



Maureen & Craig Sullivan Youth Center  
801 Jessie Street San Francisco, CA. 94103  
(415) 863-1141 ~ Fax: (415) 863-1114

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**Summer Day Camp 2024 Contract / Contrato de pago del programa de verano**

Child's name/Nombre del niño/a \_\_\_\_\_

Parent's name/Nombre del padre o madre \_\_\_\_\_

Parent's Email Address/correo electrónico: \_\_\_\_\_

My child will be part of the free lunch program:  YES/Si  NO  
Mi hijo/a participara en el dia de libre lunche

Please enroll my child in the following sessions:/Por favor, enlista mi hijo/a en los sesiones siguientes:

- Session 1: June 10th – June 28th (closed June 19th)
- Session 2: July 1st – July 19th (closed July 4th & 5th)
- Session 3: July 22nd – August 9th

**A STANDARD LATE FEE of \$25 WILL BE APPLIED IF SESSION FEES ARE NOT PAID BY THE FRIDAY BEFORE OR THE MONDAY OF THE SESSION START DATE**

**Registration Fee/Cuota de registraci3n**

I hereby agree to and accept the above program fee payment terms, conditions, and policies. I understand that these fees are based upon verification of my total household income and income from all other sources, and as such are true and correct. I also understand that failure to comply with this agreement as well as failure to pay any fees due promptly and in full, according to the payment due date established at the time of registration, will result in termination of registration, legal action, or both.

Yo acepto y estoy de acuerdo con las tarifas arriba mencionadas. Entiendo que estas cuotas se basan en la verificaci3n que proveo de mis entradas en su totalidad, que son correctas y verdaderas. Tambi3n entiendo que como pena por no seguir los t3rminos de este contrato y/o de los pagos asignados como tambi3n de no hacer los pagos en las fechas estipuladas en el momento de registraci3n, se dar3 por terminada la registraci3n, se podr3 iniciar una acci3n legal 3 ambas.

\_\_\_\_\_  
Signature of parent or guardian/Firma del padre o guardi3n

\_\_\_\_\_  
Date/Fecha

**Participant's Information/Información del niño/a:**

Full name of child/nombre y apellidos \_\_\_\_\_

Address/ \_\_\_\_\_ City/ \_\_\_\_\_ Zip/ \_\_\_\_\_  
Dirección ciudad zona postal

Date of Birth/ \_\_\_\_\_ Age/ \_\_\_\_\_ Grade/ \_\_\_\_\_ School/ \_\_\_\_\_  
Fecha de nacimiento edad grado escuela

**Parent's Information/Información del padre o madre:**

Name/nombre \_\_\_\_\_ Relationship/relación \_\_\_\_\_

Telephone/teléfono:

Home/casa \_\_\_\_\_ Work/trabajo \_\_\_\_\_ Other/otra \_\_\_\_\_

Name/nombre \_\_\_\_\_ Relationship/relación \_\_\_\_\_

Telephone/teléfono:

Home/casa \_\_\_\_\_ Work/trabajo \_\_\_\_\_ Other/otra \_\_\_\_\_

**Alternate emergency contact/Otra persona que podamos llamar en caso de emergencia:**

Name/nombre \_\_\_\_\_ Relationship/relación \_\_\_\_\_

Telephone/teléfono:

Home/casa \_\_\_\_\_ Work/trabajo \_\_\_\_\_ Other/otra \_\_\_\_\_

**Alternate pick-up person(s)/Otra(s) persona(s) que puede recoger al niño:**

*Please list any other persons whom you authorize to pick up your child (your child will not be released to anyone not listed)/Por favor, incluir en esta hoja todas las personas autorizadas a recoger a su niño (no se dará su niño a ninguna persona sin autorización)*

1. Name/Nombre \_\_\_\_\_ Relationship/Relación \_\_\_\_\_

Telephone: Home/Casa \_\_\_\_\_ Work/Trabajo \_\_\_\_\_

2. Name/Nombre \_\_\_\_\_ Relationship/Relación \_\_\_\_\_

Telephone: Home/Casa \_\_\_\_\_ Work/Trabajo \_\_\_\_\_

3. Name/Nombre \_\_\_\_\_ Relationship/Relación \_\_\_\_\_

Telephone: Home/Casa \_\_\_\_\_ Work/Trabajo \_\_\_\_\_

**Important—Please read and sign/Importante—por favor lea y firme:**

As the parent, agency representative, or legal guardian, I hereby give consent to Maureen & Craig Sullivan Youth Center to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

\_\_\_\_\_ (signature)

En calidad de padre, madre, representante de agencia o guardián legal, yo doy mi consentimiento a Maureen & Craig Sullivan Youth Center para que provea cuidado médico o dental prescrito por un profesional licenciado y competente. Este cuidado debe ser dado en cualquier circunstancia que lo requiera, para salvar la vida, una parte del cuerpo o para asegurar el bienestar de mi dependiente.

