

**BUENA VISTA CLUB
SCHOOL YEAR CONTRACT 2026-27**

2372 Buena Vista Ave., Walnut Creek, CA 94597 ♦ (925) 538-3513 ♦

buenavistachildrenscenter@gmail.com

SCHOOL YEAR 2026-27 REGISTRATION CONTRACT (subject to change)

CHILD'S NAME: _____

**TEACHER'S
NAME:** _____ **GRADE:** _____

EMAIL: _____

CHOOSE ONE

_____ **FULL 5 DAYS PER WEEK**

_____ **4 DAYS PER WEEK (CIRCLE DAYS ATTENDING)** **M T W TH F**

_____ **3 DAYS PER WEEK (CIRCLE DAYS ATTENDING)** **M T W TH F**

_____ **2 DAYS PER WEEK (CIRCLE DAYS ATTENDING)** **M T W TH F**

_____ **DROP IN/HOURLY RATE**

****MUST CALL PRIOR TO CONFIRM SPACE, IF YOU KNOW THE DAYS EACH WEEK
PLEASE MARK THEM HERE**

M T W TH F

SIGNATURE: _____ **DATE:** _____

BUENA VISTA CLUB SCHOOL 2026-27

REGISTRATION FEE IS \$50

RATE SHEET

MONTHLY RATES 1st-5th

5 DAYS PER WEEK: \$650

4 DAYS PER WEEK: \$580

3 DAYS PER WEEK: \$485

2 DAYS PER WEEK: \$375

DROP-IN DAILY RATE: \$16 per hour charged by the half hour

MONTHLY RATES KINDERGARTEN

5 DAYS PER WEEK: TK \$925 - KINDER \$805

4 DAYS PER WEEK: TK\$825 - KINDER \$715

3 DAYS PER WEEK: TK \$710 – KINDER \$610

2 DAYS PER WEEK: TK \$540 – KINDER \$465

DROP-IN DAILY RATE: \$16 per hour charged by the half hour

Allergies/Drugs _____
Foods _____
Other Health Problems _____

Name/Address: _____
Relationship _____
Phone _____

Additional Persons Who May Be Called In Emergency _____
Medical Plan & Number _____

Dentist's Name & Address _____
Phone _____
Physician's Name & Address _____
Phone _____

Signature Parent/Guardian _____
Physician to be Called In Emergency _____
Date _____

The Undersigned, as parent/legal guardian of the child registered on this form hereby authorizes the Buena Vista Children's Center, Inc. (Buena Vista Club) and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civic Code of California. It is understood that if the time and circumstances reasonably permit, the Club will endeavor but is not required to communicate with me prior to such treatment. The undersigned further agrees that the Club and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or treatment. This authorization and consent to treatment of minor is given to The Buena Vista Children's Center, Inc. in connection with any authorized event.

Consent To Treatment of Minor & Authorization to Buena Vista Club to Give Such Treatment

Buena Vista Club – Before & After School Program Identification & Emergency Card

Please Print
Child's Name _____ Sex _____ Birthdate _____
Address _____ Phone _____
Father's Name/Address _____ Home Phone _____
Mother's Name/Address _____ Home Phone _____
Mother's Work Phone _____ Father's Work Phone _____
Email Adresses: _____
Person(s) Responsible for Child: _____

Names of Persons Authorized to Take Child From Facility:
(Child will NOT be allowed to leave with any other person without written authorization from Parent/Guardian)

Name:	Relationship/Phone Number:
_____	_____
_____	_____

Signature of Parent/Guardian _____ Date _____

(over)

PERSONAL RIGHTS

Child Care Centers

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

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

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

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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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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
<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*
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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

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://cld.ca.gov/contact.htm>.

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of _____, have received a copy of the "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.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

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
()

THE BUENA VISTA CLUB ADMISSIONS AGREEMENT
2372 Buena Vista Ave. Walnut Creek, CA 94597

THE BUENA VISTA CLUB, 2372 Buena Vista Ave., Walnut creek, CA 94597, Phone: 925-538-3513 (hereinafter referred to as "The Club") is a child care facility operated by The Buena Vista Children's Center, Inc. (at the same address), a non-profit corporation. The facility is licensed by the State Department of Social Services, Community Care Licensing Division pursuant to sections of Title 22, Division 12 of the California Code of Regulations and Section 1596.70 et. Seq. of Health and Safety Code.

A. BASIC SERVICES

The center shall provide the following basic services for

Enrollee's Name	Birthdate
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Whose parent or guardian is

Name of Person Enrolling Child	Relationship
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1. Child Care between 7 AM and 6 PM, ___ days/week (Monthly Contract).
2. Child Care between _____ and _____, days/week (Hourly Contract).

