



## 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 2024-June 2025

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

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## 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:	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
<input type="checkbox"/> Appendicitis	N/A	<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: 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.

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:**

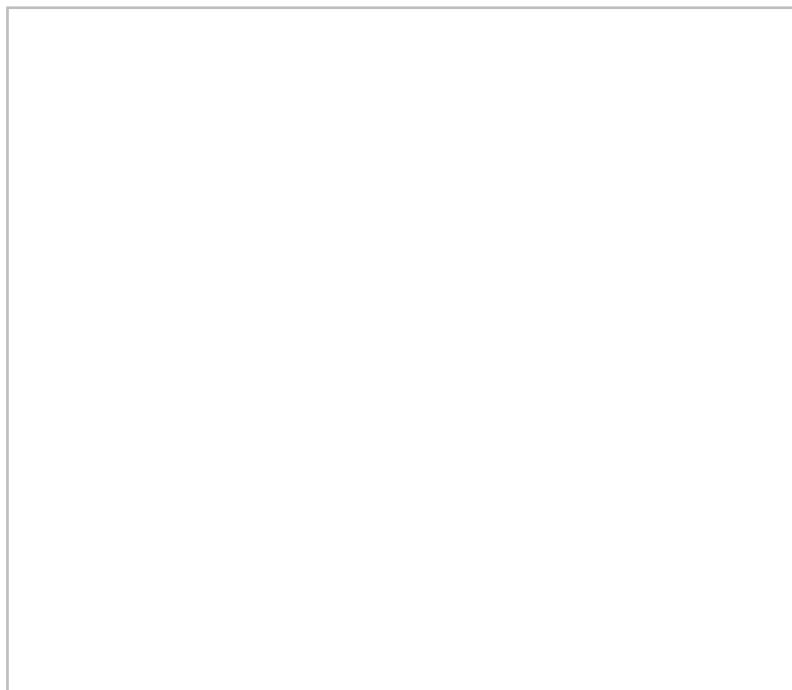
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Parent/Guardian Signature

Date



**Photograph**

Note: Please provide a current picture of your child



## Cultural Background Survey

Parca's REACH Program strives to teach children 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 child'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: \_\_\_\_\_

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

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





### Statistical 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 you 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 age 62)  
 Female                                       Disabled Head of Household

**Ethnicity Information:**

*If you are Not Hispanic/Latino please check one 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
<input type="checkbox"/>	Under \$25,000
<input type="checkbox"/>	\$25,000- \$49,999
<input type="checkbox"/>	\$50,000- \$99,999
<input type="checkbox"/>	\$100,000 - \$149,999
<input type="checkbox"/>	\$150,000 - \$199,999
<input type="checkbox"/>	\$22,000 +



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## Intake Assessment Form Parca REACH

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

### Medical Background

Disability: \_\_\_\_\_

Description of Disability (Characteristics) \_\_\_\_\_

Seizures: \_\_\_\_ Yes \_\_\_\_ No                      Controlled: \_\_\_\_ Yes \_\_\_\_ No

If seizures are controlled, when was the last one? \_\_\_\_\_

How long does your child's seizure typically last? \_\_\_\_\_

Description of Seizures (Warning Signs, Safety Issues, Child's disposition afterward): \_\_\_\_\_

Type of Procedures used by the parent and/or school when a seizure occurs: \_\_\_\_\_

When do you call 911? \_\_\_\_\_

*Inform parent that if seizure goes past one minute the program's emergency procedures dictate that 911 be called immediately.*

Allergies: \_\_\_\_\_

Are any allergies life threatening? \_\_\_\_ Yes \_\_\_\_ No If yes, which allergies?: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Cardiac Conditions: \_\_\_\_\_

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Rest period required: \_\_\_\_\_

Other medical problem: \_\_\_\_\_

Medications: \_\_\_\_\_

Will your child be taking medication while in the program?     Yes     No

Medication: \_\_\_\_\_                      Dosage: \_\_\_\_\_                      When: \_\_\_\_\_

Medication: \_\_\_\_\_                      Dosage: \_\_\_\_\_                      When: \_\_\_\_\_

Fears: \_\_\_\_\_

Is your child sensitive to loud noises?     Yes     No

### Therapy Services

O.T. \_\_\_\_\_ Phone #: \_\_\_\_\_

P.T. \_\_\_\_\_ Phone #: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Behaviorist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Psychologist: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Case Information

Current School: \_\_\_\_\_ Room #: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone #: \_\_\_\_\_

Classroom Ratio:        \_\_\_\_\_ : \_\_\_\_\_

Regional Center Case Worker: \_\_\_\_\_

### Supervision and Safety

What level of supervision do you feel your child needs?        Ratio: \_\_\_\_\_ : \_\_\_\_\_

Does your child have run away tendencies?     Yes     No

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Does your child understand danger?  Yes  No

Please describe your child's understanding: \_\_\_\_\_  
\_\_\_\_\_

Does your child constantly put objects into his/her mouth?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

### Self-Help Skills

- Independent toileter
- Wears diapers
- Bowel/Bladder control problems
- Needs reminders to use the bathroom
- Needs assistance toileting

Explain any toileting procedures used at home and school: \_\_\_\_\_  
\_\_\_\_\_

Does your child wash his/her hands independently and effectively?  Yes  No

Explain procedures used to teach this skill: \_\_\_\_\_  
\_\_\_\_\_

- Independent eater
- Overeats
- Will grab other people's food
- Will sneak or steal food
- Needs assistance eating

