

# Membership Enrollment Form 2024-2025

|                             |            |  |                      |                       |
|-----------------------------|------------|--|----------------------|-----------------------|
| Girl Name                   | Age        | Date of Birth  | Grade in August 2024 | School in August 2024 |
| Home Address                | City       | State  |                      | Zip Code              |
| Parent or Guardian Name (1) |            | <input type="checkbox"/> <i>Lives with child</i> <input type="checkbox"/> <i>Responsible for payment</i> |                      | Email                 |
| Primary Phone Number        | Work Phone | Phone 3  |                      |                       |
| Parent or Guardian Name (2) |            | <input type="checkbox"/> <i>Lives with child</i> <input type="checkbox"/> <i>Responsible for payment</i> |                      | Email                 |
| Primary Phone Number        | Work Phone | Phone 3  |                      |                       |

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

|      |              |      |              |
|------|--------------|------|--------------|
| Name | Phone Number | Name | Phone Number |
|      |              |      |              |
| Name | Phone Number | Name | Phone Number |
|      |              |      |              |

### Health and Wellness Information

List and explain all allergies:

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List all medications taken by your child:

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List all special needs or conditions:

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Please share any information that will help us provide a safe and enriching experience.

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Please describe your child's swimming level:

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|                         |                  |                |
|-------------------------|------------------|----------------|
| Medical Insurance Name: | Physician Name:  | Dentist Name:  |
| Policy Number:          | Physician Phone: | Dentist Phone: |

### ACKNOWLEDGEMENT

I have read the admissions agreement, reviewed for accuracy the completed application form, and I understand the policies associated with membership to Girls Inc. of Carpinteria. I request my child be admitted into membership.

Parent/Guardian Name (please print): \_\_\_\_\_

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



**Girls Inc. of Carpinteria 2024-2025 Admissions Agreement**

**Payment Policies & Procedures**

INITIALS

\_\_\_\_\_ **Membership Fee:** A non-refundable annual membership fee of \$35.00 is due at time of registration for all programs and is valid from June to June on an annual basis.

**Full-Time/Part-Time defined:**

**After-school Program**

- Full-time attendance is three or more days per week.
- Part-time attendance is one or two days per week.

**Summer Day Camp**

- Full-time attendance is five days per week 8:00AM-5:30PM

**Early Drop-off**

- Morning Drop-off at 7:30AM five days per week.

| Program  | Full Time:                                       | Part Time :                      |
|--|--|----------------------------------|
| After School Enrichment (TK-8th)                                 | 3-5 days a week<br>\$550 monthly                 | 2-1 days a week<br>\$250 monthly |
| Summer Day Camp (K-8th)  | \$200<br>Weekly, 8:00-5:30. No partial schedules |                                  |
| Additional fee may apply or specialty sports camps               |  |                                  |
| Additional fees may apply for weeklong breaks or single holidays |  |                                  |

\_\_\_\_\_ **Financial Assistance:** Limited Scholarships are available at the beginning of each year. Scholarships apply to all programs including breaks . You may request a financial aid application at the front desk.

\_\_\_\_\_ **Payment Due Date & Frequency of Payment:** Fees are due on a monthly basis in advance of the week of attendance (the Friday before your child attends on Monday). Bills will not be mailed to you. A bill exceeding \$300 will result in services no longer being provided. Failure to keep your account current will jeopardize your child’s enrollment at Girls Inc. and result in collections proceedings. **Payment plans are available in some cases.** See Director for details.

\_\_\_\_\_ **Refunds and Credits:** Refunds and credits will not be given for the days that children are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for your child even when your child is absent. Parents/Guardians must contact the Director to request exceptions for this policy based on emergency situations.

\_\_\_\_\_ **Schedule Change:** All schedule changes must be submitted 1 month in advance in writing using the form provided in the Girls Inc. office. If your child is excused for the entire week 1 month in advance, you will not be billed for that week. If Girls Inc does not receive notice of schedule changes you will be billed for your regular monthly schedule.

