



STORYBOOK
VILLAGE PRESCHOOL

ENROLLMENT

A CHILD ENROLLED IS A FAMILY ENROLLED

If children feel safe, they can take risks, ask questions, make mistakes, learn to trust, share their feelings, and grow.

- Alfie Kohn



the Program
for
infant
toddler
care



Child's Name	Birthdate	Start Date

Pre-Enrollment Fees	Required Forms
<ul style="list-style-type: none"> <input type="checkbox"/> Waiting List Application Fee - \$50 <input type="checkbox"/> Registration Fee - \$100 <input type="checkbox"/> First Week's Tuition <input type="checkbox"/> Emergency Kit Fee -\$20 one-time <input type="checkbox"/> TuitionExpress Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Admission Agreement <input type="checkbox"/> Pro-Social Behavior Agreement <input type="checkbox"/> Identification & Emergency Form (LIC 700) <input type="checkbox"/> Parent's Health Report (LIC 702) <input type="checkbox"/> Physician's Report (LIC 701) <input type="checkbox"/> Consent for Medical Treatment (LIC 627) <input type="checkbox"/> Up-to-Date Immunization Record <input type="checkbox"/> Notification of Parents' Rights (LIC 995) <input type="checkbox"/> Personal Rights (LIC 613A)
Things To Send and Bring	Important Resources
<ul style="list-style-type: none"> <input type="checkbox"/> Email family pictures <input type="checkbox"/> What My Teacher Wants to Know <input type="checkbox"/> Backup clothing <input type="checkbox"/> Water bottle <input type="checkbox"/> Diapers or pull-ups (as needed) <input type="checkbox"/> Wipes (as needed) <input type="checkbox"/> Sunscreen with form (LIC 9221) <input type="checkbox"/> Toddlers Room: <ul style="list-style-type: none"> <input type="checkbox"/> Intake for Family Meeting <input type="checkbox"/> Nap bedding 	<ul style="list-style-type: none"> <input type="checkbox"/> Family Handbook <input type="checkbox"/> Tuition Schedule 2023-24 <input type="checkbox"/> What to Bring & Not Bring From Home <input type="checkbox"/> Daily Schedule <input type="checkbox"/> Program-Wide Expectations <input type="checkbox"/> School Links for Parent Portals <input type="checkbox"/> School Calendar <input type="checkbox"/> Arrival & Departure Policy <input type="checkbox"/> Illness Policy <input type="checkbox"/> Menu

Family Orientation	Please review our orientation packet for more information!
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Admission Agreement

The purpose of this agreement is to define the terms for early learning and care services. Please inform the director of any changes to the contact information listed in this agreement (addresses, telephone numbers, etc.).

Child's Name: _____ Birthdate: _____ M / F

Address: _____ City: _____ Zip: _____

Parent/Guardian Information:

Name: _____ Occupation: _____

Address: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Name: _____ Occupation: _____

Address: _____

Phone(Home): _____ Work: _____ Cell: _____

Email: _____

Community Connections:

Yes, please add our email to the Family Directory. Sharing contact information is a great way to help parents/guardians coordinate their playdates and connect with other families.

Add sibling and pet names: _____

Yes, please share photos of my child's play and learning from time to time on the school's social media pages and YouTube channel. SVP will not share names.

Storybook Village Preschool (SVP) is a toddler and preschool-age childcare facility. Storybook Village Preschool is open to any child, regardless of race, sex, or religious background. Our program provides a high-quality early childhood experience to support growth and learning, including a "place for childhood" to foster a love for learning. SVP has year-round enrollment. Admission and schedules are based on availability.



