



ELOP School Year Enrollment Application

This Enrollment Application is for families whose enrollment in the Expanded Learning Opportunities Program (ELOP) has been approved by either the Fremont Unified School District or Hayward Twin Oaks Montessori School. Approval by the School District must be obtained before submitting this application. Thank you.

PARENT 1: email address: _____

Name: _____

Home address: _____ City: _____ Zip: _____

Phone numbers: Home/Cell: _____ Work: _____

Employer name/address: _____

PARENT 2: email address: _____

Name: _____

Home address: _____ City: _____ Zip: _____

Phone numbers: Home/Cell: _____ Work: _____

Employer name/address: _____

IMPORTANT INFORMATION:

1. Does your child(ren) have any special physical needs or emotional needs?

2. Do you have any concerns about your child(ren)'s behavior or development?

3. Are there any foods your child(ren) cannot eat because of allergies?

I understand that a child must be enrolled in the elementary school where Adventure Time is located before enrolling in Adventure Time.

If not, enrollment in Adventure Time will be denied.

Parent/guardian signature: _____ Date: _____

Prior to July 31, please email completed applications to:
customerservice.adventuretime@gmail.com

After July 31, all applications must be dropped off at an open site.
Applications will also be accepted on the first day of school,
assuming space is available.

**ENROLLMENT IS LIMITED AND IS ON A
FIRST SIGNED UP, FIRST SERVED BASIS.**



ELOP ENROLLMENT APPLICATION

Site Director signature Date	For office use:
--	-----------------

Please enter your child(ren)'s schedule at Adventure Time. Do not list school hours.

Child 1: First Name _____ Last name _____ School _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application

Monday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Tuesday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Wed.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Thurs.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Friday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

Child 2: First Name _____ Last name _____ School _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application

Monday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Tuesday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Wed.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Thurs.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Friday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

Child 3: First Name _____ Last name _____ School _____

Birth date _____ Grade in September _____ Gender _____ Start date _____
Necessary to process your application

Monday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Tuesday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Wed.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Thurs.	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____
Friday	A.M. time in _____	A.M. time out _____	P.M. time in _____	P.M. time out _____

IMPORTANT INFORMATION:

Does your child(ren) have any special physical needs or emotional needs? Do you have any concerns about your child(ren)'s behavior or development? Are there any foods your child(ren) cannot eat because of allergies?

Please check: ☐ New Enrollment ☐ Adding a child to existing account # _____
 Enroll in Autopay? ☐ Yes ☐ No



Credit Card Payment

We accept Visa, Mastercard, and Discover credit cards. To charge your payment, please complete this form, and email it to us at: customerservice.adventuretime@gmail.com, fax it to: 510-658-9102, or use the payment link on this website. All of the information must be complete. Thank you.

Amount you would like to charge: \$ _____

Credit card: *please check one* ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER: _____ **CVV CODE:** _____

(The 3 digit CVV security code may be found on the back of your credit card next to your signature.)

Expiration date: _____/_____/_____ (MM/YY)

Name as it appears on the credit card: _____

Adventure Time account number: _____

Child's name: _____

Credit card billing address: _____

_____ Zip Code: _____

Print your name: _____

Phone number: _____

☐ This is a one time payment or

☐ This is a monthly recurring payment charged between the 13th and the 17th of the month prior to the due date for the following billing period (ex. February payment would be charged between January 13-17). Each billing period, the total balance due on the account will be charged.

Signature: _____

Post Office Box 5009, Berkeley, CA 94705-0009



2026 - 2027 Registration Packet

Please return
your Registration
Package to the
school site.
Please do not
mail.

Dear Parent,

Thank you for enrolling your child(ren) in Adventure Time. We provide a high quality program with an emphasis on arts, crafts, academic enrichment, drama, sports, games, and cooperation. Please take a copy of our brochure which describes our philosophy, program, tuition, and billing and enrollment policies.

