

# MEMBERSHIP ENROLLMENT FORM

## 2025-2026

### MEMBER INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade for 2025-2026 School Year \_\_\_\_

School Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

### PARENT/GUARDIAN (1) INFORMATION

Parent/Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

☐ Lives with Child ☐ Responsible for payment

### PARENT/GUARDIAN (2) INFORMATION

Parent/Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

☐ Lives with Child ☐ Responsible for payment

### EMERGENCY CONTACTS

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.

|                 |                    |
|-----------------|--------------------|
| Full Name _____ | Phone Number _____ |
| Full Name _____ | Phone Number _____ |
| Full Name _____ | Phone Number _____ |
| Full Name _____ | Phone Number _____ |

### HEALTH & WELLNESS INFORMATION

List and explain all allergies:

List all medications taken by child:

List all special needs and/conditions:

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

Medical Insurance Name:

Physician Name:

Dentist Name:

Policy Number:

Physician Phone Number:

Dentist Number:



# GIRLS INC. OF CARPINTERIA CENSUS REPORT

## 2025-2026

The information in this form 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.

Child's Age \_\_\_\_\_

Child's Grade \_\_\_\_\_

Household Size \_\_\_\_\_  
(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  
\$35,000-\$40,000  
\$40,000-\$50,000  
\$50,000-\$60,000  
\$60,000-\$70,000  
Over \$80,000

### MY 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  
Grandparent/Other Relatives  
Multi-Family  
Foster Parent(s)

### RACE

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

### ETHNICITY

Hispanic/Latina  
Not Hispanic/Latina

### LANGUAGE IN THE HOME

English  
Spanish  
Farsi  
Tagalog  
Mandarin  
Vietnamese  
Other

### EDUCATION

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/NA

#### 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/NA

### MILITARY SERVICE

Is any member of the immediate family active duty military?

Yes  
No

### CHILD'S EDUCATION

Is your child and English Learner (EL)?

Yes  
No

Does your child have an Individualized Education Plan (IEP)?

Yes  
No







of Carpinteria

# GIRLS INC. OF CARPINTERIA ADMISSIONS AGREEMENT 2025-2026

This Admissions Agreement is made effective as of (date) \_\_\_\_\_ between:

**Girls Inc. of Carpinteria**

5315 Foothill Road  
Carpinteria, CA 93013  
(805) 684-6364

**Parent/Guardian (full name):** \_\_\_\_\_

**Parent/Guardian (full name):** \_\_\_\_\_

for **Child's Name: (full name):** \_\_\_\_\_

## ENROLLMENT & ADMISSION

This Agreement formalizes the enrollment of the child named above in Girls Inc. of Carpinteria under the terms and conditions set forth in this document.

## PAYMENT POLICIES

**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 1, 2025 to May 31, 2026 (Membership Year).

**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

**Early Drop Off:**

- Morning drop-off is at 7:30 AM five days per week

**Program Fees:**

| Program                                 | Full-Time                                           | Part-Time                             |
|-----------------------------------------|-----------------------------------------------------|---------------------------------------|
| <b>After School Enrichment (Tk-8th)</b> | 3-5 days a week<br>Fee: \$550 a month               | 1-2 days a week<br>Fee: \$250 a month |
| <b>Summer Day Camp (K-8th)</b>          | 5 days a week, 8:00 AM-5:30 PM<br>Fee: \$200 a week | NO PART-TIME SCHEDULE AVAILABLE       |

*\*Additional fees apply for additional specialty/sports programs*

*\*Additional fees may apply for week-long breaks or single holidays*

**Payment Frequency and Due Dates:** Fees are due on a monthly basis in advance of the week of attendance (the Friday before your child attends on Monday). Bills and invoices will not be mailed to you. Invoices are available in your child's file located in the Girls Inc. lobby.

**Financial Assistance:** Limited scholarships are available at the beginning of the annual membership enrollment period. Scholarships apply to after school and summer programs. Scholarships do not apply to additional specialty/sports programs. These programs require a separate application.

