



## SAFE Afterschool Program

*A program of Aviva Family and Children's Services*

at Gardner Street Elementary School

7450 Hawthorn Avenue

Los Angeles, CA 90046

Tel (323) 876-0550 Ex.1120 ■ Fax: (323) 436-7044

Cell: (323) 997-5923



**Aviva Family and Children's Services**  
AVIVA SAFE AFTERSCHOOL PROGRAM  
7120 Franklin Ave. Los Angeles, CA 90046  
Phone: (323) 876-0550 ext.1120. Fax: (323) 436 -7044

May 23, 2011

Dear Parents/Guardians:

Thank you for your interest in the Aviva SAFE After-school Program. SAFE (Student Aftercare for Enrichment) is a state licensed childcare program that was established in 1998 at Gardner Street Elementary School by Aviva Family and Children's Services (AFCS). The AFCS is an established social service agency founded in the Hollywood area in 1915.

The program will serve students in Kindergarten through sixth grade. The hours of operation will be from dismissal (2:40p.m.) to 5:30p.m. or 6:00p.m. including those Tuesdays when school is dismissed at 1:40p.m. The SAFE Program components include a nutritious snack, followed by homework assistance in a classroom setting by state qualified staff, mandatory 20 to 30 minutes reading and finally, activities which include outdoor sports, indoor games arts and crafts, performance arts and other specialized activities.

The program fee for the 2011-2012 school year for grades 1-6 will be \$112.00 per month for a 5:30 p.m. dismissal and \$117.00 until 6:00p.m. The program fee for kindergarten students will be \$225.00 to off set the cost of hiring additional staff for this particular age group. A one-time non-refundable application fee of \$25.00 is due for each child. Students are eligible for a fee waiver because of financial hardship upon recommendation and approval of the school principal. Applications need to be completed and returned to the program director prior to your child's acceptance into the SAFE Program (**NO EXCEPTIONS**). Applications will be available on May 23, 2011 in the main office of Gardner Elementary School. Applications submitted after June 24, 2011 should be mailed to Aviva Family and Children's Services, 7120 Franklin Ave. Los Angeles, CA 90046. Attn: Christine Chouchanian, SAFE Program Director.

Registration will be strictly on a "first come, first served" basis. Letters of acceptance into the program will be mailed as applications are received and completed.

If you have any questions, please do not hesitate to call me at (323) 876-0550 ext. 1120.

Sincerely,

Christine Chouchanian, Program Director for SAFE

Cc: Ira Kruskol, LCSW  
Vice President, Programs and Services



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**SAFE AFTERSCHOOL FACE SHEET**

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Gardner Teacher: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

I understand that my child/children will be attending SAFE's Afterschool Program on a daily basis, Monday through Friday, from 2:30pm – 5:30pm.

I \_\_\_\_\_ or a designated adult \_\_\_\_\_  
(Print parent's name) (Print designate adult's name)

will pick up my child/children promptly at 5:30pm each day. I understand that there will be a late fee charged after 5:30pm which is stated on the policy page.

Telephone numbers where you can be reached after 2:30pm: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Designated Adult (Please Print)

\_\_\_\_\_  
Date



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## **SAFE POLICIES**

The SAFE Program is available to only students who attend Gardner Elementary School and are in grades K-6 (ages 5-11). The program will not discriminate against any student regardless of age, gender, religion, cultural beliefs, and disability or academic level. However, the program will determine whether a child who requires additional supervision (based on one-on-one status as required by Special Education Department) qualifies for the program due to licensing regulations. The hours of operations are between 2:30pm and 6:00pm on school days only. On shortened school days when school is dismissed at 1:40 pm, Aviva staff will be present and SAFE will be in session. On minimum school days, when school is dismissed at 12:50pm, SAFE staff will also be present.

**I agree to pay the monthly fee by the 5<sup>th</sup> day of each month. The fee is \$112.00 per month for grades 1-6<sup>th</sup> until 5:30 and \$117.00 per month until 6:00pm. The fee for kindergarten students is \$225.00 per month. Enclosed with this application is a **NON-REFUNDABLE** check or money order for **\$25.00** to cover the enrollment fee. **If I wish to withdraw my child, I will pay only for the month(s) that my child actually attended. Late payments are subject to a \$10.00 fee and/or result in dismissal of my child from the program.****

*There is a \$1.00 late pick-up charge for **EVERY MINUTE** after 6:00pm. The late fee is due no later than the next business day or will be applied to your next monthly payment. Failure to pay the late fee may result in my child's dismissal from the program. A checklist of late pick-ups will be kept in my child's file in order to track lateness. I understand that three (3) late pick-ups may result in termination from the program. If my child is not picked up by 6:00pm, the Hollywood Police Department will be notified.*

A parent or authorized representative **MUST** sign the child out each day and is responsible to notify the Director in writing of any changes to the list of persons allowed to pick up my child. No child will be released to an individual who is not registered by the parent or authorized representative. Any change in address or phone number must be reported to the SAFE Director immediately.

