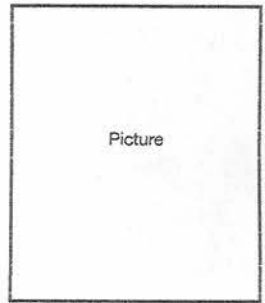


ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July.



Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)

School Code: _____

Date of Registration: _____

Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian _____

List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

School Transportation provided by: Elementary School Parent/Guardian A.C.T. Other _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____
PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Signature: _____

Date: _____

X

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$100.00 shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

TUITION and MODIFICATIONS CONDITIONS: \$ _____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): _____

Days: (check all that apply) M T W TH F From _____ am/pm to _____ am/pm

PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$50 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

CHARGES AND PROCEDURE FOR LATE PICK-UP: My school is open from 5:00 am to 8:00 pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

ADDITIONAL FEES: School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a _____ % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees. \$33.00

SECTION 2: DAILY PROCEDURE

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

MODEL RELEASE: The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

HOLIDAYS: I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of ~~75%~~ 75% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$ ~~15%~~ 15% per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: Denise Meneal Date: _____

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Who also cares for your child(ren)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____

Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? Yes No How long? _____
16. Does your child need a favorite item (such as a blanket) for a nap? Yes No
If so, does your child have a special name for it? _____
17. What words are spoken in your house for toileting? _____
18. How does your child express anger or react to frustration? _____
19. Does your child have any particular fears? _____
20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____
22. What are your child's play interests (preference for creative, dramatic or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____
25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy the most about your child? _____
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? _____
29. Are you available to help us with field trips or other special events? _____
30. Do you have a special interest or hobby you would like to share with the children? _____

Parent/Guardian Signature: _____ **Date:** _____

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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	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
--	------------------------	---

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?

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*	

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

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

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

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

_____. This Child Care Center/School 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 above-named Child Care Center.

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

(TODAY'S DATE)

PART B – 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 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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (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

ENROLLMENT REGISTRATION INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____

Date: _____

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
()

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____.

I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

Date: _____

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

CCL
 6167 Bristol Parkway Ste 400
 Culver City 90230 310-337-4333

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)

Caring Touch Christian Family Center Inc 3035 E Aves, Palmdale CA 93550

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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: _____

CCL

Licensing Office Address: _____

4147 Bristol Parkway Ste 400

Licensing Office Telephone #: _____

310.337.4333

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.

Caring Torch Christian Family Center Inc
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

**A Caring Touch Christian Family Daycare
4040 Diamond Street - Palmdale, CA 93552
(661) 533-3910**

ILLNESS POLICY - Very Important

We are State Licensed and must follow their rules and guidelines concerning this policy:

If your child is sick DO NOT send them to day care. Not only do you expose other children and staff, but your child will probably get his/her illness back again.

Dear Parents/Guardians:

A child's health status directly affects his/her productivity and success at child day care. Healthy children learn and socialize better. The following concerns are indicators for a need to send a child home or for a child to be kept at home:

We will CALL you to pick-up your child if they have any of the following:

- .Diarrhea-watery or frequent loose stools.
- .Nausea, vomiting or major constipation.
- .Symptoms of infection (fever, pain, redness, discharge or swelling).
- .Undiagnosed skin condition which may be contagious.
- .Infestation with head lice.
- .Any and all contagious diseases.
- .Fever greater than 99 to 100 degrees. Should be fever free without medication for 24 hours.
- .Upper respiratory infections. A child with a cold who shows symptoms of fever tiredness, irritability, not eating well or signs of earache, sore throat, thick yellowish or greenish nasal discharge.

Please KEEP your child at home for their own comfort if they have:

- .Headache, toothache, stomach-ache or earache.
- .Asthma episodes which require parental and/or physician interventions.
- .If laxative given or if constipated and needs a laxative.
- .Fatigue (poor night's sleep, very tired and can't join in with others).
- .Persistent crying (due to health); or an unknown reason.
- .Lethargy medications causing a deficiency in mental and physical alertness and activity.

Give your child extra rest, fluids, and see your medical provider if symptoms do NOT improve or they get worse.

I acknowledge that I am responsible for substitute care arrangements when my child/children are ill and can NOT attend A.C.T. Christian Day Care Center based on the items above or my option not to send my child.

Executed in Palmdale, CA on the ____ day of _____, 20____

ACT Representative Signature _____

Parent/Guardian Signature: _____

A.C.T.

A Caring Touch Christian Family Daycare
Enrollment and Authorization Agreement

Child's Name: _____ DOB _____

1. I/We have received, read, and signed the following copies: Personal Rights, Notification of Parents Rights, Consent for Medical Treatment, Physicians Report, Financial Agreement, and Child Care Agreement.

2. I/We understand that State law requires my/our child(ren)'s immunization to be up to date at all times.

3. I/We understand that A.C.T. Daycare is closed on the following holidays:

New Years Day*

Martin Luther King, Jr. Day

President's Day

Good Friday

Memorial Day

Fourth of July*

Labor Day

Thanksgiving Day and the Day After*

Christmas Day and the Day After*

4. Daycare Provider's Vacation: The Daycare provider will have two weeks vacation. You will be notified four (4) weeks prior to the dates of the vacation.

5. Breakfast, lunch, dinner, and three snacks are provided for each child and is included in the fees.

6. Please do not allow your child(ren) to bring candy, gum, or money to the Center, it creates problems with cleanliness and discipline.

7. Children may bring toys from home, however toy knives, guns or sharp objects will not be allowed. The Center have "share" days, pajama day, bring a book day, etc.: however, you will be notified in advance if your child is required to bring something.

9. Extra clothing **must** be provided by parent(s) for your child(ren) in case of an accident.

Executed in Palmdale, CA on the _____ day of _____, 20____

Parent(s)/Guardian Signature: _____

ACT Representative Signature: _____

*If any of these holidays fall on the weekend, the Center will be closed the day before or the day after the holiday. You will receive a flyer prior to the holiday. (Attached Holiday Schedule)

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and **Family Handbook** with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health **record** and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet (Staple the carbon copy of the Enrollment Agreement to the back pages of the Family Handbook)
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|---|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Process and Procedures of Security Access | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Child Custody Documents (if applicable) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any pickup restrictions | <input type="checkbox"/> Security deposit (if applicable) |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Immunization/Health information | <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of La Petite Academy's policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Date: _____

Name of Director: Denise Mcneal Signature: Denise Mcneal

Date: _____

Name of Child: _____

Rev 4/2012

Date: _____

Parent/Guardian Initial _____