



## Parca's REACH After School Program

REACH (Recreational Experiences for all Children) offers a full inclusion after school program for children with and without developmental disabilities. It provides an atmosphere where children can make new friends, have fun, and grow as individuals.

### DATES

August 2023-June 2024

### HOURS OF OPERATION & COST

Monday through Friday

Early morning care (7:00am to 8:15am).....\$111/month

Kindergarten only (2 to 5:30pm).....\$504/month

Arrival (after 2:30pm to 5:30pm).....\$389/month

School days (8am to 5:30pm) for school year children.....\$30/day

Sibling Discount 10% off monthly fee and drop in rates

### LOCATION

Parca REACH  
130 Cambridge Ln.  
San Bruno, CA 94066

### INTAKE PROCEDURE

All potential intakes must participate in the Intake Assessment Process to assess whether or not the child meets the entrance criteria for the program. To begin the Intake Process families must participate in an initial Intake Interview with the Program Manager. To schedule an appointment please call the REACH program (650) 871-8402 or send an e-mail, [crestmoor@parca.org](mailto:crestmoor@parca.org).

### ENROLLMENT DEADLINE

Spaces are based on a first come, first serve basis.



## PARCA REACH Fall 2023 Program Application

Please check the appropriate information below:

**Hours:**

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

2:00 PM to 5:30 PM

Arrival before 2:30 PM to 5:30 PM

Arrival after 2:30 PM to 5:30 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:** \_\_\_\_\_

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 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 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 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.

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Parent/Guardian Signature

Date

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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**

<input type="checkbox"/> Appendicitis	Date mm/dd/yy N/A	<input type="checkbox"/> Diabetes	Date mm/dd/yy
<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	_____
Other Operation(s)	_____	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: None _____

**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.**

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**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.

\_\_\_\_\_



**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:**

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Parent/Guardian Signature

Date



**Photograph**

Note: Please provide a current picture of your child

## 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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HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

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: 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](http://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.

\_\_\_\_\_  
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](http://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:

### Department of Social Services

NAME

Community Care Licensing

ADDRESS

851 Traeger Ave., Suite 360

CITY

San Bruno, CA

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

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)

Parca REACH Program

(PRINT THE ADDRESS OF THE FACILITY)

130 Cambridge Ln., San Bruno, CA 94066

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



Serving People with  
Developmental Disabilities & their Families

## Cultural Background Survey

Parca's Teen Program strives to teach teens the acceptance and tolerance of differences and expose them to new ideas and cultures. This survey was developed so that the program can appropriately reflect and celebrate each teen's diverse background.

Participant's Ethnicity: \_\_\_\_\_

Languages the Participant understands: \_\_\_\_\_

Can the Participant speak the above languages: \_\_\_\_\_ Fluently      \_\_\_\_\_ Somewhat

Does the Participant know Sign Language?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Participant's country of birth: \_\_\_\_\_

Holidays the Participant celebrates: \_\_\_\_\_

Holidays the Participant does not celebrate: \_\_\_\_\_

Family Traditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions to enable staff to better serve your teen while respecting his/her diverse background and, at the same time, provide anti-biased curriculum: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. Your input is valuable to the quality of the program!



### 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: \$ \_\_\_\_\_