

**Big Bear Valley Recreation & Park District  
Rainbow Kids Club  
Enrollment Agreement**

As a Parent/Guardian, I agree to: (please initial beside each statement and sign at the bottom)

- \_\_\_\_\_ Sign my child in and out with my full signature each day.  
(\*Failure to sign out three times will constitute reason for dismissal.)
- \_\_\_\_\_ Sign an absence note when my child is absent from Rainbow Kids Club.  
(\*Failure to provide a note three times will constitute reason for dismissal.)
- \_\_\_\_\_ Be truthful and complete about my child's needs/abilities when completing this enrollment packet.
- \_\_\_\_\_ Make my payments to Rainbow Kids Club by the 20<sup>th</sup> of the prior month.  
Three late payments will constitute reason for dismissal.
- \_\_\_\_\_ Provide all requested information, when necessary, in a timely manner. This includes but is not limited to, contact phone numbers, court documents, pay stubs and work schedules (for subsidized families), etc. I agree to update these items within three days of change.
- \_\_\_\_\_ Provide a complete and nutritious lunch for my child during camp/full days.
- \_\_\_\_\_ Will not send my child to the facility if they are ill and will pick my child up within 30 minutes when notified that they have become ill at the center.
- \_\_\_\_\_ Pick up my child by 6:00PM each day. \*Three late pick ups regardless of whether a late fee was paid, will constitute reason for dismissal.
- \_\_\_\_\_ Cooperate with staff in discipline issues, including attendance at parent conferences if necessary. (\*Any violent behavior, violation of school rules which would require expulsion from school, or continued negative behaviors will constitute reason for dismissal.)

I understand that the Park District and Rainbow Kids Club are striving to provide the safest, highest quality program for my child possible. Because of this, I agree to abide by the policies set forth above. I also have read the full Parent Handbook and agree to the policies set forth therein. If my family is receiving tuition assistance, I have also read and agree to the policies in the Tuition Assistance booklet. I understand that while all reasonable attempts will be made to insure my child's safety, regular childcare activities involve an element of risk. Therefore, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have or my child may have as a result of participation in Rainbow Kids Club activities. This release is intended to discharge in advance the Big Bear Valley Recreation and Park District, Bear Valley Unified School District, and Soroptimist International of Big Bear Valley, along with their officers, agents, and employees, from any and all liability arising out of or connected with my child's participation in Rainbow Kids Club.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address (P.O. Box) City/State/Zip

\_\_\_\_\_  
Phone Hm/Bus.

San Bernardino County requires that all checks accepted by District programs include the payees drivers license number. If you intend to pay by check, please provide us with your number on the line below. This information will remain confidential until destroyed. Thank you.

CA drivers license # \_\_\_\_\_

**GUARDIAN STATEMENT**

I, \_\_\_\_\_, am the:  
Parent/Guardian Name

- biological or adoptive parent
- legal guardian
- foster parent

of this child, \_\_\_\_\_.  
Child's Name

I have legal custody over this child and agree to give Rainbow Kids Club all information necessary to assure that my child receives the best care possible. This information may include any special needs, disabilities, medications, and any behavioral or family information.

I understand that in cases where there may be court intervention in our family situation (such as restraining orders), a copy of the legal document must be given to Rainbow Kids Club or they will not be able to assist in enforcing the court action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I give my permission for a Rainbow Kids Club administrator to view my child's cumulative file at their school if necessary. Necessary situations might include (but are not limited to) emergency medical situations, severe behavior problems, or information about learning disabilities. I understand that all information viewed will be kept confidential and that every effort will be made to contact me prior to viewing my child's file.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*Insert State of California Masters of Identification and Emergency Info (LIC 700)

And Child's Preadmission Health History (LIC 702)

## Photo Release

As part of our regular program we take photos of the Rainbow Kids Club kids doing daily activities. Occasionally some of these photos are submitted to the newspaper and other media for publicity or recognition purposes. Please let us know if you would allow us to use your child's image and identify them by name (at no time will their address or phone number be released) by completing the form below:

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
do hereby allow the image of my child to be used for publicity purposes in various forms of media such as newspapers, magazines and television. I understand that I will not be compensated financially for any appearance of my child's image or name.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OR**

I DO NOT give my permission for my child's image to be used in any form of media.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Kindergarten Transportation Information

**Please pick one form of transportation for your kindergartener! We do not allow multiple choices for transportation because it is confusing for both the child and the staff to keep track of. Thank you for your cooperation.**

\_\_\_\_ My kindergartener will be attending Rainbow Kids Club PM care for an additional charge of \$50 per week and then be picked up and signed out at the site by 6PM.

