,000 <input type="checkbox"/> Over \$60,001				

EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

First and Last Name		Relationship	Cell Phone
First and Last Name		Relationship	Cell Phone
Name of doctor to call in case of emergency		Doctor's Phone Number	List Any Medical Conditions or Allergies
If physician cannot be reached in case of an emergency: <input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER (EXPLAIN):			

AGREEMENT FORM

Please read the following Agreement Form carefully.

Welcome to Telegraph Hill Neighborhood Center (TEL HI). In order to participate in any TEL HI programs, the Youth Program Enrollment form needs to be fully completed with proper parent/guardian signatures.

For Emergency Treatment

I authorize the Telegraph Hill Neighborhood Center (TEL HI) to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant’s care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant’s health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to TEL HI in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of TEL HI, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless TEL HI, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of TEL HI and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

Community Field Trips

TEL HI will take field trips on occasion that are within our immediate neighborhood and throughout San Francisco. We will always return prior to normal dismissal time, unless we notify you in advance. I give permission for my child to leave TEL HI’s property with supervision from TEL HI employees, directors, officers, partners, agents, and volunteers. While taking part in these community field trips I release TEL HI from responsibility for any risk of bodily injury, death, or property damage as covered in the “General Release of Liability.”

Media Release

TEL HI documents program activities which help assist in obtaining funding to support programs. I hereby consent to the use of my/my child’s name, likeness and speech in any audio tape, video tape, film or photograph made in any TEL HI activity for the business or publicity purposes of TEL HI and its partners. I understand that any participation offers no remuneration and that my/my child’s name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release TEL HI its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

I acknowledge that this general release of liability of Telegraph Hill Neighborhood Center (TEL HI) is binding on me personally and not on my heirs, personal representatives, successors, and assigns. I understand and agree to the policies stated above. In signing this agreement I also acknowledge that I have received and agree to abide by the policies and procedures outlined in the ASA Family Handbook and/or Preschool Family Handbook.

Parent/ Legal Guardian Signature

Date

STATEMENT OF CONFIDENTIALITY: The information provided herein or in attachments hereto will be kept strictly confidential. North Beach-Chinatown Beacon Center and TEL HI will not release any specific information to any person. Summarized, aggregate information will be used by the Beacon/TEL HI for program evaluation and funding purposes only.

<u>FOR OFFICE USE ONLY</u>	Staff initial/COCOA or CMS entered: _____
Program(s):	Date entered: _____
<input type="checkbox"/> After School Academy (ASA)	<input type="checkbox"/> Toddler
<input type="checkbox"/> Summer Learning Program (SLP)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Preschool	

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Peninsula Regional Office

Licensing Office Address: 801 Traeger Avenue, Suite 100, MS 29-24 San Bruno, CA 94066

Licensing Office Telephone #: 1 (650) 266-8843

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

TELEGRAPH HILL NEIGHBORHOOD CENTER
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing Division – Peninsula Regional Office

ADDRESS

801 Traeger Avenue, Suite 100

CITY

San Bruno

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

1(650) 266-8843

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

TELEGRAPH HILL NEIGHBORHOOD
CENTER

(PRINT THE ADDRESS OF THE FACILITY)

660 Lombard Street, San Francisco, CA 94133

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

TELEGRAPH HILL NEIGHBORHOOD CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		Ten-Day Measles (Rubeola)	
Rheumatic Fever		Whooping cough		Three-Day Measles (Rubella)	
Hay Fever		Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	YES	NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
---------------------------------	-----	----	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
YES NO		YES NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
YES NO		YES NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
YES NO		YES NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY
--

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?
--

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)
--

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?
--

REASON FOR REQUESTING DAY CARE PLACEMENT
--

PARENT'S SIGNATURE	DATE
--------------------	------



After School Academy

Release of Information

The After School Academy (ASA) is interested in working together with parents, teachers, and school staff members in order to provide appropriate academic support for your child. Regular communication with your child's school enables us to provide homework assistance that is consistent with academic goals set forth by parents and teachers.

_____ Yes, I give permission for ASA staff to discuss my child's educational goals and progress with his/her teacher and school staff members.

_____ No, I do not give permission for ASA staff to discuss my child's educational goals and progress with his/her teacher or school staff members.

Student Name: _____ Grade: _____

School: _____ Teacher: _____

Parent Signature: _____

Date: _____