\_\_\_\_\_ **Failure to Report Absence:** If your child will not be attending Girls Inc. you must call our office by 12PM during the school year. If you fail to call in by the required time you will be charged \$5.00.

\_\_\_\_\_ **Late pick up:** Our programs close at 5:30pm. A late fee at the rate of \$1.00 per minute begins to accrue at 5:36pm. 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 will be added to your bill. Continued lateness may result in the need for you find alternative care. PLEASE NOTE, picking up later than 6:00 may result in involving the sheriff.

\_\_\_\_\_ **Returned Check:** Girls Inc. will charge an additional fee of \$25.00 for any and all returned checks.

**Girls Inc. of Carpinteria 2024-2025 Admissions Agreement**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Girls Inc. of Carpinteria, and Girls Inc. their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the site.

INITIALS

**POLICIES**

\_\_\_\_\_ **File:** A child’s file will be maintained for each child admitted to Girls Inc. The file will include the Admissions Agreement and an enrollment form containing health history and emergency care information. The information in a child’s file is confidential and may be reviewed only by the parent/guardian, a representative of Girls Inc. or a representative of Community Care Licensing. Parent/guardians are responsible for updating information in this file as needed

\_\_\_\_\_ **Sign In/Out Policy:** Parents/Guardians are required to use a full signature when checking children in or out of the centers. Only authorized people with identification may pick up your child. If an individual is not listed on your authorization form you must give Girls Inc. a signed permission slip stating the person’s name and the date of pick up.

\_\_\_\_\_ **Data Collection:** I give my permission to Girls Inc. of Carpinteria to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. The aggregated results of these analyses may be shared with staff, Girls Inc., funders, and other community stakeholders to evidence program effectiveness and/or impact.

\_\_\_\_\_ **Community Care Licensing Authority:** Community Care Licensing has authority to interview children or staff, and to inspect and audit child or child care centers records, without prior consent; and to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement.

\_\_\_\_\_ **Transportation & Field Trips:** I give my permission to Girls Inc. of Carpinteria to provide transportation to and from the site for various activities including but not limited to; school transportation program, outreach program, field trips. I give permission for my son/daughter to attend any and all Girls Inc. of Carpinteria organized field trips. I agree that if injury to my child does occur, I hereby hold blameless and waive all claims against Girls Inc. of Carpinteria its officials, staff, or anyone who it may hire to appoint or to supervise said activities. In the event of an emergency the person in charge has my permission to see that proper action is taken and if deemed necessary, that medical treatment may be rendered. Your child will be under supervision where safety is of the utmost importance. Some field trips may require a special sign up.

\_\_\_\_\_ **Public Relations:** I give my permission for my child’s picture, moving pictures, or any other graphic depiction or likeness, to be used by Girls Inc. of Carpinteria and its activities.

\_\_\_\_\_ **Release Authorization:** You have provided us with 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 email directly from a parent or guardian

\_\_\_\_\_ **Illness:** Girls Inc. is not equipped to care for sick children. If your child is unable to participate in normal activities, you must pick your child up from Girls Inc. No medication will be given to a child without written instructions and signed authorization. If your child did not attend school that day due to illness, she may not attend Girls Inc.

\_\_\_\_\_ **Emergency Procedures:** If your child is injured, Staff 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 or call emergency response services. I give my permission to Girls Inc. of Carpinteria to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. It is understood, however, that this membership includes a secondary insurance while taking part in Girls Inc. activities.

\_\_\_\_\_ **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 Manager; if still unresolved, it may be taken to the Executive Director. In some cases, the Executive Director may be involved.

\_\_\_\_\_ **Discipline Policy:** Girls Inc. promotes self-discipline and establishes rules which are sensible and help each girl feel safe and secure. Girls are reminded of the proper behavior at our site. We use incentive systems to encourage a positive environment. Redirection, individual coaching sessions and conferences with program leadership and Parent/Guardian are usually the only methods of discipline that are required. If girl continually contributes to a physically or emotionally unsafe environment additional steps to involve parents/guardians will be taken and behavior improvements plans will be put in place. In cases of persistent behavior issues, probation or suspension may become necessary.