**Account Balance:** An account exceeding one month of an unpaid balance will result in termination of services. Failure to keep your account current will jeopardize your ability to reenroll in services and result in collections proceedings. *Payment plans are available upon approval.*

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

**Returned Checks:** There will be a \$25.00 for any returned checks due to insufficient funds.

**Payment Methods:** Payments may be made via cash, credit cards, venmo, checks.

**Initial:** \_\_\_\_\_

# GIRLS INC. OF CARPINTERIA

## ADMISSIONS AGREEMENT

### 2025-2026

#### ATTENDANCE POLICIES

##### Hours of Operation:

| Season                              | Business Hours                    | Program Hours                                                                      |
|-------------------------------------|-----------------------------------|------------------------------------------------------------------------------------|
| <b>Summer and Full-Day Programs</b> | 7:30 AM-6:00 PM<br>Monday-Friday  | Early Drop Off: 7:30 AM-5:30 PM<br>Regular Drop Off: 8:00-5:30 PM<br>Monday-Friday |
| <b>School Year</b>                  | 10:00 AM-6:00 PM<br>Monday-Friday | CUSD School Dismissal Time - 5:30 PM<br>Monday-Friday                              |

**Absences:** Parents must notify Girls Inc. in advance if their child will be absent. During the school year, you must call the Girls Inc. office before 12:00 PM. During the summer, you must call before 9:00 AM. If you fail to call in by the required time you will be charged \$5.00.

**Sick Policy:** If the child is ill, they should not attend Girls Inc. If your child is unable to participate in normal activities, you must pick up your child 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, they may not attend Girls Inc.

**Late Pick-Up:** Girls Inc. programs close at 5:30 PM. A late fee at the rate of \$1.00 per minute begins to accrue at 5:36 PM. You will be asked to fill out a Late Pick-Up form. You may pay the late fee at the time of pick-up, or it will be added to your bill. Continued lateness may result in the termination of services. Please note picking up later than 6:00 PM may result in a call to the Santa Barbara County Sheriff's Office.

**Holidays and Closures:** Girls Inc. will be closed on the following holidays:

#### 2025-2026

| Holiday                                          | Girls Inc. of Carpinteria Closure Dates                                    |
|--------------------------------------------------|----------------------------------------------------------------------------|
| <b>Summer 2025</b><br>(June 23-August 15)        | June 12-13, 2025<br>June 16-20, 2025<br>July 4, 2025<br>August 18-20, 2025 |
| <b>Labor Day</b>                                 | September 1, 2025                                                          |
| <b>Veteran's Day</b>                             | November 11, 2025                                                          |
| <b>Winter Break</b><br>(December 22 - January 7) | December 22-26, 2025<br>January 1, 2026                                    |
| <b>MLK Jr. Day</b>                               | January 19, 2026                                                           |
| <b>President's Day</b>                           | February 16, 2026                                                          |
| <b>Memorial Day</b>                              | May 25, 2026                                                               |

GIRLS INC. OF CARPINTERIA  
ADMISSIONS AGREEMENT  
2025-2026

## SCHEDULE CHANGES

**Requests for Schedule Changes:** Parents/guardians must notify Girls Inc. using the "Request Form" provided at the Girls Inc. office at least one month in advance if they wish to change the child's regular attendance schedule. This includes any changes to the days/weeks of attendance or early drop-off option.

**Additional Days or Weeks (Summer):** If the parent/guardian needs to add additional days or summer weeks they must request this change in writing using the "Request Form". Girls Inc. will do their best to accommodate the request, subject to availability. Additional days or weeks may incur an extra fee, which will be communicated to the parent/guardian in advance.

**Reduction of Days or Weeks (Summer):** If the parent/guardian wishes to reduce the child's scheduled attendance (e.g., reducing days or summer weeks), this change must also be requested in writing using the "Request Form" and follow the same notice period of one month as stated above. Reduced attendance may result in adjusted fees, which will be calculated based on the new schedule.

