



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# A PLACE TO GROW.

**Licensed Infant Care @ Uptown Whittier Y**  
**6 Weeks to 24 Months | LIC#198020671**

The YMCA's Infant program focuses on nurturing their development by providing a safe place to learn foundational skills, develop healthy and trusting relationships, and build self-reliance. We can help you care for them in a way that sets them up for success in preschool and life.

**Location:**

Uptown Whittier YMCA  
12510 Hadley Street  
Whittier, CA 90601

**Hours:**

6:30 am - 6:30 pm

One Time Registration  
Fee: \$100

Weekly Rate	Member	Non - Member
5 Days	\$250	\$325
3 Days	\$220	\$290
2 Days	\$200	\$260

Leticia Febres | 562.392.6483 | lfebres@ymcawhittier.org  
[www.ymcawhittier.org](http://www.ymcawhittier.org)



**YMCA Childcare Enrollment Packet: Infants 2023-2024**

Child's Legal Name \_\_\_\_\_ Child's Preferred Name \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Requested Start Date at the YMCA \_\_\_\_\_

Formula? Yes \_\_\_\_\_ No \_\_\_\_\_ Breastmilk? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Select Program:**

\_\_\_\_ 5 Full Days

\_\_\_\_ 3 Full Days\* M T W TH F

\_\_\_\_ 2 Full Days\* M T W TH F

\_\_\_\_ Part Time: 8am-12pm

\*(Please select the days per week that your child will be attending)

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Parent's Date of birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Parent's Date of birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

**Responsible Party Information,**

The "**Responsible Party**" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing Releases, authorizing individuals to sign in/out the child's participation in the program.

Responsible Party's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACTS AND PICK UP AUTHORIZATION

The following individuals have my **unrestricted** permission to sign my child out from the YMCA of Greater Whittier Infant &/or Preschool childcare program and can be contacted in an emergency when I cannot be reached. Please notify the Program Director in advance in writing or by phone if an individual not listed will be picking up your child.

**Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

**RESTRICTED PICK UP:** The following individuals are **restricted** from signing my child out from the program due to a court-issued restraining order. (**A certified copy of the official court documentation must be kept in child's file**)

**Name:** \_\_\_\_\_ **Date of court order:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of court order:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of court order:** \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE INFORMATION

I/We, the parents of \_\_\_\_\_, give consent to the YMCA of Greater Whittier to secure medical treatment for my/our child should there be an emergency. I/We give consent for those listed as pick-up and emergency contacts to act on my behalf until I/we are available. I/We, accept responsibility for any and all expenses incurred in securing emergency medical treatment for my/our child. The YMCA of Greater Whittier does not carry accident insurance. I/we, know it is my/our responsibility to provide the YMCA of Greater Whittier with my child's health insurance information.

**HEALTH INSURANCE NAME** \_\_\_\_\_ **POLICY NUMBER** \_\_\_\_\_

**NAME OF PARENT COVERED BY INSURANCE:** \_\_\_\_\_

**CHILD'S PHYSICIAN NAME:** \_\_\_\_\_

**PREFERRED HOSPITAL** \_\_\_\_\_

Print Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFANT CHILDCARE PROGRAM ADMISSIONS/FINANCIAL AGREEMENT

**CHILD'S NAME:** \_\_\_\_\_

At the YMCA of Greater Whittier, we believe all kids deserve the opportunity to discover who they are and what they can achieve. The following is an admissions and financial agreement between you and the YMCA of Greater Whittier.

