

# Discovery WORLD

Early Education Center

## Enrollment Agreement

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(Please Type / Print in Black Ink)

550 Deep Valley Drive Suite 217

Rolling Hills Estates, CA 90274

Phone: 310-265-6650

Fax: 310-697-3025

## CHILD INFORMATION

**Child's:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Day Options:  5 days (M-F) |  3 days (M/W/F) |  2 days (T/Th)

Time Options:  Half (9am-12pm) |  Full (9am-3pm) |  Extended (7am-6pm)

## ENROLLMENT AGREEMENT

I (We), the undersigned parent(s) or legal guardian(s) of the minor child named above, desire enrollment for my child in the childcare program (the "Program") provided by Discovery World Early Education Center ("DWEEC"), at its center located at 550 Deep Valley Drive, Suite 217, Rolling Hills Estates, CA 90274. In consideration of DWEEC providing the Program, I hereby acknowledge and agree that my child's participation in the Program is permissive and voluntary only and is subject to the terms of this Enrollment Agreement (this "Agreement").

### Tuition and Fees

1. The tuition fee for my child is \$\_\_\_\_\_ per month, year-round.
2. Tuition is due and payable on the first day of each month.
3. Children whose accounts are not paid by the fifth day of school will not be accepted until the account is paid. Accounts not paid by the morning of the fifth day of the month will incur a late charge of \$25.00, which must be paid along with the tuition before the child may attend.
4. An additional charge of \$25.00 must be paid for any returned check. Late tuition fees may also be incurred. For the account to remain open, returned checks and charges must be paid within twenty-four (24) hours of notification.
5. An absence of less than two (2) weeks will require payment of full tuition.
6. Tuition will be adjusted for absences of **two consecutive weeks or more if two weeks' written notice is given**. The adjustment will be calculated as follows: Regular tuition will be charged during the portion of the month that the child is scheduled to be at DWEEC. Discounted tuition at 50% will be charged for the minimum two-week period the child is absent, upon proper written notice. **Tuition must be paid in advance.**
7. There will be **no refunds** or adjustments to **registration and/or tuition fees** for holidays, illnesses, or withdrawals.
8. Partial month and discounted tuition shall be prorated based on 21 school days per month.
9. If a child is left before or after DWEEC's business hours, a charge of \$1.00 per (1) minute will be assessed. This charge is due when the child is picked up.
10. A 30-day written notice of intent to terminate enrollment must be given or a charge equal to seventy-five percent (75%) of the full monthly tuition will be required for the balance of the notice period.
11. Drop-in care, if available, is offered at \$7.50 per half hour, or part thereof, during school hours for enrolled students.

12. Meal service and special events may be offered to families at an additional fee.
13. I agree to pay DWEEC the applicable fees for the Program at the time required. If my tuition is subsidized by any third party and such subsidizing party denies payment or processes payment later than described above, I will be held responsible for the payment to DWEEC. Additionally, if my tuition is subsidized, any misrepresentation of gross household income or subsidy status may result in my child's dismissal from the program and/or retroactive charges for all underpaid tuition. If I use a third-party payor, I understand that I may be required to enroll in automatic payments to cover balances in a timely manner without additional work from the center.
14. My child's tuition is subject to change at any time in DWEEC's sole and absolute discretion. including, without limitation, to reflect changes in my child's schedule and/or classroom as they age up through DWEEC's program.

### **Schedule and Pick up/Drop off**

1. DWEEC's school program is open from 7:00am to 6:00pm, Monday through Friday, except for certain holidays. DWEEC's hours and holiday schedule are set and posted annually but may be changed at any time with thirty (30) days' prior written notice. DWEEC's drop-in care program is open from 7:00am to 6:15pm Monday through Thursday, 7:00am to 10:00pm Friday, 11:00am to 8:00pm Saturday, and some school holidays from 9:00am to 5:00pm. DWEEC will be open whenever possible on a regularly scheduled day during usual business hours. The procedure for notifying families of closures or late openings will be posted and emailed. If it is necessary to close early, it is my responsibility to arrange for my child's early pick up. There will be no tuition credit for any time DWEEC must close.
2. This Agreement is for a set schedule each month. Payment for this set schedule is required regardless of whether my child attends. Schedule may change with thirty (30) days' prior written notice from parent/guardian, starting at the beginning of the month if availability exists. If I request a schedule change, I understand that the new schedule is the only time that I have reserved for service; once a change is made, any prior schedules are not reserved for my child to utilize.
3. DWEEC does not switch days for any circumstance. Additional days may be reserved with payment with at least 48 hours' written notice and will be accepted if space is available. The cost for additional days is at the hourly Drop-in Rate.
4. Pick up and drop off times are based on the agreed upon schedule. Childcare before or after the scheduled times may be available if DWEEC has the staffing. If additional time is needed, please call DWEEC to ensure adequate staffing is available. Time beyond my scheduled time is billed up to the nearest half hour at the Drop-in Rate and is due at time of service.
5. My child will be accompanied to and from school by an authorized adult as listed below. An authorized adult will legibly sign my child in and out each day. If I would like a non-authorized adult to pick up my child, I understand that I must notify DWEEC management in advance, in writing and including the person's full name as it appears on their Driver's License. I understand that my child will not be released to a non-authorized adult without prior, written authorization. DWEEC will not release a child to anyone who appears impaired. If an impaired person attempts to pick up my child, pick up will be refused and DWEEC will attempt to contact another parent/guardian or authorized adult. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