**Fees for Schedule Changes:** Any schedule change (increase or decrease in days/hours) that impacts the original agreement may result in a recalculated tuition fee. Girls Inc. will inform the parent/guardian of any updated payment details following a change in schedule.

**Temporary Schedule Changes:** If the parent/guardian needs a temporary change to the schedule (e.g., a one-time adjustment), this must be agreed upon in writing with Girls Inc., and additional charges may apply depending on availability.

Initial: \_\_\_\_\_

## BEHAVIOR AND CONDUCT

**Child Behavior:** Parents must inform Girls Inc. of any behavioral issues that may arise or have been previously noted. Girls Inc. reserves the right to suspend or terminate services if the child's behavior is disruptive, harmful, or dangerous to others.

**Discipline Approach and Procedures:** Girls Inc. focuses on fostering positive behavior through self-discipline and restorative practices, which encourage children to understand the impact of their actions, take responsibility, and make amends. When behavioral concerns arise, staff will engage the child in open conversations, help repair any harm caused and develop strategies for improvement. Parents are encouraged to collaborate with us to support their child's behavioral development. For additional information and detailed procedures, please refer to the Parent Handbook.

**Parent Behavior:** Parents are expected to maintain respectful communication with all staff and adhere to all policies outlined in this Agreement.

Initial: \_\_\_\_\_

## COMMUNICATION

**Communication Practices:** Girls Inc. is committed to maintaining clear and open communication with parents/guardians. To ensure timely and effective communication, Girls Inc. utilizes various methods, including:

**Emails:** Important updates, notices, and general information will be sent via email. Parents/guardians are expected to regularly check their email for messages from Girls Inc..

**Phone Calls:** For more urgent matters or personal communication, Girls Inc. may contact parents via phone. Parents should ensure their phone numbers are up to date and be responsive to calls regarding their child's care.

**Remind App/Text Messages:** For urgent updates or reminders, Girls Inc. may use a text message service to notify parents. Parents are responsible for ensuring their contact information is current to receive these messages.

# GIRLS INC. OF CARPINTERIA

## ADMISSIONS AGREEMENT

### 2025-2026

#### COMMUNICATION (CONTINUED)

**In-Person Communication:** Parents are welcome to speak with Girls Inc. staff in person during pick-up or drop-off. Additionally, the front desk is available for any questions or concerns. For more detailed discussions, parents may request a meeting with Girls Inc. or staff using the "Request Form".

**Newsletters and Flyers:** Girls Inc. will distribute newsletters and flyers to keep parents informed about upcoming events, important news, and relevant Girls Inc. programming topics. These newsletters will be sent via email or provided in printed form.

**Social Media and Website:** Girls Inc. encourages parents to stay connected with us through our social media channels, including Instagram (@girlsinc.carp), and our website (<https://girlsinc-carp.org>) for the latest updates, programs, and exciting opportunities. Our social media and website will provide up-to-date information on all upcoming events, fun activities, and other happenings on campus. Parents can also find registration forms and additional program details on our website.

**I've Observed Forms:** For recording behavioral issues, accidents, or success, Girls Inc. staff will use the "I've Observed" form to communicate with parents. A copy of the form is given to parents, placed in the child's file, and shared with program manager or director.

**Information Board:** Printed flyers with relevant information (e.g., special events, program schedules, snack calendar, closures, reminders) will be available in the lobby area and/or entrance of Girls Inc. Parents are encouraged to review these flyers regularly.

**Request Form:** For any specific requests, changes, or concerns, parents may fill out a "Request Form" available at the front desk. This form helps ensure that Girls Inc. can address requests in a timely and organized manner.

**Contact Information Update:** It is the responsibility of the parents/guardians to ensure their contact information is up to date and to check these communication channels regularly for any important information. Girls Inc. will make every effort to keep parents informed and engaged in their child's care.

