



Dear Parents,

It is our goal to always provide your child with the safest and healthiest environment we can, especially during this time. Our programs are following current guidelines provided by multiple government agencies (CDC, State of CA, OC Health Department, etc.). This includes smaller group sizes per classroom and smaller staff-to-child ratios. Staff will also work to teach and enforce social distancing in each program area. Please note, as regulations and recommendations change, so may some of the City of Brea's policies. Parents will continually be updated of changes.

Thank you so much for your cooperation and understanding. We want this to be a fun and healthy environment for everyone!

If you have any questions or concerns, do not hesitate to call us.

Sheryl Savord
Community Services Specialist
(714) 990-7631

Mary Kathryn Mendoza
Community Services Supervisor
(714) 671-4427



Important Program Policies and Updates

SICK POLICY

- **If your child develops any of the following symptoms, they may not return to program until they are symptom free for a full 24 hours** or until your child's physician indicates he/she can return to program. If your child is found to have any of the below symptoms at school we will isolate them from the other children and call you to pick them up immediately.
 - Severe coughing
 - Yellow eyes or skin
 - Mouth sores with or without drooling
 - Unusual spots or rashes
 - Infected skin patches
 - Headache or stiffness of neck
 - Heavy nasal discharge that is not clear
 - Diarrhea (more than one loose stool or an increase in number of stools)
 - Difficult or rapid breathing
 - Tears, redness of eyelids with discharge
 - A fever of 100.4 F or above
 - Sore throat or trouble swallowing
 - Severe itching of body or scalp
 - Vomiting
 - Any other contagious or communicable disease
- If your child has any communicable disease (including COVID-19), please inform us immediately so we can take necessary precautions. **Children may return when they have been symptom free for a full 24 hours.** In certain cases when an illness is contagious and communicable, a physician's written release stating the child is no longer contagious will be required. We will inform you when a written release is required.
- We ask that if a participant or anyone in their household has recently travelled internationally, that the participant not return to or start our program until they have self-quarantined for 14 days.
- **Per the OC Health Officer's Orders – May 29, 2020**
 - All participants who have been diagnosed with or are likely to have COVID-19 shall immediately isolate themselves and may return after they have fully recovered and are free of all symptoms for at least 3 days (72 hours).
 - All participants who know that they have been in close contact, with a person diagnosed with or likely to have COVID-19 shall quarantine themselves in their home until 14 days from the last date that they were in close contact with a person that has been diagnosed with or likely to have COVID-19.

For more COVID-19 information and to read the full OC Health Officers Orders, please visit the OC Health Care Agency's COVID-19 page: <https://occcovid19.ochealthinfo.com>

HEALTH SCREENINGS

- **Prior to arriving to program, we ask that parents perform a health screening by taking their child's temperature and ensuring they do not have a fever of 100.4°F or higher or any COVID-19 symptoms.**
- Upon arrival, participants must receive a health screening, which includes taking their temperature with a non-contact thermometer. If a participant has a temperature of 100.4°F or higher, there will be an allowable grace period (up to ten minutes) where the child can wait with their parent/guardian in a vehicle or a reasonable distance away from the facility. This guideline recognizes that temperatures can rise quickly if the child was running to the facility excited, wearing a hat or drinking a hot drink. If after the second test, they still test 100.4°F or higher, the child must be taken home and can return after being symptom free for a full 24 hours.

HEALTH AND CLEANING

- Staff will be cleaning equipment, surfaces, toys and restrooms throughout the day, including before and after use.
- Staff and children will be washing hands and/or using sanitizer before entering and exiting the classroom, playground area and each activity, in addition to regular washing before and after restroom use and meals. Hand sanitizing will also be required after touching their faces, blowing their noses, etc.
- Staff and children will maintain social distancing while in program - yes, we know this is a hard one for little ones, but we will be educating the children, setting up the room for success and have extra staff to assist in maintaining social distancing as much as possible.
- No personal toys or belongings other than lunches, a needed sweatshirt/sweater and a water bottle will be allowed.
- Staff members will be wearing face-coverings at all times and sanitizing/hand washing consistently between child interactions, activities and duties. Gloves will also be worn regularly for many duties and interactions.

FACE COVERINGS / MASKS

- Children aged 2 years and older should wear face-coverings, especially when indoors or when a 6-foot physical distance from others cannot be maintained.
- Per the most recent State of California Health order, it is required that all persons entering, exiting and doing business in the Brea Community Center wear a face-covering. All staff are required to wear a face-covering.
- A cloth face-covering is a device or accessory that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. Cloth face-coverings can be made from a variety of materials, such as cotton, silk or linen, and can be factory-made, sewn by hand, or improvised from household items, such as scarfs, T-shirts, sweatshirts or towels. Face shields are an acceptable alternative for children that cannot wear masks properly.
- The cloth face-covering order SHALL NOT APPLY to the following persons: a) Children under the age of 2; b) Anyone who has trouble breathing or who is unconscious, incapacitated or otherwise unable to remove the cloth face-covering without assistance; or c) Persons with a medical or mental health condition or development disability that prevents wearing a cloth face-covering.