### **Surveillance and Electronic Communications**

1. DWEEC may utilize video and audio surveillance equipment to view and record activity within the facility, including the offices, classrooms, and playgrounds. I understand that everyone on the premises may be subject to video and audio viewing and recording, including my child, my family, and any persons who pick up my child, and that WE HAVE NO REASONABLE EXPECTATION OF PRIVACY IN THE PUBLIC AREAS OF DWEEC. I further understand that DWEEC may use the surveillance system primarily for security and staff training purposes and may also use the content to showcase activities to parents on-site. In the event video and audio surveillance is implemented, I understand that such surveillance videos shall be for viewing by DWEEC personnel and may be made available to parents by written request. Content shall generally be stored and secured onsite but may also be stored on the cloud offsite. Content shall be accessed onsite through the local network. Only the director or designee shall have offsite access to stream content over an encrypted connection or from cloud storage offsite. No surveillance equipment shall be installed in restrooms.
2. DWEEC may utilize electronic communication software for lesson plans, daily reports, and child assessment. Its features will allow DWEEC personnel to photograph and videotape events to share with parents and document events. I understand that on occasion photographs and videos may be accidentally shared with the wrong parties. I acknowledge and agree that photographs and videos will be shared with parents through email and over the internet by logging into a portal. I acknowledge and agree that DWEEC is not responsible for actions taken by

others with respect to these shared photographs and videos. I further acknowledge and agree that photographs and videos may also be displayed on-site to showcase activities at the school.

### Enrichment Programs & Special Events

1. Enrichment programs and special events may be provided by independent contractors, not employed by DWEEC. I understand that while DWEEC does its due diligence in acquiring and monitoring these programs and complies with all licensing and regulatory requirements, it shall not be expected to control all aspects of these programs.
2. Enrichment programs and special events may also be held online through the Zoom Video Communications application and be made available to children attending enrichment programs and special events from home. I agree that my child may participate in these Zoom enrichment programs and special events, and I understand these events and my child may be visible and audible to families participating from home. I further understand that these enrichment programs and special events may be recorded locally or to cloud storage.
3. DWEEC makes enrichment program and special event information available to parents, and parents are welcome to contact programs directly should they have any additional questions.
4. My child may have the opportunity to participate in supervised walks around the outdoor mall at DWEEC. I agree that my child may participate in these walks and grant DWEEC permission to conduct such walks with my child.
5. My child may have the opportunity to participate in a special program or field trip, which may result in an additional fee. Notices of such programs or field trips will be posted in advance. A signed permission slip will be required for your child to participate in a field trip outside of the shopping mall address of 550 Deep Valley Drive, Rolling Hills Estates, CA 90274.

### Emergency and Medical Policies

1. I hereby consent to and authorize DWEEC and its staff to obtain all emergency medical or dental care for my child that is prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child. I understand that DWEEC and its staff may, if possible, in the event of an emergency attempt to contact me or other individuals whom I have designated, but circumstances may not permit DWEEC and its staff to do so. I hereby further consent to and authorize DWEEC and its staff to call for emergency assistance for my child, arrange for transporting my child to an emergency center, and take such other actions that either DWEEC or its staff determine reasonable or necessary under the circumstances. I understand and agree that I will be responsible for all costs and expenses incurred in connection with any treatment or transportation of my child, and that neither DWEEC nor its staff shall be responsible for any such costs and expenses. I further acknowledge that DWEEC does not have medical staff available at DWEEC and cannot provide emergency or other medical treatment.
2. I represent that my child will not be ill when dropped off at the Program and that my child will not, to the best of my knowledge, have been exposed to any contagious disease outside of the Program within at least three (3) days prior to drop off. I agree that if I am notified that my child is ill, I will pick up my child within 60 minutes. I understand that DWEEC must isolate my child while awaiting pickup and supervise them individually, so any period over 60 minutes will incur a charge of \$1/minute. If my child is absent due to a reportable disease, I understand that my child may only return with a physician's note indicating that he or she is no longer contagious. DWEEC may also require a physician's note for non-reportable diseases or to confirm the origin of potential symptoms, at its sole discretion.
3. I agree to give DWEEC current medical and immunization records for my child prior to my child's enrollment in the Program. I further agree to update my child's medical and immunization records annually. In addition, I represent that my child has received all of the inoculations at the times indicated as set forth in the Physician's Report submitted at time of enrollment, and as set forth below:

<b>Ages of Child</b>	<b>Inoculations</b>
2 / 4 / 6 Months	DPT, Oral Polio
12 Months	TB
15 Months	Measles, Mumps, Rubella
18 Months	Booster, DPT, OPV (Oral Polio)
24 Months	TB, H-Flu Vaccine
5-6 Years	Booster, DPT, Polio
7-12 Years	All of the above plus yearly TB

4. I acknowledge that have read and understand DWEEC's Over-the-Counter Medications Policy, and that I will provide a signed Physician's Approval of any medications to be administered.

5. I further acknowledge that I have read and understand the accompanying form, "Consent of Treatment of a Minor"

and the brochure outlining the school's general policies, rules, and operating regulations, and further agree to abide by those policies, rules, and regulations.

