

SUMMER REGISTRATION FORM

2022 SUMMER SESSION: JUNE 20 – AUGUST 12 (8 weeks)

TURN IN REGISTRATION FORMS TO THE BCC FRONT COUNTER WHEN REGISTRATION STARTS:

- Registration starts May 2 at 10am for Brea residents (attach proof of work or school in Brea)
 - Registration starts May 9 at 10am for non-residents
- LIVE** **WORK** **ATTEND SCHOOL** (in Brea qualifies for residency)

CHILD NAME (one form per child)		
or CHILD NICKNAME to be used in class instead:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate MM / DD / YYYY:
SEND CLASS CONFIRMATION/RECEIPT TO THIS EMAIL:		

- **JUNIOR TINY TOTS** (3 years old as of September 1, 2022)
 - MONDAY / WEDNESDAY / FRIDAY** **9:30am - 12:00pm** **\$370***
 - Add Lunch Bunch MONDAY / WEDNESDAY 12:00pm - 2:30pm \$136*
- **SENIOR TINY TOTS** (4 years old as of September 1, 2022)
 - MONDAY / WEDNESDAY / FRIDAY** **9:30am - 12:00pm** **\$370***
 - Add Lunch Bunch MONDAY / WEDNESDAY 12:00pm - 2:30pm \$136*
- **COMBO TINY TOTS** (Juniors and Seniors, 3 years old as of September 1, 2022)
 - TUESDAY / THURSDAY** **9:30am - 12:00pm** **\$247***
 - Add Lunch Bunch TUESDAY / THURSDAY 12:00pm - 2:30pm \$136*
- **SUMMER FUN CLUB** (Entering Kinder - 3rd grade in the Fall 2022)
 - TUESDAY / THURSDAY** **9:30am - 12:00pm** **\$247***
 - Add Lunch Bunch TUESDAY / THURSDAY 12:00pm - 2:30pm \$136*

IF THE CLASS YOU SELECTED ABOVE IS FULL, DO YOU HAVE A 2ND CHOICE? LIST YOUR 2ND CHOICE:

*Fee is the total amount for the 8-week session for Brea residents. Non-residents add \$15 per class.

PAYMENT OPTIONS:

Select a payment option below.

Failure to select an option will default to full payment at registration.

Charge credit card **FULL PAYMENT** now

Charge credit card **HALF PAYMENT** now and **HALF PAYMENT** on first day of class

Credit Card #:

Exp:

CVV:

Signature:

REFUND POLICY: Refund will only be issued if vacated space can be filled; \$5 refund processing fee.

EMERGENCY CONTACTS - MEDICAL INFORMATION - IMAGE RELEASE

CHILD Name: _____

PARENT Name: _____		
Address: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

PARENT Name: _____		
Address: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

**AUTHORIZED persons (other than parent/guardian) to contact in case of emergency or to take child from facility:
(Child will not be allowed to leave without this written authorization from parent/guardian)**

Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up

MEDICAL INFORMATION:

<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Medications: _____ If medication needs to be administered by staff, please fill out a Physician's Request for Administration of Medicine form. Form can be found on website: cityofbrea.net/tinytots
<input type="checkbox"/> Other medical or behavioral diagnoses we should be aware of: _____
<input type="checkbox"/> None