### **Discipline:**

Children participating in SAFE are asked to accept direction from Program Staff and to behave in a safe manner toward self and others. Parents are asked to be available to meet with Program Staff if indicated by a child's violation of the rules.



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**SAFE POLICIES CONTINUED**

SAFE Program Rules include the following:

1. Compliance with staff direction
2. Respect for safety
3. Respect for property
4. Physical violence

Children who violate SAFE Program Rules are referred to the SAFE's Program Director, and parents are notified of any discipline actions. Parents of children with repeated rule violations are asked to meet the SAFE's Program Director to explore a child's difficulties and alternative behavior interventions. If a child's participation in the program constitutes a danger to self or others, immediate measures are taken to insure the health and safety of participants, up to and including a child's dismissal from the SAFE Program.

The following disciplinary measures are prohibited and are not used by SAFE Program Staff:

1. Corporal punishment
2. Infliction of bodily pain or discomfort
3. Degrading or humiliating punishment
4. Punishment before the group
5. Verbal abuse
6. Threat of physical harm
7. Withholding of snacks

**Reporting Requirements:**

**As employees of a licensed Child Day Care Center, SAFE Program Staff are required by California law to report suspected incidents of child abuse or neglect, and to cooperate with State officials in the event such a report is investigated.**

I \_\_\_\_\_ understand and agree to pay any fees as they pertain above. I also understand the rules and consequences as they are stated.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_



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## **LIST OF PROGRAM ACTIVITIES**

- Arts and Crafts: Candy wreaths, jewelry boxes, picture frames, tissue paper flowers, collages, puppets, yarn baskets, pencil holders, seasonal activities, dioramas, wood crafted projects, etc.
- Sports: Basketball, tennis, target, jump rope, Chinese handball, kickball, street hockey, tag, dodge ball, tether ball, handball, etc.
- Board Games: Sorry, trouble, up words, monopoly, scrabble, candy land, match game, cards, bingo, battleship, etc.
- Science: Studying bugs, planting projects, etc.
- Creativity: Dance, poetry, singing, instruments, skits etc.

**Please note that all of these activities are age appropriate. During each of the activities the students' age groups will be considered. One or more of these activities may occur during the activity period. Students may be prohibited from participating in activities if homework is incomplete.**



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## **LIST OF CULTURAL EVENTS**

Each participant of the SAFE program shares much different cultural background. It is our duty to recognize each child's culture by celebrating events as they correspond to the beliefs and practices of our families. Below is a list of holidays or special events. Please place a check mark by each event that corresponds to your family and the date on which it is celebrated.

- |   |             |
|---|-------------|
| <input type="checkbox"/> New Year's Day           | Date: _____ |
| <input type="checkbox"/> Chinese New Year         | Date: _____ |
| <input type="checkbox"/> Martin Luther King's Day | Date: _____ |
| <input type="checkbox"/> President's Day          | Date: _____ |
| <input type="checkbox"/> St. Patrick's Day        | Date: _____ |
| <input type="checkbox"/> Persian New Year         | Date: _____ |
| <input type="checkbox"/> Ceasar Chavez            | Date: _____ |
| <input type="checkbox"/> Good Friday              | Date: _____ |
| <input type="checkbox"/> Passover                 | Date: _____ |
| <input type="checkbox"/> Easter                   | Date: _____ |
| <input type="checkbox"/> Mexican Independence     | Date: _____ |
| <input type="checkbox"/> Memorial Day             | Date: _____ |
| <input type="checkbox"/> Indepence Day            | Date: _____ |
| <input type="checkbox"/> Labor Day                | Date: _____ |
| <input type="checkbox"/> Rosh Hosanah             | Date: _____ |
| <input type="checkbox"/> Yom Kippur               | Date: _____ |
| <input type="checkbox"/> Ramadan                  | Date: _____ |
| <input type="checkbox"/> Columbus Day             | Date: _____ |
| <input type="checkbox"/> All Souls/Saints Day     | Date: _____ |
| <input type="checkbox"/> Veterans Day             | Date: _____ |
| <input type="checkbox"/> Thanksgiving             | Date: _____ |
| <input type="checkbox"/> Hanukah                  | Date: _____ |
| <input type="checkbox"/> Christmas                | Date: _____ |
| <input type="checkbox"/> Kwanzaa                  | Date: _____ |

\*\*Please note that these activities may not occur on the exact day of the holiday.



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**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby consent to release information  
(Parent's name)

and/or health and school records for \_\_\_\_\_  
(Child's name)

From: Gardner Street Elementary School

To: Aviva Family and Children's Services  
SAFE Afterschool Program

I understand that all of Aviva Family and Children's Services, SAFE Afterschool Program participants' records are kept according to the confidentiality requirements of the California Regulations Code, Title 22, Division 12, for State Licensure of Child Day Care Centers.