## Indemnity, Waiver and Release

1. On behalf of myself and my child, other minor children, legal wards, heirs, spouse, next of kin, distributees, guardians, legal representatives, and assigns (collectively, the "Releasors"), I hereby agree to waive, release, relieve, and discharge and to otherwise defend, indemnify, and hold harmless DWEEC and its parents, subsidiaries, and affiliates, as well as their respective managers, officers, members, owners, employees, agents, and landlords (collectively, the "Releasees") from any and all claims, demands, actions, causes of action, suits, debts, sums of money, controversies, damages, obligations, costs, and liabilities of every kind and nature whatsoever (including negligence claims and excluding gross negligence and intentional misconduct of Releasees) and occurring at any time whatsoever (i.e. past, present, future) that may arise out of, relate to, or result from this Agreement and, directly or indirectly, my child's presence at DWEEC and/or participation in the Program, including without limitation, child custody disputes, harm, injury (including death) or damage to the person or property of the Releasors, the exposure of Releasors to any illness, disease, bacteria, virus, fungus, mold, or contamination, the exposure of Releasors to any disinfection/sanitization products while present at DWEEC, and any other injury or damage to any person or property caused by the Releasors, to the fullest extent permitted by law.
2. I further agree that I, and the Releasors, will not make a claim against, or sue any of the Releasees for injury (including death) or damages, arising out of, relating to or resulting from this Agreement, my child's presence at DWEEC and/or participation in the Program, including without limitation, child custody disputes, exposure of Releasors to any illness, disease, bacteria, virus, fungus, mold, or contamination, the exposure of Releasors to disinfection/sanitization products while present at DWEEC, any injury or damage to the person or property of Releasors while present at DWEEC or participating in the Program, and any injury or damage to any person or property caused by my child, whether by reason of the negligence of the Releasees or otherwise, but excluding the gross negligence or intentional tortious conduct by the Releasees.
3. I further agree that I, and the Releasors, will not make a claim against, or sue any of the Releasees for any damages arising out of, relating to or resulting from DWEEC's surveillance or software systems and applications, including without limitation to photo, video, or audio content generated from such surveillance or software systems and applications.

## General Terms

1. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, I agree that the balance of this Agreement should continue in full force and effect.
2. I acknowledge that DWEEC may refuse to allow my child to participate in the Program at any time in its sole and absolute discretion.
3. I acknowledge that I have been given the opportunity to visually inspect the facilities, equipment and toys used in connection with the Program and that I will visually inspect such facilities, equipment, and toys before allowing my child to participate in the Program.
4. This Agreement is not intended to be all inclusive. I understand that other terms and conditions of my child's enrollment are contained in the Enrollment Agreement Addendum- COVID-19, Over-the-Counter Medications Policy, Notification of Personal Rights, Notification of Parent's Rights, Emergency Information and Authorization to Take Child from Discovery World, Consent to Treatment of a Minor, and Emergency Waiver for Temporary Childcare. I further understand that my child's enrollment is also subject to all of DWEEC's policies and procedures which may change from time to time.
5. I represent that the information provided to DWEEC, including the information provided in the Application for Enrollment, Preadmission Health Evaluation, Over-the-Counter Medications, Physician's Report, Emergency Information and Authorization to Take Child from Discovery World, and Consent to Treatment of a Minor forms, is accurate. I agree to provide timely updates to DWEEC if any of this information changes.
6. This Agreement supersedes all prior agreements. It may not be modified or amended except by a writing signed by all parties to this Agreement. DWEEC will notify me of tuition rate changes with at least 30 days' written notice.
7. If any party brings a motion or suit to enforce or interpret any provision of this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees in addition to all other costs allowed by law.
8. This Agreement may be signed in one or more counterparts. The parties to this Agreement will execute all documents and perform all acts necessary and proper to effectuate the terms of this Agreement.
9. This Agreement shall be construed, enforced, and administered in accordance with the laws of the State of

California. This Agreement shall be enforceable in any Superior Court in the State of California having jurisdiction to enforce its terms.

10. I acknowledge that I have read, understand and accept the conditions noted above. I agree to comply and to cause my child to comply with such other rules relating to the Program as implemented by DWEEC from time to time. I understand it is my responsibility to contact DWEEC with any questions I have about the information contained in any document relating to enrollment policies and procedures.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT REQUIRES ME, AMONG OTHER THINGS, TO INDEMNIFY THE RELEASEES AND OTHERWISE WAIVE A RELEASE CLAIMS AGAINST THE RELEASEES. I AM THE LAWFUL PARENT/GUARDIAN OF THE CHILD NAMED ABOVE, AND MY CHILD IS IN GOOD PHYSICAL CONDITION AND WILL BE IN GOOD PHYSICAL CONDITION EACH TIME MY CHILD PARTICIPATES IN THE PROGRAM. I HAVE SIGNED THIS AGREEMENT VOLUNTARILY, AND I AM AT LEAST 18 YEARS OF AGE.