**Note: In case of extreme weather or other emergencies, we will work with CUSD and local authorities to decide the safest action to take. Parents will be informed via email and text through the Remind System. Please see the Remind page for instructions on how to register for alerts.**

**ACKNOWLEDGEMENT**

I, as the parent, guardian or designated representative of (child’s name) \_\_\_\_\_, have received and read information contained in the Admission Agreement, provided by Girls Inc. of Carpinteria, and agree to abide by the stated policies.

Parent/Guardian Name (please print): \_\_\_\_\_

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

# Girls Inc. of Carpinteria Census Report 2024-2025



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

**Childs Name:** \_\_\_\_\_

**Childs Grade:** \_\_\_\_\_ **Childs Age:** \_\_\_\_\_

**Number in Household (adults and children):** \_\_\_\_\_

## Annual Household Income

- Below \$10,000
- \$10,000- \$15,000
- \$15,000- \$20,000
- \$20,000- \$25,000
- \$25,000- \$30,000
- \$30,000- \$35,000
- \$35,000—\$40,000
- \$40,000-\$50,000
- \$50,000-\$60,000
- \$60,000-\$70,000
- \$70,000-\$80,000
- Over \$80,000

## Child Qualifies For

- Free Lunch
- Reduced Lunch

## Family Configuration

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Grandparent / other relative(s)
- Multi-family
- Foster parent(s)

## Race

- Native American/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Middle Eastern/North African
- White/Caucasian
- Multiethnic
- Other: \_\_\_\_\_

## Ethnicity

- Not Hispanic or Latina
- Hispanic or Latina

## Primary Language

- English
- Spanish
- Farsi
- Tagalog
- Mandarin
- Vietnamese
- Other \_\_\_\_\_

## Please select the highest level of education

### Mother

- Less than high school
- High school diploma/GED
- Some College
- 2 year college
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree
- Don't know or N/A

### Father

- Less than high school
- High school diploma/GED
- Some College
- 2 year college
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree
- Don't know or N/A

## Is any member of immediate family active duty military personnel?

- Yes
- No

## Is your child an English Learner?

- Yes
- No

## Does your child have an IEP?

- Yes
- No

### CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

|  |                                      |   |
|--|--------------------------------------|---|
| CHILD'S NAME   | SEX                                  | BIRTH DATE                                |
| FATHER'S NAME  | DOES FATHER LIVE IN HOME WITH CHILD? |   |
| MOTHER'S NAME  | DOES MOTHER LIVE IN HOME WITH CHILD? |   |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? |                                      | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION |

|            |                   |                             |
|------------|-------------------|-----------------------------|
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
|--|------------------------|---|

**DAILY ROUTINES** (\*For infants and preschool-age children only)

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

---

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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|                    |      |
|--------------------|------|
| PARENT'S SIGNATURE | DATE |
|--------------------|------|

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Santa Barbara Regional Child Care Office  
 Licensing Office Address: 6500 Hollister Avenue, Suite 200, MS 29-09  
(805) 562-0400  
 Licensing Office Telephone #: \_\_\_\_\_

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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](http://www.meganslaw.ca.gov)*

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, \_\_\_\_\_  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

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LIC 995A (8/08)

# 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>.



**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:

Santa Barbara Regional Child Care Office

NAME

ADDRESS

6500 Hollister Avenue, Suite 200, MS 29-09

CITY

Goleta

ZIP CODE

(805) 562-0400

AREA CODE/TELEPHONE NUMBER

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 Inc. of Carpinteria

(PRINT THE ADDRESS OF THE FACILITY)

5315 Foothill Rd. Carpinteria CA 93103

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## Sun-Smart Policy for Childcare Programs

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from March through October.

