

Rainbow Rising Registration Packet

Welcome to the Rainbow Child Development Programs

Child's Name: _____ Age: _____ Birthday: _____ Grade: _____

Name of Parent # 1: _____ Phone #: _____

Name of Parent # 2: _____ Phone #: _____

Frequently Used E-mail: _____

**This will be used for program updates such as newsletters, calendars, and events as needed*

Alderwood: 949-856-3018	Culverdale: 949-296-6296	Meadow Park: 949-651-0678
Beacon Park: 949-398-8352	Cypress Village: 949-333-1488	Northwood: 949-651-0224
Bonita Canyon: 949-509-6736	Eastwood: 949-502-6533	Portola Springs: 949-387-3374
Cadence Park: 949-336-6084	Greentree: 949-552-5628	Westpark: 949-252-1657
College Park: 949-552-0366	Loma Ridge: 949-404-1497	

For Office Use Only

<input type="checkbox"/> Completed Registration Packet	<input type="checkbox"/> Add to Allergy List <i>(if applicable)</i>	<u>Add to OnCare</u> <input type="checkbox"/> Classroom Schedule <input type="checkbox"/> Billing <input type="checkbox"/> Authorized Pickup <input type="checkbox"/> Invite to TPD <input type="checkbox"/> Print ID Code List
<input type="checkbox"/> Completed Red Card	<input type="checkbox"/> Completed Sunscreen Form	
<input type="checkbox"/> Add to E-mail List	<input type="checkbox"/> Completed Homework Club Contract <i>(if applicable)</i>	

I understand that a registration fee is due upon enrollment in the Fall and Summer programs.
The \$300 tuition deposit is non-refundable and may only be used for childcare.

Deposit Fee: \$ 300

Date: _____

Registration Fee: \$ _____

Date: _____

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Rainbow Rising Registration Packet

Children's File Checklist

All documents must be completed, signed, and on file before the child may begin the program.

DEPARTMENT OF SOCIAL SERVICES & RAINBOW RISING POLICY

- ☐ Enrollment Agreement & Schedule Contract
- ☐ Admissions Agreement
- ☐ Identification and Emergency Information (LIC 700)
- ☐ Policy Contract
- ☐ Statement of Consent
- ☐ Consent for Emergency Medical Treatment (LIC 627)
- ☐ Child's Preadmission Health History – Parent's Report
- ☐ Parent Notification of Medication Procedures
- ☐ Medical Emergency and Field Trip Permission Form
- ☐ Recreational Equipment Form & Receipt of Parent Handbook
- ☐ Communications Agreement
- ☐ All Day Care Agreement & E-mail Attendance Agreement
- ☐ Accommodation Agreement
- ☐ Rainbow Electronic Devices Policy
- ☐ Rainbow "Respectations"
- ☐ Rainbow Behavior Contract
- ☐ Search and Seizure Agreement
- ☐ Electronic Signature Agreement

Detach to give to parents:

- ☐ Tuition Policy & Grievance Procedure
- ☐ Personal Rights (LIC 613A)
- ☐ Notification of Parents' Rights (LIC 995)
- ☐ Caregiver Background Check Process (LIC 995E)

Please provide the Site Director with:

- ☐ Medical Forms *(If Applicable)*
- ☐ Custody Agreements & Supportive Documents *(If Applicable)*

As the legally designated Administrator of this facility, I have reviewed each of these documents with the parent as of this date:

Director Signature: _____ Date: _____

By signing the registration packet, the enrolling parent is certifying that they have legal authority for the child:

Parent/Legal Guardian Signature: _____ Date: _____

Rainbow Rising Registration Packet

Enrollment Agreement & Schedule Contract

As the parent of _____ ,

Child's Name

I understand:

- My child's attendance with Rainbow Rising is only guaranteed for their current enrollment schedule. Schedule changes may not be granted immediately and may require placement on the Waiting List. If enrolling with a part-time schedule, children must adhere to the same 3 or 4 days every week.

Parent Initials: _____

- Non-school sessions, such as "All Day Care" and "Camps," are not guaranteed and space will be granted based on availability.

Parent Initials: _____

- The hours that my child is currently enrolled in are the **only** hours that are guaranteed for the following year.

Parent Initials: _____

- If you are enrolled only in our AM program or in our AM Kinder program, PM space is not guaranteed.

