

Summer Day Camp Registration - 2018 (TK-5th grade)

Girls Name	Age	Date of Birth	Grade in August	School Attending in August
Home Address	City	State	Zip	
Parent 1 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		
Parent 2 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		

\$125 per week (Full Days): 9:00am - 6:00pm **\$70.00 per week (1/2 Days):** 9:00am-1:00pm OR 1:00pm - 6:00pm
 Extended Care is available for **\$20.00 per week: 7:30am-9:00am (per family)**

Please indicate week(s) of attendance.

NO DAILY RATES

Weekly Theme and Dates	Attendance Requested	Weekly Theme and Dates	Attendance Requested
1 Animal Kingdom June 18 – June 22	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>	6 Design & Build July 23 – July 27	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>
2 Living Healthy June 25– June 29	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>	7 Planet Rescue July 30 – August 3	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>
3 Grossology <small>Closed July 4th</small> July 2 – July 6	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>	8 Hero Power August 6 – August 10	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>
4 Creative Craze July 19 – July 13	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>	9 Fun in the Sun August 13, 14 & 15	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>
5 Sports & Adventure July 16 – July 20	Full Day <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> EC <input type="checkbox"/>	*Please note: Fees for last week will reflect the partial week.	
		*Tuesday, July 4th will be observed as a holiday.	

Payment Procedure: Payment for first week, membership and an \$80.00 non-refundable deposit is required at registration. Remaining deposit will be credited to account at the end of summer programming or a refund will be issued if child attends all weeks as registered. Subsequent payments are due in advance every Friday. Failure to keep current with payments may result in termination of care for your child and sending your account to a collection agency.

INT

Refund and Credits: Refund and credits are only given if your child is absent an entire week and the Program Director was notified a week (7 days) in advance prior to the first day of absence. A schedule change fee of \$5 will be applied and you will forfeit your \$80.00 deposit. By signing this admission agreement, you are reserving a space in our program for your child. Girls Incorporated must have the assurance of covering care costs by receiving payment for all reserved spaces even when the child is absent. Parents/Guardians must speak to Program Director to request exceptions to this policy based on emergency situations.

INT

Membership Enrollment: A one-time yearly membership fee of \$35.00 must be paid for each girl that attends Girls Inc. Programming. Payment is due upon enrollment. (July 1 - June 30)

INT

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Program: _____ Prog. Fees: \$ _____ % Given: _____ % Scholarship Amount: \$ _____ Family Pays: \$ _____

Director's Approval: _____ Date: _____

Executive Director's Signature: _____ Date: _____



Membership Enrollment Form 2018-2019

Girls Incorporated of Carpinteria

5315 Foothill Road, Carpinteria CA 93013

805. 684.6364

Please Print all of the information below.

Girls Name	Age	Date of Birth	Grade in August	School Attending in August
Address	City		State	Zip
Parent 1 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		
Parent 2 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		

In addition to the parent/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

General Liability and Release and Consent:

I give permission for my child to become a member of Girls incorporated of Carpinteria. I further hold Girls Incorporated of Carpinteria, any of its officials, staff, volunteers, spouses, and their heirs harmless from any accidental injury or loss of property that may occur to the person named above while participating in any of the Girls Incorporated of Carpinteria Programs. I further give consent for any media or marketing materials in which my daughter may appear to be used in any way Girls incorporated of Carpinteria may care to use them. I understand that Girls Incorporated of Carpinteria and our National Headquarters may conduct research about the impact of its programs for girls. I agree to allow my child to take part in pre/post testing and other evaluation efforts. All information regarding girls or their participation in programs will remain confidential.

Health Information:

Is there anything we should know about your daughter that will help provide her with the best and safest possible experience?

Allergies to: Food Medicine Other None Known

Please explain: _____

Please list ALL medications (including OTC) taken by your child: _____

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other special needs: _____

Medical Insurance Name	Physician Name	Dentist Name
Medical Coverage Number	Physician's Phone Number	Dentist's Phone Number

Parent/Guardian-PLEASE READ AND SIGN: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician, Osteopath or Dentist for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.