3. The child shall be furnished with an afternoon snack consisting of at least two items from the basic food groups. Such snack will be served at approximately 2:30 everyday.
4. The child shall have the opportunity to participate in large group as well as projects for individual achievement. These activities are safe, enriching and a fun extension of school.
5. The Club shall resume responsibility for the child after the child has passed the legally required morning health inspection and has been signed in by parent, guardian, or designated representative of the child's parents or guardians. The Club shall retain responsibility of the child until the child is signed out by a parent, guardian or designated representative of the child's parent or guardian.
6. The child shall be administered physician-prescribed medication only upon the written request of the child's parents or guardians. The medication must be in its original container with an unaltered prescription label. The Club shall not administer a nonprescription medication unless it is accompanied by a physician's request or written parental authorization to do so. The Club shall have no responsibility of any kind whatsoever for failure to provide requested prescription medication nor adverse reaction that are caused any the administration of such medication.
7. The Club shall give appropriate first aid to a hurt child. A parent or guardian shall be contacted if it is the judgment of the Club staff person that immediate medical attention is necessary. If it is further the judgment of the Club staff that the injury is of an

emergency nature, paramedics shall be called to the school and a parent or guardian shall be contacted.

8. If a child becomes ill while at Club, apparent or guardian will be notified immediately. An ill child shall be isolated (as deemed possible) and given appropriate care until picked up by a parent, guardian or designated representative.
9. The Club shall notify the child's parents or guardians of a suspected exposure to any communicable disease.
10. The Club is not responsible or lost or broken personal belongings brought by the child.
11. The Director or any other staff shall report to Children's Protective Services or the Police Department as required by the state Penal Code any suspicion of child abuse, sexual or otherwise, neglect or endangerment of which they may become aware.

B. PAYMENT PROVISIONS

1. In accordance with the statement of fees in the Parents' Handbook:
 - a. An initial non-refundable registration fee of \$50.00 per child shall be paid upon enrollment. A \$50.00 re-registration fee per child will be due before Fall enrollment of each school year.
 - b. This fee includes Summer enrollment as well.
 - c. Monthly contract fees shall be paid in advance the first day of each month. A \$25.00 per month late fee will be in effect after the 5th of each month. Individual arrangements can be made for a bi-monthly or weekly payment plan by contacting the Director.
 - d. Hourly fees are due either the afternoon the parents pick up their child, or if the child is on an Hourly Contract, fees shall be due on the first day of the subsequent month, late after the 5th. Monthly reminders will be posted for the due dates of fees.

C. REFUND POLICY

1. Partial tuition credit for a monthly contracted enrollee shall be given after three (3) consecutive days of excused absence.
2. Refunds of unused tuition shall be given if this agreement is terminated as provided for in items 1-7 in Section D of this agreement.
3. No credit shall be given for the days that The Club is officially closed. Tuition is the same for each month except when prorated for Summer Break. While remaining open for business during these breaks, they are separate programs with separate tuition fees. Information and registration for these programs are available to parents prior to their dates of commencement. Monthly contracts include care during Winter and Spring Break vacations, Hourly contracts will pay separate tuition fees.

D. TERMINATION OF AGREEMENT

This agreement shall be terminated if any one or more of the following occurs:

1. School year comes to an end.
2. Serious illness of the child, preventing Club attendance.
3. Death of the child.
4. Failure of the parents or guardians to honor the obligations listed in this agreement or any rules, regulations or manuals promulgated or provided for by The Club or school.

5. The Club in its sole and unfettered discretion determines that it is unable to meet the needs of the child.
6. The Club in its sole and unfettered discretion that it is not in the best interest of the Club or other children enrolled in Club to have the child in attendance.
7. Failure of the child's parent or guardians to cooperate with Club which the Club determines in its sole and unfettered discretion is serious enough to warrant termination.
8. PROCEDURE:
 In exercising its discretion under numbers 4, 5, 6, and 7 above, the Club may require the child and/or child's parents of guardians to attend conference(s) with Club personnel regarding the matters that potentially warrant termination of this Agreement. The child's parents or guardians may request a conference with Club personnel regarding the matters that potentially warrant termination, but the Club shall have no obligation to grant any such request.
 The Club's Director of staff shall have the sole right and responsibility to determine any disputed factual matters regarding termination of this Agreement.

E. MODIFICATION CLAUSE

Rates shall be reviewed by the Director and Board of Directors each September and January. Thirty (30) days notice will be given in writing before any rate change may take effect.

F. OTHER

This provides that:

The parties to this Agreement are aware of the Department of Social Services, Community Care Licensing's right to interview the child and Club staff, and to inspect and audit all records maintained by the Club without securing the prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the child, including conditions indicating abuse or neglect of inappropriate placement.

G. SIGNATURES TO AGREEMENT

Please read and sign this Agreement:

I agree to cooperate with the general policies of The Buena Vista Club, to perform the obligations of parents and guardians set forth in this Agreement, and to abide by the rules, regulations and manuals promulgated and provided by the Club. My signature below indicates that I have read the terms of this Agreement and that I have read the rules, regulations and manuals promulgated and provided by the Club and that I understand them.

Parent or Guardian Signature

Date

Director's Signature

Date