



AIK Enrollment Packet

This packet contains the following documents:

- Instruction Sheet
- Health Information/Emergency and Identification Form
- Child's Preadmission Health History
- Personal Rights
- Child Care Center Notification of Parents' Rights
- Media & Photo Release/Release of Liability/Nut Policy/Permit of Sunscreen
- Census Report

Step by Step Instructions for Completion

1. Download the packet from the Girls Inc. of the Island City website
2. Save the file to your computer
3. Enter the necessary information on all forms
4. Save the file frequently and once you have finished entering all the information
5. Print all six forms (exclude direction page)
6. Sign each form where applicable
7. Bring the completed and signed forms with you to in-person enrollment
8. The Enrollment and Agreement forms will be given in-person at time of enrollment. These are three-part forms that need to be filled out and signed. (Please see Enrollment Schedule for dates, times, and locations.)
9. These eight forms and the non-refundable deposit will complete enrollment.
10. Your child/children's information will be placed on a waiting list in the event the program is full



HEALTH INFORMATION

a service of
Girls Incorporated®
of the Island City

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____

Special Medical Limitations: _____

Allergies to

Food: _____

Medicine: _____

Other: _____

Please List ALL medications (including OTC) taken by your child: _____

Check all that apply

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Parent/Guardian - Please read and sign: I give my permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O) or Dentist (D.D. S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

SIGN HERE →

Parent/Guardian Signature _____ Date _____ Dentist Name & Phone Number _____

Medical Insurance & Coverage Number _____ Physician Name _____ Physician's Phone Number _____

EMERGENCY AND IDENTIFICATION INFORMATION

School: _____ School Year: 20 ____ - 20 ____



PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name Phone Name Phone

1. _____ (____) _____ 3. _____ (____) _____

2. _____ (____) _____ 4. _____ (____) _____

SIGN HERE →

Parent/Guardian Signature _____ Date _____

Based on court documents on file at site

DO NOT RELEASE - My child should NEVER be released to: _____

Parent/Guardian Other: _____

STAFF USE ONLY	_____
	Initial _____ Date _____

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) - *Not Applicable for AIK

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

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

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only) - *Not Applicable for AIK

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?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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

Community Care Licensing

ADDRESS

1515 Clay Street, Suite 1102

CITY

Oakland, CA

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)

(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: Bay Area Community Care Licensing

Licensing Office Address: 1515 Clay Street, Suite 1102, 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.

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

Media/Photo Release

I, _____, as enrolling parent or legal guardian, for _____ hereby authorize Girls Inc. of the Island City, doing business as Alameda Island Kids, its agents and others working for it or on its behalf to use my child's image/ likeness/voice/ artwork/writing in still photos, slides, video productions, radio coverage, television coverage, interviews, testimonials, and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Enrolling Parent/Guardian Initials: _____

I Decline the Media/Photo Release portion of this form.

Liability Agreement Release

I, _____ hereby authorize, as enrolling parent or legal guardian, for _____ to participate in Girls Inc. and Alameda Island Kids Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Incorporated of the Island City, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.

Enrolling Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Peanut Butter & Nut Policy

Due to an increase in severe nut allergies, including airborne reactions, among the children in our care, peanut butter and all types of nuts will no longer be served at Alameda Island Kids. This is especially critical when sites combine for non-student days, breaks, and recesses. In order to maintain a safe environment and decrease the potential of high risk situations, parents are asked not to pack peanut butter or nuts of any kind in their child's lunch or snack.

Enrolling Parent/Guardian Initials: _____

Permit of Sunscreen Application and Use

For present and future skin protection, children may bring their own bottle of sunscreen. It will be labeled with their name and left at the center. This will allow your child to apply the sunscreen as needed.

- The first application should take place at home from your own supply and prior to sun exposure.
- If re-application is required, you will need to discuss with your child the plan for the best time of the day to apply the sunscreen for him or herself.
- Staff cannot take responsibility for schedule of re-application.
- On-site outdoor activities may result in sun exposure and sunscreen would be advised.

Enrolling Parent/Guardian Initials: _____

Child's Name (please print): _____ **Original AIK Site:** _____

Enrolling Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

AIK Staff Initial: _____ Date: _____



Alameda Island Kids at _____ School Census Report - School Year 20__ - 20__

a service of
Girls Incorporated®
of the Island City

This information will be kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

My Child's Name: _____

Please mark all appropriate boxes.

AGE

- | | |
|-----------------------------|--------------------------------|
| <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 13-15 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 16-18 |
| <input type="checkbox"/> 10 | |

MY CHILD QUALIFIES FOR

- Free Lunch Reduced Lunch

FAMILY CONFIGURATION

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Living with parent & step-parent
- Living with neither parent (e.g grandparent, foster parent, etc)

ETHNICITY

- Multi-ethnic Filipino
- Asian American
- Black / African American
- Native American
- White / Caucasian
- Hispanic/Latina
- Pacific Islander
- Other: _____

PRIMARY LANGUAGE SPOKEN IN THE HOME

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ | |

RESIDENCE AREA

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> San Lorenzo |
| <input type="checkbox"/> Oakland | <input type="checkbox"/> Livermore |
| <input type="checkbox"/> Castro Valley | <input type="checkbox"/> Hayward |
| <input type="checkbox"/> San Leandro | <input type="checkbox"/> Berkeley |
| <input type="checkbox"/> Other: _____ | |

NUMBER LIVING IN HOUSEHOLD _____

ANNUAL HOUSEHOLD INCOME

- | | |
|---|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$10,000 to \$15,000 |
| <input type="checkbox"/> \$15,000 to \$20,000 | <input type="checkbox"/> \$20,000 to \$25,000 |
| <input type="checkbox"/> \$25,000 to \$30,000 | <input type="checkbox"/> \$30,000 to \$40,000 |
| <input type="checkbox"/> \$40,000 to \$50,000 | <input type="checkbox"/> \$50,000 to \$60,000 |
| <input type="checkbox"/> \$60,000 to \$70,000 | <input type="checkbox"/> \$70,000 to \$80,000 |
| <input type="checkbox"/> \$80,000 to \$90,000 | <input type="checkbox"/> \$90,000 to \$100,000 |
| <input type="checkbox"/> \$100,000 and above | |

ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?

- Yes No

PLEASE LIST ANY MEDICAL, PHYSICAL, OR EMOTIONAL CONDITIONS (INCLUDING DISABILITIES)
