



City of Beverly Hills – Community Services Department

Adventure Camp Payment Schedule
2017 – 2018

Name of Child _____ Grade _____

Beverly Vista _____ El Rodeo _____ Hawthorne _____ Horace Mann _____

Parent’s Name(s) _____

Email(s) _____

Home Phone _____ Business _____ Cell _____

PAYMENT

Annual tuition is based on the school calendar and divided into 10 monthly installments (see below) and are not based on actual number of school days or holidays in a particular month. Payment is due by the 1st business day of each month.

Options (Please choose one):

- 5 days a week: \$390/month (August, December & March will be \$260)
4 days a week: \$310/month (August, December & March will be \$200)
3 days a week: \$240/month (August, December & March will be \$160)
2 days a week: \$190/month (August, December & March will be \$130)

Select the 2 or 3 days your child will be attending: Mon Tue Wed Thu Fri

You may change the 2 or 3 days your child is attending as long as; 1) A request to change days is done in writing. 2) The written request has been received prior to the 1st of the month.

METHOD OF PAYMENT:

Monthly check (payable to: City of Beverly Hills) _____

Authorized automatic monthly credit card payments _____

I hereby authorize the City of Beverly Hills to charge my credit card for the 2017-2018 school year:

Method of Payment: Visa__ MC__ DS__ AX__

Credit Card# _____ Exp. _____

Name of cardholder _____

Signature _____

I understand and agree with the Payment Schedule and Payment Policies

I have read and understand the Code of Conduct and the Program Policies

Initial
Initial

Please read and sign the following

I hereby agree to indemnify, defend and hold harmless the City of Beverly Hills, and its officers, employees, agents and volunteers, from and against any and all damages, loss liability, charges and expenses in any way arising out of my (or my children’s) participation in the program for which I am registering. I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audio) of the likeness, voice and/or activities of the participant and further authorize the City of Beverly Hills, its agents or assigns, to make unlimited use of such reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Beverly Hills, its officers and employees from any claims. I have read and acknowledge the refund policy.

Parent’s signature

Date



ADVENTURE CAMP CODE OF CONDUCT:

Adventure Camp strives to provide an enjoyable and supportive experience for camp participants. In order to ensure the quality for children, staff, and parents of the Adventure Camp program and to promote a safe and positive atmosphere, parents/guardians and program participants are asked to observe the following:

- Treat City administrative staff, school staff, Adventure Camp staff, other participants, and fellow parents in a respectful manner.
- Comply with program rules and regulations at all times, including operations and procedures.
- Refrain from conduct that disrupts the quality of the program, including but not limited to rudeness and argumentative behavior.
- Refrain from any lewd, obscene or indecent conduct or expression, including profanity, harassment, discrimination, threats or offensive remarks.
- Behave honestly and ethically and refrain from providing false information.
- If more than a 5 minute conversation with Adventure Camp Staff is needed, an appointment must be set up in advance by contacting La Cienega Community Center office staff at (310) 285-6810.

ENFORCEMENT:

The above Code of Conduct will be enforced by the City of Beverly Hills staff, whose authority shall prevail in all cases.

- Violations of the Code of Conduct and/or payment and program policies by participant or participant's parent/guardian may result in any of the following disciplinary action:
 - Denial of acceptance into the Adventure Camp program if the Code of Conduct is violated by prospective participant or participant's parent/guardian, prior to enrollment.
 - Institution of a behavior contract between City staff and participants.
 - Suspension from the Adventure Camp program for a determined time period.*
 - Permanent removal from the Adventure Camp program.

**The circumstances and severity of the incident as determined by the Director of Community Services or designee will determine the length of the suspension. All decisions are final.*

Please help ensure a safe, fun and healthy environment for everyone!



ADVENTURE CAMP PAYMENT AND PROGRAM POLICIES:

Annual tuition is based on the school calendar of 182 school days, divided into 10 monthly installments and are not based on actual number of school days or holidays in a particular month. Tuition does not include pupil free days.