\_\_\_\_ My kindergartener will be riding the bus home after Kinder Club with a sibling

\_\_\_\_ My kindergartener will be riding the bus home after Kinder Club alone

\_\_\_\_ My kindergartener will be picked up and signed out at the site by 3PM

\_\_\_\_ My kindergartener will be picked up in the Multi-Purpose Room / Cafeteria with their Sibling after Kinder Club

**There are multiple minimum days throughout the school year; your kindergartener is welcome to attend Rainbow Kids Club without an additional charge on these days! If your child normally rides the bus home they will need to be picked up at the site by 3PM on these days. Please pick one of the choices below to let the staff know if your kindergartener will be attending RKC on minimum days.**

\_\_\_\_ My kindergartener is signed up for Rainbow Kids Club PM care every day

\_\_\_\_ My kindergartener will attend Rainbow Kids Club on minimum days and be picked up and signed out at the site by 3PM

\_\_\_\_ My kindergartener will not attend Rainbow Kids Club on minimum days, instead  
\_\_\_\_ My kindergartener will ride the bus home after kindergarten

\_\_\_\_\_ My kindergartener will be picked up in the Multi-Purpose Room / Cafeteria after kindergarten

### **Consent for Medical Treatment**

As the parent, legal guardian or agency representative, I hereby give consent to Big Bear Valley Recreation and Park District/Rainbow Kids Club to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) osteopath (DO) or dentist (DDS) for this child, \_\_\_\_\_.

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

This child has the following medication allergies: \_\_\_\_\_.

This child has the following medical conditions: \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Time Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Emergency Phone

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### **Permission to Leave Premises\***

I hereby give my permission for my child, \_\_\_\_\_ to leave the premises of Rainbow Kids Club by signing him/herself out and walking home. I understand that Rainbow Kids Club will take no responsibility for my child after he leaves the facility.

I expect my child to leave the facility at \_\_\_\_\_AM/PM on M T W Th F.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Signature

**\*If you do not wish for your child to sign themselves out of Rainbow Kids Club, please make a large "X" through this section of the page. For the child's safety, Rainbow Kids Club strongly discourages parents from allowing children to leave on their own.**

**Insert Personal Rights(LIC 613A) and Notification of Parent's Rights (LIC995)**

# Trip Transportation Slip



Big Bear Valley Recreation and Park Dist.  
Rainbow Kids Club



## RELEASE AND HOLD HARMLESS AGREEMENT

I, \_\_\_\_\_ am the parent and/or Legal Guardian of \_\_\_\_\_ a minor, I fully understand that participation in Rainbow Kids Club Trip Transportation (referred to as "EVENT") exposes participants to the risk of personal injury, death or property damage. I hereby acknowledge that \_\_\_\_\_ is voluntarily participating in this EVENT with my express permission. As parent and /or Legal Guardian I expressly agree to assume any such risks.

In consideration for being permitted by the Big Bear Valley Recreation and Park District to participate in District sponsored EVENTS, I hereby waive, release and forever discharge the Big Bear Valley Recreation and Park District, the County of San Bernardino, and their officers, employees, agents and volunteers for any injury, death or damage to, or loss of personal property arising out of, or in connection with my (a person) or my child's (person's child) participating in the EVENT from whatever cause, including the active or passive negligence of the Big Bear Valley Recreation and Park District, the County of San Bernardino, and their officers, employees, agents and volunteers or any other participant in the EVENT.

In further consideration for being allowed to participate in the EVENT, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the Big Bear Valley Recreation and Park District, the County of San Bernardino, and their officers, employees, agents and volunteers from any and all claims, including claims for Workers' Compensation benefits, damages, demands, actions or suits arising out of or in connection with my or my child's participation in the EVENT brought on by a third party.