Initial: \_\_\_\_\_

#### DATA COLLECTION AND PRIVACY

**Requests for Confidential Information:** Girls Inc. collects personal information necessary for enrollment, emergency contact, and care planning. All information is kept confidential and secure, in compliance with privacy laws and regulations.

**Child Files:** Each child will have a confidential file containing necessary records, including emergency contacts, health history, admissions agreement, and any behavioral notes. Parents may request to review their child's file upon notice. Parents/guardians are responsible for updating information in this file as needed.

**Community Care Licensing Authority:** Girls Inc. of Carpinteria is licensed by Department of Social Services Community Care Licensing and is subject to inspection by this authority. Community Care Licensing has authority to interview children or staff, and to inspect and audit child or childcare center records, without prior consent; and to observe the physical condition of child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement.

**Data Collection:** Girls Inc. collects information via online or written surveys, questionnaires, and focus groups from the minor child listed in this agreement. Any and all information received is kept strictly confidential. The aggregated results of these analyses may be shared with staff, Girls Inc. National, funders, and other community stakeholders to evidence program effectiveness and/or impact.

Initial: \_\_\_\_\_

#### EMERGENCY AND SAFETY POLICIES

**Signing In and Out:** Parents/guardians must use a full signature when signing their child in and out each day upon arrival and departure. This ensures safety and accurate record-keeping. Only authorized adults (18 years and older) with identification may pick up your child.



GIRLS INC. OF CARPINTERIA  
ADMISSIONS AGREEMENT  
2025-2026

## EMERGENCY AND SAFETY POLICIES (CONTINUED)

**Release Authorization:** Parents must provide written authorization for the release of the child to individuals other than themselves. Girls Inc. will only release the child to authorized persons listed on the enrollment form. To authorize a one-time pick up by an individual not listed on your authorization form, you must give Girls Inc. a written and signed notice stating the person's full name and the date of pick up.

**Closed Campus:** For the safety and security of all children, our facility operates as a closed campus, meaning that only authorized personnel, parents/guardians, and individuals listed on the child's enrollment form are allowed access to the premises. All visitors (including parents/guardians) must sign in at the front desk upon arrival and wear a visitor badge while on the premises. Visitors will be escorted by staff during their visit. This policy ensures that we can maintain a safe and controlled environment for all children in our care.

**Emergency Procedures:** In the event of an emergency, Girls Inc. has established procedures to ensure the safety and well-being of all children. These procedures include fire drills, lockdown drills, and evacuation plans, which are regularly practiced. In case of an emergency, Girls Inc. will take the following steps:

- **Contacting Parents/Guardians:** Girls Inc. will immediately attempt to contact the child's parents/guardians using the provided contact information.
- **Emergency Contacts:** If the parents/guardians cannot be reached, Girls Inc. will contact the emergency contacts listed on the child's enrollment form.
- **Child's Medical Doctor:** If necessary, Girls Inc. will attempt to contact the child's primary care physician or medical doctor for guidance on treatment.
- **Emergency Services:** If the situation is urgent, Girls Inc. will call emergency services (911) for immediate assistance.

Girls Inc. will take all necessary steps to ensure the child receives prompt medical attention. Parents will be notified as soon as possible if the child requires medical treatment. Girls Inc. will make every effort to ensure the child's safety while adhering to all local emergency protocols.

**Extreme Weather:** In cases of extreme weather or other emergencies, Girls Inc. will work with Carpinteria Unified School District and local authorities to decide the safest action to take. Parents will be notified via email and text via Remind.

Initial: \_\_\_\_\_

## TERMINATION OF AGREEMENT

**Parent Termination:** Either party may terminate this agreement by providing a one month notice using the "Request Form" or in written notice.

**Girls Inc. Termination:** Girls Inc. may terminate this agreement with or without cause by providing a two-weeks written notice.

