

PARENT HANDBOOK CHECKLIST

Please carefully read the Parent Handbook. There is a lot of information in your packet, and we have included the Farm Safety Rules, as well as a Schedule of Activities. **Please make sure the following documents are returned.** Children will not be permitted to start the After School Program without having completed the following documents/items and returning them to the office.

- ___ ADMISSIONS AGREEMENT/PAYMENT CONTRACT
- ___ NOTIFICATION OF PARENTS' RIGHTS
- ___ PERSONAL RIGHTS (Bottom of Form must be signed and returned)
- ___ EMERGENCY INFORMATION/AUTHORIZATION TO PICK UP CHILD
- ___ CHILD'S PREADMISSION HEALTH HISTORY – PARENTS REPORT
- ___ MEDICAL RELEASE FORM
- ___ DISCIPLINE POLICY
- ___ FIELD TRIP PERMISSION SLIP
- ___ LIABILITY FORM

Revised 5/09/09

My initials indicate that I understand and agree to the following policies:

_____ Danny's Farm employees are required to sign a statement acknowledging the
(initials) requirement for employees to report child abuse as **mandated by law**

_____ Clients are to arrive for and be picked up from scheduled sessions on time.
(initials)

_____ Keep Director informed of all ongoing medical changes effecting the Consent for
(initials) Emergency Treatment form on file.

_____ The following are grounds for termination for but not limited to:
(initials)

- (1) Repeated tardiness (two warnings to be given)
- (2) Late payments for services rendered
- (3) Excessive absences, including but not limited to averaging one absence per month over the three-month period (note from physician will be considered). Specific arrangements may be made to pay for or make-up missed sessions.
- (4) Child/parent creates disruption to program.
- (5) Services are no longer "appropriate" for specific needs of the child.

_____ I acknowledge that I am responsible to arrange with Director to make-
(initials) up missed sessions. In addition, if my child is absent for two consecutive weeks, arrangements must be made with the Director, in order to hold my child's space.

_____ Photos, slides, or videotapes may be taken of my child for training for (initials)
(initials) promotional purposes (optional)

_____ I give consent for Danny's Farm to exchange information with the following:
(initials) _____ current teachers, _____ doctors, _____ therapists, _____ regional centers,
_____ schools.

_____ My child may take short walking trips (see separate Permission Slip).
(initials)

_____ I acknowledge that Danny's Farm may make modifications or changes to the
(initials) program or rates with 30 days notice.

PLEASE COMPLETE, SIGN & RETURN TO DANNY'S FARM

This enrollment contract constitutes a payment agreement. If funding has been requested from Regional Center, payment for services is and will continue to be the parent(s)' responsibility until we have received an Authorization to Purchase Services. Reimbursement or credit will be given for any duplicate payment. Monthly invoices are sent to parents who pay privately. Payment is made in advance to Danny's Farm.

The child's authorized representative will be given a minimum of 30 days advanced notice in writing of any change to the rate of payment. If the child is funded by Regional Center, the effective date of a governmental rate change shall be considered the effective date for rate service modifications and no prior notice is required.

Danny's Farm does not offer refunds for days missed but will make every effort to reschedule a mutually convenient date for the child.

Payment is due on the 15th day of each month, payable to "Danny's Farm".

The rate is \$25/hour.

I HAVE READ ALL THE FOREGOING AND I AGREE THERETO:

X _____ X _____
Parent/Guardian Signature Date

X _____ X _____
Children's Program Director / Teacher Date

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.

Danny's Farm

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

LIC 995 (9/08)

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)

DANNY'S FARM

3064 1/2 RIDGEVIEW DR

(PRINT THE NAME OF THE CHILD)

ALTADENA, CA 91001

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LIC 613A (8/08)

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	STATE	ZIP
HOME ADDRESS					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	STATE	ZIP
HOME ADDRESS					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

PLEASE COMPLETE, SIGN & RETURN TO DANNY'S FARM

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICE
COMMUNITY CARE LICENSING

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
		<input type="checkbox"/> Poliomyelitis	
		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	

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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE	DATE
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SPECIALTY AUTISM PROGRAM MEDICAL RELEASE FORM

CLIENT'S NAME _____

PARENT OR GUARDIAN: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, ER Physician).