**Parent/Guardian Signature:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

#### NOTIFICATION OF STANDARD STATE PROVISIONS

California's Department of Social Services requires the following standard contract provisions:

- DWEEC shall comply with all the terms and conditions set forth in this agreement.
- DWEEC shall keep this original and provide a photocopy to the child's authorized representative.
- DWEEC will notify the child's authorized representative of tuition rate changes with at least 30 days' written notice.
- This agreement shall be automatically terminated by the death of the child.
- No liability or debt shall accrue after the date of death.
- California's Department of Social Services has the right to perform the duties authorized in Title 22, including section 101200:
  - (b) The Department has the authority to interview children or staff without prior consent. (1) The licensee shall ensure that provisions are made for private interviews with any children or staff members.
  - (c) The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101221(d). (1) The licensee shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.





## ENROLLMENT AGREEMENT ADDENDUM - COVID-19

Pursuant to the Enrollment Agreement, Indemnity and Release (the "Agreement"), you, as parent(s) or legal guardian(s) of the registered child, engaged Discovery Work Essential Childcare LLC, a Delaware limited liability company ("DWEEC") to provide childcare services through your child's participation in the Program. All capitalized terms used herein shall have the definition given to such terms in the Agreement.

This Addendum amends and supplements the Agreement between you and DWEEC. The following policies were created and implemented for the duration of the COVID-19 pandemic (or local epidemic, should COVID-19 persist locally longer than globally) to ensure a safe and healthy environment for your children.

1. You agree to screen your child and any persons involved with drop off and pick up before they leave home. Anyone with symptoms consistent with COVID-19, including the child, should remain at home in isolation for a minimum of ten (10) days plus at least three (3) days after the resolution of fever (without fever-reducing medication) and improvement in other symptoms. Your child should stay home if he or she is ill, even with mild symptoms.
2. You agree to immediately inform DWEEC if your child or someone in your immediate household is diagnosed with COVID-19, develops symptoms consistent with COVID-19, or is exposed to someone with symptoms consistent with COVID-19 within the last fourteen (14) days. Children who may have had close contact with an ill individual or have traveled to an area with high COVID-19 exposure or spread - particularly as defined by the Center for Disease Control as a "Level 3 Travel Health Notice" - may be asked to home-quarantine for fourteen (14) days from their last exposure.
3. You agree that your family will comply with all government Orders outside of the Program, and you agree that anyone not in compliance with Orders will not physically interact with the Program, including your child, without a reduction in tuition. If you are not wearing a mask for any reason, you must have someone else wearing a mask drop off and pick up your child. If you choose for your child to not wear a mask (without a doctor's note), your child will be asked to stay at home for the duration of the COVID-19 pandemic.
4. The Program may stagger drop off and pick up times to minimize exposures, in its sole discretion. Children in the Program are not permitted to change groups or time slots for any reason. Children in other groups are not permitted to mix with one another during the Program.
5. Parents/guardians of children over the age of two (2) years old must provide their child with a face cover prior to entering the Center, unless the child has medical issues related to wearing a face cover, such as breathing issues, and a doctor's note is provided. To prevent contamination, if the face cover is washable, it must be washed every day, or if the face cover is disposable, a new face cover must be used each day. Face cover may be made available for purchase at DWEEC, if such supplies become available. If you choose to reuse disposable face cover due to limited mask availability, you agree to disinfect the face cover or store each cover at least 5 days between uses, as recommended by the Center for Disease Control.
6. Face covers are worn at all times during the program except when eating, drinking, and napping. Surgical masks, provided by DWEEC or you, are worn during water play activities because they are made of plastic fabric, such that they repel water and resist clogging. Alternatively, you can opt out of water play activities. If a child expresses or appears to have difficulty breathing, we will remove the face cover and allow your child to rest away from the group. You acknowledge and agree that wearing a face cover for prolonged periods of time may lead to side effects, such as skin irritation, and you are responsible for obtaining medical advice about the use of them from your child's health provider. You are acknowledging that your child is fit to wear a face cover and agree that you are accepting the risk of their wearing one. DWEEC does not employ medical professionals; this policy has been derived from guidance provided by governing authorities.
7. DWEEC will routinely clean and disinfect surfaces and objects that are frequently touched, including doorknobs, light switches, classroom sink handles, counter tops, using cleaning products that meet EPA standards for infection control and following label directions. You acknowledge and agree that such disinfecting and sanitizing procedures may result in a potential increased exposure of your child to certain chemicals found in such disinfecting and sanitizing products.
8. Requests to inspect the facilities, equipment and toys used in connection with the Program may be limited to inspection at a minimum six (6) foot distance and to otherwise comply with social distancing protocols.
9. DWEEC maintains a drop off lane that must be used when dropping off and picking up your child to limit close contact. In addition, when dropping off and picking up your child, you must wear a face mask, maintain at least a six (6) foot distance from others, and bring your own pen to sign your child in and out. To staff and operate this system, DWEEC must standardize drop-off and pick-up times. You must drop-off your child between 7:00am and 9:30am and schedule your child's pick-up at 2:55pm, 3:25pm, 3:55pm, 4:25pm, 4:55pm, 5:25pm, and 5:55pm.
10. You authorize DWEEC staff to take the temperature of your child upon arrival, as well as during the Program if needed. You acknowledge and agree that DWEEC staff may use forehead or ear thermometers if there is a concern your child may have a fever. You understand that DWEEC will conduct Health Screenings and agree that you will cooperate.