CITY OF BREA – IMAGE RELEASE

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

CHILD'S NAME: _____

SIGNATURE OF PARENT or guardian if minor: _____ **DATE:** _____

SHOT DESCRIPTION: 2022 Summer Tiny Tots / Summer Fun Club for social media

TINY TOTS - SUMMER FUN CLUB

SUMMER SESSION	Monday, June 20, 2022 through Friday, August 12, 2022
Class requirements:	<p>Tiny Tots:</p> <ul style="list-style-type: none"> • Junior Tiny Tots – 3 years old by September, 2022 • Senior Tiny Tots – 4 years old by September 1, 2022 • Child must be potty-trained, no pull-up type diapers. • Closed-toe shoes required. • Must bring water bottle with child's name on it. <p>Summer Fun Club:</p> <ul style="list-style-type: none"> • Entering Kinder – 3rd grade in the Fall 2022 • Closed-toe shoes required. • Must bring water bottle with child's name on it. <p>Lunch Bunch:</p> <ul style="list-style-type: none"> • Participants must register for Tiny Tots or Summer Fun Club morning class (9:30am-12pm) to register for Lunch Bunch (12-2:30pm). • Must bring lunch.
Registration process:	<ul style="list-style-type: none"> • Registration starts May 2, 2022 at 10am for Brea residents. Live, work, attend school in Brea qualifies for residency. • Registration starts May 9, 2022 at 10am for non-residents. • Please turn in registration forms to the Brea Community Center front counter when registration starts. Registration is processed by date/time received. • Class confirmation will be sent to the email listed on the registration form. The email will be from "Brea CS," which will include a receipt/link indicating what class your child is registered in. • Please check your email junk folder for Tiny Tots/Summer Fun Club emails, especially if you have a yahoo or AOL email account.
Payment options:	<p>To make registration easier for parents, we offer two payment options:</p> <ul style="list-style-type: none"> • Full payment: If you choose this option, you may pay the full amount at registration. Include credit card info on your submitted registration form.* • Two payment option: If you choose this option, the first half payment of the total amount due will be charged to the credit card listed on the registration form at the time of registration. The second half payment will be automatically charged to the credit card listed on the registration form on your child's first day of class, June 20 or 21. <p>We offer this optional payment plan as a service to parents. It is not intended to represent payment for one-half of the program. Once you have registered for a class, regardless of the payment option you choose, you are responsible for full payment.</p> <p>*If you do not wish to list your credit card info on the registration form, please email tinytots@cityofbrea.net to make payment arrangements with staff.</p>
Program location:	Brea Community Center, 695 E. Madison Way, Brea, CA 92821
Refund policy:	A refund will only be issued if the vacated space can be filled. If refund is approved, a \$5 refund fee will be deducted from the total class fee.
Questions:	Contact Sheryl Savord at (714) 990-7631 or email tinytots@cityofbrea.net .



PARTICIPANT WAIVER

City of Brea

1 Civic Center Circle, Brea, CA 92821-5732

(714) 990-7600

Important!
Waiver must be read and signed.

PLEASE READ CAREFULLY

**LIABILITY RELEASE AND ASSUMPTION OF RISK
INCLUDING CORONAVIRUS/COVID-19**

Print Minor Participant's Name

The City of Brea ("City") has implemented preventative measures to protect participants in its summer child-care, drop-in, camp, and recreational programs (each, a "Summer Program") from the risk of infection with COVID-19 which is known to cause serious illness, disability, and/or death. In spite of those measures, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Summer Program could increase your risk and your child's risk of contracting COVID-19 and suffering serious illness, disability, or death.

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. By signing this Liability Release and Assumption of Risk, I acknowledge the contagious and dangerous nature of COVID-19 described above, the risk that my child and I may be exposed to or infected by COVID-19 by attending a Summer Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a Summer Program may result from the actions, omissions, or negligence of myself and others, including the City, its officers, volunteers, contractors, agents, or employees, and/or other Summer Program participants and/or their families.

With full knowledge thereof, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, injury, and/or damage that may occur to me or my child relating to my child's attendance at any Summer Program. On behalf of myself, my child, and our heirs and successors in interest, and to the fullest extent permitted by law, I hereby release, covenant not to sue, discharge, and hold harmless the City, its elected officials, officers, agents, volunteers, and employees ("City Parties") from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating to my child's attendance at any Summer Program ("Claims"). I understand and agree that this Liability Release and Assumption of Risk includes any Claims based on the actions, omissions, or negligence, whether passive or active, of the City Parties and irrespective of whether a COVID-19 infection occurs before, during, or after my child's attendance at any Summer Program.

I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF BREA AND ALL OTHER CITY PARTIES WITH RESPECT TO ALL POSSIBLE LIABILITY FOR INJURY, ILLNESS, DISABILITY, AND/OR DEATH, EVEN IF CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE CITY PARTIES, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THE SAME I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Print Parent/Guardian's **Name**

Parent/Guardian's **Signature**

Date



Dear Tiny Tots / Summer Fun Club Families,

We would like to take a moment to remind you of our sick policy and updated COVID procedures. In our efforts to keep our participants and staff healthy and our program open to serve you, it is imperative that you do not send your child to class with any of the below symptoms or illness. COVID symptoms can start with just a runny nose, headache, cough, congestion, sore throat, all of which can be mistaken for a cold.

Participants must also stay home if they have tested positive for COVID, have been exposed to COVID or have any symptoms and you must notify us immediately. Please review COVID procedures below.

Thank you for working with us to help maintain the health and safety of our participants, staff and community.

MASKING

Masks are strongly recommended by the CDC and CPHH. Students and staff may choose to wear masks, regardless of their vaccination status.

We ask that all students and families are respectful of others' choices. If you would still like your child(ren) to wear their mask inside, please let staff know so we can do our best to support them. We also ask that you talk to your children about this and your wishes on mask wearing.