Parent/Guardian Signature FY 2018/2019	Date
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Girls Incorporated of Carpinteria Census Report 2018-2019

This information is kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

Girl's Name: _____

Child's Age: _____

Please mark all appropriate boxes.

Annual Household Income:

- Below \$10,000
- \$10,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- \$50,000 to \$75,000
- Over \$75,000

My Girl Qualifies for Free Lunch:

- Free Lunch
- Reduced Lunch

Family Configuration: (please check all that apply)

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Neither parent (foster, grandparent, relative)
- Multi-Family

Ethnicity:

- Multi-ethnic
- Asian American
- Black-African American
- Native American
- White/Caucasian
- Hispanic/Latina
- Pacific Islander
- Filipina
- Other: _____

Primary Language(s) Spoken at Home:

- English
- Spanish
- Farsi
- Mandarin
- Tagalog
- Vietnamese
- Other: _____

Residence Area:

- Sand Piper
- Dahlia Court
- Villa Del Mar
- Casitas Village
- Concha Loma
- Ventura
- Santa Barbara
- Summerland
- Santa Paula
- Other: _____

Number in Household: _____

Please list highest level of education:

- | <u>Mother</u> | <u>Father</u> |
|-----------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Less than high school | <input type="radio"/> Less than high school |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> High school diploma/GED |
| <input type="radio"/> Some college | <input type="radio"/> Some college |
| <input type="radio"/> 2 year college | <input type="radio"/> 2 year college |
| <input type="radio"/> 4 year college | <input type="radio"/> 4 year college |
| <input type="radio"/> Master's degree | <input type="radio"/> Master's degree |
| <input type="radio"/> Doctoral degree | <input type="radio"/> Doctoral degree |
| <input type="radio"/> Professional degree | <input type="radio"/> Professional degree |
| <input type="radio"/> Don't know or N/A | <input type="radio"/> Don't know or N/A |

Are any immediate family members active duty military personnel? Yes No

Is your child an English Learner? Yes No

Does your child have an IEP? Yes No

**Girls Inc. of Carpinteria
Program Admissions Form 2018-2019**

Child's Name _____

Grade in August _____ School _____

Parent/Guardian Name _____

Child's File: A file is maintained for each child admitted to Girls Incorporated of Carpinteria's Programs. The file included this admission agreement and an enrollment form containing health history and emergency care information. The information in a child's file is confidential and it may be reviewed only by the Parent/Guardian, a representative of Girls Inc. a representative of Community Care Licensing, or the Department of Social Services of California. If necessary, please explain any special circumstances that apply to your child's file, pick-up procedures, etc. and provide legal documentation. It is the responsibility of the parent/guardian to keep Girls Inc. informed of changes in this area.

Policies: All policies related to Girls Incorporated Programs are included in this agreement or in the Parent Handbook, which is available for each Parent/Guardian.

Hours: Administration hours are from 9:00am-6:00pm. Summer program hours are from 9:00am-6:00pm (extended care is available an additional fee). After School Program hours begin at school release-6:00 pm. For more information, please ask office staff.

Scholarships: Scholarships are available for those who qualify. One must fill out a scholarship application and submit a copy of one's most recent Adjusted Gross Income (AGI) from your Internal Federal Taxes and three most recent pay stubs for all parties. If divorced parents have joint financial responsibility for their child, both parties must submit separate paperwork. Scholarship documentation needs to be turned in prior to registration. Discounts do not apply for those on scholarship.

Sign-In/Sign-Out Policy: Parents/Guardians are required to sign the Sign-In/Sign-Out sheet when checking in their child in or out of the center. Only authorized people with proper identification may pick up your child! A signed and dated note by you is required for anyone not on your authorized list.

Snacks: During our programming we offer healthy daily snack(s). Usually one during half days and two during full (extended) days.