CHECK IN / OUT PROCESS

- As our buildings reopen and updated government guidelines are released, we will be working on this process and updating you before the start of program. Some changes will include: No adults allowed in any program areas, one centralized check-in/out location, designated drop-off/pick-up times (alternate times can be arranged), temperature-taking/health checks at the door, sneeze guards, face-coverings etc. An e-mail will be sent prior to program starting so all parents are prepared with the exact process and location for drop-off/pick-up of participants.
- It is required that all persons entering, exiting and doing business in the Brea Community Center wear a face-covering. All staff are required to wear a face-covering in program. This includes drop-off and pick-up times.
- We ask that sick parents/guardians stay home and not be the responsible party dropping off and picking up participants.
- Photo ID's of the parent/adult picking up the participant will still be required.

I HAVE READ AND UNDERSTAND ALL OF THE INFORMATION PROVIDED ABOVE:

Participant

Name(s): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



FALL SESSION	Session runs Monday, August 24, 2020 through Friday, November 6, 2020 .
Class requirements:	<p>Tiny Tots:</p> <ul style="list-style-type: none"> • Junior Tiny Tots – 3 years old by September 1, 2020 • Senior Tiny Tots – 4 years old by September 1, 2020 • Child must be potty-trained. • Physician’s report does not need to be submitted at registration. Must be turned in the first week of class. <p>Lunch Bunch:</p> <ul style="list-style-type: none"> • Participants must register for a Tiny Tots morning class (9:30am-12pm) to register for Lunch Bunch (12-2:30pm). Must bring lunch.
Registration process:	<ul style="list-style-type: none"> • Registration starts July 15, 2020 at 10am for Brea residents. Live, work, attend school in Brea qualifies for residency. • Registration starts July 22, 2020 at 10am for non-residents. • Registration will be processed by email and on a first-come, first-served basis. Once you have completed the registration forms, scan (or take clear pictures of each page) and email to tinytots@cityofbrea.net. Original forms will be required on the first day of class. • Class confirmation will be sent to the email listed on the registration form. The email will be from “Brea CS,” which will include a receipt/link indicating what class your child is registered in.
Payment options:	<p>To make registration easier for parents, we offer two payment options:</p> <ul style="list-style-type: none"> • Full payment: If you choose, you may pay the full amount at registration. Include credit card info on your submitted registration form.* • Two payment option: If you choose this option, the first half of the total amount due must be included with your submitted registration form. Include credit card info on your submitted registration form.* The second half payment will be due no later than August 24 / 25 (first day of class). <p>We offer this optional payment plan as a service to parents. It is not intended to represent payment for one-half of the program. Once you have registered for a class, regardless of the payment option you choose, you are responsible for full payment.</p> <p>*If you do not wish to list your credit card info on the registration form, please email tinytots@cityofbrea.net to make payment arrangements with staff.</p>
Program location:	Brea Community Center, 695 E. Madison Way, Brea, CA 92821
Refund policy:	A refund will only be issued if the vacated space can be filled. If refund is approved, a \$5 refund fee will be deducted from the total class fee.
Questions:	Contact Sheryl Savord at (714) 990-7631 or email tinytots@cityofbrea.net .



Please submit registration forms by email: tinytots@cityofbrea.net

Name of Parent(s):		
*Email Address:		
Address:	**City:	Zip:
Phone Number:	Phone Number:	
Name of Child (one form per child)		
Child's first name (or nickname) to be used in class:	Birthdate MM / DD / YYYY:	
*Class confirmation will be sent to the email listed on the registration form. **Live, work, attend school in Brea qualifies for residency.		

PLEASE INDICATE YOUR CLASS PREFERENCE (1 as your first choice, 2 as your second choice, etc.)