Parent Initials: _____

*For any schedule change requests, please contact your Director for Waiting List Policies and Procedures.*Child's Grade: _____ Schedule Enrolled: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri☐ AM ☐ PM_____
Parent Name_____
Date_____
Parent/Legal Guardian Signature_____
Date_____
Director Signature_____
Date

Change of Current Schedule: Mon Tues Wed Thurs Fri AM PM

Parent Initial_____
Director Initial_____
Date

Rainbow Rising Registration Packet

Admissions Agreement

Please read and complete the registration packet before signing. By completing this form, you agree that you have read, understand, and will comply with the policies set forth by Rainbow Rising.

Tuition Policy (Page 23)

I acknowledge that I have received a copy of the Tuition Policy and understand that if I do not pay my child's tuition on time, I may be terminated from the program.

 Parent/Legal Guardian Signature

 Date

 Parent/Legal Guardian Signature

 Date
Grievance Procedure (Page 23)

I have read and received a copy of Rainbow Rising's Grievance Procedure and agree to comply with this policy.

 Parent/Legal Guardian Signature

 Date

 Parent/Legal Guardian Signature

 Date
Personal Rights (Page 24)

I acknowledge that I have received and read Rainbow's statement of Personal Rights.

 Parent/Legal Guardian Signature

 Date

 Parent/Legal Guardian Signature

 Date
Parent's Rights (Page 25)

I acknowledge that I have received and read Rainbow's statement of Parent's Rights.

 Parent/Legal Guardian Signature

 Date

 Parent/Legal Guardian Signature

 Date

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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Rainbow Rising Registration Packet

Policy Contract

I enroll _____, Age: _____ years and _____ months, in Rainbow Rising for
 Child's Name

the 20 _____ - _____ year. I will make a payment of \$300 **per child** as a **non-refundable** partial tuition payment for the student's last month of enrollment in the program, and a \$ _____ registration fee per child.

If any of the provisions of this contract are violated at any time, RAINBOW reserves the right to immediately terminate this contract.

CUSTODY AGREEMENTS & COURT ORDERS

- **For the best interest of the child, all legal documents regarding custody, court orders, or visitation rights and supporting documentation MUST be on file at time of enrollment. If necessary, they need to include Rainbow Rising Child Care within the court orders, if there are restrictions or specifics applicable to any proceedings at Rainbow Rising.**

Parent Initials: _____

REGISTRATION

- Registration fees are paid annually upon the enrollment of each child in School Year, Summer Programs, and upon re-enrollment.
- All registration fees are non-refundable.

Parent Initials: _____

TUITION DEPOSIT

- **This one-time fee is non-refundable. The "30-Day Written Notice Withdrawal Form" must be completed. The tuition deposit will then be applied toward your child's last month tuition fee.**
- Your Tuition Deposit holds your child's space at Rainbow for 3 months. After 3 months of non-attendance, the childcare space and the tuition deposit are forfeited to RAINBOW.
- **If a center is at full capacity, your deposit no longer holds your space for any extended absence. Your deposit must be applied before any extended leave. You may re-enroll your child based on availability upon return. Availability is not guaranteed.**

Parent Initials: _____

TUITION - SCHOOL YEAR

- The undersigned parent/guardian(s) are responsible for all tuition payments via ACH, Credit Card, or Debit Card transactions through OnCare.
- Parent/guardian(s) are responsible for ensuring that all account information is up to date monthly and that all ACH transactions are successfully withdrawn from their account.
- Tuition is due on the first of the month and is late after 6:00PM on the second of the month. If the first falls on a weekend, tuition is due the Friday before the first and is late after 6:00 PM, the Monday after the first. If the first of the month falls during a camp or intersession day, tuition is due the Friday before the camp, and will be considered late after 6:00 PM on the first day school resumes.
- TUITION LATE FEE IS \$35.00.
- Payments paying 5 DAYS LATE must include an additional \$50.00 late fee and another \$50.00 late fee for each 5-day increment their payment is late.
- If tuition is not received by the 15th of the month, Rainbow will cease providing care until balance is paid in full.
- If tuition payments are not current, the above child will not be permitted to attend the program.

Parent/Legal Guardian Signature: _____

TERMINATION / ABSENCE / PRORATION

- Immediate termination will result if the emergency information is not current.
- The parent(s) or RAINBOW may cancel this contract by giving 30-days written notice to the other party. Without such written notice from parent(s), any remaining tuition and all deposits will be forfeited to RAINBOW.
- Immediate termination will result if complete medical information is not received and explained to the Director.

Rainbow Rising Registration Packet

- Enrollment beginning during the middle of a month will be pro-rated for that month.
- The first and the last months of the school year are the only months that are pro-rated based on school schedules.
- Full tuition is due for all other months.
- If the above named child **does not attend the program for 1 calendar month**, tuition will be assessed at ½ the normal rate for the month of absence. This can only be applied once per academic year.
- There are no refunds or make-up days for absences.
- The Director must be given at least 2 weeks notice if the parent(s) plan on changing the days per week that the above child attends. Change of days will be granted only if available.
- An increase in the number of days per week will be granted only if available.

Parent Initials: _____

SUMMARY OF LATE FEES

- RAINBOW closes at 6:00 PM. After 6:00 PM, a \$20 late fee per child is charged for every fifteen minutes or portion thereof beginning at 6:01 PM.
- Children enrolled until 2:00 PM incur late fees beginning at 2:01 PM. *Times may vary according to site.*
- A \$35.00 late fee will be charged for any returned ACH transactions.
- Parent(s) with 2 returned ACH transactions must pay by credit card, or cashier's check until further notice.
- All ACH returns are automatically turned over to a collection agency.
- Tuition is due on the first of the month and is late after 6:00 PM on the second of the month.
- TUITION LATE FEE IS \$35.00.
- Parents paying 5 DAYS LATE must include an additional \$50.00 late fee and another \$50.00 late fee for each 5-day increment their payment is late, until termination. If tuition is not received by the 15th of the month, Rainbow will cease providing care until balance is paid in full. The Rainbow Rising corporate office reserves the right to terminate child care after 3 delinquent payments within a 6 month period.

Parent Initials: _____

BASIC & PREMIUM PLAN

- Parent(s) will select between the Basic or Premium plan upon enrollment / re-enrollment annually.
- There are no changes to the selected plan during the academic school year.
- Enrollments after September 30th will be on the Basic plan.
- Both plans require parent(s) to confirm attendance for non-school sessions.
- Non-school sessions, such as "All Day Care" and "Camps" are not guaranteed and space will be granted based on availability.

SUMMER CAMP / INTERSESSION PROGRAMS

- Weekly fees are due the Wednesday prior to the child attending camp.
- Intersession fees and camp fees must be paid in full before camp begins.
- Your child will not be accepted for camp if your fees are not paid BEFORE your child attends camp.
- This contract may be canceled by either party with two weeks written notice. Without two weeks written notice from parent(s), the tuition deposit and fees will be forfeited to Rainbow.
- All other conditions of enrollment apply. (See Summer Camp enrollment flyers when applicable.)
- A \$35.00 late fee is due if tuition is not paid one week in advance.
- Field trips and activities are a privilege for children at Rainbow, not a right. If any child cannot be safe or jeopardizes the safety of other children during any field trip or activity, Rainbow reserves the right to take disciplinary action and/or exclude that child from field trips or activities.

Parent Initials: _____

I have received, read and agree to all policies, conditions, and financial obligations as outlined in the Policy Contract.

Parent/Legal Guardian Signature: _____ **Date:** _____

Rainbow Rising Registration Packet

Statement of Consent

Child's Name: _____

1. I hereby grant permission for my child to use all the play equipment and to participate in all of the activities of the center.
2. I hereby grant my permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
3. I hereby grant my permission for my child to be included in evaluation and pictures that may be connected with the day care program.
4. I hereby grant my permission to the Rainbow staff to take whatever steps may be necessary to obtain emergency medical care for my child in an emergency. I understand these steps may include, but are not limited to the following:
 - RAINBOW will attempt to contact a parent or guardian.
 - RAINBOW will attempt to contact the child's physician.
 - RAINBOW will attempt to contact me through any of the persons listed on the emergency information form, which I have completed for the program.
 - If I or my doctor cannot be reached, I give my permission to RAINBOW to:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Take my child to an emergency hospital
 - I understand that any expenses incurred from the above will be paid by me.
 - RAINBOW WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
 - RAINBOW WILL NOT assume responsibility for my children(ren) if they have not been signed in when he/she arrives for the day.
5. I acknowledge that I have received, read, and understand the Parent Handbook.

Parent/Legal Guardian Signature: _____ Date: _____

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PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

4/13/20

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Rainbow Rising

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

. THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

Rainbow Rising Registration Packet

Child's Preadmission Health History – Parent's Report

Please provide any other information that would help us care for your child. If you do not provide full medical, physical, and mental health information to Rainbow regarding your child, it will be grounds for immediate termination.

Child's Name: _____ Sex: _____ Birthdate: _____

Name of Parent # 1: _____ Does Parent # 1 live with child? _____

Name of Parent # 2: _____ Does Parent # 2 live with child? _____

Has your child been under the regular supervision of a Physician? ☐ Yes ☐ No

If yes, why? _____ Date of last exam: _____

A. Are current immunization records on file in the school office? ☐ Yes ☐ No

B. Illnesses – Please check the past illnesses that your child has had:

☐ Chicken Pox ☐ Mumps ☐ Measles ☐ Other: _____

C. Please list any special medical needs: (Diabetes, Asthma, etc.) _____

D. Is your child currently taking medication at home or at the center? ☐ Yes ☐ No

If yes, which medication: _____ Reason: _____

If 'Yes,' PLEASE OBTAIN THE NECESSARY MEDICATION FORMS FROM YOUR DIRECTOR

E. Allergies – Please check any that apply: ☐ None ☐ Bee Sting ☐ Animal ☐ Dust ☐ Pollen

☐ Other: _____

Has your child ever been stung by a bee? ☐ Yes ☐ No

Food allergies – please specify: _____

F. Special problems or fears: _____

G. Has your child undergone any surgeries? ☐ Yes ☐ No What type? _____

Date(s): _____ Physical Restrictions: _____

H. Has your child seen or is your child seeing a Physical Therapist? ☐ Yes ☐ No

Duration: _____ What condition? _____

Physical Restrictions: _____

I. Has your child seen or is your child seeing a mental health professional (i.e. psychiatrist, psychologist, counselor, psychotherapist, or psychoanalyst)? ☐ Yes ☐ No

Duration: _____ Reason for treatment: _____

Does your child have any additional behaviors that Rainbow Rising should be aware of? ☐ Yes ☐ No

Rainbow Rising Registration Packet

Parent Notification of Medication Procedures**Name of Student:** _____**TO THE PARENT/GUARDIAN:**

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at Rainbow Rising when it is deemed absolutely necessary by the authorized health care provider. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

Rainbow CDC personnel may assist in carrying out an authorized health care provider's written orders. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine, such as EpiPens or asthma inhalers may be carried by the student **when recommended by an authorized health care provider and parent**. When appropriate, the school nurse will be asked to evaluate the student's ability to safely self-administer the medication. (Title 5) Back up medication should be kept at Rainbow Rising for emergency use. Student who have a serious medical condition (diabetes, epilepsy, etc.) must complete forms specific to their condition and apply to DSS for a waiver.

IF MEDICATION IS TO BE ADMINISTERED AT RAINBOW RISING, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

1. A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at Rainbow Rising.
2. A signed request from the parent/guardian must be on file at Rainbow Rising.
3. Medication must be delivered to the center by the parent/guardian or any other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. Any tablets requiring partial doses ($\frac{1}{2}$ or $\frac{1}{4}$) must be sent to the center already cut.
7. A separate form is required for each medication.

NOTE: Please discuss with your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

Whenever there is a change in medication, dose, time, or route, the parent/guardian and authorized health care provider must complete a new form.

This request is valid for a maximum of one year.

Rainbow Rising Registration Packet

Medical Emergency And Field Trip Permission Form

Child's Name: _____

I hereby certify that I am the parent or guardian of the above participant and that I am entitled to custody and control. I do hereby give permission for my child to take part in walking field trips, scheduled bus trips, and outings conducted by Rainbow Rising.

I further certify that my child is of good health, has no physical or other impairments, which would endanger him/her in participating in an active program, and fully understand the risk involved.

Rainbow must be informed of any medical, physical or mental health condition(s) of the child. Medications given at home or at the center must have full parent disclosure, explanation and Doctor's prescription. Immediate termination will result if complete medical information is not received and explained to the Director.