**As the parent or legal guardian of the above-named child, I understand, agree to and/or acknowledge the following:**

- ❖ A nonrefundable registration fee is due at the time of enrollment depend on my child enrollment status and is charged EVERY Fall.
- ❖ That the weekly fee is an automatic transfer from my account and is due EVERY Monday.
- ❖ I understand that if my child will not be attending for a week (Monday-Friday) and I submit the Schedule Adjustment Request; I will be charged a vacation rate of 50% of my standard weekly fee.
- ❖ I understand that the weekly fee is **NOT** prorated for missed days.
- ❖ I understand that if my automatic draft payment is invalid or declined, I will be charged a \$25 NSF fee.
- ❖ That nonpayment of fees will result in my child not being allowed to participate in the program and unable to receive transportation from the YMCA. Nonpayment could result in legal referral with additional costs to myself. I further understand there is an administrative fee for any payment returned by my bank for any reason.  
**Payment and NSF fees must be paid immediately.**
- ❖ That if payment arrangements are necessary, I will contact the YMCA Program Director immediately.
- ❖ That it is my responsibility to inform the YMCA Program Director of any changes in my bank account information.
- ❖ That any financial changes will be announced to families with a minimum 30-day notice.
- ❖ That in the event that I choose to withdraw my child from the program; it is my responsibility to give the YMCA Program director a **completed Childcare Cancellation Form**
- ❖ **The weekly automatic transfer will continue until the end of the program or the date of my notice of childcare cancellation form is confirmed.**
- ❖ I will receive either a call or electronic correspondence verifying my child's final date of enrollment and any remaining charges.
- ❖ If my child is withdrawn from program and subsequently re-enrolls, a new registration fee is due at that time. All payments are due in advance of services provided.
- ❖ That if I pick my child up after 6:30pm I will be charged a late pick up fee. **Late fees are due immediately upon pick up or will be immediately debited from my account.**  
    ➤ **Each violation will result in \$1.00 per minute**  
    **Any late pick up after the first violation could result in dismissal from the program**
- ❖ I understand the weekly fee will not be prorated on days the program is closed in observance of National Holidays.

## INFANT CHILDCARE PROGRAM ADMISSIONS AGREEMENT

CHILD'S NAME: \_\_\_\_\_

**As the parent or legal guardian of the above-named child, I understand, agree to and/or acknowledge the following:**

- ❖ That I, authorize the YMCA of Greater Whittier and its staff to take my child on walking trips, excursions, and field trips in YMCA vehicles or as a passenger in any vehicle owned or leased by the YMCA of Greater Whittier. I understand that field trips either by walking or in YMCA vehicles or charter buses are part of the Child Care / Enrichment/Preschool program activities. Additional permission slips may apply
- ❖ I understand that I/any authorized person will be asked to show photo identification when I/they pick up my child if the staff cannot visually verify my/their identity.
- ❖ Any authorized person **MUST be 18 years or older with valid photo identification** in order to pick up my child.
- ❖ That staff and volunteers are not allowed to babysit or transport my children at any time outside of the YMCA program.
- ❖ That it is my responsibility to notify my Program Director of any changes that may affect my child's conduct while attending the program.
- ❖ That I will be notified if my child becomes ill while attending the program. If the program staff is unable to reach me, or I am not able to come to pick up my child, I authorize the Program Director and/or the staff to call one of the persons authorized to pick up my child from the YMCA within an hour.
- ❖ I understand that if my child has a contagious condition such as pink eye, ringworm, lice, etc. my child must be picked up immediately and will not be able to return to the program until the condition is no longer contagious. The Y has a NO NIT policy; and I may be asked to provide a doctor's note stating that my child is free of lice, nits or any other ailments before being allowed to return to program.
- ❖ If my child is sent home due to illness I will receive the outlined illness policy and a tentative return date dependent on the conditions of the stated illness.
- ❖ That my child will not be allowed to attend program if he/she is ill.
- ❖ I understand all children will take advantage of outdoor activities weather permitting daily
- ❖ It is my responsibility that my child be signed in **NO** later than 9:00 A.M everyday.
- ❖ I understand my child **MUST** wear close-toed-heeled shoes every day.
- ❖ I understand the YMCA program staff can administer medication to my child in accordance with individual state childcare licensing regulations (Please see Family Handbook for further information).
- ❖ I understand the YMCA, or the Program staff is not responsible or financially liable for loss of personal items listed but not limited to lunch boxes, sweaters, jackets, cell phones, toys, or electronics. That items brought from home such as toys, money etc., are not allowed unless otherwise stated for special events.
- ❖ That registration fees and payments are non-refundable. Refund requests will be reviewed on a case-by-case basis. Vouchers may be issued for future YMCA of Greater Whittier programs. Monetary refunds are not permitted.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