Illnesses: Girls Incorporated is not equipped to care for sick children. If a child is unable to participate in our normal routine, the parent/guardian will be called and asked to take the child home. Children will not be allowed to enter the program while having the following: 1. Fever greater than 101^o Fahrenheit 2. Serious diarrhea 3. Vomiting 4. Obvious pain or discomfort 5. A contagious rash or illness 6. Head lice

Medication: No medications will be given to a child without written instructions and signed authorization (Lic 9221). All medication must be given to the Program Director. All medications must be in its original container with an unaltered label containing your child's name and current date. The written instructions must be given to the Program Director who will delegate the dispensation of the medication to the Program Leader. No medication of any kind may be administered by a staff without Parent/Guardian authorization on file at Girls Incorporated. Medication is kept in a storage cabinet in the office. Medication that needs refrigeration will be kept in the staff refrigerator.

Sunscreen: Please provide your child with sunscreen if she has any known allergies to sunscreen. Otherwise, we will administer our in-house sunscreen as needed. Application of said sunscreen will be applied in a respectful and non-threatening manner.

Emergency Procedures: If your child is injured, the Program Director or Program Leader will take the necessary steps to obtain the medical care. These steps may include, but are limited to the following:

- Attempt to contact a parent or guardian, then listed emergency contacts
- Contact child's doctor
- Have a staff person take the child to an emergency clinic/hospital
- Call an ambulance or paramedic

Release Authorization: You have provided us with 4 individuals authorized to pick up your child in your absence. Changes and additions to this list *must be made in person by the parents/guardians* listed in the registration packet. If you cannot make this change in person, a one-time exception will be made if a signed letter is sent via fax or email directly from a parent or guardian.

* _____
Parent Initials

***Extended care of \$20.00 per week (per family) is due in advance with weekly payment.**

Failure to Report Absence: *There is a \$5.00 charge for failing to report your child's absence by 9:00am in the summer and 11am during the school year.

Late Pick-Up: Our program closes at 6:00pm. A late fee at the rate of \$1.00 per minute begins to accrue at 6:06pm. You will be asked to fill out a late payment form, including how you would prefer to pay your late fee. You may pay the late fee at the time you pick up your child or it may be added to your bill. Continued lateness may result in the need for you find alternative care. PLEASE NOTE, picking up later than 6:30 may result in involving the sheriff

Field Trips: Our center has 15 passenger vans that are used for field trips. Our drivers have Class B Licenses. Parents/Guardians will be informed in advance by weekly activity calendars. It is the Parents/Guardians responsibility to inform us if their child is not able to attend a scheduled field trip on a day that she is at the center.

Parent/Guardian Orientation: All new parents/guardians are required to attend a Parent/Guardian Orientation Meeting before the commencement of our Summer Programming. This meeting gives an opportunity to be informed about all our policies and procedures, as well as the activities we will be offering. Please ask about upcoming meeting dates and times.

Grievance Procedure: Parent/Guardian should discuss and resolve the matter with the immediate staff person involved; if the matter is not resolved; both will schedule an appointment with the Program Director; if still unresolved, it may be taken to the Executive Director.

Termination of the Agreement: A parent/guardian may terminate the agreement at any time by giving Girls Incorporated written notice one week prior to the date that the child will be withdrawn from the program to avoid incurring charges onto account. Girls Incorporated agrees that it will not modify the condition of this agreement without giving the parent/guardian 14 days written notice. When changes are made, the parent/guardian and representative of Girls Incorporated will sign the modified agreement.

Discounts: A discount of \$2.00 per week will be applied if a family enrolls in our automatic payment system with a credit or debit card. A sibling discount of 10 percent is given to eligible families . Families on scholarship are not eligible for discounts.

Discipline Policy: Girls Incorporated promotes self-discipline and tried to establish rules which are sensible and help each girl feel safe and secure. When a girl breaks a rule, she is reminded of the proper behavior at our site. Time out and conferences with Program Director and Parent/Guardian are usually the only methods of discipline that are required. If girl continually breaks rules or is abusive with others a Citizenship Report will be written. After a girl received two or more Citizenship Reports, probation or suspension may become necessary. Girls Incorporated believes hurting others and foul language are not appropriate and these behaviors are not tolerated.

Opportunities for Parents: Girls Incorporated of Carpinteria always encourages parents to volunteer around the center. Areas where volunteers are needed are: facilitation of classes, field trips, events, and others. If at any time a parent/guardian has an idea pertaining to our program, please feel free to share them with the Program Director. Suggestion box is also available in the lobby are.