**\*PLEASE NOTE THAT THE PHYSICIAN'S REPORT IS OPTIONAL FOR SUBMISSION IF IT IS ALREADY ON FILE AT GARDNER ELEMENTARY.**

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**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I understand that in the event of a medical or dental emergency, my child may require emergency care from a licensed emergency care provider off-site. I consent for the SAFE Program to release my child to such a provider for emergency treatment.

I also understand that I will be contacted immediately in the event of any emergency affecting my child during SAFE Afterschool Program hours.

\_\_\_\_\_  
(Parent's Signature) Date: \_\_\_\_\_

Address: \_\_\_\_\_



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**GENERAL MEDICAL INFORMATION**

**EMERGENCY INFORMATION**

Emergency Contact Name (at least three individuals): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

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**HEALTH INSURANCE INFORMATION**

Health Insurance Company's Name: \_\_\_\_\_

Health Insurance Company's Address: \_\_\_\_\_

Health Insurance Company's Phone Number: \_\_\_\_\_

Health Insurance Company's Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other comments: \_\_\_\_\_

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



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**PARENT/GUARDIAN PHOTOGRAPH**  
**PERMISSION SLIP**

I \_\_\_\_\_ do hereby grant the Aviva SAFE program permission  
(Please Print)  
to photograph my child/children \_\_\_\_\_  
for promotional uses as they relate to the program (fliers, brochures, video tapes). I  
understand that my signature is an acknowledgement that the SAFE program personnel  
does not have to contact me prior to any photographs being taken.

I \_\_\_\_\_ decline permission to the SAFE program to photograph  
(Please Print)  
my child/children \_\_\_\_\_ without my consent.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

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

ANVA S.A.F.E. Afterschool . This Child Care Center/School 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 above-named Child Care Center.

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

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – 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 California Immunization Record, PM-298.)

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

**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

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

DATE OF ADMISSION	DATE LEFT
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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

\* Physician's Report is optional if the child has a copy on file at Gardner Elementary.

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

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

1. Enter and inspect the child care center 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 child care center, 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 child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 6167 Bristol Parkway, Suite 400

Licensing Office Telephone #: 310-568-1807

7. Be informed by the licensee, upon request, of the name and type of association to the child care center 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.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER 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 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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

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# 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:

### Department of Social Services - Community Care Licensing

NAME

6167 Bristol Parkway, Suite 400

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Culver City	90230	(310) 568-1807

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)	(PRINT THE ADDRESS OF THE FACILITY)
Aviva SAFE Afterschool Program	7450 Hawthorn Avenue, Los Angeles, CA 90046

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**PARENT'S COPY****CHILD CARE CENTER  
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

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LIC 995 (9/08)

**DO NOT DETACH - KEEP COPY**

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

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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**PARENT'S COPY**

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- (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:

Department of Social Services - Community Care Licensing

NAME

6167 Bristol Parkway, Suite 400

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Culver City	90230	(310) 568-1807

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)	(PRINT THE ADDRESS OF THE FACILITY)
Aviva SAFE Afterschool Program	7450 Hawthorn Avenue, Los Angeles, CA 90046

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

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

# 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

DATES	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

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST _____ LUNCH _____ DINNER _____	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

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

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**Aviva SAFE Afterschool Program**  
*A Program of Aviva Family and Children's Services*  
**7450 Hawthorn Street**  
**Los Angeles, CA 90046**  
**323-876-0550**

Dear Parents/Guardians:

The following survey is being conducted in order to accumulate research necessary for funding purposes only. None of the information will be distributed to any other businesses **or government agencies**. The Gardner Street Elementary School will not be provided with any of your information.

The Aviva SAFE After school program receives a donation from the City of West Hollywood. The information provided below will be submitted to the City of West Hollywood in order to indicate that the students in the program are associated with the City by living in West Hollywood or that parents and guardians either work or own property there. **Individual names and addresses will not be submitted. The data will be accumulated as a percentage and then submitted.**

Again, this information will only be used to keep the funding with the program. This funding makes it possible for Aviva to charge a minimal fee for the after school program. Your assistance is greatly appreciated.

If you have any questions, please feel free to call me at (323) 876-0550 ext. 1120.

Thanking you in advance for your cooperation.

