

## **Heritage Park Tot Lot Registration Packet**

18600 S. Bloomfield Ave.  
Cerritos, CA 90703

Dear Parents/Guardians:

Thank you for inquiring about Heritage Park Tot Lot. This is a parent co-op program which exists primarily to provide a pleasant, nurturing environment for our children to learn and grow. Heritage Park Tot Lot provides a supervised program and exposes preschool children to various motor and social skills through crafts, music, academic curriculum and playtime. Through these activities, they will learn about manners, sharing, respecting others, listening, and following directions. More importantly, they will come to know that learning can be very fun! The placement of your child in the program will be based on the order in which your application is received. The application must be fully completed upon receipt.

**Failure to turn in the application form by the set date will result in losing priority on admittance.**

### **Entrance Requirements:**

1. A child must be between the ages of 3 to 5 years as of September 1.
2. A child must be fully toilet trained.
3. A parent or a substitute must work one day per week, from 9:00 a.m. to 12:45 p.m.
4. The working member (parent/substitute) must speak and understand English fluently. She/he must also be in good health and able to handle 15 preschool children.

### **Document Requirements:**

1. A complete application packet (6 pages)
2. A photocopy of a birth certificate.
3. Two proofs of residency: i.e., a copy of a driver license and utility bill within the last 60 days.
4. A copy of child's current immunization card (both sides).
5. Proof of child and working parent/ substitute's negative T.B. skin test signed by a physician; **no more than 12 months prior to enrollment.**
6. First installment of tuition (\$170 Cerritos resident or \$200 Non-resident). **This fee is non-refundable even if you withdraw before school begins.**
7. \$80.00 registration fee (non-refundable even if you withdraw before school begins) and \$90.00 security deposit (refundable at the end of the school year).

**Please write separate checks payable to Heritage Park Tot Lot. No cash accepted.  
You are responsible for bounced check fees.**

**If mandatory requirements are not met by \_\_\_\_\_, your child will be put on the waiting list until further notice.**

### **Notice of Nondiscriminatory Policy**

Heritage Park Tot Lot admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on basis of race, color, national and ethnic origin in administration policies, and other school-administered programs.

**Other Information Needed Before Entrance:**

1. Please provide t-shirt sizes. One student's t-shirt is provided free. Additional T-shirts in child and adult sizes will be available for purchase. Adult's t-shirts are not required, but it is strongly recommended that you purchase one. Sample t-shirts will be available at the first meeting with the registration coordinator.

**Please circle size (s):**

CHILD:        XS    S        M        L                    How many? (one free) \_\_\_\_\_

ADULT:        XS    S        M        L        XL                    How many? \_\_\_\_\_

2. A parent or a substitute must work once a week. Please write the day of the week you prefer to work in the order of your preferences. (Choice is not guaranteed)

1st choice: \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

4<sup>th</sup> choice: \_\_\_\_\_

5<sup>th</sup> choice: \_\_\_\_\_

Substitute: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_  
\_\_\_\_\_

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Information on person(s) who will be working at Tot Lot

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

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**MANTOUX TB TEST:**

Skin test taken on: \_\_\_\_\_ (date)

Test result (circle): Negative / Positive

Chest X-ray:

X-ray taken on : \_\_\_\_\_ (date)

Result (circle): Not significant / Significant

**MANTOUX TB TEST:**

Skin test given on: \_\_\_\_\_ (date)

Test result (circle): Negative / Positive

Chest X-ray:

X-ray taken on: \_\_\_\_\_ (date)

Result (circle): Not significant / Significant



**PERSONS AUTHORIZED TO PICK UP CHILD:**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child will be released **ONLY** to the persons listed above.

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Child's Physician : \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Hospital: \_\_\_\_\_

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

Other Important Information : \_\_\_\_\_

LIST Any Allergy/s: \_\_\_\_\_

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**PLEASE READ THE RELEASE BELOW AND SIGN WHERE INDICATED:**

In case of emergency, if I am not immediately available, I authorize the members of the Heritage Park Tot Lot to arrange for possible emergency medical and surgical care.

I hereby certify that I am the parent or guardian of the aforementioned child and that I am entitled to his/her custody and control. I do hereby give my permission for my said child to participate in activities conducted by the Heritage Park Tot Lot. I further certify that said child is of good health, and that he/she has no physical or other impediment which would endanger him/her while participating in such a program, and I consent to my child's participation therein.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature (If applicable)

\_\_\_\_\_  
Date

## CONTINUING CONSENT TO TREATMENT

We, the undersigned, parents of (child's name) \_\_\_\_\_ minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital services that may be rendered to said minor under the general or special instruction of (doctor's name) \_\_\_\_\_ M.D., whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. We further authorize said physician to exercise his discretion in authorizing disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required but is given to encourage **Heritage Park Tot Lot** and said physician to exercise his best judgment as to the requirement of such diagnosis or treatment.

This consent shall remain effective until child's last day at Heritage Park Tot Lot, unless sooner revoked in writing delivered to said physician or said person entrusted with the custody of said minor.

\_\_\_\_\_  
Mother's Signature                      Date

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Father's Signature                      Date

\_\_\_\_\_  
Address                      Phone

\_\_\_\_\_  
Address                      Phone

\_\_\_\_\_  
Hospital Preference

\_\_\_\_\_  
Legal Guardian's Signature                      Date

\_\_\_\_\_  
Address                      Phone

**HERITAGE PARK TOT LOT  
WAIVER OF LIABILITY AND RELEASE AGREEMENT**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

I, the undersigned, an adult over the age of eighteen (18), in consideration of (child's name) \_\_\_\_\_ being granted permission to participate in the Heritage Park Tot Lot program, and promise that he/she for himself, his heirs, executors and assigns, agree to release and hold harmless the City of Cerritos, and Heritage Park Tot Lot board members, participating members, its agents and employees, for all harm, accidents, personal injury or property damage suffered by him/her or the participant as a result of the participant's taking part in the aforementioned program: including harms resulting from the negligent acts or omissions of the City or its agents or employees or Heritage Park Tot Lot board members or participating members. As the parent of the aforementioned participant, I give my permission for my child to participate in the aforementioned program. I, the undersigned, further agree to indemnify the City of Cerritos and all participating members of the Heritage Park Tot Lot for any and all liability incurred by them for the harms specified above.

I have read and fully understand, and agree with the above statement.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date