\_\_\_\_\_ (firma)

**Parents, please read and sign the following/Padre's por favor lea y firme lo siguiente:**

Does participant have any physical, psychological, emotional, or medical problems such as allergies, hyperactivity, attention deficit disorder, diabetes, epilepsy, asthma, etc?

Tiene su hijo algún problema de origen médico o emocional del que nosotros deberíamos tener conocimiento (e.g., alergias, diabetes, hiperactivo/a, epilepsia, asthma, etc?)

YES/Si  NO

If yes, please describe/Si es así, por favor explique \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event that my child requires or is placed on any medication, or is placed in treatment/therapy for a physical, psychological, or emotional problem that arises at some later date, I agree to immediately notify CCCYO-Maureen & Craig Sullivan Youth Center in writing. *I also authorize CCCYO-Maureen & Craig Sullivan Youth Center to contact any therapist, social worker, teacher, resource specialist, or representative of other social service agencies involved with my child when needed.*

En el evento de que mi hijo/a requiera o se le recomiende tener un tratamiento/terapéutica por algún problema de origen físico ó emocional, o si algunos de estos problemas se manifestarán en cualquier otra ocasión mientras el niño/a esté en nuestro cuidado, me comprometo a notificarlo inmediatamente al CCCYO-Maureen & Craig Sullivan Youth Center y por escrito. *También autorizo a CCCYO-Maureen & Craig Sullivan Youth Center para que pueda contactar maestros, terapeutas, y otros profesionales que trabajan con mi hijo/a cuando sea necesario.*

\_\_\_\_\_  
Signature/firma

\_\_\_\_\_  
Date/fecha

**Child Care is Dependent On You... Child care is conditional, *never* permanent**

Every child that is admitted to Maureen & Craig Sullivan Youth Center is considered to be on a **probationary status** for the **first two weeks** of service of the Summer Program. If at any time during this period it is deemed by the Maureen & Craig Sullivan Youth Center staff that Maureen & Craig Sullivan Youth Center is not the appropriate place for your child for whatever reason, we reserve the right to terminate service immediately. Please note that the \$50.00 registration fee is a **non-refundable fee**. **Session fees for the Summer Program are non refundable if services are terminated during any session.** If you commit to any session, by signing this contract, we are reserving space for your child/ren and you are responsible to pay regardless if your child/ren comes or not.

The most common reasons for losing child care are:

1. Fraudulent information regarding:
  - a. Marital status
  - b. Date(s) of income increase(s)
  - c. Employment information
2. Not calling the staff when your child is absent
3. Bringing your child to child care when the child is sick
4. Overuse of vacation days and/or excessive unexcused absences
5. Not keeping to the program hours
6. Uncooperative attitude of parents with child care staff

**El Cuidado del Niño Depende de Ud.... El cuidado del niño es condicional, *nunca* permanente**

Todos los niños que se admite en nuestro programa, se considera en **período probatorio** por las dos primeras semanas de servicio del programa del verano. Si en algún momento de dicho período las autoridades de Maureen & Craig Sullivan Youth Center consideran que este programa no es el lugar indicado para el niño/a se procederá a terminar inmediatamente la registración en nuestro programa. Observe por favor que el honorario de registro \$50.00 es un honorario **no-reembolsable**. Los honorarios de la sesión para el programa del verano son no reembolsables si los servicios se terminan durante cualquier sesión. Si usted confía a cualquier sesión, firmando este contrato, estamos reservando el espacio para su niño/s y usted es responsable pagar cueste lo que cueste si viene su niño/s o no.

