

**GINGERBREAD PRESCHOOL  
REGISTRATION INFORMATION  
2016 – 2017 SCHOOL YEAR**

**HOW TO REGISTER**

1. Complete Registration Form (one form per child)
2. Provide Proof of Residency (photocopy of Driver's License or utility bill)
3. Photo copy of State/County Birth Certificate or Passport (hospital certificate is not acceptable)
4. Photo copy of Immunization Records
5. Payment in the form of a Check (payable to the City of Pleasanton), or Visa, MasterCard or Discover

**REGISTRATION PROCESS**

- Registration is on a lottery system. Each application is assigned a number and using a random number generator, numbers will be drawn and assigned a class.
- Class requests will be considered at this time. We try to place children in their 1<sup>st</sup> choice, however we have a limited amount of openings so we cannot guarantee that all requests will be accommodated.
- If you do not get your 1<sup>st</sup> choice, your child will be placed in the next available class and be waitlisted for your 1<sup>st</sup> choice only.

**WAITLIST**

- If your child is placed on the waitlist he/she will remain on it until a spot becomes available.
- Once a spot is available you will be notified via phone and email.
- You will have 24 hours to accept or decline the spot.
- If we do not receive a response within 24 hours you will be taken off the waitlist and the next person will be notified.

**REFUNDS**

- Full refunds will be issued for any reason, without penalty, 10 days prior to the start of class.
- No refunds will be issued once the session starts.

**TRANSFERS**

- Transferring between classes will only be granted if a spot is available and at the Recreation Supervisor's discretion.

**FEES**

- All fees must be paid in full before the start of each session (see reverse side for program fees).

**SESSIONS**

1 <sup>st</sup> session	August 29, 2016	-	October 21, 2016
2 <sup>nd</sup> session	October 24, 2016	-	December 22, 2016
3 <sup>rd</sup> session	January 9, 2017	-	February 24, 2017
4 <sup>th</sup> session	February 27, 2017	-	April 14, 2017
5 <sup>th</sup> session	April 18, 2017	-	May 26, 2017

**KEY DATES**

March 21-April 1	Priority Registration (currently enrolled students only)
May 2-31	Open enrollment
August 29, 30, 31	First day of School
October 3-14	2 <sup>nd</sup> session priority registration
Nov. 28-Dec. 9	3 <sup>rd</sup> session priority registration
February 6-17	4 <sup>th</sup> session priority registration
March 20-31	5 <sup>th</sup> session priority registration
May 25 & 26	Last Day of School

# PARENT AND ME REGISTRATION FORM

Child must be 18 months to 3 years by the first day of class.

## 2016 – 2017

PLEASE FILL OUT THE FORM COMPLETELY (ONE FORM PER CHILD)

CHILD'S FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY CONTACT FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_ PRIMARY CONTACT PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### PARENT AND ME CLASS OPTIONS

Please mark your choices in order of priority. Due to limited space, your child will be enrolled in your first available choice. If all choices are full you will be waitlisted for your 1<sup>st</sup> choice only.

M 1:30-2:15pm       M 2:30-3:15pm  
 Tu 1:30-2:15pm       Tu 2:30-3:15pm

### PAYMENT INFORMATION

Registration will not be processed without payment.

CHECK \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME (as it appears on card) \_\_\_\_\_ MasterCard    Visa    Discover  
(CIRCLE ONE)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### CONSENT/CONTRACT RELEASE FORM

Waiver, Release and assumption of Risk: The City of Pleasanton is sponsoring the above activity. My (My child's) participation in this activity is voluntary. I am (my child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (my child is) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the City of Pleasanton, its Council, officials, employees, volunteers, instructors, agents, sponsors and promoters of this activity, from any and all claims for damages for personal injuries or death, or claims for damages to property, which I (my child) or my (child's) heirs, assign, executors or administrators may have or which may accrue to my (child's) participation in this activity, including transportation provided during the activity as applicable. I have read the above and understand that important legal rights are being waived.

I consent to the City's use of any photographs that are taken of me (my child) while participating in the City's programs for use in the City's promotions and publications in print and on the World Wide Web (Internet). No payment will be made for use of these photographs.

If you do not want you or your child photographed or videotaped while participating in a City recreation class or activity for the use in City publications, please contact the Gingerbread Preschool office at (925) 931-3430, to request and "Opt Out of Photo" form to be completed at least two weeks prior to the start of you or your child(s) class.