Along with the Enrollment Application, our licensing agency, the California Department of Social Services, requires that you complete one form per child of the following forms: Emergency Information form, Parent Agreement, Parents' Rights Notice, Personal Rights Form, Child's Health History—Parents' Rights Notice, Personal Rights form, Child's Health History—Parents' Report, and the Disaster Release Information/Consent for Medical Treatment. These forms must be completed and turned in prior to attendance.

Enclosed are the following items to complete my application to Adventure Time Extended Day Care program:

- Emergency Information form (LIC 700)
- Parent Agreement
- Parents' Rights Notice (LIC 995)
- Child's Health History form (LIC 702)
- Personal Rights form (LIC 613)
- Disaster Release Information/Consent for Medical Treatment (LIC 627)

If you have any questions or concerns, please feel free to talk to any of our teachers, supervisors, or our Director, Mimi Albert (510-304-4151). Thank you for your cooperation.

Sincerely,
Mimi Albert
Director

I have read all of the above Adventure Time documents and agree to conform to the Enrollment and Billing Policies explained therein.

_____ Signature of parent(s) or guardian(s)	_____ Print name	_____ Date
--	---------------------	---------------

_____ Signature of parent(s) or guardian(s)	_____ Print name	_____ Date
--	---------------------	---------------

Post Office Box 5009, Berkeley, California 94705-0009

customerservice.adventuretime@gmail.com

208.3.26



2026-2027 Parent Agreement

Adventure Time is operated by Tuller Corporation, a non-profit corporation. Tuition is used solely to support the operating expenses of the program. Tuition rates are based on the operating budget for the full school year. Tuition is payable in nine-and-one-half monthly payments for your convenience and are installments on the yearly cost rather than the exact cost of each month. If tuition is paid in installments, payments are due in advance on the first day of each month. Each payment is for the calendar month in which it is due (for example, the payment due October first is for the month of October) except for the first payment which is due by the first day of school in August and is for one-and-one half month's tuition for the first day of school through September 30th. When totaling weekly hours for the purpose of computing the regular monthly tuition, rounding is used. (Example: 20 hours and 15 minutes per week rounds down to 20 hours per week. 20 hours and 25 minutes or more rounds up to 21 hours per week). Before and after school attendance is based on the school's bell schedule.

If regular monthly tuition in full has not been received in the billing office by the 5th day of the month, a late fee of \$15.00 will be charged. We may request that late payments be made by cash, cashier's check, or money order. Children whose tuition is still delinquent by the 15th day for the calendar month will be dropped from the program. If collection action becomes necessary either by Adventure Time or another agency, parent/guardian agrees to pay costs involved including but not limited to Federal Express or certified mail charges, collection agency costs, court costs and attorney's fees. If a child's enrollment has been discontinued due to non-payment or if the account with Adventure Time has been turned over to a collection agency, the full balance due the agency and Adventure time must be paid as well as any costs or fees incurred by Adventure time related to collecting that debt before the child may be considered for re-enrollment. Tuition installment payments are based on a nine-and-one half-month school year. Regular monthly tuition does not include holidays. Holiday (including Teacher Planning days) enrollment and tuition are separate. Tuition will be based on hours and school days scheduled. If an audit of an account reveals unpaid attendance, charges for the additional time will be made at the drop-in rate. Any time a child attends Adventure Time beyond the regularly scheduled time, that time must be paid for at the drop-in rate. Charges for this drop-in time will be computed in quarter hour increments. Parents/Guardian agree to pay these charges. We are unable to give credit for unused time. We are unable to trade scheduled hours for unscheduled hours. Adventure Time is closed for the following holidays: Veteran's Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, the fourth of July, and Labor Day. We are open on other school holidays at selected sites.

Parents agree to conform to the Enrollment and Billing Policies explained in the Adventure Time brochure, and tuition schedule, available in our classrooms, on our website, or on request. Families enrolled in Adventure Time through any subsidy and/or ELOP understand and are required to conform to these policies and this Parent Agreement. Please mail all tuition payments to: Adventure Time, Post Office Box 5009, Berkeley, CA 94705 or leave in the tuition box in our classroom. Please make checks payable to Adventure Time. Payments may also be made by credit card, either by completing a credit card charge form, or online at our website: www.adventure-time.com

Monthly statements will be available at parent portal: <https://myaccount.adventure-time.com/> about 15th to 16th of each month. They are also mailed to the parents' home address on file on or about the 20th. We are not responsible for the delivery by the Postal Service of statements or notices of tuition due. If you do not receive your monthly statement, please call our billing office at 510-658-7412, EXT 105 to request the correct amount. Please do not mail cash, cashier's checks, or money orders. If you pay by cash, cashier's check or money order, please bring payment to our AT classroom, hand it to an AT teacher, and obtain a receipt.