Respectfully yours,

Christine Chouchanian  
Director for SAFE



**Aviva SAFE Afterschool Program**  
*A Program of Aviva Family and Children's Services*  
**7450 Hawthorn Street**  
**Los Angeles, CA 90046**  
**323-876-0550**

1. Do you live in the City of West Hollywood? Yes\_\_\_ No\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you work in the City of West Hollywood? Yes\_\_\_ No\_\_\_

Place of Employment: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you own property in the City of West Hollywood? Yes\_\_\_ No\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you attend adult school in the City of W. Hollywood? Yes\_\_\_ No\_\_\_

Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Aviva Teacher: \_\_\_\_\_

**\*Please use address guide provided by the City of West Hollywood to verify that you are a resident/work or own property in the City of West Hollywood.  
(Please go to next page.)**

**ADDRESSES IN THE CITY OF WEST HOLLYWOOD**

<b>Street Address</b>	<b>Street #</b>	<b>Street Address</b>	<b>Street #</b>	<b>Street Address</b>	<b>Street #</b>
Alfred Street	501-653 1011-1020	Hancock Ave.	900-1100	Poinsettia Drive	1113-1237
Almont Street	142-646	Harland Ave.	9040-9073	Poinsettia Place	1000-1299
Alta Loma Road	1100-1232	Harper Ave.	900-1454	Queens Drive	1274
Ashcroft Ave.	8700-9050	Harratt Street	8800-9100	Ramage Street	711-727
Betty Way	8814-8839	Havenhurst Drive	900-1437	Rangely Ave.	8708-9040
Beverly Blvd	8600-8659 odd 8659-9049 all	Hayworth Ave.	900-1000 even 1000-1450	Robertson Blvd	142-824
Beverly Place	8551-8633	Hilldale Ave.	805-1100	Romaine Street	7100-7349 7500-7929 8115-8300
Bonner Drive	8700-8793	Holloway Drive	8500-8800	Rosewood Ave.	8300-8419 odd 8475-9053
Carol Drive	1000-1100	Holloway Plaza	8643-8665	Roxbury Road	100
Clark Drive	141-152	Horn Ave.	1100-1229	Rugby Drive	8554-8629
Clinton Street	8300-8498	Huntley Drive	310-870	San Vincente Blvd	306-1100
Cory Ave.	1000-1100	Keith Ave.	8921-9061	Santa Monica Blvd	7066-9099
Crescent		Kings Road	500-636 800-1400	Sherbourne Drive	300-421 1100-1124
Heights Blvd	1005-1428	La Brea Ave.	1000-1299	Sherwood Drive	8514-8715
Croft Ave.	500-616 1031-1038 1/4	La Cienega Blvd	500-637 990-1234	Shoreham Drive	8700-8787
Curson Ave.	900-1299	La Collina Drive	1107-1114	Sierra Alta Way	1100-1111
Cynthia Ave.	8800-9049	La Jolla Ave.	900-1055	Sierra Bonita Ave	900-1100
De Longpre Ave.	8200-8481	La Peer Drive	142-170 600-672	Spaulding Ave.	900-1299
Detroit Street	1100-1299	Larrabee Street	801-1304	Stanley Ave.	901-1060
Dicks Street	8928-9057	Laurel Ave.	1006-1430	Sunset Blvd	8221-9255
Doheny Drive	140-940 even 940-1100 all	Lexington Ave.	7065-7737	Sunset Plaza	8611-8623
Doheny Road	9201-9300 9300-9337 odd	Lloyd Place	8956-9058	Sunset Plaza Dr	1200-1223
Dorrington Ave.	8700-9039	Londonderry Place	8569	Swall Drive	141-154
Edinburg Ave.	1006-1051	Martel Ave.	1002-1054	Sweetzer Ave.	500-637 odd 807-900 odd 900-1422 all
Elevado Ave.	8995-9055	Melrose Ave.	8420-9037	Vista Street	1008-1299
El Tovar Place	8750-8800	Miller Drive	1320	Vista Grande St	8944-9049
Fairfax Ave.	900-1300 1301-1449 odd	Nellas Street	8800-8849	Waring Ave.	8300-8399 odd
Flores Street	500-637	Nemo Street	9041-9079	West Knoll Drive	500-934 8532-8720
Formosa Street	1000-1299	Norma Place	8942-9047	Westbourne Drive	309-1000
Fountain Ave.	7070-7900 even 7900-8499	Norton Ave.	7500-8300	Westmount Drive	417-1024
Fuller Ave.	1000-1299	Norwich Ave.	400-557	Wetherly Drive	144-939 1100-1111
Gardner Street	900-1299	Ogden Drive	900-1299	Willey Lane	712-750
Genesee Street	900-1299	Olive Drive	1100-1341	Willoughby Ave.	7463-7966 odd 8200-8300 odd 8300-8328 all
Greenacre Ave.	1105-1237	Orange Grove Ave	900-1299		
Hacienda Place	1100-1200	Orlando Ave.	500-638 1051		
Hammond Street	847-1100	Ozeta Terrace	1248-1314 even		
Hampton Ave.	7200-7238 7500-7740	Palm Ave.	803-1100		
		Phyllis Ave.	9000-9100 9111-9171 odd		