

Berkeley Urban Garden School

FAMILY APPLICATION DATE _____

Child's Name _____ Male Female Birth Date _____

Child's Address _____
Street _____ City/State _____ Zip _____

Parent's Name _____ Parent's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

How did you hear about BUGS? _____

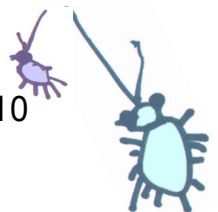
Hours Childcare is needed _____

Target Start Date _____

Parent Comments _____

BUGS welcomes families of all ethnic and racial backgrounds as well as diversity of family composition such as adoptive, gay and lesbian and one or more parent families.

For more information and to schedule a site visit call BUGS at (510) 548-1799



This agreement is between _____ (parent/guardian) and BUGS for the admission of _____ (child) to participate in child care and child development programming to begin _____.

PLEASE READ AND INITIAL:

I understand that the fee for service is \$_____ per month and I agree to pay the fee on the first of the month in advance of service for that month. There are no reductions in fees due to absences or school closures.

I understand that my child 's hours of attendance are based on agreed upon schedule created by parent and provider at time of enrollment. Should my child be dropped off before or picked up after agreed upon schedule I will be responsible for fee unless additional time has been approved by provider prior to schedule change.

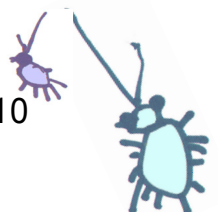
I understand that fees are considered late if paid after the 5th day of the month and that a late fee of \$10.00 a day per child will be assessed unless the director or provider has approved a written plan for a different arrangement. 30-day notice is required if the parent wishes to remove the child from the program. When 30-day notice is not given the parent is subject to paying the fee for that 30-day period.

I understand that BUGS strives to be inclusive and will work to adapt to the individual needs of families enrolled. Should the Director/Provider of BUGS determine, after careful consideration and earnest attention, that the program is not a good fit the child may be dismissed. BUGS will give a minimum of two week's notice prior to dismissing a child. Should this occur the unused portion of the fees paid will be reimbursed.

Possible reasons for dismissal:

- Failure to pay fees on time more than three times in one year
- Failure to pick up child at scheduled contracted hours three times in six months
- Unwillingness to partner with BUGS regarding positive discipline and guidance
- Inability of the program to meet the child's needs after following guidelines to help the child
- Parental use of abusive language or threatening demeanor at the program

continued on following page



- I understand that this facility is licensed by Community Care Licensing of the State of California and that this licensing function includes the authority:
 - To inspect and audit child and facility records without prior consent and to interview staff or children without prior consent
 - To observe the physical condition of child(ren) and to have a licensed medical professional physically examine the child(ren) should there be concerns regarding abuse neglect or inappropriate placement

- I acknowledge that I have received and read the Policy Guidelines, Educational Philosophy and School Calendar. I believe BUGS is a good fit for my family and agree to participate as outlined.

- I agree to work with the Director/Provider to accomplish my family's required volunteerism to help with Program activities, facility care and development, and fundraising.

- I understand that I am welcome to visit BUGS any time that my child is attending.

- I understand that I will be given thirty days written notice if BUGS modifies any of the conditions of this agreement.

NOTES:

Parent / Guardian

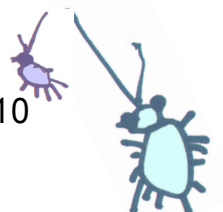
Date

Director / Provider

Date

Sign two originals; one for parent, one for program

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Berkeley Urban Garden School

FAMILY BACKGROUND

Child's Name _____ Date of Birth _____

Parent/Caregiver _____ Parent/Caregiver _____

Has child been in Child Care or before? No Yes Family Home Center

If Yes, what was it like: _____

Why did you leave? _____

HISTORY:

Birth: Vaginal Cesarean Complicated Term _____

Notes: _____

Siblings: Brothers - Age(s) _____ Sisters - Age(s) _____

Other people living in the home _____

Home language(s) _____

How would you say your child's health has been since birth? _____

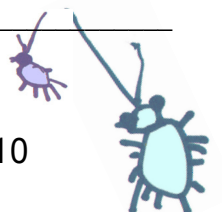
Does your child have any known allergies? No Yes , What? _____

Please check any health concerns you have noticed in you child:

- | | | |
|-----------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Shortness Of Breath |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Poor Hearing | <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Frequent Constipation | <input type="checkbox"/> Frequent Diarrhea |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Tooth Ache | <input type="checkbox"/> 4 Or More Colds Yearly | <input type="checkbox"/> Tires Easily |

Has you child ever been hospitalized? No Yes , Why? _____

Has /is your child participating in therapy or receiving services? No Yes , What? _____



Does your child play with other children at home and/or on the weekends? _____

Does your child play with: younger children No Yes / older children No Yes

How does your child get along with adults? _____

Describe your child's personality: _____

How does your child express anger? _____

How does your child express fear? _____

How does your child express anxiety? _____

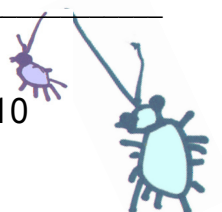
What do you want your child to get out of his or her experience at BUGS? _____

How can we help you in your role as a parent? _____

What else should we know about your child and your family? _____

Attach sheets as needed

Parent-Guardian Signature: _____ Date: _____



Berkeley Urban Garden School

FIELD TRIP PERMISSION

Child's Name _____

Date of Birth _____

There is a wealth of resources right in our neighborhood! At Berkeley Urban Garden School we like to take walks and visit area parks such as the George Florence Mini Park on Tenth Street between Allston and Addison Streets and Aquatic Park which runs parallel to Fourth Street between Channing and Addison Streets. From time to time we may take walking fieldtrips to other nearby destinations as well.

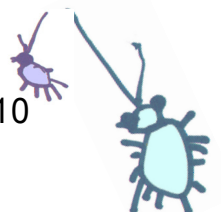
Notice of walking field trips will be posted near the sign in sheets so you can always know when we will be venturing beyond our classroom and yard. By signing this form you give permission for your child to participate.

Note: Any field trips that require transportation will have a separate detailed permission form for you to consider.

Parent Name: _____

Signature: _____

Date: _____



Berkeley Urban Garden School

PHOTO RELEASE

By signing below I provide BUGS permission to use photographs, videotaped images, or other images made of me and/or my child. I understand my child and/or my likeness could be used for publicity or educational purposes as part of printed materials, website, videos and wall art. I waive all claims for compensation for such use. I understand that when my child or my likeness is reproduced and published, names, locations and any other specific information will be withheld to protect my child and me.

Child's Name: _____

Parent's Name: _____

Signature: _____

Date: _____