Refusal to sign this release and hold harmless form **will** result in the minor not being permitted to participate in **any** form of transportation or trips requiring transportation through Rainbow Kids Club!

**I HAVE CAREFULLY READ THIS RELEASE AND HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Financial Assistance**

Rainbow Kids Club offers funding assistance through the California Department of Education which offers either full tuition coverage, or extremely reduced rates depending upon family income level and the fact that the adults in the household are working during the time the child needs care. This program requires parents to qualify based on an application that can be picked up at the District office and mailed to the California Dept. of Education. If you qualify, you will be contacted by the District office to set up an interview appointment.

RKC also offers tuition assistance from Soroptimist International of Big Bear Valley, This program also requires that families meet an income guideline and parents must be working full-time. This type of assistance provides a 50% subsidy of tuition (you pay half, Soroptimist pays half). Please visit the District office in Meadow Park to pick up a tuition assistance application.

If you do not believe you will qualify for assistance or do not wish to share your financial information, please check the appropriate statement below so that we know you were offered the opportunity.

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Child's Name: \_\_\_\_\_

\_\_\_\_\_ Yes, I received this notification, but I DO NOT wish to take advantage of this tuition assistance opportunity.

\_\_\_\_\_ My child currently attends Rainbow Kids Club and I am already receiving the above tuition assistance. I believe I still qualify. I understand my file will be reviewed after school starts in January and that I should notify the office if changes occur before that time. \_

\_\_\_\_\_ Yes, I received this notification and feel I may qualify. Please call me at \_\_\_\_\_ to assist me in learning more about this funding source.

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Parent/Guardian Signature

Family size and monthly income level

Daily Family Fee		1 to 2	3	4	5	6	7
P/T	F/T						
\$ 1.00	\$ 2.00	1820	1950	2167	2513	2860	2925
\$ 1.25	\$ 2.50	1893	2028	2253	2614	2974	3042
\$ 1.50	\$ 3.00	1965	2106	2340	2714	3089	3159
\$ 1.75	\$ 3.50	2038	2184	2426	2815	3203	3276
\$ 2.00	\$ 4.00	2111	2262	2513	2915	3317	3393
\$ 2.25	\$ 4.50	2184	2340	2600	3016	3432	3510
\$ 2.65	\$ 5.30	2257	2418	2686	3116	3546	3627
\$ 3.05	\$ 6.10	2329	2496	2773	3217	3661	3744
\$ 3.45	\$ 6.90	2402	2574	2860	3317	3775	3861
\$ 3.85	\$ 7.70	2475	2652	2946	3418	3889	3978
\$ 4.25	\$ 8.50	2548	2730	3033	3518	4004	4095
\$ 4.65	\$ 9.30	2621	2808	3120	3619	4118	4212
\$ 5.05	\$ 10.10	2693	2886	3206	3719	4232	4329
\$ 5.25	\$ 10.50	2730	2925	3250	3770	4290	4387

\*The total gross income of the whole family (including child support, etc) must be under the amount listed by family size. For instance, if you are a family of four and make \$2200 per month before taxes you would qualify for a partial subsidy. You would pay \$1.00 per day (\$5/wk) for part-time after school care. The rest of your fees would be paid by the grant.

\*If your family makes less than the top line of income (ie. less than \$2167 for a family of four) you child care would be free (100% subsidized).

\*We know that special circumstances exist (ie. a grandparent living in the home, a child who is a ward of the court, etc) We will assist you with this process when you come in for an interview.

\*If you are divorced and have 50/50 custody of the children during the week, you must

provide documentation from both households, and court papers detailing the arrangement. Both parents must agree to the terms of the funding.

\*You must have pay stubs to support your income. We will be calling your employer to verify your employment and your work schedule.

\*All our tuition assistance programs have participation limits. There may be times when you qualify for a 100% subsidy, but we are at our limit of scholarships we can give under the State program. If this should happen, we will attempt to enroll you in the Soroptimist program (at 50%) and put you on a waiting list for the State program.