In the event of an accident, injury or illness, consent is hereby given to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff or employed by the Director or the Emergency Dept. of the local hospital. (This authorization, as it relates to a minor, is given pursuant to the provision of **Section 25.B of the Civil Code of California**)

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Allergies: _____

Other Health Conditions: _____

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PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

I, _____ , give my permission for my child, _____ ,

Parent's Name Child's Name

Parent/Legal Guardian Signature: _____ Date: _____

I/we, the parent(s) of: _____ have received a copy of and read

Parent/Legal Guardian Signature: _____

Date _____

Parent/Legal Guardian Signature: _____

Date _____

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Rainbow Rising Registration Packet

All Day Care Agreement

For All Day Care days, it is our mission to provide care for all families that are in need of childcare for the days the elementary school is closed. With waitlisted programs, this is not always a possible. We do our best to anticipate enrollment for these days by having families respond to a quick google form. Once all of our Premium families have confirmed enrollment for the day, we are able to estimate how many spots are still available for other families who are in need of care. While we understand our Premium families have paid for this service as part of their monthly tuition, out of respect for all of our Rainbow Rising families, we want to be able to extend care to any family in need if possible.

Families that are regularly scheduled until 6:00pm on an "All Day Care" have priority in reserving a spot. Families that are regularly scheduled 7:00am-2:00pm on a day "All Day Care" falls on or that do not attend on that day, but would like to attend for "All Day Care," are encouraged to inform us of their interest. They will be put on a waitlist and notified accordingly.

Please keep in mind that non-school sessions, such as "All Day Care" and "Camps" are not guaranteed and space will be granted based on availability.

Parent/Legal Guardian Signature: _____

_____ Date

Parent/Legal Guardian Signature: _____

_____ Date

Email Attendance Agreement

In order to ensure the safety of each child, Rainbow Rising must be notified by email of any absence, change of schedule, and any authorized adult that will be picking up a child that is **not already listed on the red card or OnCare**. Any verbal changes must be followed up by an email. In the case parents do not email Rainbow Rising in a timely manner, we may send a confirmation email to the parent requiring a response back.

I/we understand and agree to abide by the attendance policies and procedures during my/our child's enrollment in the Rainbow program.

Parent/Legal Guardian Signature: _____

_____ Date

Parent/Legal Guardian Signature: _____

_____ Date

For Office Use Only

PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

Rainbow Rising Registration Packet

Communications Agreement

Rainbow CDC is dedicated to serving working parents and children. We foster children's growth and development by building on their strengths academically, developmentally, socially, and emotionally. In order to accomplish this goal, we need information from parents, teachers, and, if necessary, medical professionals.

This 'Communication Agreement' will help us speak with teachers and school district staff, as well as medical professionals, to ensure that we can communicate more effectively with you regarding homework and behavioral issues.

I, _____, agree to permit Rainbow CDC any and all
Parent's Name
 communication regarding my child _____, with school
Child's Name
 personnel, district personnel, medical personnel, or any other qualified person on physical, emotional, cognitive, behavioral, educational or intellectual issues regarding my child.

This document must be signed and dated by each parent to have their child enrolled in Rainbow Rising.

 Parent/Legal Guardian Signature:

 Date

 Parent/Legal Guardian Signature:

 Date

For Office Use Only

PARENT INITIALS _____ 2021

PARENT INITIALS _____ 2022

DIRECTOR INITIALS _____ 2021

DIRECTOR INITIALS _____ 2022

Rainbow Rising Registration Packet

Accommodation Agreement

As the parent/legal guardian of _____, I understand that my child's
Child's Name
 enrollment is contingent upon the following special needs:

1. That a special teacher assistant (provided by the family) be present when my child is in attendance at all times.

2.

3.

If additional accommodations are not needed at this this time, please check below:

☐ No additional accommodations are needed at this time.

I understand that should my child's individual requirements change, it is the parent/guardian responsibility to notify the Site Director and complete a new registration agreement including any changes or additional needs.