Initial: \_\_\_\_\_

## ACKNOWLEDGEMENT AND AGREEMENT

By signing this agreement, parents/guardians acknowledge and agree that the childcare provider will not be held liable for any injuries, accidents, or incidents that occur to the child while in the care of Girls Inc., except where such injury or incident is a result of gross negligence, intentional misconduct, or failure to adhere to established safety protocols.

Girls Inc. will take all necessary steps to ensure the safety and well-being of the child, including regular safety drills, supervision, and emergency procedures. However, the parent/guardian agrees to release and hold harmless Girls Inc., its staff, and affiliates from any claims or damages that may arise during the child's participation in the program, unless the incident is a result of Girls Inc.'s negligence or intentional harm.

Parents/guardians are responsible for maintaining current health insurance coverage for their child, and Girls Inc. will not be liable for any medical expenses incurred in the event of an injury or health-related issue.

I as the parent/guardian or designated representative of (child's name) \_\_\_\_\_, have received and read the 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 MEDIA RELEASE & CONSENT FORM 2025-2026

## MEDIA RELEASE AND CONSENT FORM

I, the undersigned, as the parent or legal guardian of the minor child named below, hereby grant permission to Girls Inc. of Carpinteria and its representatives, employees, agents, and volunteers the right to take and use photographs, video recordings, audio recordings, and/or digital images of my child ("Media") in connection with the organization's activities, events, and promotions.

I understand that these Media may be used for promotional and educational purposes, including but not limited to:

- Social media platforms (e.g., Facebook, Instagram, Twitter, etc.)
- Websites and blogs
- Printed materials such as brochures, flyers, and newsletters
- Television and other broadcast media
- Educational materials or publications

I understand that no personal identifying information (other than my child's first name, if used) will be associated with any Media used for these purposes. I agree that these Media may be edited, altered, or otherwise modified and may appear in various forms, including but not limited to: still images, video, audio, and digital formats.

I release Girls Inc. of Carpinteria, its officers, directors, employees, volunteers, and agents from any liability related to the use of the Media, including but not limited to any claims for compensation, privacy, or defamation.

I understand that I am not entitled to any payment or compensation for the use of my child's Media, and I consent to this usage voluntarily and without reservation.

By signing below, I confirm that I have read and fully understand this consent form, and I agree to the use of my child's Media as outlined above.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

GIRLS INC. OF CARPINTERIA  
FIELD TRIP & TRANSPORTATION WAIVER  
2025-2026

## FIELD TRIP AND TRANSPORTATION WAIVER AND CONSENT FORM

Dear Parent/Guardian,

This form is to obtain your consent for your child to participate in field trips and use transportation provided by Girls Inc. of Carpinteria for the entirety of the current program year. By signing this form, you acknowledge and agree to the terms below for all field trips and school transportation activities organized by Girls Inc. of Carpinteria.

**Field Trips and Activities:**

I give my permission for my child, named below, to participate in all field trips and off-site activities organized by Girls Inc. of Carpinteria for the duration of the 2025-2026 program year. These activities may include visits to museums, parks, community events, educational sites, or other locations that are part of the organization's programming. Specific details about each field trip, including the destination, date, and time, will be provided in advance.

**Transportation:**

I authorize Girls Inc. of Carpinteria to arrange for and provide transportation for my child to and from school, field trips and other related activities. This transportation may include school buses, vans, cars, or other approved vehicles. I understand that all drivers will be vetted by Girls Inc. of Carpinteria, and vehicles used for transportation will be properly insured and maintained.

**Health and Safety:**

I have provided all necessary medical information, emergency contacts, and other relevant details regarding my child's health and safety on the attached form (Membership Enrollment Form). I understand that in the event of an emergency, the organization will make every reasonable effort to contact me immediately.

**Liability Waiver:**

In consideration of my child being allowed to participate in these field trips and transportation, I hereby release and hold harmless Girls Inc. of Carpinteria, its officers, employees, volunteers, and agents from any and all claims, demands, or causes of action arising out of or in connection with my child's participation in these activities, including transportation. This release applies to any and all risks or injuries, whether they arise out of the negligence of Girls Inc. of Carpinteria or otherwise, to the fullest extent permitted by law.