JUNIOR TINY TOTS: 3 years old as of September 1, 2020

Days	AM Class	Resident Fee	Non-Resident Fee	Total	Class Preference
Mon / Wed	9:30am - 12pm	\$291	\$306		
Mon / Wed / Fri	9:30am - 12pm	\$428	\$443		
Tues / Thurs	9:30am - 12pm	\$291	\$306		
Tues / Thurs / Fri	9:30am - 12pm	\$428	\$443		

SENIOR TINY TOTS: 4 years old as of September 1, 2020

Days	AM Class	Resident Fee	Non-Resident Fee	Total	Class Preference
Mon / Wed	9:30am - 12pm	\$291	\$306		
Mon / Wed / Fri	9:30am - 12pm	\$428	\$443		
Tues / Thurs	9:30am - 12pm	\$291	\$306		
Tues / Thurs / Fri	9:30am - 12pm	\$428	\$443		

COMBO TINY TOTS: 3 years old as of start of session. Juniors and Seniors combined.

Days	PM Class	Resident Fee	Non-Resident Fee	Total	Class Preference
Tues / Thurs	12:30 - 3pm	\$291	\$306		

LUNCH BUNCH: May be added to any AM class listed above.

Days	PM	Resident Fee	Non-Resident Fee	Total	Class Preference
Mon / Wed	12 - 2:30pm	\$183	\$198		
Tues / Thurs	12 - 2:30pm	\$183	\$198		

PAYMENT METHOD:

Signature:	TOTAL AMOUNT \$
Credit Card #:	Exp: CVV:
<input type="checkbox"/> Please use credit balance on account: \$	

REFUND POLICY: Refund will only be issued if vacated space can be filled; \$5 refund processing fee.



IN CASE OF EMERGENCY, please contact: (other than parent/guardian)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

AUTHORIZED persons to take child from facility: (other than parent/guardian)

Child will not be allowed to leave without this written authorization from parent/guardian.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

MEDICAL INFORMATION:

- Allergies: _____
- Medications*: _____
- Other (please explain): _____

*If medications need to be delivered or supervised by staff, please fill out a Medical Information form. Forms can be found on website: cityofbrea.net/tinytots

CITY OF BREA – IMAGE RELEASE

I hereby consent to and authorize the use and reproduction of any and all video and/or photographic images. I give permission to the City of Brea to photograph or videotape me and I agree to release such photographs and/or video to be the sole property of the City of Brea. These images will be used in a variety of City media (print, video, social media) to promote City programs and services. Furthermore, I agree that I will not receive any compensation for such use.

CHILD'S NAME: _____

Signature of parent or guardian if minor: _____ **DATE:** _____

SHOT DESCRIPTION: 2020/21 Tiny Tots



PARTICIPANT WAIVER

City of Brea

1 Civic Center Circle, Brea, CA 92821-5732

(714) 990-7600

Important!
Waiver must be read and signed.

PLEASE READ CAREFULLY

**LIABILITY RELEASE AND ASSUMPTION OF RISK
INCLUDING CORONAVIRUS/COVID-19**

Print Minor Participant's Name

The City of Brea ("City") has implemented preventative measures to protect participants in its summer child-care, drop-in, camp, and recreational programs (each, a "Summer Program") from the risk of infection with COVID-19 which is known to cause serious illness, disability, and/or death. In spite of those measures, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Summer Program could increase your risk and your child's risk of contracting COVID-19 and suffering serious illness, disability, or death.

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. By signing this Liability Release and Assumption of Risk, I acknowledge the contagious and dangerous nature of COVID-19 described above, the risk that my child and I may be exposed to or infected by COVID-19 by attending a Summer Program, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a Summer Program may result from the actions, omissions, or negligence of myself and others, including the City, its officers, volunteers, contractors, agents, or employees, and/or other Summer Program participants and/or their families.

With full knowledge thereof, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, injury, and/or damage that may occur to me or my child relating to my child's attendance at any Summer Program. On behalf of myself, my child, and our heirs and successors in interest, and to the fullest extent permitted by law, I hereby release, covenant not to sue, discharge, and hold harmless the City, its elected officials, officers, agents, volunteers, and employees ("City Parties") from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating to my child's attendance at any Summer Program ("Claims"). I understand and agree that this Liability Release and Assumption of Risk includes any Claims based on the actions, omissions, or negligence, whether passive or active, of the City Parties and irrespective of whether a COVID-19 infection occurs before, during, or after my child's attendance at any Summer Program.

I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE CITY OF BREA AND ALL OTHER CITY PARTIES WITH RESPECT TO ALL POSSIBLE LIABILITY FOR INJURY, ILLNESS, DISABILITY, AND/OR DEATH, EVEN IF CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE CITY PARTIES, TO THE MAXIMUM EXTENT PERMITTED BY LAW. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THE SAME I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Print Parent/Guardian's **Name**

Parent/Guardian's **Signature**

Date

PHYSICIAN'S REPORT
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

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

_____. City of Brea Tiny Tots provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the City of Brea Tiny Tots.

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

(TODAY'S DATE)

PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out OR enclose a copy of California Immunization Record, PM-298)

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner