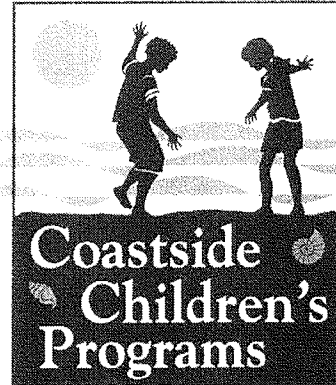


**ENROLLMENT PACKAGE**  
**2011-12 School Year**



Dear Parents,

Thank you for choosing Coastside Children's Programs for your child. Here at CCP, we know that your child is very precious to you and are honored that you have entrusted your child's care with us.

The following forms and information are very important to help us care for your child. It is a daunting task, so we appreciate you taking the time to familiarize yourself with CCP's forms, procedures and Parent Handbook. If you have any questions or comments about the paperwork or the Handbook, please contact your Site Supervisor.

If you are new to CCP, please do not forget to include the licensing paperwork. It can be found at your center or on our website under the programs section.

We look forward to teaching, playing, caring for, and exploring with your child(ren)!

Sincerely,

*Agnes Chan*

Executive Director

[agnes@coastsidechildren.org](mailto:agnes@coastsidechildren.org)

650-726-7413

[www.coastsidechildren.org](http://www.coastsidechildren.org)

[facebook.com/coastsidechildrensprogram](https://facebook.com/coastsidechildrensprogram)

**School-Age Programs:**

CCP Half Moon Bay  
@ Hatch Elementary  
494 Miramontes Avenue  
Half Moon Bay, CA 94019  
650.726.7412

CCP El Granada  
@ El Granada Elementary  
200 Santiago Street  
El Granada, CA 94018  
650.712.7415

CCP Montara  
@ Farallone Elementary  
1100 LeConte Ave.  
Montara, CA 94037  
650.728.7419

**Preschools:**

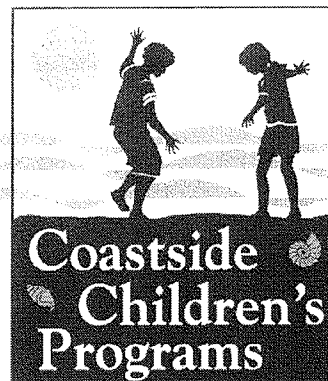
CCP Preschool Half Moon Bay  
777 Miramontes Street  
Half Moon Bay, CA 94019  
650.726.3273

CCP Preschool El Granada  
Anticipated opening  
September 2011  
650.712.7415

CCP Preschool Montara  
1100 LeConte Ave.  
Montara, CA 94037  
650.728.7419

# FINANCIAL AGREEMENT/PARENT FEES

## 2011-12 SCHOOL YEAR



Contracted Child's First Name	Last Name
Center	
Contracted Days (circle)	Hours (if applicable)
M T W Th F	

- PAYMENT OF TUITION:** I agree to pay a monthly tuition of \$\_\_\_\_\_ for each month the Center is open for my child. Monthly payments are due the 1<sup>st</sup> of each month. If payment is not received by the 7<sup>th</sup> of the month, a \$25 late fee will be charged. If the 7<sup>th</sup> is a Saturday, Sunday or Holiday, payment is due the business day before. **The late fee must be turned in with the tuition.** If payment and late fee are not paid by the 15<sup>th</sup> of the month, services will be suspended and deposit will be used to pay the tuition for the 1<sup>st</sup> – 15<sup>th</sup>. To reenroll, the late fee, new deposit and tuition will have to be paid.

I understand that tuition is to be paid whether or not my child is absent due to illness, holiday, circumstances beyond CCP's control such as power outages / natural disasters or any other reason and that failure to pay the monthly tuition will result in my child being dropped from the Center. I understand that it is my responsibility to pay this amount on time, whether or not I've received an invoice. I acknowledge that there will not be a pro-rata of monthly tuition for any days missed because of non-payment.

In my enrollment package, I have received a Coastside Children's Programs calendar and acknowledge that the Center will be closed during their Holidays and In-service days. I understand that I will receive no reduction in tuition for these designated days.

- DEPOSIT:** A deposit that equates to ½ of the monthly tuition will be charged upon enrollment. This deposit will be applied to the last 2 weeks of enrollment for the school year between August 25, 2010 and the end of June 2011 (not including Summer Camp).
- MATERIALS FEE/SAFETY KIT:** An annual material fee of \$45 is charged for each child enrolling. This fee is due upon signing of the contract. This fee is not pro-rated according to enrollment date. Families are required to buy a earthquake/safety kit for children (through the school) at the rate of \$10 (subject to change). Upon permanently leaving CCP, the child may take the kit with him/her.
- AFTER HOURS FEE –** The parent/guardian must agree to make all reasonable efforts to pick up my child before 6 PM closing time, or to have an alternate pick up arrangement. The parent/guardian must pay an after hour fee of \$1.00 for each minute after 6:00 pm; this after hour fee is charged per child. After three late arrivals, the child(ren) may be dropped from the program. **This fee must be paid upon arrival and payment made out to "CCP"; the payment shall be left directly with the staff person who has stayed with the child(ren).**
- ADDITIONAL HOUR/DAY CHARGES:** I understand that my contract is for specific days and times. If my child is at the Center longer than the hours I contracted for, I understand that I will be charged the extra rate per day or half day (\$45 after school rate, \$75 school-age full day rate; \$85 preschool full day rate, \$65 preschool part day rate). If care is needed for an additional day, beyond what is contracted for (Site Supervisor must first be asked if there is space available), a daily rate will be charged, regardless of how many hours my child is there. I understand that this daily rate exceeds what a contracted day costs.
- RETURNED CHECKS:** Checks returned from the bank will be subject to a \$35.00 service charge. If a check is returned the second time, you will be notified and expected to submit a cashier's check or money order with the service charges

included (if the check is returned twice, two service charges will be applied). If two separate checks are returned from the bank within the contract year, cashier's checks or money orders will be required for future payments.

7. **CONTRACT CHANGES:** All contract changes **must be submitted in writing** to the Site Director 2 weeks in advance for approval. Contract changes will take effect on the 1<sup>st</sup> of the following month. Coastside Children's Programs will provide 30 days notice for any basic rate change to the contracts, except for contracts involving children whose care is funded at government prescribed rates. In this case, the effective date of the government rate change is considered the effective date, and no prior notice is necessary. Modifications to the original contract will be made whenever circumstances covered in the contract change, Coastside Children's Programs will provide 30 days notice.
8. **EXTRA CHARGES:** I understand that there may be extra costs/charges for special activities, e.g., lunch in town, swimming, trips for ice cream, city bus trips, etc., during the contract period.
9. **WITHDRAWAL:** I understand there must be written notification 2 weeks in advance to the Site Director when withdrawing my child. Upon proper notice the fiscal office will refund any overpayment of tuition beyond the 2 weeks. The deposit that was collected will be applied to the two weeks, if they were not previously paid. Failure to give proper notice will result in tuition being charged for the 2 weeks or forfeiture of tuition previously paid.
10. **DELINQUENT FEES AND PENALTIES:** I understand that delinquent fees and penalties may be cause for termination of services. Also, I am responsible for any costs, i.e. attorney or collector fees, that may be assessed in the collection of unpaid fees and/or penalties due according to my contract.
11. **TUITION RESPONSIBILITY:** I understand that Coastside Children's Programs considers parents to be jointly and singularly responsible for tuition payments, regardless of joint custody agreements. Non payment of fees by one parent can jeopardize the care for the child.
12. **SERVICE HOURS:** I agree to donate 5 service hours to this program for the contracted year. I may waive this requirement by donating \$100 to the Center. I acknowledge that I will be billed on May 1, of the contracted year, if I have not completed 5 service hours.

All checks should be made payable to **Coastside Children's Programs**, 494 Miramontes Ave., Half Moon Bay, CA 94019. Please reference your child's name and childcare center on the memo line of the check.

I \_\_\_\_\_ read and understand all of the provisions  
print name  
 contained herein and agree to the terms of this contract.

Parent/Legal Guardian Signature	Date
Site Supervisor Signature	Date
Fiscal Office Signature	Date

**OFFICE USE ONLY**

Monthly Contract Fee \$ \_\_\_\_\_ Deposit Fee \$ \_\_\_\_\_ Material Fee \$ \_\_\_\_\_ Funding Source \_\_\_\_\_

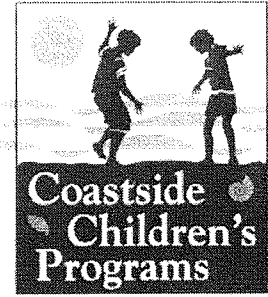
Total Fees Collected With Contract \$ \_\_\_\_\_ Check # \_\_\_\_\_ Center: HMB EG MO MO-PS HMB-PS

Comments: \_\_\_\_\_

Days Attending: M T W Th F Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

(VISA and MasterCard only)



Child First Name	Last Name	CCP Center
Child First Name	Last Name	CCP Center
Child First Name	Last Name	CCP Center

I authorize for the above child(ren) and at the above centers:

\$ \_\_\_\_\_ for the enrollment **DEPOSIT**

\$ \_\_\_\_\_ **PER MONTH TUITION** payment (school-age programs prorated in August and June)

\$ \_\_\_\_\_ for the **MATERIALS FEE** (\$45)

\$ \_\_\_\_\_ for a **ONE TIME TUITION** payment

\$ \_\_\_\_\_ for a **PER MONTH** tax deductible (to the full extent allowed by law) donation to CCP

\$ \_\_\_\_\_ for a **ONE TIME** tax deductible (to the full extent allowed by law) donation to CCP

Coastside Children's Programs is a 501(c)3 non-profit organization, Tax ID # 94-2407737.

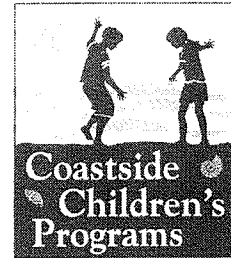
**Please write Legibly.**

Name on Credit Card			
Credit Card Number		Expiration Date	Code on Back of Card (3 digits)
Address			Circle: Visa or MasterCard
City	Zip	Home Phone	Cell Phone
Email			
Authorized Signature			

Please check this box if you would like CCP to send you a receipt each month.

**Please keep a copy of this authorization for your records.  
Please notify CCP if any information you have provided changes.**

# AUTO DEBIT AUTHORIZATION FUTURE PAYMENTS, 2010-11



I authorize Coastside Children's Programs (CCP) to transfer funds from my  
 checking  savings account at the financial institution indicated below between the  
 1<sup>st</sup> and 5<sup>th</sup> day of each month for the amount of CCP tuition stated below plus the materials  
 fee of \$45.00 and deposit of ½ month of tuition (if noted below).

Financial Institution Name	Branch (city/state)
Account Number at Financial Institution	
Financial Institution Routing/Transit Number	

Please attach a **voided check** for a checking account, or a **deposit slip** for a savings account.

This authorization shall remain in full force until I cancel this service with a 30-day written notice to CCP. Cancellation of this service does not indicate withdrawal from the program nor does it negate my responsibility to pay CCP tuition. I understand I will be charged \$25 if my draft is returned for insufficient funds. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of US law.

Parent/Account Holder Name(s)			
Address			
Email			
City	Zip	Home Phone	Cell Phone
Account Holder Signature(s)		Account Holder Signature(s)	

**I hereby authorize CCP to debit my account for child care services provided to:**

Child First Name	Last Name	CCP Center
Child First Name	Last Name	CCP Center
Child First Name	Last Name	CCP Center

I authorize for: \$ \_\_\_\_\_ for the enrollment **DEPOSIT**  
 \$ \_\_\_\_\_ **PER MONTH TUITION** payment (school-age programs prorated in August and June)  
 \$ \_\_\_\_\_ for the **MATERIALS FEE** (\$45)  
 \$ \_\_\_\_\_ for a **PER MONTH** tax deductible donation to CCP (to the full extent allowed by law)  
 \$ \_\_\_\_\_ for a **ONE TIME** tax deductible donation to CCP (to the full extent allowed by law)

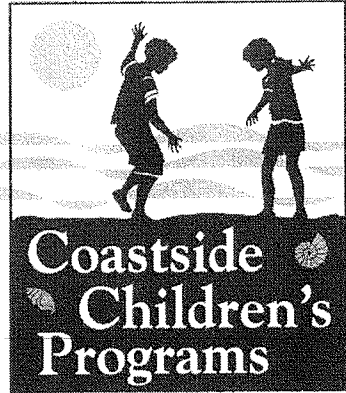
CCP is a 501(c)3 non-profit organization, Tax ID # 94-2407737.

- Please check this box to authorize CCP to debit your account for extra hours/late fees.
- Please check this box if you would like CCP to send you a receipt each month.

**Please keep a copy of this authorization for your records.  
 Please notify CCP if any information you have provided changes.**

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I have received a copy of and will make myself familiar with the Coastside Children's Programs Parent Handbook.



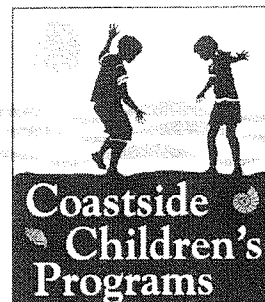
Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

Yo he recibido una copia del manual para padres de Coastside Children's Programs.

Nombre del Niño (Please Print)	
Nombre de los Padres (Please Print)	
Firma de Padres	Fecha

## HEALTHY FOOD POLICY

Children attending Coastside Children's Programs (CCP) are served a nutritious snack from two food groups daily and are encouraged to drink water throughout the day. Foods served are based on national nutritional, age-appropriate guidelines and may include the following items:



- Whole Grain Breads, Pastas, Cereals
- Fruits and Vegetables
- Lean Meats, Poultry, Fish, Beans, Eggs, Soy, Nuts (when age appropriate)
- Low fat (2%) Milk, Yogurt, Cheese
- Foods limited in sugar, salt, and fat
- Foods with no Trans fats

The snack menu is posted at each center. Please make sure the CCP staff is aware of any food allergies your child may have.

Preschoolers need to bring lunch every day, and children attending before/after school centers need to bring lunch on full-days at the center. Please send your child with a nutritious lunch.

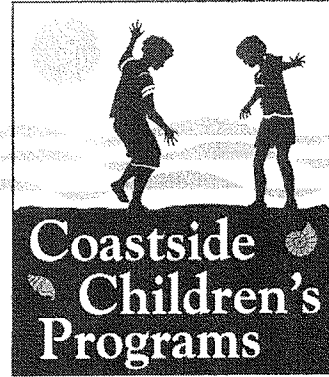
CCP prohibits glass bottles, medicine, soda, or candy in snacks or lunches.

CCP believes that every child has the right to:

- Have access to sufficient nutritious foods
- Receive consistent, positive messages by caregivers knowledgeable in good nutrition practices
- Have a nurturing and supportive environment that provides for enjoyable mealtime experiences
- Have a variety of healthy foods that reflect cultural and family values and allow for individual choices

## PARENT PARTICIPATION AGREEMENT

At Coastside Children's Programs (CCP) we feel that it is most desirable that all parents/guardians participate and become actively involved in the Center's program. CCP requires parent involvement and believes that a child's success in school and in the community is dependent upon the collaborative efforts of students, parents, and CCP staff.



CCP parents are asked to have an active role in the child care center. Parents are required to volunteer **5 hours** of their time for each child at CCP per year (or pay \$100 per child), and we encourage everyone to share their interests and talents with CCP students. This agreement is in effect until disenrollment of the child from CCP's programs.

### I WOULD LIKE TO:

Volunteer time at school to support maintenance

Volunteer time with fund raising:

- Become a Parent Liaison at my child's center
- Pumpkin Festival
- CCP Raffles
- Gingerbread House Event
- Parent Advisory Committee

Coastside Children's Programs wishes to THANK YOU for your support and cooperation in our effort to make your child's experience at the center the best.

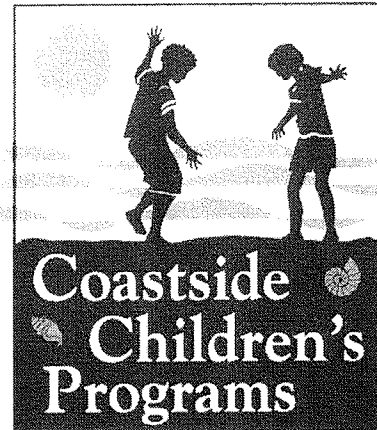
I understand that these efforts will contribute to CCP's success and agree to the above.

Parent's Name (Please Print)	
Parent's Signature	Date
Child's Name (Please Print)	

## PUBLIC RELATIONS RELEASE

Coastside Children's Programs regularly takes photos of the children for various reasons: decoration for classrooms, keepsakes for children/families, newsletters, advertisements, and marketing for the agency.

We can only use your child's photo if we have permission from you. Please indicate below if you do or do not authorize the use of photos of your child for purposes other than center-based needs. This authorization stands until the child is no longer enrolled in a CCP program or a written notice of change is received by CCP.



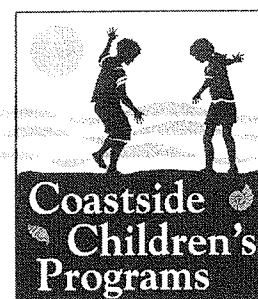
- Yes, I authorize Coastside Children's Programs to use photos of my child for marketing/advertising/publicity purposes.
- No, I do not allow Coastside Children's Programs to use photos of my child for marketing/advertising/publicity purposes.

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date
Mailing Address	

# REGISTRATION FORM

## Child Information

Child's First Name	Last Name
CCP Center	
Grade	School
Teacher's Name	
Child ever enrolled in a CCP Program before? (circle)	Yes      No
If Yes, which center?	
Child's Ethnicity (optional)	
Child's Date of Birth:	



## Parent Information

Parent First Name	Last Name	SSN
Email(s)		
Mailing Address		
City		Zip
Home Phone	Cell Phone	Email
Employer Name		Work Phone
Employer Address		
Marital Status (circle) Single      Married      Divorced      Separated		Ethnicity (optional)

Parent First Name	Last Name	SSN
Email(s)		
Mailing Address		
City		Zip
Home Phone	Cell Phone	Email
Employer Name		Work Phone
Employer Address		
Marital Status (circle) Single      Married      Divorced      Separated		Ethnicity (optional)

## OTHER CONTACT INFORMATION

Nearest Relative NOT living with you (Emergency Contact #1) Full Name	
Relationship	Phone
Emergency Contact#2 Name/Relationship	Phone

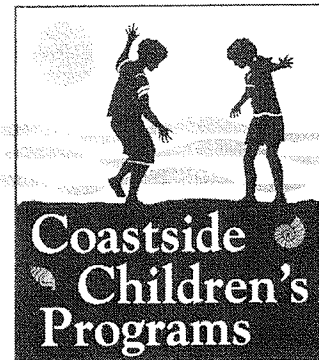
Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about CCP? \_\_\_\_\_

Why did you choose CCP? \_\_\_\_\_

**STATEMENT ACKNOWLEDGEMENT REQUIREMENT TO  
REPORT SUSPECTED CHILD ABUSE**

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protection agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom she or he knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.



"Child Care Custodian" includes teacher, licensed day care workers, administrators, of community care facilities to care for children, foster parents, and group home personnel.

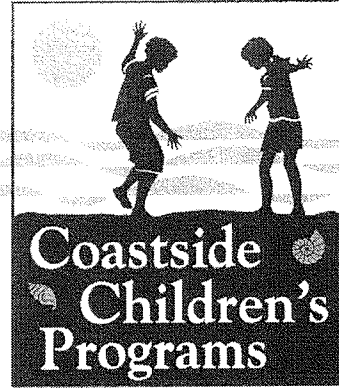
**Note:** Coastside Children's Programs personnel are not legally responsible to notify a parent prior to making a suspected child abuse report. Child Protective Services has the legal right to open the file and/or interview a suspected child abuse victim without prior parent or legal guardian consent.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## TERMINATION OF SERVICES

TERMINATION OF CHILDCARE SERVICES BY COASTSIDE CHILDREN'S PROGRAMS MAY OCCUR FOR THE FOLLOWING REASONS:



1. For children not currently enrolled in a public or private elementary or secondary school, failure to provide verification of child's physical examination within 30 days of enrollment in a center program; failure to provide updated immunization records.
2. Failure to pay tuition and co-payment and/or penalty fees (according to our contract)
3. Three late pick-ups of a child within a 3 month period
4. Falsification of information
5. Child behavior which is dangerous to self, other children, or to staff
6. A parent's failure to pick up their child following notification of two behavior incidents
7. Abusive or threatening language by the parent to the staff, children or other parents
8. Physical violence or threat of physical violence by the parent to the staff, children or other parents
9. Continued disregard for policies governing the use of the building.
10. Habitual use of profanity, vulgarity, obscenity, or racial remarks

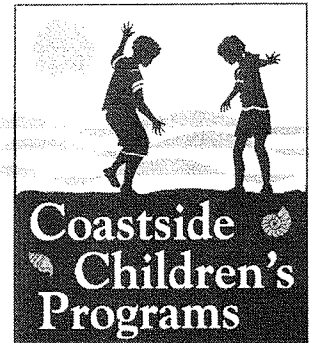
Note: A parent who has had childcare services terminated may not enroll the child(ren) again for a minimum of six months. CCP reserves the right to refuse services or to accept an application for re-enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# WAIT LIST FORM

Center	Today's Date
Child's First Name	Last Name
Sex (circle) MALE FEMALE	Birth date



## Parent/Guardian Information

Name	Name
Employer	Employer
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email

**Best Phone Number/Email to reach you at:** \_\_\_\_\_

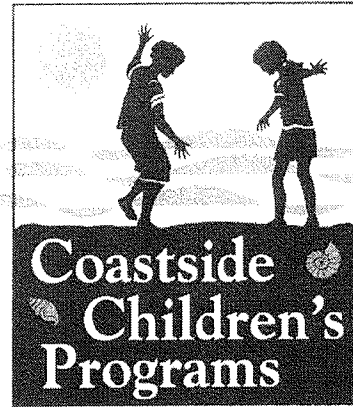
Is your child currently at a CCP center? (circle) YES NO	If Yes, which center?
Is your child currently on a waitlist for another CCP center? (circle) YES NO	If Yes, which center?
Days of care needed (circle) Monday Tuesday Wednesday Thursday Friday	
Please list hours of care needed	
Desire start date	
Other Comments/Remarks	

<b>Office Use Only:</b>			
Monthly:	Per Capita:	APP Rank:	Initials:

## ADMISSIONS POLICY AND AGREEMENT

One of the most important components of our Child Care Program is you! It is because we believe that parents/guardians are an important part of our team that we encourage parent participation through volunteerism and parent meetings. Parent meetings in particular are useful forums to communicate ideas and information regarding Center programs. Your involvement and input are greatly valued, and you are always welcome in the Centers.

PLEASE READ THE FOLLOWING CONDITIONS OF ADMISSIONS AND SIGN BELOW:



I understand that the following procedures are required as conditions of enrollment in Coastside Children's Programs' Child Care Centers:

1. Sign-In and Sign-Out sheets must be completed DAILY. My full signature and note of time drop-off and pick-up of my child is required for every day my child is enrolled in the Center.
2. If my child will be absent from the Center for ANY reason, I will call and notify the Center of the absence.
3. If my child is absent for more than 3 days due to illness, a doctor's note may be required before s/he is allowed to return to the Center.
4. I have read and completed all Enrollment package documents and have returned them to the Site Director or an Assistant Director.
5. I am responsible for providing the Center with any changes to my child's Emergency Contact Information (phone numbers, addresses, doctor, etc.)
6. The Department of Social Services/Community Care Licensing has the right to visit and inspect any child's file and to talk to children at any time to ensure the health and safety of all children.
7. I have completed and signed a Contract for Services for my child, and understand the basic services, payment provisions and other requirements as stated.
8. The Centers are open from 7:00 am to 6:00 pm, Monday – Friday. I am expected to drop off and pick up my child(ren) within my contracted hours.

Good and frequent communication between you and the Center staff is important for your child's health, happiness and positive development – as well as your feelings of well being while you are away from your child! Please share your reservations, suggestions, etc. with us.

We hope you and your child enjoy your time with Coastside Children's Programs. Thank you for participating in our program!

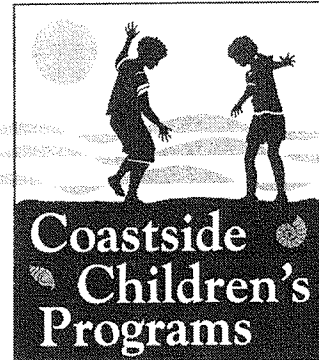
\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Coastside Children's Programs is in compliance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and the Rehabilitation Act of 1973, and does not discriminate on the basis of race, religion, color, national origin, sex, mental or physical handicaps, marital status, sexual preference, age, ancestry or political affiliation in any of its programs or activities. Inquiries regarding these policies may be directed to Coastside Children's Programs, 494 Miramontes Ave., Half Moon Bay, CA 94019 (650-726-7413).

**SIGNATURE FORM**

I give the following people permission to pick up my child from the center.

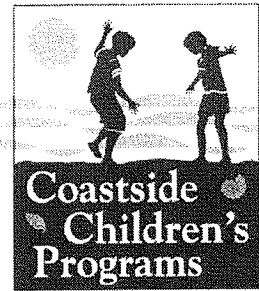


Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person
Print Name of Authorized Person	Signature of Authorized Person

Child's Name (Please Print)	
Parent's Name (Please Print)	
Parent's Signature	Date

## FIELD TRIP AUTHORIZATION – Neighborhood Walks

The program here at CCP frequently involves walking field trips that can sometimes be spontaneous. These field trips are local and are traveled to by walking. Other field trips through public transportation, chartered bus, or car will have their own separate authorization forms. This authorization stands until the child is no longer enrolled in a CCP program or a written notice of change is received by CCP.

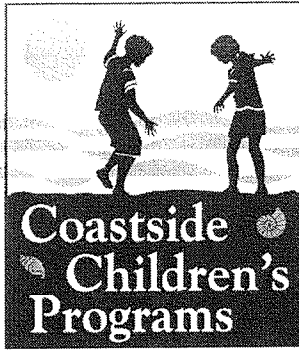


I give my permission for my child,

First Name	Last Name
------------	-----------

to participate in the walking field trips planned by the center, both scheduled and spontaneous.

Parent/Guardian Name	
Parent/Guardian Signature	Date



**2011-2012**  
**Coastside Children's Programs**  
**Employee Holiday & Staff In-Service**  
**(No childcare on these dates)**

**2011**

Monday, July 4	Independence Day
Monday- Tuesday August 22-23	Staff In-Service Day
Monday, Sept 5	Labor Day Weekend
Friday, November 11	Veterans Day
Thursday – Friday November 24 – 25	Thanksgiving Holiday
Thursday-Monday December 22 – January 2	Winter Break

**2012**

Monday, January 16	Martin Luther King Jr. Day
Monday, February 20	Presidents Holiday
Friday, March 9	Staff In-Service Day
Friday, April 6	Spring Break
Monday, May 28	Memorial Day
Friday, June 8	Staff In- Service Day