## INFANT CHILDCARE PROGRAM ADMISSIONS AGREEMENT

- ❖ That for the safety of my child staff may have no recourse but to contact the police should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol.
- ❖ That the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- ❖ That my child's file is available for review by the Department of Social Services and Community Care Licensing and their representatives may interview my child without prior parental/guardian permission. Law enforcement personnel may also request information in your file and may interview your child if necessary.
- ❖ **I understand the YMCA may terminate my child's enrollment for any of the following reasons but not limited to:**
  1. Parent is late picking up child after program center closes or when requested to pick up child.
  2. Non/Late/NSF payment of fees.
  3. Child leaving program center without authorized written permission.
  4. Failure to follow sign in/out policies, including leaving –drop off child at center without sign in/out.
  5. Failure to notify YMCA that child will be absent.
  6. Behavior that is destructive to property and/or refusal to replace said property.
  7. Behavior that is continually disruptive or dangerous to others and/or self.
  8. Any single incident that is deemed by the Director to be dangerous, harmful, or disruptive.
  9. Harassment, aggressive, and violent behavior, or threat of such behaviors against a staff person or other member by parent/guardian or other persons associated to the child.
  10. Incorrect emergency names and phone numbers.
  11. Any other instance as outlined in the Corrective Action Policy (located in the Family Handbook)
- ❖ I understand that if my child has not been picked up by 6:30 pm and the YMCA staff has not been able to contact me or any of the authorized persons listed in my child's enrollment packet the staff member will contact local authorities to determine if any problem related to the parent has been reported.
- ❖ If my child has not been picked up by 7:15 pm my child will be turned over the Los Angeles Sheriff Department or local authorities to follow the California Child Abandonment Law
- ❖ I understand if my child's school has a special event such as field trips, changes on dismissal time, etc. it is my responsibility to contact the program director to ensure proper arrangements regarding transportation are made.
- ❖ That I have received a copy of the YMCA Family Handbook and will comply with policies set forth. I further acknowledge that I have received copies of the following documents required by the State of California, Community Care Licensing: "Parents Rights" "Personal Rights", "Parent Handbook", "Fees Page" and "Acknowledge of Receipts of Licensing Reports".

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFANT CHILDCARE PROGRAM ADMISSIONS AGREEMENT

Inspection Authority by Community Care Licensing Any duly authorized officer, employee, or agent of the Department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with, or to prevent a violation of, this act or the regulations adopted by the Department pursuant to the act, in accordance with Health and Safety Code, Section 1596.852.

The inspection authority includes, but is not limited to:

- Investigating complaints of unlicensed care
- Interviewing staff and children Observing the physical condition of children in care
- Auditing and copying facility records

During inspections, areas that are deemed off limits on a facility sketch are not generally inspected.

However, when children are present or suspected to be in an area designated as "off limits," inspection of these areas are necessary and permitted in order to determine the adequacy of care and supervision. If an off-limits area contains any item(s) that is to be inspected by the Department such as: firearms, ammunition, medication, toxins, etc., then the area is no longer off limits.

### CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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

1. Enter and inspect the childcare 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 childcare 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 childcare 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 childcare 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 – Monterey Park**

**Licensing Office Address: 1000 Corporate Drive 200-B Monterey Park, CA 91754**

**Licensing Office Telephone: 323-981-3358**

7. Be informed by the licensee, upon request, of the name and type of association to the childcare 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

### CHILD'S 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.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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#### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his or her personal representatives, assignees, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of the releases or otherwise while in, upon or about the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Parent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name(s) of Child(ren) in Program

\_\_\_\_\_  
Name(s) of Child(ren) in Program



## CHILD'S MEDICAL HISTORY

Child's Name \_\_\_\_\_

**Will my child need medication within 24 hours period? YES\_\_\_\_\_No\_\_\_\_**

if **YES**, please provide the program director with written instructions as well as 24 hours supply of the medication. Medication label must match age/dose requirements in relation to child.

**Does your child take prescribed medications? YES\_\_\_\_\_NO \_\_\_\_\_**

**YES**, what kind? (Permission to medicate form required) \_\_\_\_\_

**Does your child have any allergies (food, medication, environment)? YES\_\_\_\_NO**

If YES please list allergies: \_\_\_\_\_

Describe allergic reaction: \_\_\_\_\_

**Does your child have any special needs or need special accommodations? YES\_\_\_\_NO\_\_\_\_**

If yes, please explain: \_\_\_\_\_

**Please list any problems/fears your child may have:** \_\_\_\_\_

**Does your child have any of the following?**

Diabetes, Epilepsy, Hay fever, Asthma? YES\_\_\_\_\_NO\_\_\_\_

If yes, please describe: \_\_\_\_\_

If your child has diabetes is your child in need of medication while he/she is in our care? \_\_\_\_\_