Las razones más comunes por las que se pierde el cuidado del niño son:

1. Dar información fraudulenta en relación a:
  - a. Estado marital
  - b. Fecha(s) de aumento(s) de ingresos
  - c. Información de empleo
2. No llamar al personal cuando su niño no asiste al programa
3. Traer al niño cuando está enfermo
4. Excederse en los días de vacaciones y/o tener demasiado ausencias sin excusas
5. No cumplir con las horas de programa
6. Los padres no cooperan con las recomendaciones del personal sobre el comportamiento

**I have read and understand the above/Yo lo he leído y entendido**

\_\_\_\_\_  
Signature/firma

\_\_\_\_\_  
Date/fecha

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

### CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT* <u>NIA</u> MONTHS	BEGAN TALKING AT* <u>NIA</u> MONTHS	TOILET TRAINING STARTED AT* <u>NIA</u> MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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DOES CHILD HAVE FREQUENT COLDS?  YES  NO HOW MANY IN LAST YEAR? LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?* <u>NIA</u>	WHAT TIME DOES CHILD GO TO BED?* <u>NIA</u>	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?* <u>NIA</u>	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* <u>NIA</u>	IF YES, AT WHAT STAGE:* <u>NIA</u>	ARE BOWEL MOVEMENTS REGULAR?* <u>NIA</u>	WHAT IS USUAL TIME?* <u>NIA</u>
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"\* NIA WORD USED FOR URINATION\* NIA

PARENT'S EVALUATION OF CHILD'S HEALTH

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IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT'S SIGNATURE	DATE
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Maureen & Craig Sullivan Youth Center TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )



**SUMMER 2024 - PARENT/GUARDIAN FIELD TRIP PERMISSION SLIP**

I give permission for my child to attend all Maureen & Craig Sullivan Field trips and outings during the summer program, including but not limited to the following:

- East Bay Regional Park Swimming Facilities (Lake Don Castro & Cull Canyon Lake)
- SF Bay Area Museums (Academy of Sciences, Asian Art Museum, Exploratorium, etc...)
- Koret Children’s Playground
- SF Botanical Gardens
- SF Zoo

I understand that if my child becomes a behavioral problem on an outing he/she may be suspended from any future field trips during the afterschool program.

\_\_\_\_\_  
(Student Name: please print)

has my permission to participate in the field trips scheduled for the duration of the Summer Program.

**Method of Transportation TO and FROM Youth Center:**

- Student **will ride on CYO Private School Bus**
- Student **will walk with Teachers**

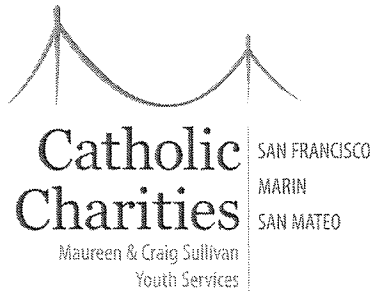
**PARENTS, PLEASE NOTE:** Section 35330 of the California Education Code states in part: “All persons making the field trip shall be deemed to have waived all claims against Maureen & Craig Sullivan Youth Center, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.” Failure of student to comply with rules may result in student being sent home at parent/guardian’s expense. Recreational field trips are voluntary and a privilege; **student may stay home at parent/ guardian’s request.** Academic Field Trips during the academic year are highly recommended for the student to attend. **The student may stay home at a parent/guardian’s request.**

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against the center and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X \_\_\_\_\_  
Signature of Parent or Guardian

*\*If an activity produces adverse effects or is deemed unacceptable according to prevailing professional standards, it is discontinued.*





## Internet and On-line Services

### **Maureen & Craig Sullivan Youth Center Student and Parent Consent and Waiver Form**

M&CSYC believes that the benefits to teachers and students from the access to the Internet and any other online services, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. But, ultimately, the parent(s) and/ or guardian of the student is responsible for setting and conveying the standards that the students should follow. M&CSYC supports and respects each family's right to decide on access to the Internet for the student.

It is the program's intent to make the Internet and online services available to further its educational goals and objectives. The program has made every effort to keep your child safe from illegal or offensive materials. M&CSYC cannot control the information distributed through the Internet. Teachers have been trained in the appropriate use and filters are in place. Teachers will review this policy with students in the classroom.

Your child may have personal supervised access to the Internet and some Internet information may be shown to the whole class. All Internet and other online services and all computer use will be under supervision of the teacher in charge of the lesson. Internet or other online service use and all computer access will be for the support of educational goals and objectives.

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#### **PARENT OR GUARDIAN**

As the parent or guardian of \_\_\_\_\_, I understand the procedures relating to safety and the acceptable use of the Maureen & Craig Sullivan Youth Center computer system and the Internet. I understand that this access is designed for educational purposes via desktop computers and iPads. I am hereby allowing my child to participate in using the internet services available to him/her while under direct teacher supervision. By signing this Consent and Waiver form, I agree to those rights and responsibilities.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## BEHAVIOR SUPPORT & MANAGEMENT ACKNOWLEDGEMENT



Catholic Charities promotes a culture of respect, healing and positive behavior. Personnel have an objective of preventing crisis situations while serving clients of diverse backgrounds. All agency policies, practices and procedures comply with federal, state and local regulatory and legal requirements.

