



# TINY TOTS Preschool Program



## 2024 / 2025 Registration Packet



The Carmichael Recreation and Park District (CRPD) Tiny Tot program is focused on developing a positive self-image by emphasizing the emotional, physical, social, and cognitive development of the child. We understand that children develop at different levels, therefore, we allow the children to proceed at their own pace. Our ultimate goal is to teach children to respect themselves and those around them.

**Social Experiences: Ages 3 – 4**

**Kindergarten Readiness: Ages 4 – 5**

For clarification about the differences and/or age requirements of the courses, please reach out to the Recreation Supervisor at [cwiggins@carmichaelpark.com](mailto:cwiggins@carmichaelpark.com)

## General Information

**Location:** Tiny Tot Room (Veteran's Building)  
5750 Grant Avenue  
(916) 972-7647

La Sierra Community Center Office  
5325 Engle Road #100  
(916) 483-7826

**Contact:** Nicole Weathersby  
Tiny Tots Teacher  
[tinytots@carmichaelpark.com](mailto:tinytots@carmichaelpark.com)

Brandy Joyce  
Assistant Teacher

Cameron Wiggins  
Recreation Supervisor  
(916) 306-5514  
[cwiggins@carmichaelpark.com](mailto:cwiggins@carmichaelpark.com)

Brooke De Los Santos  
Recreation Coordinator  
(916) 283-7386  
[bdellosantos@carmichaelpark.com](mailto:bdellosantos@carmichaelpark.com)

**Hours:** 9am - 12pm

**Program Dates:** August 19, 2024 – May 23, 2025

<b>Closure Dates:</b>	September 2 November 11 November 25 – 29 December 23 – January 6 January 20 February 17 – 21 April 14 - 18	Labor Day Veteran's Day Thanksgiving Break Winter Break Martin Luther King Jr. Day President's Week Break Spring Break
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**Fees:** Payment must accompany registration. Monthly fees are due no later than the "Registration Closes" date below. Once registered for session 1, priority registration is available for children in the program for future sessions. Registration is made available for all each session once priority registration deadline is reached. **Any registration received after the deadline will be assessed a \$10 late fee.**

**Social Experiences: Ages 3-4, T/Th**  
Session 1: \$95 (R) \$100 (NR)  
Session 2 – Session 10: \$190 (R) \$200 (NR)

**Kindergarten Readiness: Ages 4-5, M/W/F**  
Session 1: \$128 (R) \$134 (NR)  
Session 2 – Session 10: \$255 (R) \$268 (NR)

Session	Session Dates	Priority Reg. Deadline	General Reg. Opens	Registration Closes (4pm)	Program Closure Dates
1	8/19/24 – 8/30/24	--	4/16/24	8/16/24	--
2	9/3/24 – 9/27/24	8/23/24	8/24/24	8/30/24	9/2/24
3	9/30/24 – 11/1/24	9/23/24	9/24/24	9/27/24	--
4	11/4/24 – 11/22/24	10/25/24	10/26/24	11/1/24	11/11/24
5	12/2/24 – 12/20/24	11/20/24	11/21/24	11/29/24	--
6	1/6/25 – 1/31/25	12/27/24	12/28/24	1/3/25	1/20/25
7	2/3/25 – 2/28/25	1/24/25	1/25/25	1/31/25	2/17 – 2/21/25
8	3/3/25 – 3/28/25	2/21/25	2/22/25	2/28/25	--
9	3/31/25 – 4/25/25	3/21/25	3/22/25	3/28/25	4/14 – 4/18/25
10	4/28/25 – 5/23/25	4/18/25	4/19/25	4/25/25	--



# Tiny Tots Preschool

## Registration Checklist: 2024-2025

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We appreciate your interest in Carmichael Recreation & Park District's Tiny Tots Preschool Program. Please ensure that you have completed all required documents by going through our Documents Checklist.

All forms can be turned in person at the La Sierra Community Center Recreation Office (5325 Engle Rd, Suite 100) or sent via email to: [regina@carmichaelpark.com](mailto:regina@carmichaelpark.com); [bdelossantos@carmichaelpark.com](mailto:bdelossantos@carmichaelpark.com); [cwiggins@carmichaelpark.com](mailto:cwiggins@carmichaelpark.com)

**Online Registration** – *All forms are due the Thursday prior to child's 1<sup>st</sup> day of Program*

- Health History Form**
- Emergency Form**
- Copy of Immunization Records**

Please note that if you registered online, the Registration form, waiver, and payment were already completed.