Adventure Time is required to provide sign-in/sign-out logs by the State of California Licensing Department; It is the parent's responsibility or designee to sign the child in and out of the program each day by documenting the exact time of drop-off or pick-up and using full signatures. If not done, staff will sign the child in and/or out. It is acknowledged that Adventure Time and its employees are not responsible for any child until they walk into the Adventure Time class-



2026-2027 Parent Agreement

room and/or the child has been safely picked up. Any associated charges from Adventure Time staff signing a child in or out will remain in the financial responsibility of the parents.

Attendance logs are not used for billing purposes except to confirm audits, drop-ins or other unscheduled attendance. Families are billed for tuition according to the weekly schedule they have provided Adventure Time on their enrollment application, not by the times signed in and out. Parents requesting copies of sign-out logs or other records will be charged \$5.00 per page to cover our labor and copying cost, plus any storage retrieval fees.

Any check returned to us by the bank will be subject to a \$25.00 charge for the first bad check and a \$35.00 charge for the second. If we receive a second bad check from a family, we will require that all future tuition payments be made by cashier's check, money order, credit card, or cash. Any bad checks we receive must be replaced by cashier's check, money order, credit card or cash.

An interview must take place with the Director, Head Teacher or morning Teacher to discuss admission procedures, program services, and policies before a child is enrolled in Adventure time. Parents should schedule and plan to speak with one of these staff members before or at the time of enrollment. At the beginning of the school year, if a parent wishes to reserve space for a child within the first week of the school year, charges will begin on the first day of school. We are unable to reserve spots for delayed start dates. Parent agrees to pay tuition based on \$13.00 per hour for children who attend more than 26 hours per week and \$14.05 per hour for children who attend 5-25 hours per week. Parents may request to schedule changes for their child(ren) during the school year. Please limit schedule changes to one per month. Reduction of tuition due to the dropping of hours in a child's schedule will take effect on the first day of the following month (the new billing period). Increases in tuition due to the adding of hours in a child's schedule will take effect on the day the increase of hours occurs. The increase will be pro-rated to reflect the number of days remaining in the billing period. It is the responsibility of the parent or guardian to inform Adventure Time of any change to a child's schedule. This must be done in writing on our Schedule Change form available at the school site. A schedule change reducing hours may not be made retroactively. Application "start date" cannot be changed retroactively. A child's space can be reserved only by applying tuition.

After April 30th, tuition will not be pro-rated or refunded for the remainder of the school year even if the student withdraws or reduces hours.

A minimum of 5 hours of enrollment per child per week per account is required, and your child's schedule must be the same from week-to-week. Thirty days' notice will be given for any increase in tuition rates for the period covered by this agreement. If a child is suspended from his or her regular school attendance, or has not attended due to illness or other reason, Adventure Time is unable to accept that child. Adventure Time will not refund or credit an account for any unused time. It is essential that parents specify on their Enrollment Application any physical or emotional problems or special needs that their child(ren) may have. Failure to do so may result in discontinuance of enrollment. If a child has special needs and has an aide in his/her classroom, then the parent/guardian must provide an aide for the child when enrolled at Adventure Time. If Adventure Time requests that a child's enrollment be discontinued, tuition will be refunded for any unused time. The time for issuing a refund is three weeks. Children must be able to take care of their own toileting needs to qualify for enrollment in Adventure time and have no elimination accidents. Staff members may not lift children or assist with toileting needs. A child's enrollment may be discontinued for any of the following reasons: 1. Consistent or unusual behavior problems. 2. Non-payment of tuition or fees by due dates. 3. Physical or emotional problems which require supervision beyond our normal teacher /child ratio (We provide reasonable accommodation but cannot exceed the state required teacher: child ratio), or 4. Parent or Guardian speaking or acting in an abusive or rude manner to teachers or staff members. Five days' notice will be given to the parents/guardians before a child is dropped from an Adventure Time program except in circumstances where the safety of the child or other children in the program is a concern. A child may be suspended from the program because of behavioral problems. The possibility of a family returning to Adventure Time after a suspension or discontinued enrollment is at the sole discretion of Adventure Time Director and Supervisors. If requested by, and at the full discretion of Adventure Time, enactment of our "three strikes" protocol or a parent conference with Supervisors and Director may be necessary for continued enrollment. If a child is



