



Dear Parents,

Welcome to Tiny Tots! Our Tiny Tots program is designed to give children 3-5 years of age the opportunity to gain knowledge and experience life through organized educational activities:

- Music and Movement:** Teaches social and emotional development, provides practice in following directions, teaches rhythm, allows the opportunity for self-expression, and develops hand and eye coordination.
- Manipulative Skills:** Teaches fine motor skills, problem solving, sorting, grouping, math, and number concepts.
- Blocks:** Teaches group cooperation/social interaction, matching, open-ended thinking, meaningful work/emotional gratification.
- Art:** Encourages creativity and imagination, fosters positive self-esteem, helps children express their feelings, and also helps to develop fine motor skills.

Our program is a beginning foundation in preparing your child to be Kindergarten ready and function successfully in a classroom setting with an emphasis in whole child development. An important element to this is to have him/her learn the social skills of communicating with parents, teachers, and other children. We aim for our participants to learn to play independently with another child or in a group. Learning how to share is also part of our expectations for your preschooler.

We focus on a healthy balance between the genres of academics and social interactions. Having said that, an important part of our program is our core curriculum that revolves around stated learning objectives that the students will know and perform. Your child will be working with numbers, letters, shapes, colors, and various concepts, which will also be included and practiced in different mediums. Craft activities enhancing various themes, where the children can be proud of themselves, is part of the daily schedule.

If you have any further questions, please call me at (714) 990-7631 or feel free to email me at tinytots@cityofbrea.net.

Sincerely,

Sheryl Savord
Community Services Specialist II
Preschool Programs

SPRING SESSION	Monday, March 27, 2023 through Thursday, June 8, 2023
Class requirements:	<p>Tiny Tots:</p> <ul style="list-style-type: none"> • Junior Tiny Tots – 3 years old by start of session • Senior Tiny Tots – 4 years old by September 1, 2022 • Child must be potty-trained, no pull-up type diapers. • Closed-toe shoes required. • Must bring water bottle with child's name on it. <p>Lunch Bunch:</p> <ul style="list-style-type: none"> • Participants must register for 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 February 6, 2023 for Brea residents. Live, work, attend school in Brea qualifies for residency. • Registration starts February 13, 2023 for non-residents. • Turn in registration forms to the Brea Community Center front counter when registration starts. Registration is processed by date/time received. • 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. • Please check your email junk folder for Tiny Tots emails, especially if you have a YAHOO or AOL email account.
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 this option, 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 payment of the total amount due will be charged to the credit card listed on the registration form at the time of registration. The second half payment will be automatically charged to the credit card listed on the registration form on your child's first day of class, March 27 or 28. <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 .

SPRING REGISTRATION FORM

2023 SPRING SESSION: MARCH 27 – JUNE 8 (11 weeks)



TURN IN REGISTRATION FORMS TO THE BCC FRONT COUNTER WHEN REGISTRATION STARTS:

- Registration starts **FEBRUARY 6** for Brea residents (attach proof of work or school in Brea)
- Registration starts **FEBRUARY 13** for non-residents

BREA RESIDENT **WORK IN BREA** **ATTEND SCHOOL IN BREA** (all qualify for residency)
or **NON-RESIDENT**

CHILD NAME (one form per child):

OR other name to be used in class instead:

Male
 Female

Birthdate MM / DD / YYYY:

SEND CLASS CONFIRMATION/RECEIPT TO THIS EMAIL:

• **JUNIOR TINY TOTS** (3 years old at start of session)

- | | | |
|---|-------------------------|---------------|
| <input type="checkbox"/> MONDAY / WEDNESDAY / FRIDAY | 9:30am - 12:00pm | \$459* |
| <input type="checkbox"/> Add Lunch Bunch MONDAY / WEDNESDAY | 12:00pm - 2:30pm | \$193* |

• **SENIOR TINY TOTS** (4 years old as of September 1, 2022)

(Choose M/W/F or TU/TH)

- | | | |
|---|-------------------------|---------------|
| <input type="checkbox"/> MONDAY / WEDNESDAY / FRIDAY | 9:30am - 12:00pm | \$459* |
| <input type="checkbox"/> Add Lunch Bunch MONDAY / WEDNESDAY | 12:00pm - 2:30pm | \$193* |
| <input type="checkbox"/> TUESDAY / THURSDAY | 9:30am - 12:00pm | \$306* |
| <input type="checkbox"/> Add Lunch Bunch TUESDAY / THURSDAY | 12:00pm - 2:30pm | \$193* |

• **COMBO TINY TOTS** (Juniors and Seniors, 3 years old at start of session)

- | | | |
|---|-------------------------|---------------|
| <input type="checkbox"/> TUESDAY / THURSDAY | 9:30am - 12:00pm | \$306* |
| <input type="checkbox"/> Add Lunch Bunch TUESDAY / THURSDAY | 12:00pm - 2:30pm | \$193* |

*Fee is the total amount for the 11-week session for Brea residents. Non-residents add \$15.

