

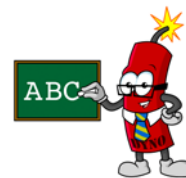


City of Hercules – Parks & Recreation Department

Child Picture here for emergency.



Preschool Program School Year 2024-2025



Emergency packet forms will now be online. You will get an Invitation to fill out your forms with a deadline to complete.

#B - Installment Billing Cycle	Days	Times	Resident Discount	Rate
Little Dynos 3's Y class	T.TH	9:00am -11:30am	\$173	\$213
Pre-K Multi-Age 3.5 & 4Y mixed age.	M.W.F	9:00am - 12:00pm	\$264	\$322
JR. Kinder 4's & 5's Y	M-TH	8:45am - 11:45am	\$336	\$406

Little Dynos 3's - #83410

Pre-K Multi-Age 3.5 & 4Y mixed age - #86122

JR. Kinder 4's & 5s Y - #86143

Registration Form: Child Information-one form per child. Recent photograph of child – wallet size - **Required**. You need to send a healthy snack. **Nut/Peanut Free Zone**. Children must be completely potty trained prior to the first day of class. No pull-ups your child will be dropped if he/she has pull ups.

Child Name:	Gender: Male / Female - Circle one
Address:	All 3-year-olds must be 3 years old by: August 5,2024.Children must be the correct age on the first day of class. Age of your child as of 9.01.24 _____ Date Birth _____.
City, State, Zip:	On-Going/Current Medical Issues: Yes / No Children with Special Needs : All children are welcome, but your child cannot require one-on-one attention. Prior to enrollment, you need to contact the Recreation Manager to discuss the appropriateness of the child's placement.
Primary Parent/Guardian Name	Alternative Contact Person
Name:	Name:
Primary Contact number: Required	Alternative Contact number: Required
Address: If different from above.	Address: If different from above
City, State, Zip: If different from above.	City, State, Zip: If different from above.
Primary Email address: Please make sure you have the correct email ,this where your forms will be sent. Required	Alternative Email address:



City of Hercules – Parks & Recreation Department

Preschool School Year 2024-2025

At registration you must have a complete registration form; in addition to this is the Physician's report which is attached. You can get this filled out and must be returned no later than July 11, 2024. Enrollment also requires a copy of birth certificates with packet which you will attach to the Emergency packet when filling out online.

Payment Options

Billing Issues: Please read the Fee/Installment Plan Information sheets for details on paying options and saving. Rates are paid per payment option plans, first payment due at registration. You must provide an email address. The City of Hercules will not contact any other person except the parent/guardian on the registration form regarding billing issues. Community Swim Center office hours 8:30a – 5:00p, Monday – Thursday and the contact number 510.799.8291.

The registration fee is for both options = \$109.00 at enrollment and it's non-refundable and non-transferable. Fees are based on the days in session only.

There is an \$80 dollar per child withdrawal fee if you drop early before the end of our school year program. Your household account will be billed if you do not pay this fee before the scheduled withdrawal date. (See Installment Plan form for those dates.) You must complete a Program change form and give the one-week notice. No refunds for any payment options after 3.4.2025.

Park & Recreation fees are adopted via Resolution by the City Council and are subject to change with 30-day notice.

Option #A 2 payments: 50% due at time of registration and 50% due by August 5, 2024. If you drop the program early, you will owe the \$99 to \$100 discount given for this option.

Option #B Installment Plan: This plan is 9 equal installment payments first one due at registration and ending on April 3, 2025. This fee option is due on the 5th of the installment cycle. The due dates and withdrawal dates are both on this form. See Installment Plan due dates for each cycle.



Admission Agreement:

- Children must be able to separate from their parents, and parents from their child.
Health Matters: You agree to a complete health screening of your child before coming to the program.
All preschool classes must have a minimum class requirement of 12 participants for each class.
This is a Recreation program as defined by the State, are exempt from licensing requirements but it is mandated.
I have received, read, and understood the Preschool registration information.

Parent/Guardian Signature

Date

OFFICIAL USE ONLY Please review birth certificate, must be 3 by August 5, 2024. Current Preschool families do not need to provide another copy. Payment Received:

Payment Option #: A / B Code: # C.C(last 4 #): Cash \$ Check #
Packet completed: Yes / No / Missing forms: (Must have Physician's report by 7.11.2024.)

Initials of staff: Notes:

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)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ 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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (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.



City of Hercules
Parks and Recreation Department

Automatic Credit Card Payment Authorization

The City of Hercules accepts Visa, MasterCard, and Discover for payments. If you would like to have your payment deducted automatically from your credit card, please sign and return this form when you register at the Hercules Community/Swim Center.

I authorize the City of Hercules Parks & Recreation Department to automatically deduct payment(s) from my credit card on file:

Parent/Guardian Name (Print) _____

Child's Name	Program	Site	Fee

One – Time fee _____
Your credit card payment authorization form will be destroyed after one-time deduction of credit card.

Weekly total fees _____ = _____ **Monthly total fees** _____ = _____

Credit Card Type: VISA MASTERCARD DISCOVER

Name as it appears on the credit card _____

Credit Card Number _____ Expiration date _____

CVV Number _____ Email Address (For Receipt) _____

Billing Address _____ Current cell number# _____

Signature _____ Date _____

This automatic payment form is only for the children and programs listed above. This does not give the Parks & Recreation Department permission to register your child into any classes, programs or camps that the department offers. You will have to take care of those registrations on a separate form. If you have changes to your credit card, you are required to come in to the Hercules Community/Swim Center to update information.

Return this form to:

2001 Refugio Valley Road, Hercules, CA 94547 or scan and email to PRregistration@ci.hercules.ca.us