2026-2027 Parent Agreement

exhibiting unsafe or inappropriate behavior, including but not limited to; not following Adventure Time's posted rules, being uncooperative with Adventure Time staff, being physically or verbally abusive, including exhibiting biting behavior to other children, or Adventure Time staff, racism or racist remarks, unsafe behaviors toward self or others. In a conference, Adventure Time staff may work with parents to develop a plan of action to eliminate the inappropriate behaviors, to avoid the discontinued enrollment of the child.

To discontinue enrollment, parent or guardian must complete a Discontinued Enrollment form available in our classroom. This form must be completed and returned to Adventure Time within one week of the date of discontinued enrollment, or tuition will continue to accrue. To withdraw from Adventure Time between the first day of the school year and April 30, please complete an Enrollment Discontinued form. Tuition obligation will extend through the last day of enrollment. Due to our staffing commitments, tuition for May 1st to the end of the school year cannot be refunded. The last effective date for adjustment of tuition due to a reduction of a child's hours or discontinued enrollment is April 30. If a child withdraws from Adventure Time after April 30, or reduces hours, our parent agreement requires that tuition be paid through the end of the school year. Enrollment may not be discontinued retroactively.

We request that you provide at least two names and phone numbers of other people authorized to pick up your child if you are unable to do so by closing time or in the event of an illness. Adventure Time must be updated with any changes in parents' phone numbers. Our school district leases and our insurance both specify that we are not to have children in our programs after closing time. If a child is picked up after closing, there is a \$15.00 late pick-up charge for each fifteen-minute interval after closing (for example: 6:01-6:15=\$15.00, 6:16-6:30=\$30.00, 6:31-6:45=\$45.00, etc.)

This charge will be added to your account and must be paid no later than the due date listed in the statement which first shows the charge. Families enrolled in subsidized or ELOP are required to pay their late pick-up charges directly to staff on the day of late pick-up in the form of cash. Failure to do so may result in termination of care. Any family that has frequent after 6:00 pick-ups (3 or more) will be subject to an account evaluation that may result in attendance suspension or termination of childcare services. For the safety of your child, a staff member may ask for identification from any person attempting to pick up your child from the program. Adventure Time does not accept children that are bussed to or from school.

Please note that although children may bring toys or other items from home, we cannot accept responsibility for those items, and the child may be asked to keep the toy or other items in his or her backpack. For the safety and privacy of all Adventure Time students, we require that children keep all cell phones, smartwatches, and other devices in their backpack always and not use them while at Adventure Time.

Any duly authorized officer, employee, licensing or other agent of the California Department of Social Services may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, and interview children or employees, and review children's files, to secure compliance with, or to prevent a violation of licensing regulations. Parents have the right to review licensing reports which are available at: Community Care Licensing, 1515 Clay Street, Oakland, CA 94612.

Parents or guardians are required to inform site staff ahead of time if their child is not attending on a scheduled day by either calling the site directly or noting it in the parent communication book located on the parent table. Parent or guardian understands that Adventure Time relies on information given to us by the elementary school staff regarding a child's whereabouts when he or she does not arrive at Adventure Time according to schedule. For example, if the elementary school secretary advises us that your child has been picked up by an authorized person for a medical



appointment or any other reason, we will accept that information as correct and will not attempt to contact you or anyone else for further confirmation of your child's whereabouts. As needed, Adventure Time will communicate with school personnel on matters regarding your child.