11. You agree that if your child shows signs of respiratory illness, a fever of 100.4 degrees Fahrenheit or above, a cough, or shortness of breath, he or she may not remain at the site, and that you shall pick your child up as soon as possible. DWEEC also reserves the right to presume a child may be “coming down” with an illness if their behavior changes and/or their temperature is elevated between 37.5C (99.5F) and 38C (100.4F) without known cause. This will require a minimum of a 24-hour absence to ensure the atypical behavior and/or elevated body temperature resolves. Anyone with symptoms consistent with COVID-19, including your child, should remain at home in isolation for a minimum of 10 days plus at least 3 days after the resolution of fever without fever reducing medication and other symptoms; this includes a fever without obvious explanation or medical note. If allowed under the current applicable governmental guidelines, a child may be excluded for as little as 24 hours if their fever appears not to be COVID-related; DWEEC reserves the right to require a doctor’s evaluation or note in this case.
12. You understand and agree that your child may not bring any belongings from home, except for face covers and alternate pairs of clothing. Children may bring between three (3) to (5) pairs of clothing, depending on whether the child is potty-trained.
13. You must pack a lunch, drinks, snacks, and utensils for your child. If available, you may be able to pre-purchase food for your child from DWEEC or restaurants in the complex.
14. Our goal is to provide childcare services to children of essential workers, including parents/guardians able to work under the current version of the Health Order, with priority given to children whose custodial parents/guardians are all essential workers working at essential businesses, as defined in the original Health Order, dated March 19, 2020. By enrolling you self-certify that you are an essential worker or that you are working in accordance with the current Health Order. Although DWEEC will try to accommodate all children, you acknowledge and agree that DWEEC may determine that it is unable to continue your child’s participation in the Program upon 24 hours’ notice, based on availability or governmental guidance. If, for any reason, this attestation of being able to work in compliance with any Health Orders is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of childcare services and my child/children may be subject to being suspended from the program, without tuition adjustment, until applicable restrictions are lifted.
 

Check here if your family has the flexibility to keep your child home on any given day in order to accommodate childcare needs of families whose parents/guardians are all essential workers, as defined under the original Health Order. I understand that by checking this box Discovery World Early Education Center may prioritize attendance on a given day due to shortage of staffing, space, or recommendation by regulatory agencies, such that my child/children must stay home in order to provide service to children of essential workers under the original definition.
15. You understand that these policies are subject to change based upon future governmental orders, rules, regulations, or administrative guidance.
16. You agree to check the email provided to DWEEC prior to bringing your child.
17. You represent that your child will not be ill when dropped off at the Program and that your child will not, to the best of your knowledge, have been exposed to any contagious disease within at least fourteen (14) days prior to drop off. You agree that if you are notified that your child is ill, you will pick up your child within 30 minutes. You understand that DWEEC must isolate your child while awaiting pickup and supervise them individually, so any period over 30 minutes will incur a charge of \$1/minute. If your child is absent due to a reportable disease, you understand that your child may only return with a physician’s note indicating that he or she is no longer contagious. DWEEC may also require a physician’s note for non-reportable diseases or to confirm the origin of potential symptoms, at its sole discretion.
18. Acknowledgement of Receipt - I have received and read the Emergency Waiver for Temporary Childcare, issued by the Department of Social Services on April 10, 2020, for use of Suite 235. This space has been approved by the State under a waiver to accommodate increased restrictions at this time; a waiver means the space is approved for use but not part of the license. You understand that your child’s classroom may be transferred to this space. DWEEC will notify you of any transfer with 30 days’ written notice.

**You acknowledge that you have read and understand this Addendum and the Agreement, and consent to be bound by the terms and conditions of the Agreement, as amended and supplemented by this Addendum.**

**Parent/Guardian Name:**

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Parent/Guardian Name:**

**Parent/Guardian Signature:** \_\_\_\_\_

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



**Notification of Parent's Rights**

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(Please Type / Print in Black Ink)



**Early Education Center**  
550 Deep Valley Road #217  
Rolling Hills Estates, CA 90274  
Phone - (310) 265-6650  
Fax - (310) 697-3025

**CHILD CARE CENTER NOTIFICATION OF PARENTS RIGHTS**

State of California-Health and Human Services Agency  
California Department of Social Services  
Community Care Licensing Division

**PARENT'S RIGHTS**

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

1. Enter and inspect the child care center without advanced notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public files 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, providing 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:  
Community Care Licensing  
300 Continental Blvd #290 A, El Segundo, CA 90245  
Phone Number: (424) 301 – 3077
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 THE CHILDREN IN CARE**

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

(Detach Here)

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENT'S RIGHTS**

I/we, the parent/guardian(s) of \_\_\_\_\_, acknowledge receipt of "CHILD CARE CENTER NOTIFICATION OF PARENT'S RIGHTS" from the licensee or authorized representative of Discovery World Essential Childcare.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTES: Bottom portion of this form shall be retained in the child's file. Top portion of this form is for the Parent or Authorized Representative's records.