Your child is required to wear a mask for 10 days from any exposure to a COVID-positive person.

SICK POLICY

If your child comes to class with any of the below symptoms, we will be sending him/her home. So if your child is sick or has any of the below symptoms, please keep him/her home and let us know by emailing tinytots@cityofbrea.net. Thank you for helping us keep our participants and staff healthy. If your child develops any of the following symptoms, they may not return to program until they are symptom free for a full 24 hours or until your child's physician indicates he/she can return to program. If your child is found to have any of the below symptoms in program, we will isolate them from the other children and call you to pick them up immediately:

Runny nose

Congestion

Coughing

Sore throat

Headache or stiffness of neck

Difficulty breathing

Loss of taste or smell

Chills or body aches

Fever of 100.4 F or above

Diarrhea

Vomiting

Unusual spots or rashes

Yellow eyes or skin

Tears, redness of eyelids with discharge

Mouth sores with or without drooling

Severe itching of body or scalp

Any other contagious or communicable disease

If your child has any communicable disease (including COVID-19), please inform us immediately so we can take necessary precautions. Children may return when they have been symptom free for a full 24 hours. In certain cases when an illness is contagious and communicable, a physician's written release stating the child is no longer contagious will be required. We will inform you when a written release is required.

COVID PROCEDURES

IF YOUR CHILD HAS BEEN EXPOSED TO COVID-19, please notify us immediately and your child may not return to program until they have quarantined away from the infected individual for 10 days from the exposure. They may return sooner if you provide us with a negative COVID test taken on Day 5 or later and they are showing no symptoms. Please work with Sheryl on test and return dates. They will also need to wear a well-fitting mask in class for 10 days from exposure.

IF ANYONE IN YOUR HOUSEHOLD TESTS POSITIVE FOR COVID-19, please notify us immediately and your child may not return to program until they have quarantined away from the infected individual for 10 days from the exposure. They may return sooner if you provide us with a negative COVID test taken on Day 5 (from last exposure to infected person) or later and they are showing no symptoms. Please work with Sheryl on test and return dates. They will also need to wear a well-fitting mask in class for 10 days from exposure.

IF YOUR CHILD TESTS POSITIVE FOR COVID-19, please notify us immediately so we can take the appropriate measures in program and your child may not return to program until they have quarantined for 10 days and show no symptoms. They may return sooner if you provide us with a negative COVID test taken on Day 5 or later and they are showing no symptoms. Please work with Sheryl on test and return dates. They will also need to wear a well-fitting mask in class for 10 days after last positive test.

IF A MEMBER OF YOUR HOUSEHOLD IS AWAITING COVID-19 TEST RESULTS, we ask that you keep your child home. If that member tests positive, please notify us immediately and your child may not return to program until they have quarantined away from the infected individual for 10 days from the exposure. They may return sooner if you provide us with a negative COVID test taken on Day 5 (from last exposure to infected person) or later and they are showing no symptoms. Please work with Sheryl on test and return dates. They will also need to wear a well-fitting mask in class for 10 days from exposure.

IF YOUR CHILD HAS BEEN EXPOSED TO COVID-19 WITHIN TINY TOTS / SUMMER FUN CLUB, we will notify you if your child has shared an indoor space for at least 15 minutes within a 24-hour time period with anyone that has tested positive for COVID while contagious. In this scenario, the classroom will be closed for 5 days from the last exposure date. At that point, those who have had COVID in the last 90 days or provide us with a negative test taken on Day 5 or later from the last exposure and have no symptoms may return to class. Well-fitting masks will also need to be worn in class through Day 10. For those who choose not to test, they can return after 10 days as long as they are symptom free.

Please note that the above information is based on current guidance provided to us by the State of California and could change at any given time. We will update you on applicable changes.

PLEASE CONTACT SHERYL SAVORD, 714.990.7631, tinytots@cityofbrea.net, BEFORE YOUR CHILD CAN RETURN TO PROGRAM AFTER QUARANTINE.

We will update you with any changes in protocol. If you have any questions, please email tinytots@cityofbrea.net.

If you have any questions or concerns, do not hesitate to call us.

Sheryl Savord, Community Services Specialist, 714.990.7631
Mary Kathryn Mendoza, Community Services Supervisor, 714.671.4427

I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION PROVIDED ABOVE:

Participant Name(s): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

DUE FIRST DAY OF CLASS (Tiny Tots)



PHYSICIAN'S REPORT (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

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

_____, City of Brea Tiny Tots 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 City of Brea Tiny Tots.

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

(TODAY'S DATE)

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 a copy of California Immunization Record, PM-298)

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

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