In case of a local emergency or natural disaster, please check out our website, www.adventure-time.com, for the operating status of Adventure Time locations. During unusual events which trigger school closures, Adventure Time will also be closed. Tuition will remain the same, with no credits, refunds, or adjustments for any closure lasting 5 days or less.

If any Adventure Time employee performs work or services beyond his or her Adventure Time employment hours, for a parent or guardian, client or non-client of Adventure Time, it is understood and agreed that the employee does not represent Adventure Time in doing this work or performing these services and that Adventure Time is no way responsible or liable for this work, service, or the actions or behavior of the employee. This may include but is not limited to babysitting; house-sitting or transporting minors or others by car, bus or public transit. Any such act by an Adventure Time employee is outside the course and scope of his or her employment with Adventure Time. Such an act is not authorized nor endorsed by Adventure Time. Adventure Time expressly waives any and all liability for the acts of its employees, negligent or otherwise, while he or she is performing work beyond Adventure Time employment hours.

I hereby consent to have my child participate in walks or rides away from the school grounds. Transportation is provided by both staff/parent drivers of public transportation (BART and/or bus).

I agree that Adventure Time may take and use photographs or videos of my child in program brochures, emails or advertisements for Adventure Time. I also understand that my child may be asked to return to school once released to be tested, assessed, or helped by a school representative. If I do not agree with either of these statements, I must contact an Adventure Time Supervisor or Director (510-658-7412 ext. 104).

If your child has been ill and is sufficiently recovered to return to school or has a chronic condition (such as allergies or asthma), our staff members will give medication prescribed by a physician. To comply with Department of Social Services regulations, the medication must: 1. Be in its original container from the pharmacy 2. Carry a date within one month of the date this request is made. We must have a note or letter signed by the child's doctor stating the name of the medication as well as the amount and frequency of dosages. Parent or guardian must complete and sign the "Request To Administer Medication" form and other supplementary forms available in our classroom or on our website, www.adventure-time.com Children who require medication for chronic conditions (such as allergies or asthma) must have all required forms, doctor's notes, and medication on site prior to attending our program. All medications will be returned to parent at the end of the school year. If it is not picked up by the last day of school, all medications will be disposed of.

With the required paperwork completed by parents prior to a child's attendance, it is Adventure time policy to offer the following incidental medical services: administer prescription and non-prescription medications, nebulizer/inhalers, and EpiPen's. The incidental medical services that Adventure Time will not offer include glucose blood tests, glucagon, G.I. tubes, injections, and ileostomy bags, and suppositories. Parents will need to provide a trained adult to perform these procedures as needed.

I authorize Adventure Time staff to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify me or other persons listed on my emergency form before such action is taken.



The expense of this service will be accepted and paid for by me.

Adventure Time will continue to follow CDC guidelines.

It is understood and agreed to that if a party sues Adventure time, and that party receives an unfavorable verdict (in whole or in part) from the court, that part will pay all attorney fees and other associated costs which Adventure time incurs due to the suit. Thirty days' notice will be given regarding any changes in this Parent Agreement.

Families enrolled with Adventure Time through ELOP understand and are required to follow the guidelines set forth in this parent agreement and will be financially responsible for all fees that the school district does not cover.

Arbitration Agreement:

(a) Any controversy between Adventure time and a parent involving the construction or application of any of the terms, provisions or conditions of this agreement shall be submitted to arbitration on the written request of either party served on the other.

(b) Arbitration shall comply with and be governed by the provisions of California. Arbitration Act. California Code of Civil Procedure Sections 1280 through 1294.2, which is incorporated herein by reference.

(c) Adventure Time and parent shall each appoint one person to hear and determine the dispute and, if the two persons so selected are unable to agree, those two persons shall select a third impartial arbitrator, whose decision shall be final and conclusive upon both parties.

(d) The result of arbitration hereunder shall be binding upon the parties.