If your child suffers from asthma, please tell us how we can help your child in the case of an asthma attack while he/she is in our care? \_\_\_\_\_

**Is your child current on the following immunizations:**

**Chicken Pox, Rheumatic fever, Whooping cough, Mumps, Poliomyelitis, Rubella,TB.**

**YES\_\_\_\_\_NO\_\_\_\_\_**

**Date of last Tetanus shot:** \_\_\_\_\_ **Date of last Physical:** \_\_\_\_\_

**Physician's name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**CHILD'S HEALTH STATEMENT:** As the parents/guardian of the above-named child, I, the under-signed, assert that the information above is true and correct and understand that at the YMCA Child Care program physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and need no restrictions (except what is listed above) from strenuous activities. If I have any questions regarding my child's health, I understand that is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities.

**Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PARENT / CHILD QUESTIONNAIRE

Child's Name \_\_\_\_\_

Predominant language spoken at home:

English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Please share with us some of your families favorite evening or weekend activities \_\_\_\_\_

Describe your child's interest or hobbies \_\_\_\_\_

Please describe your child's favorite game within a group \_\_\_\_\_

Please describe your child's favorite game alone \_\_\_\_\_

Please describe your child's fears or phobias. \_\_\_\_\_

Please describe your child's temperament \_\_\_\_\_

Please describe your child's strengths \_\_\_\_\_

**Please check the areas where your child could benefit from extra time spent:**

Learning to make friends \_\_\_\_\_

Small motor skills (cutting, writing) \_\_\_\_\_

Solving /dealing problems \_\_\_\_\_

Getting along with other children \_\_\_\_\_

Large motor skills (running,jumping) \_\_\_\_\_

Self Esteem \_\_\_\_\_

Please describe your child's swimming ability:

Beginning \_\_\_\_\_ Intermediate \_\_\_\_\_ Advance \_\_\_\_\_

Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA OF GREATER WHITTIER**  
**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND**  
**INDEMNITY AGREEMENT**

Adult Member/Participant Name (Please Print): \_\_\_\_\_  
Child Member/Participant Name (if applicable): \_\_\_\_\_

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Whittier (the "YMCA") and/or for my children listed above to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in Los Angeles County, California. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Department of Public Health (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe.

The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.



I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

**Signature:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

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

**Emergency Contact Number:** \_\_\_\_\_



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FOR HEALTHY LIVING  
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## CHILDCARE ELECTRONIC PAYMENT AUTHORIZATION FORM

### WEEKLY DRAFT – Every Monday

CHILD'S NAME: \_\_\_\_\_ Program: \_\_\_\_\_ Weekly Charge: \$ \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Program: \_\_\_\_\_ Weekly Charge: \$ \_\_\_\_\_

ACCOUNT HOLDER		
First Name	Last Name	YMCA Member ID#

BANK ACCOUNT OPTION	PLEASE CHECK ONE:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
Routing Number (9 digits)	Account Number	Bank Name (indicate state if other than CA)	

CREDIT CARD ACCOUNT OPTION		I understand and agree to an additional 3% fee by opting to use a credit card as a form of recurring monthly payment.	
PLEASE CHECK ONE:		<input type="checkbox"/> VISA	<input type="checkbox"/> MC
Account Number		Expiration Date (MM/YYYY)	
Card/Bank Issuer			

By signing this form, I hereby authorize the YMCA of Greater Whittier to initiate debits to the bank account/credit card listed above. The automatic Transfer System is an on-going payment plan. Child Care/Preschool fees may increase, and members will be notified in writing prior to increase. The increased amount will automatically be withdrawn from debit card account, checking, or savings account. It is the parent's responsibility to reconcile automatic withdrawals on his/her account. It is also the parents' responsibility to check bank statements carefully and to report any discrepancies to the YMCA immediately.

If the parent wishes to discontinue the Child Care/Preschool program, they must process a stop payment in person at the YMCA as follows:

By filling out a cancellation form 1 weeks prior to draft date with written notification that you are removing the child from program.

All Cancellations must be done in person at the YMCA of Greater Whittier. Cancellations will not be accepted over the phone. If you choose to remove your child without notifying the center, you will still be held responsible for your next 2 weekly charges.