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

LIC 995 (9/08)

# IMPORTANT INFORMATION FOR PARENTS CAREGIVER BACKGROUND CHECK PROCESS

## CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us. The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

## Notification of Personal Rights

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(Please Type / Print in Black Ink)



**Early Education Center**  
550 Deep Valley Road #217  
Rolling Hills Estates, CA 90274  
Phone - (310) 265-6650  
Fax - (310) 697-3025

### NOTICE TO PARENTS / GUARDIANS

Dear Parent,

At Discovery World, we believe in the rights of each child as an individual. We respect each child's individuality, needs, and wants. We strive to nurture each child as an individual, while teaching respect and consideration of others. We view discipline as a method for teaching self control and dignity. We never use corporal punishment. We use positive ways of intervention such as redirection, communication, and modeling when dealing with discipline problems. We never use "Time Out" as a threat. We use short periods of time – less than five minutes – when, from the view of the teacher, a child needs some time to calm down. The following list is intended to meet the requirements of California Code Regulations, Title 22, which requires that persons be informed of their personal rights. If you ever feel your child's personal rights or your rights as a parent / guardian have been violated, please see the Director or Executive Director immediately. Please read, sign, and return the bottom receipt with your registration papers.

Thank you,  
Discovery World

### PERSONAL RIGHTS

1. To be accorded dignity in his/her personal relationship with staff and other persons.
2. To be accorded safe, healthful, and comfortable accommodations, furnishings, and equipment to meet their 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 the daily living functions, including eating, sleeping, toileting, withholding shelter, clothing, medication, aids to physical functioning.
4. To be informed, and to have the authorized representative informed by the licensee of the provisions of law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint.
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 day care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parents or guardians of the child.)
6. To leave or depart the facility at any time, except for house rules for the protection of clients or for minors and others from whom legal authority has been established. (Pertains to Community Care Facilities only.)
7. Not to be locked in any room, building, or facility premises by day or nights.
8. Not to be placed in restraining devices without advance approval by the licensing agency.

If you feel your child's personal rights or your rights as a parent / guardian have been violated, please see the Director or Executive Director at once. However, if unsatisfied, the appropriate agency to contact regarding complains is:

Community Care Licensing  
300 Continental Blvd #290 A, El Segundo, CA 90245  
Phone Number: (424) 301 – 3077

(Detach Here)

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### ACKNOWLEDGEMENT OF PERSONAL RIGHTS NOTIFICATION

I/we, the parent/guardian(s) of \_\_\_\_\_, acknowledge receipt of "PERSONAL RIGHTS"  
from the licensee or authorized representative of Discovery World Essential Childcare.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: This form shall be retained in the child's file.

**Child Relationships,  
Emergency Information, and  
Authorization to Remove Child**



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(Please Type / Print in Black Ink)

**Child's Name** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**CHILD RELATIONSHIPS & EMERGENCY INFORMATION**

Discovery World consults this form if your child becomes ill, needs to be picked up, or in the case of an emergency. Please include contacts, with whom you trust your child's life. As selected below, each contact is authorized to pick up your child at any time and / or to make emergency decisions, including medical decisions, for your child on your behalf; both authorizations also allow us and third-parties to share any emergency, medical, and sensitive personal information with these contacts. Having non-local contacts allows us to relay emergency information to you via a trusted intermediary if local lines of communication are overwhelmed.

**LOCAL CONTACTS**

Contact Information	Authorization Type	Phone Numbers	Call Order
Name: _____ Relation: _____ Address: _____ City: _____ ZIP: _____ or <input type="checkbox"/> Lives with child	<input type="checkbox"/> Pickup <input type="checkbox"/> Emergency Decisions	Home: _____ Work: _____ Cell: _____	_____ _____ _____
Name: _____ Relation: _____ Address: _____ City: _____ ZIP: _____ or <input type="checkbox"/> Lives with child	<input type="checkbox"/> Pickup <input type="checkbox"/> Emergency Decisions	Home: _____ Work: _____ Cell: _____	_____ _____ _____
Name: _____ Relation: _____ Address: _____ City: _____ ZIP: _____ or <input type="checkbox"/> Lives with child	<input type="checkbox"/> Pickup <input type="checkbox"/> Emergency Decisions	Home: _____ Work: _____ Cell: _____	_____ _____ _____
Name: _____ Relation: _____ Address: _____ City: _____ ZIP: _____ or <input type="checkbox"/> Lives with child	<input type="checkbox"/> Pickup <input type="checkbox"/> Emergency Decisions	Home: _____ Work: _____ Cell: _____	_____ _____ _____
Name: _____ Relation: _____ Address: _____ City: _____ ZIP: _____ or <input type="checkbox"/> Lives with child	<input type="checkbox"/> Pickup <input type="checkbox"/> Emergency Decisions	Home: _____ Work: _____ Cell: _____	_____ _____ _____

**NON-LOCAL CONTACT**

Name: _____ Relation: _____ Address: _____ City: _____ State: _____ Country: _____	<input type="checkbox"/> Pickup (e.g. visiting) <input type="checkbox"/> Emergency Decisions	Phone, include area / international code: Home: _____ Cell / Work: _____
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**PHYSICIAN & DENTIST TO BE CALLED IN AN EMERGENCY**

	Medical Insurance	Address   Phone Number
Physician:		
Dentist:		
If we deem necessary to call 9-1-1, please note any other instructions: _____.		
Allergies, Symptoms, Treatment: _____.		

Please attach any other information, instructions, or concerns pertaining to your child(ren) that we may need to know in an emergency.