**Behavior and Conduct:**

I understand that my child is expected to follow all rules, guidelines, and safety protocols established by Girls Inc. of Carpinteria during field trips and while using transportation. If my child's behavior is disruptive or unsafe, I understand that I may be contacted to pick up my child before the trip ends.

By signing below, I acknowledge that I have read and understood this consent form and I give permission for my child to participate in all field trips and transportation activities organized by Girls Inc. of Carpinteria for the duration of the program year.

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

GIRLS INC. OF CARPINTERIA  
SUNSCREEN APPLICATION CONSENT & WAIVER  
2025-2026

## SUNSCREEN APPLICATION CONSENT AND WAIVER

## Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child): \_\_\_\_\_

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at Girls Inc. of Carpinteria to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

**Sunscreen Consent:**

I, the undersigned, as the parent or legal guardian of the child named below, give permission for Girls Inc. of Carpinteria staff to apply sunscreen to my child as needed while they are attending daycare. I understand that sunscreen will be applied prior to outdoor play and during other activities where sun exposure is likely.

**Sunscreen Type:**

I acknowledge that the sunscreen used by Girls Inc. of Carpinteria is Supergoop! Sunscreen, which is a SPF 30. If my child has any known allergies or skin sensitivities, I will notify the daycare staff and provide my own sunscreen if needed.

**Waiver and Release:**

By signing below, I agree to release Girls Inc. of Carpinteria, its officers, employees, and volunteers from any liability related to the application of sunscreen. I understand that the sunscreen will be applied by trained staff, but I acknowledge that it is my responsibility to ensure my child is provided with any necessary medical information regarding skin sensitivities, allergies, or special instructions regarding sunscreen.

**Parent/Guardian Responsibility:**

I understand that it is my responsibility to:

- Provide any sunscreen preferences or medical instructions related to sunscreen use for my child.
- Ensure that my child is wearing appropriate clothing and protective accessories (such as hats or sunglasses) for sun protection during outdoor activities.

I have checked all applicable information regarding the type and use of sunscreen for my child:

☐ I do not know of any allergies my child has to sunscreen.

☐ Staff may use the sunscreen of their choice following the directions or recommendations on the bottle.

☐ I have provided the following brand/type of sunscreen for use on my child:

☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

**Parent/Guardian full name (print):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

|                                                             |     |                                                                  |
|-------------------------------------------------------------|-----|------------------------------------------------------------------|
| CHILD'S NAME                                                | SEX | BIRTHDATE                                                        |
| PARENT / AUTHORIZED REPRESENTATIVE NAME                     |     | DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD? |
| PARENT / AUTHORIZED REPRESENTATIVE NAME                     |     | DOES PARENT / AUTHORIZED REPRESENTATIVE 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)*

N/A FOR SCHOOL AGE CHILDCARE

### 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)

N/A FOR SCHOOL AGE CHILDCARE

## PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

|                                                                                                       |                         |                                                                                                           |                                         |
|-------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 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/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

**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  
Santa Barbara Regional Child Care Office

ADDRESS  
6500 Hollister Ave., Suite 200, MS 29-09

| CITY   | ZIP CODE | AREA CODE/TELEPHONE NUMBER |
|--------|----------|----------------------------|
| Goleta | 93117    | (805) 562-0400             |

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 93013

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



# 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://ccld.ca.gov/contact.htm>.

**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: Santa Barbara Regional Child Care Office

Licensing Office Address: 6500 Hollister Ave., Suite 200, MS 29-09

Licensing Office Telephone #: (805) 562-0400

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](http://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.

\_\_\_\_\_  
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](http://www.meganslaw.ca.gov)

LIC 995 (9/08)



## 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 Inc. 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 **2025-2026 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, 2026**.

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