 Parent/Legal Guardian Signature:

 Date

 Director Signature

 Date

For Office Use Only

PARENT INITIALS _____ 2021

PARENT INITIALS _____ 2022

DIRECTOR INITIALS _____ 2021

DIRECTOR INITIALS _____ 2022

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Rainbow Electronic Devices, Cell Phone & Internet Use Policy and Guidelines

- Electronic devices are the sole responsibility of the child and Rainbow is not responsible for lost/stolen or damaged devices.
- All electronic devices including cell phone & cell phone watches MUST be deactivated and remain out of sight. Their use shall be strictly prohibited during the day except during designated "Electronic Device Times."
- If at any time electronic devices cause conflict for any reason, I understand that the device will be placed in the Director's desk until the device is released to the parent, and may be banned from Rainbow for an appropriate amount of days. Reasons for conflict include, but are not limited to:
 - Child refusing to put electronic device away in backpack/cubby.
 - Electronic device can be heard or see outside cubby.
 - Invading or violating the privacy of other individuals and/or their information.
- All texting must be approved by parent and Director; Director and Staff must be notified by parent prior to child's use.
- Child may have permission to use a cell phone only after a specific request of parent/guardian.
- There is a landline for children to communicate with parents or families at all times.
- Directors must also carry a cell phone at all time.
- Internet use will be restricted to the center's electronic devices and will be monitored by staff at all times.

I further understand that if my child is unable to comply with these guidelines, I will be contacted to pick up my child, and my child will not be able to return to Rainbow until the Child, Parent/Guardian, and the Director have signed a Child Behavior Contract. Failure to comply with this code of conduct will result in immediate dismissal of the child from the program with no funds returned.

Licensing Title 22 encourages parents to speak to the Director and Staff to resolve conflicts with the center prior to contacting Licensing.

Parent Signature: _____

Child Signature: _____

Director Signature: _____

Date: _____

For Office Use Only

PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

Rainbow Rising Registration Packet

RAINBOW “RESPECTATIONS”

Rainbow’s Mission is to provide quality affordable Child Care for working parents. In order to facilitate the growth and development of a well-rounded child, we know that children require group games, outdoor play, socialization, problem solving and interactive board games in addition to computers and technology to achieve our goal. Ensuring the quality of your child’s development is our primary goal. We strive to establish a healthy balance between new technology and proven child rearing practices. Therefore, we are asking our parents to join with us in our efforts to create an environment for the whole child. To that end, all of our parents and children will be required to review and sign this agreement.

- Parent(s) agree to support Staff in developing alternative peaceful methods to resolve conflicts.
- All parents, or any adult, must endeavor to use calm and cooperative voices with all Rainbow Staff. Raised or angry tones of voice to any Administration, Director, or Staff in the presence of children or while on Rainbow’s premises will request in a request for the adult to leave the premises.
- Abusive and profane language used by parents or children will not be tolerated.
- Parents ensure that their child/ren understand that stealing the belongings of another child or staff is wrong and will not be tolerable at Rainbow.
- Parents agree to partner with Rainbow Staff and Administration to improve their child’s behavior as requested.
- Parents will ensure that their child/ren understand and follows Rainbow’s routines, guidelines and expectations.
- Parents will set an example that we all respect the worth of other children, Staff, teachers and all community members.
- Parents will cooperate with Rainbow’s Administration, Directors and Staff when disciplinary action is necessary.
- Parents will communicate clearly with their child/ren that disregarding the ‘Respectations’ will result in a Child Behavior Contract.

I further understand that if my child is unable to comply with these guidelines, I will be contacted to pick up my child, and my child will not be able to return to Rainbow until the Child, Parent/Guardian, and the Director have signed a Child Behavior Contract. Failure to comply with this code of conduct will result in immediate dismissal of the child from the program with no funds returned.

Licensing Title 22 encourages parents to speak to the Director and Staff to resolve conflicts with the center prior to contacting Licensing.

Parent Signature: _____

Child Signature: _____

Director Signature: _____

Date: _____

For Office Use Only

PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

Rainbow Rising Registration Packet

Rainbow Behavior Contract

I, _____, understand that I will follow the Rainbow
Child's Name
 Behavior Contract and Rainbow "Respectations."

1. I will follow the Rainbow "Respectations" guidelines.
2. I will follow the Rainbow Electronic Device & Cell Phone guidelines.
3. I will listen to instructions and follow directions from all teachers.
4. I will respect my friends', teachers' and Rainbow's property.
5. I will keep my hands and feet to myself and will not hit or kick children or teachers.
6. I will not use bad, inappropriate or disrespectful language.
7. I will not lie or encourage others to lie.
8. I will not steal or encourage others to steal.
9. I will never leave school grounds without a teacher or my parent(s).
10. I will not leave an activity area or field trip group without a teacher's permission.

I understand that if I break this contract, I will receive a one-day suspension, and will be immediately picked up by my parent(s) from Rainbow.