By signing below, I, \_\_\_\_\_, approve the changes to be made to my child's records; should I need to make updates to my authorizations or contact information in the future, I will do so using this form.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Report**

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(Please Type / Print in Black Ink)



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**STATEMENT TO PHYSICIAN**

Child: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

I, the undersigned parent/guardian of the above reference child, am considering enrollment of my child at Discovery World Essential Childcare. My child would attend from \_\_\_\_\_ am to \_\_\_\_\_ pm, \_\_\_\_\_ days/week. Activities include vigorous outdoor play. Please provide a report on my child's health, using the form below. I am submitting this report to my child's doctor and hereby authorize release of the medical information contained in this report to Discovery World Essential Childcare.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICIAN'S REPORT**

- Significant past illnesses, including injuries, diseases, hospitalizations, complications:  Yes  No
- Current communicable diseases:  Yes  No
- Conditions requiring special attention by Discovery World:  Yes  No
- Medications prescribed or specific instructions to be followed by the center:  Yes  No
- Known allergies, including medication, insect, food, asthma:  Yes  No
- Restrictions to physical exertion or activities:  Yes  No

Condition of Child's: Development: \_\_\_\_\_ Behavior: \_\_\_\_\_ Language / Speech: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Dental: \_\_\_\_\_ Blood|Urine|X-Ray|EKG|Other: \_\_\_\_\_

If "Yes" or *not typical* to any of the above, please provide details: \_\_\_\_\_

**Screening of Tuberculosis Risk Factors**

Risk Factors

- Being born outside of the United States in high prevalence region, including:
  - Asia, Africa, Central America, South America
- Being in an out-of-home placement
- Living with an adult who has been incarcerated in the last 5 years
- Living amongst or being exposed to individuals experiencing homelessness, migrant workers, and/or nursing home residents
- Having abnormal chest X-ray
- Having clinical evidence of TB or suspected of having HIV
- Having a family member with a history of TB or HIV seropositivity

Risk Factors Not Present

**OR**

Risk Factors Present

If present, the date of mantoux TB skin test was \_\_\_ / \_\_\_ / \_\_\_, and the results were:

Negative; TB Not Present

**OR**

Positive; TB Present

**Immunization History**

Vaccine	1st Dose Date	2nd Dose Date	3rd Dose Date	4th Dose Date	5th Dose Date
DTap   Tdap	2 months	4 months	6 months	18 months	School-Age
Polio (IPV)	2 months	4 months	15 months	School-Age	
Hepatitis B	2 months	4 months	18 months		
HIB Meningitis	2 months	4 months	12 months		
Varicella	15 months	School-Age			
MMR	12 months	School-Age			

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Over-the-Counter Medication**

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(Please Type / Print in Black Ink)



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**NOTE TO PARENTS / GUARDIANS**

Dear Parent,

We require the following form to be filled out by your child’s physician before we may give your child over-the-counter medication. We do this because most over-the-counter drugs do not have detailed instructions for young children, and, therefore, we cannot verify the dosage. We ask that you take this form to your child’s physicians to fill out any over-the-counter drugs your child may need, including for **pain/fever reducing, allergies, and diaper rash creams**. We will keep this form in your child’s file. We will not give your child any drugs unless you fill out a medication slip for the day and provide the medication. We ask that you update this form at least every six months since young children grow fast, and, thus, the dosage of their medications will change. Copies of this form are available in the office as needed.

Thank you,  
Discovery World

**PHYSICIAN’S APPROVAL**

Child: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Drug: \_\_\_\_\_

Dosage with Units of Measurement: \_\_\_\_\_

For what condition may this be used? \_\_\_\_\_

How long may this be used? [\_\_\_ Days] [\_\_\_ Weeks] [\_\_\_ Months] [\_\_\_ Years] [Other:\_\_\_\_\_]

Name of Drug: \_\_\_\_\_

Dosage with Units of Measurement: \_\_\_\_\_

For what condition may this be used? \_\_\_\_\_

How long may this be used? [\_\_\_ Days] [\_\_\_ Weeks] [\_\_\_ Months] [\_\_\_ Years] [Other:\_\_\_\_\_]

Name of Drug: \_\_\_\_\_

Dosage with Units of Measurement: \_\_\_\_\_

For what condition may this be used? \_\_\_\_\_

How long may this be used? [\_\_\_ Days] [\_\_\_ Weeks] [\_\_\_ Months] [\_\_\_ Years] [Other:\_\_\_\_\_]

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Physician’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Discovery World Early Education Center

## AUTHORIZATION TO USE / RELEASE CONTENT IN PUBLICATIONS AND TO NEWS MEDIA

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

Discovery World often wishes to publish media content that it generates and/or owns, including video, audio, and photographs, of members of the Discovery World Community (faculty, staff, students, and the families of students) in both printed and digital forms for organizational publications, promotional materials, and training materials. Some of these materials, such as, for example, admissions brochures and the organization's website, are distributed publically. Additionally, from time to time, the news media may contact Discovery World for content or Discovery World may contact the news media to offer content; this content might include media content as described above.

Discovery World seeks your permission to allow it to utilize photographs, video, and other printed and digital material that may include you, your child, and/or family while participating in activities or while on the premises of Discovery World.

Your authorization will enable Discovery World to use this material to improve training, increase public awareness of Discovery World, and to promote continuation and improvement of Discovery World's programs.

Discovery World does not intend to associate names with any content and would only do so after obtaining a separate authorization to release the name from the parent or guardian.

Please indicate your preferences and provide your signature below.

I give permission for Discovery World to use and release media content in Discovery World publications (including the organization's website and audio/video/printed materials) and to news media.