Violence towards other clients, staff, guardians, volunteers or visitors is never tolerated and will result in expulsion from the program. Individual behavioral support and management plans will be developed as appropriate. Program personnel are expected to be familiar with each client's behavioral plan.

Behavioral support and management interventions are always verbal unless otherwise specified in a program-specific training manual. When confronted with aggressive or escalating behavior, staff members will attempt non-physical de-escalation techniques in order to defuse the situation. Immediate attention will be given to removing other persons from the area.

Catholic Charities policy prohibits negative approaches to behavior management within all of its services, including the following:

- corporal punishment;
- the use of aversive stimuli and/or therapies;
- interventions that involve withholding nutrition or hydration and/or inflict physical or psychological pain;
- the use of demeaning, shaming, or degrading language and bullying activities;
- unwarranted use of invasive procedures or activities as a disciplinary action;
- unnecessarily punitive restrictions including restricting contact with family as a disciplinary action;
- forced physical exercise to eliminate behaviors;
- punitive work assignments;
- punishment by peers;
- group punishment or discipline for individual behavior; and
- chemical restraints.

The use of restrictive behavior management interventions by service recipients, peers or any person other than trained, qualified staff is strictly prohibited. The organization also bans:

- excessive or inappropriate use of restrictive behavior management interventions as a form of discipline, compliance, or for the convenience of staff; and
- the use of restrictive behavior management interventions in response to property damage that does not involve imminent danger to self or others.

\_\_\_\_\_  
Signature Required (Check Below)  
\_ Client \_ Guardian \_ Staff \_ Volunteer \_ Service Provider

\_\_\_\_\_  
Location Date

\_\_\_\_\_  
Signed/Received

\_\_\_\_\_  
Signature of Witness: Catholic Charities Employee

\_\_\_\_\_  
Program Date

\_\_\_\_\_  
Signed/Received

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
  - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME <b>COMMUNITY CARE LICENSING</b>		
ADDRESS <b>801 TREAGER AVENUE SUITE 100</b>		
CITY <b>SAN BRUNO</b>	ZIP CODE <b>94066</b>	AREA CODE/TELEPHONE NUMBER <b>650-266-8843</b>

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) <b>MAUREEN &amp; CRAIG SULLIVAN YOUTH CENTER</b>	(PRINT THE ADDRESS OF THE FACILITY) <b>801 JESSIE STREET</b>
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(PRINT THE NAME OF THE CHILD)
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(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)
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(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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# Catholic Charities

MARIN ♦ SAN FRANCISCO ♦ SAN MATEO

## RELEASE FOR USE OF PHOTOGRAPH AND/OR VIDEO IMAGE AND PERSONAL INFORMATION FOR PURPOSES OF EDUCATIONAL PUBLICITY FOR CATHOLIC CHARITIES

I hereby give Catholic Charities, and to its agents, my consent to use for publicity or educational purposes any photographs, videotaped images, or other images made of me and/or my child, and/or consent to interviews with a representative of Catholic Charities. I understand that I have the right to request that my name or any other specific information be withheld. I waive all claims for compensation for such use or for damages. I understand and agree that these images may be used by Catholic Charities for promotional purposes only, including agency printed materials, website, videos, print and digital advertising, social media postings, and wall art.

**NAME (First & Last):** \_\_\_\_\_

**CHILD(REN) NAME(S) (First & Last):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**I give Catholic Charities permission to use my and/or my child(ren)'s first name(s) ONLY with their photos. Please check one:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**I give Catholic Charities permission to use my and/or my child(ren)'s first AND last name(s) with their photos. Please check one:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**PROGRAM OR EVENT:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

Catholic Charities  
990 Eddy Street, San Francisco, CA 94109 415-972-1200 [www.CatholicCharitiesSF.org](http://www.CatholicCharitiesSF.org)

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. (**NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**)
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.  
 Licensing Office Name: COMMUNITY CARE LICENSING  
 Licensing Office Address: 801 TREAGER AVENUE SUITE 100  
 Licensing Office Telephone #: 650-266-8843
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Maureen & Craig Sullivan Youth Center  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*