Please update the YMCA regarding any credit cards reported lost or stolen, expiration date changes, and address changes. In-person updates must be received by the Wednesday before the draft to allow for processing time.

In the event that your financial institution returns your weekly transfer as "Insufficient Funds," there will be a service fee of \$25 for returned items. I understand that I am agreeing to the terms listed in the cancellation policy of the YMCA of Greater Whittier.

I understand it is my responsibility to check my account for YMCA transactions. I will notify the YMCA within 60 days of the transaction date of any transaction that appears to be in error. The transaction will be investigated and corrected if necessary.

I (we) hereby authorize the YMCA of Greater Whittier to initiate weekly debits from the bank/credit card listed above, hereinafter to debit the amount indicated below from my checking/savings or credit card account. This authority is to remain in full force and effect until the YMCA or BANK has received written notification from me of its termination in such manner as to afford the YMCA or BANK a reasonable opportunity to act on it; or until the YMCA or BANK has sent me/us 30 days written notice of the YMCA's or Bank's termination of this agreement.

I have read the terms of the automatic transfer system and will take full responsibility for the on-going payment program. The YMCA OF GREATER WHITTIER is not responsible for failure to cancel automatic withdrawals from my banking or credit account. The membership and joining fee are non-refundable and non-transferable.

Account Holder's Signature

Date

#### FOR OFFICE USE ONLY

Notes



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of:

- video film or footage of me,
- soundtrack recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA.
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_



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’S/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* MONTHS	BEGAN TALKING AT* MONTHS	TOILET TRAINING STARTED AT* MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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 childrer 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?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER

ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED? * <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AT WHAT STAGE: *	ARE BOWEL MOVEMENTS REGULAR? * <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS USUAL TIME? *
WORD USED FOR “BOWEL MOVEMENT” *		WORD USED FOR URINATION*	

PARENT’S EVALUATION OF CHILD’S HEALTH
---------------------------------------

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

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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**IDENTIFICATION AND EMERGENCY INFORMATION**  
**CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (     )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE (     )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE (     )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE (     )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE (     )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE (     )	BUSINESS TELEPHONE (     )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (     )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (     )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL☐ OTHER

EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

DATE LEFT

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

---

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

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

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

---

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

(     )

\_\_\_\_\_  
WORK PHONE

(     )



# PHYSICIAN'S REPORT—CHILD CARE CENTERS

## (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

### PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

YMCA of Greater Whittier . This Child Care Center/School provides a program which extends from 6 : 30  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:30 a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

### PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

\_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☐

Physician

☐

Physician's Assistant

☐

Nurse Practitioner

---

**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful, and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication, or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

1000 Corporate Center Drive 200-B

CITY

Monterey Park

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323) 981-3350

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)

YMCA of Greater Whittier - Infant

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

---

### PARENTS' RIGHTS

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

1. Enter and inspect the childcare 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 childcare 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 childcare 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 childcare center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address, and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1000 Corporate Center Drive Monterey Park, CA 91754

Licensing Office Telephone #: (323) 981-3350

7. Be informed by the licensee, upon request, of the name and type of association to the childcare 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)

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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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee. YMCA of Greater Whittier

\_\_\_\_\_  
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)**

## Letter to Parents (Nonpricing Program)

Dear Parent/Guardian:

The \_\_\_\_\_ child care center participates in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and serves meals at no separate charge to all enrolled children. The reimbursement received from the CACFP helps with our food costs, and therefore, enables us to keep our fees for care as low as possible.

Please help us comply with the requirements of the USDA CACFP. Please complete, sign, and return the attached meal benefit form (MBF) to the center as soon as possible. However, you are not required to submit the MBF to participate in the program. All children enrolled in our center receive their meals at no separate charge, but the determination of eligibility category affects the amount of funding received by our center. This information is necessary to receive the reimbursement for the meals we serve to children in our program. If your first language is not English, you have a right to ask us for written or oral translation of these materials free of charge in your native language.

If your household currently receives benefits under the CalFresh Program (formerly Food Stamps), the California Work Opportunity and Responsibility for Kids (CalWORKs), or the Food Distribution Program on Indian Reservations (FDPIR), you only need to list your current CalFresh, CalWORKs, or FDPIR case number on the MBF. You must also have an adult sign and date the MBF.