**In-Person Registration**

- Registration Form** – *Due at the time of registration*
- Agreement, Waiver & Release Form** – *Due at the time of registration*
- Payment of Week(s) Circled on Registration Form** – *Due at time of registration*
- Health History Form** – *Due the Thursday prior to child's 1st day of Program*
- Emergency Form** – *Due the Thursday prior to child's 1st day of Program*
- Copy of Immunization Records** – *Due the Thursday prior to child's 1<sup>st</sup> day of Program*



# REGISTRATION FORM

School Year 2024-2025

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Social Experiences: Ages 3-4, T/Th**

**Session 1:** \$95 (Resident) \$100 (Non-Resident)  
**Session 2 – Session 10:** \$190 (R) \$200 (NR)

### **Kindergarten Readiness: Ages 4-5, M/W/F**

**Session 1:** \$128 (Resident) \$134 (Non-Resident)  
**Session 2 – Session 10:** \$255 (R) \$268 (NR)

Session	Session Dates	Priority Reg. Deadline	General Reg. Opens	Registration Closes (4pm)	Program Closure Dates
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3	9/30/24 – 11/1/24	9/23/24	9/24/24	9/27/24	--
4	11/4/24 – 11/22/24	10/25/24	10/26/24	11/1/24	11/11/24
5	12/2/24 – 12/20/24	11/20/24	11/21/24	11/29/24	--
6	1/6/25 – 1/31/25	12/27/24	12/28/24	1/3/25	1/20/25
7	2/3/25 – 2/28/25	1/24/25	1/25/25	1/31/25	2/17 – 2/21/25
8	3/3/25 – 3/28/25	2/21/25	2/22/25	2/28/25	--
9	3/31/25 – 4/25/25	3/21/25	3/22/25	3/28/25	4/14 – 4/18/25
10	4/28/25 – 5/23/25	4/18/25	4/19/25	4/25/25	--

### **How to Register:**

- 1) Online by visiting [recpro.carmichaelpark.com](http://recpro.carmichaelpark.com)
- 2) In person via this form: Circle the sessions you are paying for. You are only paying and registered for the weeks you indicate on this form. You can turn this form in to our La Sierra Community Center Office, 5325 Engle Rd., Suite 100, Carmichael, CA 95608
- 3) Session 1 registrations must be done online or in-person. Additional registrations for future sessions can then be completed by calling (916) 483.7826, or email [regina@carmichaelpark.com](mailto:regina@carmichaelpark.com).

Once registered for session 1, priority registration is available for children in the program for future sessions. Registration is made available for all each session once priority registration deadline is reached. **Any registration received after the deadline will be assessed a \$10 late fee.**

**Payment:** Session #: \_\_\_\_\_ Session Fee: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

Check (made to CRPD) #: \_\_\_\_\_ Cash Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Credit/Debit Card: Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_



Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

**Carmichael Recreation & Park District**  
*TINY TOTS 2024 – 2025: August 19, 2024 — May 23, 2025*

**AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**PHOTO AND LIABILITY RELEASE**

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CRPD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

**PARENTAL/GUARDIAN CONSENT:(To be completed and signed by parent/guardian if Participant is under 18 years of age.)**

I hereby consent that my child, \_\_\_\_\_, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

# Health History

*Our Instructor refers to this sheet prior to your child's attendance in our program. This helps them familiarize themselves with your child and any accommodation that may need to be made.*

1. Past Illnesses: Mark any illnesses that your child has had with approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Serious/Severe Illness/Accidents? No \_\_\_ Yes \_\_\_ (If yes, please explain)

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3. Does your child have any diet/food restrictions? No \_\_\_ Yes \_\_\_ (If yes, please explain)

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4. Is your child diabetic and/or require special medical attention? No \_\_\_ Yes \_\_\_ (If yes, please explain and contact the Recreation Coordinator, [bdelossantos@carmichaelpark.com](mailto:bdelossantos@carmichaelpark.com), for a more detailed correspondence).

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5. What is your overall evaluation of your child's health?

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6. All children must be able to use the bathroom without assistance to attend the program. Does your child have any difficulties using the bathroom? No \_\_\_\_  
Yes \_\_\_\_ (If yes, please explain)

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7. Does your child tire easily? No \_\_\_\_ Yes \_\_\_\_ (If yes, please explain)

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8. How does your child get along with parents, siblings, and other children?

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9. How does your child handle group experiences?

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10. Does your child have any special needs? No \_\_\_\_ Yes \_\_\_\_ (If yes, please explain)

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11. What is your overall evaluation of your child's personality?

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12. Extra comments?

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# CHILD EMERGENCY FORM

This form will remain in the Tiny Tots Room and be referred to by our instructor. Only individuals named on this sheet are allowed to pick up your child and must show photo I.D. to our staff members. Changes to this form can be made at any time. Please talk to our Instructor or Recreation Coordinator to do so.

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## **EMERGENCY CONTACTS:**

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact 1: \_\_\_\_\_ Alternative Contact 2: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## **EMERGENCY INFORMATION:**

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

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

Medical Conditions: \_\_\_\_\_ Physician: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## **AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:**

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

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

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

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