I give permission as described in the prior option, except for the restriction that I require prior approval of any media content to be made publically assessable over the Internet, such as through the organization's website, unless my child's face is blurred, blocked, or otherwise made indistinguishable.

Additionally, I would like to add these restrictions: \_\_\_\_\_

I do not give permission to Discovery World to use and release information in organizational publications or to the news media. (This does not remove any prior authorizations for specific uses.)

Parent/Guardian Name: \_\_\_\_\_

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

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For Office Use

Date Entered Into Database: \_\_\_\_\_

Database Code: \_\_\_\_\_

# Discovery World Early Education Center

## AUTHORIZATION TO USE / RELEASE CONTENT IN PUBLICATIONS AND TO NEWS MEDIA ADDENDUM: APPROVAL OR DENIAL OF SPECIFIC CONTENT

Student Name(s): \_\_\_\_\_

As an addendum to our original Authorization to Use / Release Content in Publications and to News Media, I modify my permissions with respect to photographs for yearbook publications, including those that may be paired with my child's name, including, but not limited to, the class composite.

**Please select ONE option below.**

I give permission for Discovery World to use and release media content, including content paired with my child's first name, in yearbook publications.

I give permission to Discovery World to use and release media content in yearbook publications, except content paired with my child's first name. I understand my child may not be pictured / named in the class composite if names are displayed below the picture but may have candid photos.

I do not give permission to Discovery World to use and release media content in yearbook publications.

\_\_\_\_\_  
**Parent / Guardian Printed Name**      **Parent / Guardian Signature**      **Date**

- For Office Use -

Date Entered Into Database: \_\_\_\_\_ Database Code: \_\_\_\_\_

## Hop aboard the Tuition Express and never write a check again!



As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your Tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**Tuition Express** is a service that we offer to automatically deduct the tuition from your Checking or Savings accounts. Like all services, there is a charge to us every time we use it, so in order to offset the cost somewhat, we ask that you register your charge and membership cards with eScrip if using Tuition Express. If you choose not to use Tuition Express, you may submit your child's tuition payments by cash or check within the first 5 working days each month.

**Tuition Express application on the reverse side.** Please return with Enrollment Application.

**EScrip is a fundraiser that cost you nothing.** All you need to do is register your Vons or Pavilions cards, Macy's charge, and your Mastercard, Visa, Discovery, and American Express card with eScrip. You can register online at [www.escrip.com](http://www.escrip.com). EScrip is a reputable company who keeps your information confidential. We have used this company for over 10 years with absolutely no problems. When you use the cards you have registered to make certain purchases, we get a small percentage of the purchase. That is all you need to do for a year. After a year, you just click to renew.

\*\*Please feel free to register your friends or family members with eScrip-extra applications are included.

**For Bank Account Authorization, complete and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize Discovery World Early Education Center, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third-party sender, Tuition Express\* to process and payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the United States Law.

\_\_\_\_\_ **Please initial if you want us to add lunches to your monthly bill.**

\_\_\_\_\_ **Please initial if you want us to add a credit for incidental charges. If so, how much \_\_\_\_\_.**

-----  
Your Name \_\_\_\_\_ Phone # \_\_\_\_\_ DEPOSITORY – Bank or Credit Union Name \_\_\_\_\_

-----  
Address \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_

-----  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Routing Transit Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

Checking  Savings

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**  
This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

-----  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of the client withdrawal from the Tuition Express Program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**Please attached a copy of a voided check here. Deposit slips not accepted.**

**Consent to Treatment of a Minor**

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(Please Type / Print in Black Ink)



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**CONSENT TO EMERGENCY MEDICAL TREATMENT OF A MINOR**

**Child Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Biological Sex:  F  M Medication Allergies & Symptoms: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_ / \_\_\_ / \_\_\_ Treatment: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

First Number to Call: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Second Number to Call: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I (we), the undersigned, as parent(s) or guardian(s), of CHILD'S NAME, a minor, do hereby consent to give Discovery World authorization to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), and / or dentist (D.D.S.) for my (our) child, named above. This care may be given under whatever conditions are necessary to preserve the life, limb, and / or wellbeing of my (our) child, named above.

My (our) consent applies to any and all medical diagnosis, treatment, and care, including but not limited to, labs, drugs, imaging, anesthesia, hospital care, medical transportation, and/or medical/dental surgical procedures, deemed advisable by and rendered under the general or special supervision of any first responder or of any physician, dentist, or surgeon (M.D., D.O., D.D.S.) licensed under the provisions of the Medical Practice Act, including treatment administered by their medical staff or other personnel employed by an emergency medical department.

It is understood that this authorization is given in advance of any diagnosis, treatment, or hospital care being required to provide authority and power for any such diagnosis, treatment, or hospital care, which the aforementioned medical authorities in the exercise of their best judgment may find advisable.

I (we) agree to hold harmless Discovery World from any action or inaction in the event of an emergency. We agree to pay any and all costs associated with diagnosis, treatment, and care, as well as to indemnify Discovery World.

This authorization is given pursuant to the provision of section 25.8 of the California State Civil Code.

Are there any restrictions to this consent / authorization?  No  Yes: \_\_\_\_\_

This consent and authorization shall remain in effect until enrollment has been terminated.

**Parent / Guardian:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent / Guardian:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_