PARENT OR LEGAL GUARDIAN PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY			
REGISTRATION # _____	DATE RECVD _____	RECVD BY _____	16/17 CLASS CODE _____

PLEASE INITIAL EACH SECTION TO SHOW UNDERSTANDING OF THE CONTENT BEFORE SIGNING AT THE BOTTOM OF THIS FORM

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**AUTHORIZATION RELEASE**

\_\_\_\_ All persons who are authorized to pick up your child must be at least 18 years old. Both parents or guardians are presumed to be authorized to have contact with your child unless a signed and filed court order states otherwise and is submitted to Gingerbread Preschool and the Pleasanton Police Department. Gingerbread Staff will ask for government-issued identification (e.g. Driver's License) before the child is released to an individual listed in the section on reverse side of form.

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**PROGRAM WAIVER FOR RELEASE**

\_\_\_\_ I attest that my child is physically fit and sufficiently prepared for this program. I understand that my child's participation in this program is voluntary. I further understand that serious accidents could occur during Gingerbread preschool programs, including broken bones, head injuries from falling off of playground equipment, collisions with other children, and that participants, including my child, could sustain personal injuries, even death. Knowing these risks, and in consideration of my child's participation in the above referenced program, I hereby agree to the following:

\_\_\_\_ (on behalf of my child) assume the risk of personal injury and property damage, and waive, release and discharge the City of Pleasanton, its Council, officials, employees, and agents ("City of Pleasanton") for any and all claims for damages for personal injuries or property which I or my child and our heirs, assigns, executors, or administrators may have or may accrue on my or my child's behalf as a result of my child's participation in this program, except for injury or damage caused by the sole negligence or willful misconduct of the City of Pleasanton.

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**CONSENT TO MEDICAL TREATMENT OF MINOR**

\_\_\_\_ I hereby authorize any medical doctor, emergency medical technician, paramedic, nurse, healthcare provider, hospital, or other medical facility to treat my child for any illness, medical complication, allergic reaction, or injury received while participating in the Gingerbread Preschool Program. I authorize any licensed physician to perform any procedure, including the administration of anesthesia, that the physician deems advisable to treat any illness, medical complication, allergic reaction, or injury that my child may experience.

\_\_\_\_ I authorize any City of Pleasanton employee to perform any procedure, including the administration of epi-pens or medication (whether over the counter or prescription) that I have describe in the Emergency Action Plan Form to treat any illness, medical condition, allergic reaction, or injury that my child may experience. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child.

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**PHOTO CONSENT**

\_\_\_\_ Unless otherwise indicated, I consent to the City's editing and use of any photographs that are taken of me or my child while participating in the City's programs for use in classroom projects or in the City's brochures and flyers that are distributed both as printed documents and on the internet. I understand that my child's name will not be identified with such brochures and flyers, and I agree that neither I nor my child will receive any compensation for use of these photographs. I agree that photographs and videotape which I or my family take at Gingerbread are for our personal use only, and that selling images of any photo or video taken at Gingerbread Preschool for commercial purposes is prohibited and a violation of the Gingerbread Preschool Program Guide.

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\_\_\_\_ I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the City of Pleasanton, its Council, officers, employees, agents, and volunteers, and event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child.

**I have read this release, understand its legal implications, and agree to its terms**

CHILD'S FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

TEACHER \_\_\_\_\_ CLASS DAYS \_\_\_\_\_ CLASS TIMES \_\_\_\_\_

PRIMARY CONTACT FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_ PRIMARY CONTACT PHONE NUMBER \_\_\_\_\_

MEDICAL CONDITION \_\_\_\_\_

ALLERGIC TO \_\_\_\_\_

**MEDICATIONS**       Kept at School Site       Brought Daily in Child's Backpack

All medications (prescription and over the counter) must be provided to the school in their original packaging, with your child's full name on the container. Please provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the Action Steps section. If additional instructions are required, please attach another sheet.

**ASTHMATIC**       Yes       No

ALLERGIC REACTIONS, SIGNS OR SYMPTOMS TO LOOK FOR \_\_\_\_\_

**ACTION STEPS**

Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provided. By providing these instructions, you are consenting to staffs' medical treatment of your child and releasing the City of Pleasanton from liability as provided in the Gingerbread Preschool Program Waiver Form (Consent to Medical Treatment of Minor) incorporated here by reference.

- For example:
1. Administer Epi Pen
  2. Administer 2 teaspoons of liquid Benadryl
  3. Call 911
  4. Call Parents at (925) 999-1234

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FOOD ALLERGY SNACK SUBSTITUTES**

You are responsible to review the snacks with your child's teacher and are welcome to review any of the snack labels. If a snack is unsafe for your child to eat, you must alert classroom staff so that staff can provide an appropriate substitute.

PARENT OR LEGAL GUARDIAN PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE ONLY	
DATE RECVD _____	RECVD BY _____