### Sun-Smart strategies:

1. Encourage staff and children to wear hats with wide brims that protect their face, neck and ears whenever they are outside.
2. Encourage staff and children to wear sun-protective clothing (i.e., tightly woven, loose-fitting, full length, light-colored and lightweight) when temperatures are reasonable.
3. Encourage staff to wear sunglasses that block 100 percent of UVA and UVB rays (broad spectrum) whenever they are outside.
4. Provide sufficient areas of shelter and/or trees providing shade on the play yard.
5. Encourage children to seek and use available areas of shade for outdoor play activities.
6. Schedule excursions and all outdoor activities before 10 a.m. and after 4 p.m. (10 a.m. to 3 p.m. during the winter months) whenever possible. The availability of shade will be considered when planning excursions and outdoor activities during these times.
7. Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
8. Staff and parents/guardians will model sun safety behaviors by:
  - Wearing appropriate hats and clothing when outdoors.
  - Using broad spectrum SPF 15 or higher sunscreen for skin protection.
  - Seeking shade whenever possible.
9. Provide broad spectrum SPF 15 or higher (and paba and alcohol free, if possible) sunscreen for staff and children to use on exposed skin, except eyelids, 30 minutes before exposure to the sun and every two hours while in the sun, unless parent/guardian provides their own sunscreen for their child.
10. Parents/guardians will complete and sign the Parent/Guardian's Permission to Apply Sunscreen to His/her Child (see reverse) and it shall remain on file at the program.
11. Include learning about the skin and ways to protect the skin from the UV rays of the sun into the program's curriculum and daily routines.
12. The Sun-Smart Policy will be reinforced in positive ways through parent newsletters, staff memos, bulletin boards and meetings. Signage shall be posted that reminds staff, parents and children to practice sun safety.
13. Staff and parents will be provided with educational materials and resources on sun safety and protection.

### When enrolling their child, parents/guardians will be:

1. Informed of the program's Sun-Smart Policy.
2. Asked to provide a suitable hat for their child's use when outdoors in the care setting.
3. Required to provide permission for staff to apply sunscreen (and optional: health care provider's signature included on consent form).
4. Asked to provide a broad-spectrum SPF 15 or higher sunscreen if their child is allergic to the program's offered brand/type.
5. Encouraged to practice Sun-Smart behaviors themselves.

<sup>1</sup> American Academy of Pediatrics and American Public Health Association, (2002). Caring for our children: National health and safety standards: Guidelines for out-of-home child care programs, Second Edition. Elk Grove Village, IL



## Sunscreen Application Parent/Guardian Consent Form

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child’s risk of getting skin cancer someday. Therefore, I give permission for the staff at *Girls Inc of Carpinteria* to apply sunscreen product that is a broad spectrum with SPF 15 or higher to my child as specified below, when they will be playing outside, especially during the months of March through October and between the daily time of 10am and 4pm. I understand that the sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms, and legs.

I have initialed below **ALL** applicable information regarding *Girls Inc of Carpinteria’s* choice of brand/type and use of sunscreen for my child:

\_\_\_\_\_ I do not know of any allergies my child has to screen.

\_\_\_\_\_ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

\_\_\_\_\_ Staff may use the sunscreen of the program’s choice following the directions and recommendations printed on the product container.

\_\_\_\_\_ I have provided the following brand/type of sunscreen for use for my child.

\_\_\_\_\_ For medical or other reasons, please do not apply sunscreen to the following areas of my child’s body.

Parent/Guardian’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian’s Signature: \_\_\_\_\_

Health Care Providers Signature (optional): \_\_\_\_\_

**Note: Do not rely on sunscreen alone to protect children from skin cancer**

Adapted from the California Early Childhood Sun Protection Curriculum. Resources- [www.dhs.ca.gov/cpns/skin/skin\\_resource.html](http://www.dhs.ca.gov/cpns/skin/skin_resource.html)



## Consent to Release 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 on file at the District office.

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 **2024-2025 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, 2025**.

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