



Parca REACH Summer Day Camp Program 2023

SESSIONS	THEMES
1. June 19-23	Ocean Zone
2. June 26-30	All Star Athletes
3. July 3-7 (closed July 4)	Animal Planet
4. July 10-14	California Adventures
5. July 17-21	Disney Week
6. July 24-28	Digital Universe
7. July 31-Aug. 4	Space is the Place
8. August 7-11	Bear Hunt Adventures
9. August 14-18	Holiday Around the World

*Please note: Themes are subject to change

HOURS/RATES

Camp hours are from 8am-6pm. The first week of your child's enrollment will be **\$210**, and each subsequent week, **\$185**. Children attending summer school the fee from 12:30-6:00pm is **\$120** per week.

Those who sign up for all 9 weeks will receive a **10%** discount. Also for those who have siblings in the program will also receive a **10%** discount.

RATIO/AGE

Staff to child ratio is 1 staff to 8 children or 1 staff to 3 children. Children must be able to function safely in this ratio.

REACH is open to children 5-12 years old.

LOCATION

Parca REACH Program (located at the John Muir Elementary School)
130 Cambridge Lane
San Bruno, CA 94066

To receive an enrollment packet and begin the enrollment process, please call Cecilia Hinkston at (650)871-8402 or send an email, crestmoor@parca.org



Parca REACH Summer Program Application

Please check the appropriate information below.

Session	Session	8AM-5PM Camp Hours	12:30-5PM Summer School
1	June 19-23		
2	June 26-30		
3	July 3, 5, 6, 7		
4	July 10-14		
5	July 17-21		
6	July 24-28		
7	July 31- Aug. 4		
8	August 7-11		
9	August 14-18		

Enrollment Days:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

*Please Note: Regardless of the number of days your child is enrolled families are still required to pay the flat weekly rate.

T-shirt size:

Youth Small Youth Medium Youth Large Youth x-Large
 Adult Small Adult Medium Adult Large Adult x-Large

Fee Information:

Full Fee 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.g. e-mail, phone call, mail)

School: _____ **Room#:** _____ **Teacher:** _____

Phone _____

SEE BACK PAGE

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 REACH Summer Day Camp 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 REACH Summer Day Camp Program.

Parent/Guardian: _____ Date ____/____/____



REACH Summer Program 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
<input type="checkbox"/> Appendicitis	_____	<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Tonsillectomy	_____	<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Measles	_____
<input type="checkbox"/> Rheumatic Fever	_____	<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Other Operation(s)	_____	<input type="checkbox"/> Chicken Pox	_____
(Please explain) _____			

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

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Animals: _____
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Food: _____
<input type="checkbox"/> Hayfever	<input type="checkbox"/> Other: _____

Medications

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
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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:

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Parent/Guardian Signature

Date

Note: Please provide a current picture of your child

Photograph

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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
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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
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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?*
<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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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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: Community Care Licensing

Licensing Office Address: 851 Traeger Ave., Suite 360, San Bruno, CA 94066

Licensing Office Telephone #: 650-266-8800

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

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.

Parca REACH Program

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

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		
851 Traeger Ave., Suite 360		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Bruno	94066	650-266-8800

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)
Parca REACH Program	130 Cambridge Lane, San Bruno, CA 94066

(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)



**Parca REACH Summer Program
Field Trip Permission Slip**

Dear Parents/Guardians,

A distinguishing feature of the Parca REACH Summer Program is the amount of unique field trips the children participate in throughout the summer. The field trips take place in a variety of venues, but all require leaving the John Muir program site either on foot or in a van driven by one of the REACH Teacher Assistants. It is essential that we have written permission for all the field trips your child will be partaking in. Please fill out and return the information below. Your child will not be able to participate in the Summer Program without this permission slip signed.

.....

I _____, give permission for my child
_____ to go on **all** of the field trips offered by the Parca REACH Summer Program. I understand that my child needs to be at the program **no later than 10:00 AM** and will arrive back to program by 4:00 PM. If my child does not arrive to the program by 10:00 AM on the day of a field trip designated for his/her group he/she may not come to program until his/her group returns. This is due to predetermined staff to child ratios and helps to maintain the safety of all children involved in program.

Parent/Guardian Signature

Date



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: \$ _____