

**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 1st 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 1st choice, your child will be placed in the next available class and be waitlisted for your 1st 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 st session | August 29, 2016 | - | October 21, 2016 |
| 2 nd session | October 24, 2016 | - | December 22, 2016 |
| 3 rd session | January 9, 2017 | - | February 24, 2017 |
| 4 th session | February 27, 2017 | - | April 14, 2017 |
| 5 th 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 nd session priority registration |
| Nov. 28-Dec. 9 | 3 rd session priority registration |
| February 6-17 | 4 th session priority registration |
| March 20-31 | 5 th session priority registration |
| May 25 & 26 | Last Day of School |

4's-5's REGISTRATION FORM
Child must be 4 years old by September 2, 2016.
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 _____

4's-5's CLASS OPTIONS

You will be waitlisted for this class if it is not available.

___ Tu-F (4days) 12:50-3:50pm

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 | | | | |
|-----------------|------------------|----------------|-------------------------------------|------------------------|
| REG # _____ | DATE RECVD _____ | RECVD BY _____ | 4 th QUARTER CLASS _____ | 16/17 CLASS CODE _____ |

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

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.

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.

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.

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.

____ 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

**RELEASE AUTHORIZATION &
EMERGENCY INFORMATION
2016 – 2017**

Office Use Only
Class Day _____
Class Time _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

CHILD'S FIRST NAME

LAST

SEX

BIRTHDATE

PARENTS or LEGAL GUARDIANS

Parent or legal guardian will be the first person called for all matters and in case of an emergency. If the parent or guardian cannot be reached, staff will contact those listed below in order of appearance.

1)

CONTACT NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

RELATIONSHIP

2)

CONTACT NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

RELATIONSHIP

ADDITIONAL PERSONS WHO MAY PICK UP CHILD AND/OR BE CALLED IN AN EMERGENCY

If a parent or legal guardian of the child named above is unable to pick up at the designated time or if there is an emergency, I hereby give the Gingerbread Preschool staff permission to release my child to a person listed below. Those listed will need to present their photo ID to pick up child. A child will not be released to any person not listed on this form.

| # | NAME | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER | RELATIONSHIP |
|----|------|----------------------|------------------------|--------------|
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

ALLERGIES AND OTHER MEDICAL INFORMATION

If your child has a life threatening allergy please contact the Gingerbread office as soon as possible to complete an Emergency Plan form.

ALLERGIES (LIFE THREATENING)

ALLERGIES (NON-LIFE THREATENING)

FOOD RESTRICTIONS

OTHER MEDICAL LIMITATIONS OR SPECIAL NEEDS

PARENT OR LEGAL GUARDIAN PRINTED NAME

SIGNATURE

DATE

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 _____ |