IF THE CLASS YOU SELECTED ABOVE IS FULL, DO YOU HAVE A 2ND CHOICE? LIST YOUR 2ND CHOICE:

PAYMENT OPTIONS:

Select a payment option below.

Failure to select an option will default to full payment at registration.

Charge credit card **FULL PAYMENT** now

Charge credit card **HALF PAYMENT** now and **HALF PAYMENT** on first day of class

Credit Card #:

Exp:

CVV:

Signature:

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

EMERGENCY CONTACTS - MEDICAL INFORMATION - IMAGE RELEASE

CHILD Name: _____

PARENT Name: _____		
Address: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

PARENT Name: _____		
Address: _____		
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Email: _____		

**AUTHORIZED persons (other than parent/guardian) to contact in case of emergency or to take child from facility:
(Child will not be allowed to leave without this written authorization from parent/guardian)**

Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up
Name: _____	Phone: _____	<input type="checkbox"/> Emergency contact <input type="checkbox"/> Authorized to pick up

MEDICAL INFORMATION:

<input type="checkbox"/> Allergies: _____
<input type="checkbox"/> Medications: _____ If medication needs to be administered by staff, please fill out a Physician's Request for Administration of Medicine form. Form can be found on website: cityofbrea.net/tinytots
<input type="checkbox"/> Other medical or behavioral diagnoses we should be aware of: _____
<input type="checkbox"/> None

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: 2022 / 2023 Tiny Tots



Dear Tiny Tots Families,

We would like to take a moment to remind you of our sick policy and updated COVID procedures. In our efforts to keep our participants and staff healthy and our program open to serve you, it is imperative that you do not send your child to class with any of the below symptoms or illness. COVID symptoms can start with just a runny nose, headache, cough, congestion, sore throat, all of which can be mistaken for a cold.

Participants must stay home if they have tested positive for COVID or have any symptoms and you must notify us immediately. Please review COVID procedures below.

Thank you for working with us to help maintain the health and safety of our participants, staff and community.

MASKING

Masks are strongly recommended by the CDC and CPHH. Students and staff may choose to wear masks, regardless of their vaccination status.

We ask that all students and families are respectful of others' choices. If you would still like your child(ren) to wear their mask inside, please let staff know so we can do our best to support them. We also ask that you talk to your children about this and your wishes on mask wearing.

It is strongly recommended that your child wear a mask for 10 days from any exposure to a COVID-positive person.

SICK POLICY

If your child comes to class with any of the below symptoms, we will be sending them home. So if your child is sick or has any of the below symptoms, please keep them home and let us know by emailing tinytots@cityofbrea.net. Thank you for helping us keep our participants and staff healthy.

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 they can return to program. If your child is found to have any of the below symptoms in program, we will isolate them from the other children and call you to pick them up immediately:

Runny nose

Congestion

Coughing

Sore throat

Headache or stiffness of neck

Difficulty breathing

Loss of taste or smell

Chills or body aches

Fever of 100.4 F or above

Diarrhea

Vomiting

Unusual spots or rashes

Yellow eyes or skin

Tears, redness of eyelids with discharge

Mouth sores with or without drooling

Severe itching of body or scalp

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.

COVID PROCEDURES

IF YOUR CHILD HAS BEEN EXPOSED TO COVID-19 AND/OR IF ANYONE IN YOUR HOUSEHOLD TESTS POSITIVE FOR COVID-19, child may continue in program as long as they have **NO SYMPTOMS**, wear a well-fitting mask, and take a COVID test 5 days from last exposure from infected person. Please notify us immediately if your child tests positive or starts showing **ANY** symptoms. Please do not send them to program if they test positive or have any symptoms. Masks to be worn for 10 days from exposure. Please work with Sheryl on dates based on last exposure to COVID positive person.

IF YOUR CHILD TESTS POSITIVE FOR COVID-19, please notify us immediately so we can take the appropriate measures in program and your child may not return to program until they have quarantined for 10 days and show no symptoms. They may return sooner if you provide us with a negative COVID test taken on Day 5 or later **AND** they are showing no symptoms. Please work with Sheryl on test and return dates. They will also need to wear a well-fitting mask in class for 10 days after last positive test.

IF YOUR CHILD HAS BEEN EXPOSED TO COVID-19 WITHIN TINY TOTS, your child should wear a well-fitted mask for 10 days from exposure and test on Day 5 or after from exposure.

Please note that the above information is based on current guidance provided to us by the State of California and could change at any given time. We will update you on applicable changes.

PLEASE CONTACT SHERYL SAVORD, 714.990.7631, tinytots@cityofbrea.net, BEFORE YOUR CHILD CAN RETURN TO PROGRAM AFTER QUARANTINE.

We will update you with any changes in protocol. If you have any questions, please email tinytots@cityofbrea.net.

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

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

Participant Name(s): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



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 child-care, drop-in, camp, and recreational programs 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 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 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 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 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 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 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 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