



PARCA REACH

Fall 2021 Program Application

Please check the appropriate information below:

Hours:

___ 7:00 AM to 8:30 AM (School Days Only)

___ 12:00 PM to 5:00 PM

___ Arrival before 2:30 PM to 5:00 PM

___ Arrival after 2:30 PM to 5:00 PM

Enrollment Days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Fee Information:

___ Full Fee ___ Department of Education Subsidy ___ Other

Child's Name: _____

Sex: M or F **Birth Date:** ___/___/___ **Ratio at School** ___ : ___

Parent/Guardian(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

Preferred Method of Communication (e-mail, phone call, mail) _____

School: _____ **Room#:** _____

Teacher: _____ **Phone:** _____

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ACKNOWLEDGEMENT

I, the undersigned, verify that the information on this application is to the best of my knowledge, accurate and complete. I understand that any inaccuracies will result in my child being enrolled for inaccurate sessions and/or times. I understand that admission into the PARCA project REACH program is contingent upon the fact that my child, named on this application, is not physically aggressive or abusive, nor requires any type of skilled nursing care, and can safely function in the staff to child ratio of the program. I understand failure to provide true and accurate information regarding my child will result in my child being immediately terminated from the PARCA Project REACH Program.

Parent/Guardian: _____ Date ____/____/____

Please fill out this application and any other enclosed paperwork. If your child has not attended program in the past you must then contact Cecilia O. Hinkston at (650) 871-8402 and make an appointment for an Intake Interview. Enrollment is completed on a first come, first serve basis.



Admission Agreement

PARCA REACH provides recreational opportunities in after-school, vacation, and summer care for children with and without disabilities. Although located on school grounds, PARCA REACH is a separate organization from the school. REACH is a program of PARCA, a private not-for-profit agency serving people with developmental disabilities and their families.

Fees are charged to assist in the costs of operating the program, while other grants and donations are obtained to subsidize the remaining operation cost. Special donations and grants are secured for the purchase of special equipment and for recreational and educational activities. To maintain "enrollment status" parents are required to abide by all program policies and procedures, including those on the Billing Agreement.

Prior to admission in the PARCA REACH Program, parents/guardians must complete the following:

- Complete the Intake Process
- Be accepted into the program
- Complete and submit all enrollment paperwork
- Submit payment to PARCA's Accounting Department
- Arrange transportation to and from the program

I/We understand that if I/we wish for my/our child to attend the PARCA REACH Program on day(s) other than day(s) he/she has been enrolled, then I/we must call one day in advance to verify if space is available. I/we understand that Drop-in space is not guaranteed, therefore, my/our child cannot attend program without authorization from the Program Manager. I/we also understand that my/our child cannot attend program before his/her designated time without prior approval from the Program Manager.

This acknowledges that I/we have read the above agreement and agree to abide by the conditions. Also, I/we verify that I have received a copy of the PARCA REACH Program Parent Handbook and Billing Agreement and have signed the receipt agreeing to abide by all the policies and procedures. I recognize the right of Community Care Licensing to review my child's records and interview my child at any time.

Parent/Guardian Signature

Date

PARCA REACH Representative

Date



Medical and Emergency Information Form REACH Program

Child's Name _____ Age: _____ Birthdate _____
 Address _____ City: _____ Zip: _____
 School Attending _____ City _____ Teacher _____
 Identifying Information: Sex _____ Weight _____ Height _____
 Hair Color _____ Eye Color _____

Adults Living with Child:

Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:

Home Phone Number: _____

Emergency Contacts and Persons Authorized to Pick up Child: In the case of an emergency, we will always contact the parent first. In the event a parent cannot be reached, we need to contact at least two other relatives/friends. No adults other than those listed below will be able to pick up your child from our program unless we received advance written notice from you.

Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:
Name:	Relationship:	Work Phone:

Physician or Dentist to be called in an Emergency:

Physician Name: _____ Address: _____
 Phone Number: _____ Medical Plan & Number _____
 Dentist Name: _____ Address: _____
 Phone Number: _____ Dental Plan & Number _____

Medical History

	Date mm/dd/yy		Date mm/dd/yy
___ Appendicitis	_____	___ Diabetes	_____
___ Tonsillectomy	_____	___ Epilepsy	_____
___ Mumps	_____	___ Measles	_____
___ Rheumatic Fever	_____	___ Asthma	_____
___ Other Operation(s)	_____	___ Chicken Pox	_____

(Please explain) _____

Allergies (Please check all that apply and explain when needed)

___ Penicillin	___ Animals: _____
___ Bee Stings	___ Food: _____
___ Hayfever	___ Other: _____

Mediations

Type: _____	Dosage: _____
Type: _____	Dosage: _____
Type: _____	Dosage: _____
Type: _____	Dosage: _____

Please note: if you need your child's medication administered at REACH, please fill out a Medication Release Form.

Photo Release

I hereby _____ give permission _____ do not give permission to REACH to photograph my child, _____, for media use (including but not limited to television, magazine, newspaper, lectures, etc.): without limitation to use any pictures, film, and/or stories in connection with any of the work of said REACH; without compensation of any kind. I hereby hold harmless REACH from any claims whatsoever with may arise.

Parent/Guardian Signature

Date



Consent for Medical Treatment

As the parent, agency representative, or legal guardian, I hereby give consent to PARCA REACH to provide all emergency dental or medical care prescribed by a duly licensed physician (MD) or dentist (DDS) for _____.

Child's Name

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

Child has the following Medication Allergies:

Parent/Guardian Signature

Date

Photograph

Note: Please provide a current picture of your child



REACH Client Demographic Form

In order to keep the fees for Children's Services at affordable levels, PARCA receives support from many private foundations and various city and state grants. In order to receive these funds, PARCA is required to provide information on a regular basis to these entities. The following information will be used for statistical purposes only, and your name/name of participating family member will be kept confidential. Thank you for your compliance.

Name: _____

City of Residence: _____

Head of Household Information (please check one):

Male Elderly (over the age 62)
 Female Disabled Head of Household

Ethnicity Information:

If you are NOT Hispanic/Latino please check on of the following:

American Indian/Alaska Native
 American Indian/Alaska Native and Black/African American
 American Indian/Alaska Native and White
 Asian
 Asian and White
 Black/African American
 Black/African and White
 Native Hawaiian/Other Pacific Islander
 White
 Other

If you ARE Hispanic/Latino, please check one of the following:

Hispanic/Latino American Indian/Alaska Native
 Hispanic/Latino American Indian/Alaska Native and Black/African American
 Hispanic/Latino American Indian/Alaska Native and White
 Hispanic/Latino Asian
 Hispanic/Latino Asian and White
 Hispanic/Latino Black/African American
 Hispanic/Latino Black/African American and White
 Hispanic/Latino Native Hawaiian/Other Pacific Islander
 Hispanic/Latino White
 Hispanic/Latino Other

Income Data:

Number of people in your household: _____

Your annual combined household income: \$ _____