Parent/Legal Guardian Signature Date

FAMILY PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

ADDRESS: _____

HOSPITAL PREFERENCE _____

Emergency Contacts:

NAME _____ PHONE # _____ RELATIONSHIP TO CAMPER _____

NAME _____ PHONE # _____ RELATIONSHIP TO CAMPER _____

NAME _____ PHONE # _____ RELATIONSHIP TO CAMPER _____

ALLERGIES: _____

SPECIAL DIET: _____

MEDICATION: _____

DATE OF LAST TETANUS BOOSTER: _____

MEDICAL NOTES (Please list seizure disorders or other pertinent information: _____

PLEASE COMPLETE, SIGN & RETURN TO DANNY'S FARM

DANNY'S FARM SPECIALTY AUTISM PROGRAM
PERMISSION SLIP FOR FIELD TRIPS

On occasion Danny's Farm Afterschool Program and Spring, Summer and Winter camps will take the child(ren) on walks to the stables and/or local nature trails during the normal hours of the afterschool program with the Program Director/Teacher and Aides. To give your child(ren) permission to go on these walks please sign and date the permission slip below.

Name of Child: _____

I give permission for Danny's Farm to take my child on walking field trips to the local trails.

I can be reached during the hours of the field trip at the following phone numbers:

Home : _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Name of Parent (please print clearly)

Signature of Parent/Guardian

Date

PLEASE COMPLETE, SIGN & RETURN TO DANNY'S FARM

LIABILITY RELEASE

PLEASE READ AND SIGN BELOW BEFORE ENTERING DANNY'S FARM
(This form does not apply to children enrolled in the State Licensed After School Program)

~~Liability Release, Waiver, Discharge, Covenant Not to Sue and Indemnification/Hold Harmless Agreement~~

This legally binding Release, Waiver, Discharge and Covenant Not to Sue ("Release"), is made voluntarily and for my minor child/ward and on behalf of my/our heirs, successors, executors, administrators, agents, insurers, legal representatives, and assigns (hereinafter collectively "Releasers") to Danny's Farm, Inc. and Altadena Stables.

I am aware and fully recognize that there are dangers and risks to which I and/or my child/ward may be exposed by participating in the programs at Danny's Farm, Inc. and Altadena Stables. Despite the possible dangers and risks, I voluntarily elect to participate/allow my child/ward to participate in the activities at Danny's Farm, Inc. and Altadena Stables, including but not limited to animal petting, riding and brushing, arts and crafts, and food/beverage services. I shall assume sole liability for all potential risks and injuries which may, in any way, arise from or result from these and similar activities, and for myself, my child/ward and Releasers, I hereby forever forego, waive, release, covenant not to sue and fully discharge Danny's Farm, Inc. and/or Altadena Stables, and all of their present, former and future officers, directors, affiliates, parents, successors, assigns, shareholders, partners, limited partners, joint venturers, agents, insurers, accountants, legal representatives, employees, family members, relatives, heirs, contractors and independent contractors (hereinafter collectively "Releasees") from any and all claims, losses, obligations, demands, judgments, suits, damages, actions, and liabilities of every kind or nature whatsoever, whenever occurring, whether known or unknown, that I may suffer at any time arising from or in connection with the activities at Danny's Farm, Inc., and Altadena Stables including, without limitation, any injury or harm to me, my child/ward, including death or property damage (collectively "Liabilities").

I, on behalf of Relasors, further agree to defend, indemnify, and hold harmless Releasees from and against any and all Liabilities.

As the undersigned Releaser, I recognize that this Release means I, for myself and on behalf of Releasers, am giving up, among other things, all rights to sue Releasees for injuries, damages or losses which may be incurred. I also understand that this Release binds my heirs, successors, executors, administrators, agents, insurers, legal representatives, and assigns, as well as myself. I also affirm that I and my minor child/ward have adequate medical or health insurance to cover any medical assistance which may be required.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release prior to engaging in the activities offered at Danny's Farm, Inc. and Altadena Stables, and I agree to be legally bound by the Release.

~~Liability Release, Waiver, Discharge, Covenant Not to Sue and Indemnification/Hold Harmless Agreement~~

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release prior to engaging in the activities offered at Danny's Farm, Inc. and Altadena Stables, and I agree to be legally bound by the Release.

Print Childs Full Name

Print Child' Parent/Guardian's Full Name

Date

Parent/Guardian's Signature