However, if your household does not receive benefits under CalFresh, CalWORKs, or FDPIR, please complete the MBF and make sure you:

- Provide the names of all household members and their income by source; and
- Have an adult sign, date, and provide the last four digits of their Social Security number (SSN) or check the box Check here if no SSN (only if the adult does not have an SSN).

### For All Households

The USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the MBF must include the gross income of all members of your household by source.

The income you report must be the total gross income received last month, listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last year's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Eligibility Guideline chart, the center receives a higher level of reimbursement for meals served to your child(ren).

Once properly approved for free or reduced-price benefits, whether through income or proof of benefits as supported by a current CalFresh, CalWORKs, or FDPIR case number, your child(ren) will remain eligible for those benefits for 12 months.

## **Foster Children**

For households with foster children, please contact us for additional information.

## **Confidentiality of Information on the Meal Benefit Form**

We will use the information on the form to decide the level of reimbursement our center is eligible to receive. We will place the MBF in our food program files and keep the information confidential. Only upon your request will we share the information on your form with officials of other child nutrition, health, and education programs so they can use it to determine benefits for those programs.

Thank you for your cooperation. If you have any questions or need assistance in filling out the MBF, please contact:

**Center Representative:**

**Phone Number:**



## **Income Eligibility Scale**

Effective from July 1, 2023, through June 30, 2024.

### **Centers Reduced-price and Day Care Home Tier I Scale**

<b>Household size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice per month</b>	<b>Every two weeks</b>	<b>Weekly</b>
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add	\$9,509	\$793	\$397	\$366	\$183

The term household means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

**This scale does not apply to households that receive CalFresh, CalWORKs, or FDPIR. Those children are automatically eligible for free meal benefits.**

## Meal Benefit Form for Children Program Year

Name of Child Care Center:

Please read the instructions. If you need help completing this form, please call:

Complete, sign, and return this form to:

### 1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

### 2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number:

CalWORKs Case Number:

FDPIR Case Number:

### 3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

Check here if this household receives no income. Skip to Section 4.

Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

<b>Names of all household members, including child(ren) listed above</b>	<b>Earnings from work before deductions</b>	<b>Child support, alimony</b>	<b>Payments from pensions, retirement, Social Security</b>	<b>Earnings from any other income</b>
<i>Example: Janet Smith</i>	<i>\$200/weekly</i>	<i>\$150/twice a month</i>	<i>\$100/monthly</i>	<i>\$0</i>

#### 4. Last Four Digits of Social Security Number (SSN) and Signature

**Penalties for misrepresentation:** I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:

Last Four Digits of SSN:

Check Here if No SSN:

Signature of Parent or Guardian:

Date:

### **Privacy Act Statement**

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs), Program or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

### **5. Racial/Ethnic Identity**

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

If you choose to do so, please mark one of the following ethnic identities:

Hispanic or Latino

Not Hispanic or Latino

**For Agency Use Only**

**Categorical Eligibility:**

CalFresh/CalWORKS/FDPIR household categorically eligible?      Yes      No

Foster child automatically eligible free?      Yes      No

**Income Eligibility:**

Annual Conversion (required if household reports various pay frequencies in Section 3):  
Weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Household Income and Frequency:                      per

Household Size:

**Eligibility Classification:**

Eligibility Classification:      Free      Reduced-price      Base

Determining Official Name:

Determining Official Signature:    Date:

## How to Complete the Meal Benefit Form

### 1. Child Information

- a. Print your child's name.
- b. Indicate **yes** to the right of a child's name if they are a foster child.

### 2. Benefits: If you receive any benefits listed in this section, complete this section, and then skip to Section 4 and sign the form.

- a. List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
- b. Sign the form in Section 4. An adult household member must sign. You do not have to list an SSN.

### 3. All Other Households: Complete this section only if you do not have a case number for the benefits listed in Section 2.

- a. Complete this section and sign the form in Section 4. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.
- b. Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
- c. If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
- d. Sign the form and include the last four digits of your SSN in Section 4. If you do not have an SSN, place a checkmark next to **No SSN**.

### 4. Last Four Digits of SSN and Signature:

- a. The form must have a signature of an adult household member.
- b. The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, they will place a checkmark next to the No SSN line.
- c. The last four digits of the adult household member's SSN is not needed if a CalFresh, CalWORKs, or FDPIR case number is provided.