Community Care Licensing Authority: The Department of Social Services or Community Care Licensing has the authority to interview a child or staff, to observe the physical conditions of a child, including conditions which could indicate abuse, neglect or inappropriate placement; to have a licensed medical professional physically examine the child, and to inspect and audit the child or facility records without permission.

Note: In case of extreme weather or other emergencies, we follow the Carpinteria Unified School Districts decision. We also contact local radio stations if and when we close for emergencies. In case of an emergency please call 805.684.6364 for any further information

Acknowledgement

I, and legal parent/guardian or designated representative of _____
(print child's name)

have received and read the information contained in this documents provided by Girls Incorporated of Carpinteria, and agree to abide by the stated policies. I also agree that I will attend a required Parent/Guardian Orientation Meeting before allowing my child to attend Girls Incorporated programming.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

ACKNOWLEDGEMENT

I, as the parent/guardian designated representative
of _____, have received and read the
name of child
following documents at the time of my child's admission to:

Girls Incorporated of Carpinteria

facility name

- ❶ "Parent's Right" (LIC 995)
- ❷ "Personal Rights" (Child Day Care Facilities) (LIC 613A)
- ❸ Other documents (facility may specify parent handbook/admission agreement)

Admission Agreement, Medical Consent, and Membership Enrollment

other document

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Parent/Guardian Signature

Date

Facility Representative

Date

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 DIVISION CHILD CARE OFFICE

Licensing Office Address: 744 P Street, Sacramento, California 95814

Licensing Office Telephone #: (916) 229-4500

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.

Girls Incorporated of Carpinteria
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

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 Division Child Care Office

ADDRESS

744 P Street

CITY

Sacramento, CA

ZIP CODE

95814

AREA CODE/TELEPHONE NUMBER

(916) 229-4500

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)

Girls Incorporated of Carpinteria

(PRINT THE ADDRESS OF THE FACILITY)

5315 Foothill Road, Carpinteria CA 93013

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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	DATES
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Ten-Day Measles (Rubeola)
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Three-Day Measles (Rubella)
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES NO HOW MANY IN LAST YEAR? LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST
LUNCH		LUNCH
DINNER		DINNER
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*
<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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Consent to Release of Education Records

Note: The Carpinteria Unified School District may permit access to pupil records (education records) to third parties upon the written consent of a parent or guardian, in accordance with requirements of the California Education Code and the Family Educational Rights and Privacy Act. When completed and returned to the District, this Consent will authorize such access. Please read this Consent form carefully before signing and returning to the District.

I, _____, consent to the release of my child's education records (electronic academic records) by the Carpinteria Unified School District (District) to: _____ Girls Incorporated of Carpinteria _____ (Agency) and staff employed by the Agency, for the purposes provided below.

I understand that release of education records is limited to the following:

1. Name of student
2. School of student
3. Attendance
4. Grade Point Average, & Grades Earned
5. Upcoming Assignments
6. Missing Assignments
7. State Assessments
8. Classroom Benchmark Assessments

This release gives my consent to the District to permit such access and to Agency staff to access these education records online, using the District's Assessment Data Management System and/or Student Information Database System. This Consent will be kept with my child's pupil records file.

I understand that the purpose of sharing these records is to authorize my child's after school service provider to access information concerning my child's academic program and progress. Agency staff will work with the school, the family and the student in an effort to improve my child's academic success at school. The Agency and its staff are not permitted to transmit any of my child's education records or information to any other parties without my written consent.

I acknowledge that I may submit at any time a subsequent notification in writing directing the Carpinteria Unified School District to no longer permit the Agency or its staff access to my child's education records.

This Consent to Release of Education Records is valid for the **2018-19 school year**, or as long as the student is served by the Agency, whichever is the lesser time length. Unless earlier terminated, this Consent will expire on **June 30, 2019**.

Carpinteria Unified School District is authorized to release information to the following agency and its staff (please print clearly and sign your name):

Student's Name

Student's Date of Birth

Parent/Guardian's Signature

Date

Girls Incorporated of Carpinteria, 5315 Foothill Road, Carpinteria, CA 93013, 805-684-6364
Agency Name, Address & Telephone Number