- Payment is due by the 1st business day of each billing period. The billing period begins on the first day of the month, on the following months: August 2017 through May 2018.
- If payment is not received within 5 business days of the first day of a new billing period, a \$10 late fee will be assessed. If payment is still not received, services may be terminated.
- Each monthly payment must be from one payment source, with either one check or one credit card. Split payments are not allowed.
- It is not guaranteed that parents/guardians will receive monthly payment reminders notices or calls. Authorized automatic monthly credit card payments are encouraged, to avoid any late fees and service interruptions.
- Returned checks are subject to a service charge. Multiple returned checks and declined credit card payments will be handled on a case by case basis, and may result in service termination.
- Parents/guardians who withdraw their child during the current billed month will not receive any credit or refund – no prorated fees.
- Any change in schedule must be done in writing with the La Cienega Community Center office staff prior to the start of a new billing period. No schedule changes will be allowed once a new billing period has commenced.
- August, December, and April payment installments are a decreased price due to summer, winter, and spring breaks.
- A \$1/minute fee will be assessed for any child picked up after 6:00pm. Late slip must be signed by the parent/guardian picking up the child and account will be billed by La Cienega Community Center staff. Late payments will not be accepted by the Adventure Camp site staff.
- Any changes in address, phone numbers or credit card information must be done through the La Cienega Community Center office, not with the Adventure Camp site staff.
- Any notification of newly authorized persons to pick up any child from Adventure Camp must be given in writing to the La Cienega Community Center office staff, not the school site staff.
- Parents are asked to notify the La Cienega Community Center office staff in advance, of any time a child will not be attending a scheduled camp day. Office staff will notify the Adventure Camp site staff.
- The Community Services Department offers day camp on school pupil free days to Adventure Camp participants. These pupil free days are not included in the tuition and are available to a limited number of registrants, on a first come, first serve basis, for a \$35 registration fee.



ACKNOWLEDGMENT OF CODE OF CONDUCT, PAYMENT AND PROGRAM POLICIES:

(Parent/Authorized Guardian signature required)

The City reserves the right to deny or remove any persons from any programs offered through the City's Community Services Department if such person or his or her parent(s) or guardian(s), if a minor is involved, engages or has engaged in behavior that is disruptive to the orderly conduct of the programs or engages or has engaged in threatening or abusive behavior toward staff or an instructor.

I, the parent/authorized guardian of _____, have received, reviewed and understand the "ADVENTURE CAMP CODE OF CONDUCT" *and* the "ADVENTURE CAMP PAYMENT AND PROGRAM POLICIES" and will abide by the guidelines set forth in those policies.

Name of Adventure Camp School Site

Printed Name of Parent/Authorized Guardian

Signature of Parent/Authorized Guardian

Date

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent, Domestic Partner or Authorized Representative

| | | | | | |
|---|-----------|--------|-------|------------------------------|------------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| BIRTHDATE | | | | | |
| FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|---------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|--|------|
| SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE | DATE |
|--|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

CHILD'S PRE ADMISSION 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* | MONTHS | BEGAN TALKING AT* | MONTHS | TOILET TRAINING STARTED AT* | 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 |
|--------------------|------|

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
DEPARTMENT OF SOCIAL SERVICES – COMMUNITY CARE LICENSING

ADDRESS
6167 BRISTOL PKWY , SUITE 400

CITY
CULVER CITY , CA

ZIP CODE
90230

AREA CODE/TELEPHONE NUMBER
310-337-4333

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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: DEPT OF SOCIAL SERVICES – COMMUNITY CARE LICENSING

Licensing Office Address: 6167 BRISTOL PKWY, SUITE 400, CULVER CITY 90230

Licensing Office Telephone #: 310-337-4333

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.

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

LIC 995 (9/08)

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

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

_____ 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
()