- 5. Racial/Ethnic Identity:** You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

## **Income to Report**

### **Earnings from Work**

- Wages, salaries, or tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment

### **Child Support or Alimony**

- Public assistance payments
- Alimony or child support payments

### **Pensions, Retirement, or Social Security**

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

### **Other Monthly Income**

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, or net rental income
- Military allowance for off-base housing
- Any other income

## **Description of Racial and Ethnic Categories**

The federal government has established the following five racial categories and two ethnic categories:

### **Race:**

**American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

**Black or African American**—A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### **Ethnicity:**

**Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino**

## **U.S. Department of Agriculture (USDA) Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. Fax: (833) 256-1665 or 202-690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**



# YMCA of Greater Whittier Biting Policy

Biting is, unfortunately, not uncommon for children. Some children communicate through this behavior. However, biting can be harmful to other children and to staff. This biting policy has been developed with both of these ideas in mind.

As a childcare provider, we understand that biting, unfortunately, does occur. Our goal is to help identify what is causing the biting and resolve these issues. If the issue cannot be resolved, this policy serves to protect the children that are bitten. If a biting incident occurs, state regulations require that the parent of the child biting and the parent of the child who was bitten be contacted. Names of the children are not shared with either parent.

## **When Biting Does Occur:**

Our staff strongly disapproves of biting. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior.

If a child bites more than 3 times in a 30 day period they may be removed from the program.

## **For the child that was bitten:**

1. The teacher will comfort the child. First aid is given to the bite. Ice will be provided and the area is to be cleaned with soap and water and covered with a bandage if needed.
2. The teacher will immediately notify the director staff, at which time parents are notified.
3. A Parent Communication form will be completed, documenting the incident.

## **For the child that bit:**

1. The child will be removed from the situation.
2. The teacher will explain to the child why biting anyone is not okay and explain to the child how they hurt their friend.
3. The parents are notified. If more than one biting incident occurs in a day the child will be sent home.
4. A Parent Communication form will be completed, documenting the incident.
5. A conference with the Director will be scheduled to discuss any concerns/questions and possible solutions.

## **When Biting Continues:**

1. If personnel is available, the child will be shadowed to help prevent any further biting incidents.
2. The child will be observed by the classroom staff to determine what is causing the child to bite. The administrative staff may also observe the child if the classroom staff is unable to determine the cause.
3. The child will be given positive attention and approval for positive behavior.
4. The Director will ensure the teacher has adequate resources and training necessary to keep the children active and engaged in supervised activities.

### **Second Bite**

1. The Director will call the parent to pick up the child for the remainder of the day. And the child will be suspended from the program for one additional day.
2. The Director will schedule a conference with the parents of the child who is biting to develop a plan for home and the center to stop the biting.

### **When Biting Becomes Excessive:**

1. After all preventative steps have been tried by the staff members, if the child bites for the third time the Director will call the parent to pick up the child.
2. Chronic biting will require that a child be withdrawn from the program For at least 30 days. If a child is suspended, the parent will be informed that the child may return to the center after the 30 - 60 day period and the biting is abated.
3. If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from the program permanently.

***By signing this form, you acknowledge and agree to the Biting Policy set forth by The YMCA of Greater Whittier***

\_\_\_\_\_  
**Parent's Name**

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

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

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

# Infant/Toddler Needs and Services Plan

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #1 Name : \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

***This plan is completed at the time of enrollment and updated every 3 months until the child is two years of age. Parent/guardian and teacher initial and date every change and update to the original plan.***

## **Bottle Feeding Plan**

Formula \_\_\_\_\_ Breast Milk \_\_\_\_\_

Does your child use a bottle? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child drink from a Sippy cup? Yes \_\_\_\_\_ No \_\_\_\_\_

What temperature does your child drink their milk? Warm \_\_\_\_\_ Cold \_\_\_\_\_

What brand of formula? \_\_\_\_\_

How many ounces does your child usually drink at a feeding? \_\_\_\_\_

How often does your child drink their milk? \_\_\_\_\_

What is the longest period of time you allow your child to go between feedings? \_\_\_\_\_