My parents will not receive a refund for any days missed because of suspension.

If I continue to break my contract, I will be immediately dismissed from the Rainbow program.

The tuition deposit will be used for any childcare fees owed.

Any remaining deposit funds will be refunded.

No unused tuition already paid will be refunded.

Parent Signature: _____

Child Signature: _____

Director Signature: _____

Date: _____

For Office Use Only

PARENT INITIALS _____ 2021

PARENT INITIALS _____ 2022

DIRECTOR INITIALS _____ 2021

DIRECTOR INITIALS _____ 2022

Rainbow Rising Registration Packet

Search and Seizure Agreement

Rainbow Rising CDC is committed to providing a safe and secure environment to assure the physical and emotional well being of the children in our program.

As parent/legal guardian of _____ ,
Child's Name

I understand and agree to the following:

- Rainbow Rising staff reserve the right to conduct a search of children and their belongings at any time.
- If a child is found to be in possession of any substance, article, or weapon that may be harmful to themselves or others, Rainbow Rising staff have the right to seize and withhold such items, until released to their parent/guardian.
- Any inappropriate findings will be shared with school administration and disciplinary action will be taken. The proper authorities will also be contacted, if deemed necessary.
- Cubbies, which are provided for children's use, are subject to search at all times.

 Parent/Legal Guardian Signature:

 Date

For Office Use Only

PARENT INITIALS _____ 2021	PARENT INITIALS _____ 2022
DIRECTOR INITIALS _____ 2021	DIRECTOR INITIALS _____ 2022

The State of California under Title 22 guidelines requires that all parents or individuals who are dropping off or picking up a child, must sign in or out.

Pursuant to Title 22 Standards, a child's authorized representative or other responsible person is authorized to sign a child in/out with an individual unique ID code. This ID code must be kept confidential.

In the event of electronic system failure, parents and/or authorized person (s) must sign in/out on paper copy.

To add more authorized person (s) to your child's list, please contact your Site Director. Rainbow Rising Staff have authorization to assist parents and/or authorized person (s) who may have lost or forgotten their ID Codes.

Name of Parent # 1: _____
Print Relationship to Child

Name of Parent # 2: _____

 Print Relationship to Child

Print

Relationship to Child

Print

Relationship to Child

Print

Relationship to Child

PARENT INITIALS 2021

PARENT INITIALS 2022

DIRECTOR INITIALS 2021

DIRECTOR INITIALS 2022

Rainbow Rising Registration Packet

Tuition Policy

Effective January 1, 1999

The Rainbow Rising Corporate Office must be notified of any parent who does not pay by the 15th of the month. A letter notifying the parent(s) of termination of childcare services will go out on the next business day. Childcare services will be immediately terminated unless tuition is paid. Childcare services may also be terminated after three delinquent payments within a six-month period.

If two notices of termination are necessary and the parent does not make payment by 6PM the first of any other month, the Director cannot accept the child for care on the morning of the second.

Rainbow Administration

Grievance Procedure Related to Rainbow Programs

This procedure is to be utilized to resolve issues between parents, staff members, and/or community members with a grievance relating to Rainbow programs.

- Involved parties and Site Director meet to resolve the issue.
- Should this meeting fail to resolve the conflict, a signed written statement is to be submitted to the program's Site Director, Administrative Director, and Executive Director. A meeting between the parties involved and the Site and Executive Directors should take place within a reasonable time period.
- Should this meeting also prove unsuccessful, the Executive Director/Administrative Director must submit to the program's Board of Directors a signed written statement detailing the attempts at conflict resolution. The Board then provides a written resolution within a reasonable time period.
- Copies of the resolution are distributed to the involved parties, the Site Director, and the Executive Director/Administrative Director. This is considered the final statement on the grievance from the site.
- Those grievances which remain unresolved at the conclusion of the site procedure may enter the formal ICCP Grievance Process. Please contact ICCP Administrator, Traci Stubbler at 949-724-6635 or tstubbler@cityofirvine.org to learn more about the ICCP Grievance Process.

4/13/20

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

750 The City Drive, Suite 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2800

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)

Rainbow Rising

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

4/13/20

**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: 750 The City Drive, Suite 250, Orange, CA 92868

Licensing Office Telephone #: 714-703-2800

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

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.

Rainbow Rising

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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.