Signature of parent(s) or legal guardian(s)	Print Name	Date
---	------------	------

Signature of parent(s) or legal guardian(s)	Print Name	Date
---	------------	------

Home address (not a post office box)	City	State	Zip
--------------------------------------	------	-------	-----

Home phone number	Business phone number	Cell
-------------------	-----------------------	------

Name of elementary school your child attends

Signature of Director	Date
-----------------------	------

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children cannot by law be given an exemption that would allow them to own, live in or work in a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://ccld.ca.gov/contact.htm>

IMPORTANT INFORMATION**CAREGIVER BACKGROUND CHECK INFORMATION**

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cdld.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

**DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION
UNDER THE CALIFORNIA PUBLIC RECORDS ACT**

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.



CHILD CARE CENTER NOTIFICATION OF PARENT'S 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, provide 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: Community Care Licensing

Licensing Office Address: 1515 Clay Street #110, Oakland, CA 94612

Licensing Office Telephone #: 510 622-2602

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.

LIC 995 (ENG/SP) (8/02)

(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.

Adventure Time Extended Day Care
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.

LIC 995

Post Office Box 5009, Berkeley, CA 94705-0009

PERSONAL RIGHTS**Child Care Centers**

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

- (1) To be accorded dignity in their personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.
- (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

ADDRESS

1515 CLAY STREET

CITY

OAKLAND

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

510-622-2602

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)

ADVENTURE TIME EXTENDED DAY CARE

(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's Health History — Parent's Report One Form Per Child

Child's name (child 1)

Gender

Age

Birth date

Parent one's name

Does parent one live in the home with the child?

Parent two's name

Does parent two live in the home with the child?

Has the child been under regular care of a physician?

Date of last examination

PAST ILLNESSES

Check those child has had and approximate dates

_____ Chicken Pox

_____ Asthma

_____ Rheumatic Fever

_____ Hay Fever

_____ Diabetes

_____ Ten Day Measles (Rubella)

_____ Three Day Measles (Rubella)

_____ Epilepsy

_____ Whooping Cough

_____ Mumps

_____ Poliomyelitis

Other serious or severe illness or accidents

Does child have frequent colds?

How many last year?

List any allergies staff should be aware of

Parent's evaluation of health and personality

How does child get along with family and other children?

How does child get along with family and other children?

Does child have any special problems or fears? (explain)

What is the plan for care when child is ill?

Parent signature _____ Date: _____

LIC 702



Disaster Release Information

LIC 627

Child's Name: _____ Grade: _____
Child's Birthdate: _____

Name of Parent/Guardian 1: _____ Work Phone: _____

Cell phone: _____

Name of Parent/Guardian 2: _____ Work Phone: _____

Cell phone: _____

Home Address: _____

Email: _____

Out of Area Contact Person: _____ Cell Phone: _____

List any medical and/or other special physical or emotional problems or needs that should be known:

List any allergies/medications required: _____

In case of emergency your child can be released only to any of the following people (list as many as you need):

<u>Print Name</u>	<u>Phone Number</u>	<u>Signature</u> <u>(at time of emergency)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to ADVENTURE TIME to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for:

Name of Child(ren) _____

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

Date

Parent/Agency Representative/Guardian Signature

Name of Physician: _____ Phone: _____



Emergency Information

To Be Completed By Parent Or Guardian
One Form Per Child

Child's name: _____ Gender: _____ Telephone: _____
Address: _____ Room #: _____ Birthdate: _____

Parent one's name: _____ Business phone: _____
Home address: _____ Home phone: _____
Cell phone: _____ email: _____
Parent two's name: _____ Business phone: _____
Home address: _____ Home phone: _____
Cell phone: _____ email: _____

Does your child have any allergies? If so, to what is he/she allergic? _____

Does your child have any special needs or required medications? If so, please explain: _____

MINIMUM OF 2 ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY AND AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Name: _____ Address: _____ Telephone: _____ Relationship: _____

PHYSICIAN TO BE CALLED IN EMERGENCY

Name: _____ Phone: _____

Address: _____

If physician cannot be reached, what action should be taken?

☐ Call emergency hospital ☐ Other: _____

Signature of parent or guardian: _____ Date: _____

Parent/guardian comments: _____

LIC 700