

## PARCA REACH Fall 2024 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

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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.

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: | Cell Phone: |
| Name: | Relationship: | Cell 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**

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Appendicitis

 N/A

Diabetes

Tonsillectomy Mumps Rheumatic Fever Other Operation(s)

Epilepsy

Measles

Asthma

Chicken Pox

(Please explain)

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

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Penicillin Bee Stings Hayfever

Animals: Food: Other: None

## Mediations

Type: Type: Type: Type:

Dosage: Dosage: Dosage: 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.

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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