Explain: \_\_\_\_\_  
\_\_\_\_\_

- Can Change his/her own clothes
- Needs assistance changing clothes

Explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child clean up after him/herself? \_\_\_\_\_

How are you teaching this skill? \_\_\_\_\_  
\_\_\_\_\_

## Communication

Languages your child understands: \_\_\_\_\_

<input type="checkbox"/> Verbal	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Speaks in words & phrases
<input type="checkbox"/> Uses sign language	<input type="checkbox"/> Maintains eye contact	<input type="checkbox"/> Uses a communication book
<input type="checkbox"/> Speaks in complete sentences	<input type="checkbox"/> Uses Augmentative Communication Device	<input type="checkbox"/> Echolalic
<input type="checkbox"/> Initiates Conversation Explain: _____		

If your child is non-verbal how does he/she:

1. Make requests for objects and/or assistance: \_\_\_\_\_
2. Protest: \_\_\_\_\_
3. Initiate social interaction: \_\_\_\_\_
4. Convey Feelings and thoughts: \_\_\_\_\_

## Ambulatory/Fine and Gross Motor Skills

<input type="checkbox"/> Independent ambulator	<input type="checkbox"/> Semi-ambulatory (walker or other support device)
<input type="checkbox"/> Fragile ambulator	<input type="checkbox"/> Independent wheelchair user
	<input type="checkbox"/> Wheelchair user, needs assistance

Please describe any pertinent information regarding wheelchair/walker/supportive device use and care: \_\_\_\_\_

Special supports (head, neck back, etc.) \_\_\_\_\_  
Instructions for use: \_\_\_\_\_

Difficulty with balance Explain: \_\_\_\_\_

\_\_\_\_ Coordination difficulty Explain: \_\_\_\_\_

\_\_\_\_ Fine motor difficulty:

\_\_\_\_ Grasp                      \_\_\_\_ Button                      \_\_\_\_ Zip                      \_\_\_\_ Shoelaces  
 \_\_\_\_ Open doors              \_\_\_\_ Bead                      Other: \_\_\_\_\_

Does your child use any adaptive equipment to assist with gross and/or fine motor activities? \_\_\_\_\_

Explain: \_\_\_\_\_

**Activities**

Does your child enjoy:

\_\_\_\_ Music                      \_\_\_\_ Cooking                      \_\_\_\_ Sports                      \_\_\_\_ Crafts  
 \_\_\_\_ Science                      \_\_\_\_ Field trips                      \_\_\_\_ Painting                      \_\_\_\_ Videos  
 \_\_\_\_ Computers                      \_\_\_\_ Toys                      \_\_\_\_ Hiking                      \_\_\_\_ Storytelling  
 \_\_\_\_ Puzzles                      \_\_\_\_ Drama                      \_\_\_\_ Drawing                      \_\_\_\_ Manipulatives  
 \_\_\_\_ Others: \_\_\_\_\_

Does your child enjoy swimming? \_\_\_\_ Is your child safe? \_\_\_\_

Explain: \_\_\_\_\_

**Behavior**

Will your child stay with the group through verbal prompting? \_\_\_\_ Yes \_\_\_\_ No

If not what procedures do you and/or the school use? \_\_\_\_\_

Does your child understand and follow complex directions or simple 1-2 step directions? \_\_\_\_\_

Procedures used when giving directions: \_\_\_\_\_

If your child is interested in an activity how long is his/her attention span? \_\_\_\_\_

How do you keep your child focused on a task? \_\_\_\_\_

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Does your child exhibit any type of sexual behavior?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Does your child have tantrumming behavior?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Is your child aggressive towards others?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Does your child display self-abusive behavior?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Does your child exhibit self-stimulating behavior?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever damaged or stolen property?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Intervention used: \_\_\_\_\_  
\_\_\_\_\_

Explain your child's behavior out in the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Social Skills

Does your child:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Initiate social contact         | <input type="checkbox"/> Resist social contact | <input type="checkbox"/> Prefer to play alone |
| <input type="checkbox"/> Prefer to watch instead of play | <input type="checkbox"/> Watch first then play | <input type="checkbox"/> Prefer small groups  |
| <input type="checkbox"/> Resist large groups             | <input type="checkbox"/> Need less structure   | <input type="checkbox"/> Need more structure  |

What social skills is your child working on at home and school? \_\_\_\_\_

How are these skills being taught? \_\_\_\_\_

Strategies to engage your child in social interaction: \_\_\_\_\_

## Transition

How long does it take for your child to adapt to new environments? \_\_\_\_\_

Explain: \_\_\_\_\_

How does your child react to changes in his/her routine? \_\_\_\_\_

Strategies to help your child with transition: \_\_\_\_\_

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## Goals of Child while in PARCA/Project REACH Program



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Acknowledgement**

I, the undersigned, agree that the information I have given during this Intake Interview is, to the best of my knowledge, accurate and complete. I understand that admission into the PARCA Project REACH Program is contingent upon the fact that my child, named on the Intake Form, is not physically aggressive or abusive, can function safely within his/her designated ratio, and does not require any type of skilled nursing care. I understand failure to provide true and accurate information will result in the immediate demittance of my child from the PARCA Project REACH Program.

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Parent/Guardian Signature

Date