Describe how/what position your child likes/needs to be fed \_\_\_\_\_

## **Feeding Schedule**

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

## **Solid Foods**

***We practice the following sequence for the introduction of solid foods, as recommended by the state: formula/breast milk (1-12 months); infant cereal (4-6 months); vegetables, fruits and their juices (5-7 months); protein foods (6-9 months).***

Is your child eating solid food at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe what types of food (type of cereal, types of baby foods or table foods): \_\_\_\_\_

Does your child have any known food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list: \_\_\_\_\_

Please describe symptoms of a reaction: \_\_\_\_\_

## **Solid Foods Schedule**

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

***Monthly menus, reflecting food served each day, are always posted and available to parents/guardians.***



## **Sleeping/Napping**

How many times per day does your child nap? \_\_\_\_\_

When during the day does your child typically nap? \_\_\_\_\_

For how long does your child usually nap? \_\_\_\_\_

How do you know when your child needs a nap? \_\_\_\_\_

How do you help your child to sleep?(Rocking, holding, with a bottle, etc.) \_\_\_\_\_

What equipment does your child sleep in? \_\_\_\_\_

Does your child use a pacifier? Yes\_\_\_ No \_\_\_\_

Can your child roll from back to front? Yes\_\_\_\_\_ No\_\_\_\_\_

Any special instructions/medical exemptions regarding your child's sleep routine?

*Infants under 12 months are placed to sleep on their backs (to reduce the risk of SIDS). This requirement does not apply if the infant has a written medical exemption from a licensed physician that allows for an alternative sleep position.*

## **Sleeping Schedule**

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

## **Toileting/Diapering**

Is your child toilet trained? Yes\_\_\_\_\_ No\_\_\_\_\_ Please describe your child's progress:\_\_\_\_\_

What words do you use for toilet training?\_\_\_\_\_

Do you have any special instructions regarding your child's diapering? Yes or No If yes, please describe:\_\_\_\_\_

*Please note that parents/guardians must provide diapers, wipes and any ointments required each day.*

## **Other**

Does your child require any special accommodations not covered by this plan?

\_\_\_\_\_ Do  
you have any additional requests or instructions for the care of your child?

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

Director Signature:\_\_\_\_\_ Date:\_\_\_\_\_

\*\*\*\*\*

Date plan reviewed/updated:\_\_\_\_\_ Parent/Guardian initials:\_\_\_\_\_ Director initials:\_\_\_\_\_

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

Date plan reviewed/updated:\_\_\_\_\_ Parent/Guardian initials:\_\_\_\_\_ Director initials:\_\_\_\_\_

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

Date plan reviewed/updated:\_\_\_\_\_ Parent/Guardian initials:\_\_\_\_\_ Director initials:\_\_\_\_\_

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



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### **AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT**

Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant

The YMCA OF GREATER WHITTIER has my permission to apply the following non-prescription topical skin product to my child, \_\_\_\_\_.  
(Name of Child)

Product Name: (specific Parent provided)

\_\_\_\_\_

YMCA provided sunscreen: Brand may vary/30 SFP

Known Adverse Reactions (if any):

\_\_\_\_\_  
\_\_\_\_\_

The product must be in the original container and, if provided by the parent, labeled with the child's name

Manufacturer's instructions for application must be followed

Parents must be informed immediately of any adverse reaction

The product must not be used beyond the expiration date of the product

Sunscreen must have a minimum sunburn protection factor (SPF) of 30

This authorization is effective until: \_\_\_\_\_ (the effective period must not exceed one calendar year from the date of the parent's signature below).

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

#### **UPTOWN WHITTIER YMCA**

12510 E. Hadley Street, Whittier, CA 90601-3942 P 562-907-6530 F 562-907-6527 www.ymcawhittier.org

**INDIVIDUAL INFANT SLEEPING PLAN**

Date of plan: \_\_\_\_\_

**SECTION A: INFANT'S INFORMATION**

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

**SECTION B: SLEEPING ENVIRONMENT INFORMATION**

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes   _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If <b>yes</b> , brand: _____

**SECTION C: INFANT'S ABILITY TO ROLL**

My child, \_\_\_\_\_ is able to roll from their back to their stomach and stomach to their back beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Authorized Representative Signature	Date
-------------------------------------	------

**SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE**

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

**SECTION E: MEDICAL EXEMPTION**

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

**I certify that all information contained in this form is complete and accurate to the best of my ability.**

Authorized Representative Signature

Date