Tuition Policy Agreement

Child's Name _____ Birthdate _____

Your Child's Classroom:

Toddler Room (18 months - 3 years)

I permit my child's placement in the toddler option for toddlers transitioning to the preschool program. Initials _____

Preschool & Pre-k Room (30 months - 6 years)

Weekly Schedule:

Days of the week (Please circle or check your child's days):

Monday Tuesday Wednesday Thursday Friday

Hours of the day (Please circle or check to add the After Care option):

Part-Day 8:30 am - 12:30 pm (Preschool Room Only)

Full-Day 8:00 am - 4:00 pm **After Care Hour** 4:00 - 5:00 pm (Preschool Only)

Weekly Tuition: _____ **First Day of School:** _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Please read carefully, initial each of the following items, and sign:

1. I undertake admission to Storybook Village Preschool; non-refundable enrollment fees must be paid during enrollment for a space held for the school year. _____
2. I undertake to pay the weekly tuition of \$ _____, due on Friday before the first day of my child's contracted schedule. _____
3. I understand that the weekly tuition is due Friday before the week begins. A late fee of \$50.00 is assessed at noon on Monday following the due date. Late or non-payment of fees is sufficient to cause services to be terminated immediately. _____
4. Checks, cashier checks, or money orders are made payable to Storybook Village Preschool; automatic payments are available for set-up in the office. All returned checks are subject to a \$50.00 fee plus late fees. _____
5. A one-time emergency kit fee of \$20.00 must be paid upon enrollment. _____
6. I agree to notify the school two weeks in advance in case of withdrawal. The parent/guardian is required to pay the child's final two weeks of tuition. _____
7. There are no tuition reductions or credits for planned or emergency closure days, illnesses, or absences. _____
8. At the beginning of each school year, SVP will provide families with a calendar of the days that SVP will be closed. I understand that SVP reserves the right to close the school, revise the school calendar, and determine instructional times and schedules. _____
9. Upon enrollment, my child will have a completed enrollment packet, including the following: forms required by the State of California, a signed admission agreement, an up-to-date immunization record, and a Pro-Social Behavior Agreement. _____
10. My child shall be involved in high-quality play through learning experiences that are developmentally appropriate for the ages of children enrolled in the program. A balance of active and quiet play is provided, with individual and group activities geared toward learning domains. Grownups may enter the school anytime during business hours while abiding by the Program-Wide Expectations to support the learning environment. _____
11. SVP will provide snacks and lunch for toddlers and preschoolers. Outside food is not allowed unless for approved special events or with a physician's note. _____
12. If my child comes to the program and shows symptoms of illness, as their parent/guardian, I will be available to pick up my child, or have a back-up plan. _____
13. Children with symptoms will be isolated from the other children until picked up by the parent/guardian as soon as possible, within one hour. _____
14. Children may return after being symptom-free without medication after 24 hours (the entire following school day). Some symptoms or illnesses require a more extended exclusion. _____



15. Medication will NOT be administered to the child by teachers except for a prescribed epi-pen, Asthma treatment, diapering cream, and sunscreen/block. _____
16. SVP will respect all personal belongings but shall not be responsible for lost or broken items. Toys are not allowed unless a Book Share Day has been assigned to the child. Please put the child's name on all clothing and personal belongings. _____
17. The child must be clocked/signed in and clocked/signed out daily by the child's parent/guardian. Full signature and the time of day are required (California mandates this). _____
18. Late fees of \$1 for every minute in the building past 5:00 PM or the child's contracted pick-up time; late pick-up fees will be applied to the current week's tuition. _____
19. SVP will give at least 30 days advance notice before any tuition rate. _____
20. In case of any changes to this agreement, any changes will be signed as a new agreement by all parties. _____
21. All teaching staff shall report to Children's Protective Service or the Police Department as required by the State of Penal Code any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware. _____
22. The child may be required to be separated from SVP immediately without advance notice. Reasons are for consistent use of inappropriate language, abusive and harmful, aggressive behavior or disruptive behavior, or SVP cannot guarantee the child's or other children's safety due to the child's behavior. _____
23. The child/family may be required to be removed with a two-week notice from SVP for consistent disregard to SVP's policies, payment of services, disruptions to the daily schedule, and the use of inappropriate language, abusive and harmful, aggressive or passive-aggressive behavior, unnecessary rudeness, or disruptive behavior toward students and staff. _____
24. The Department of licensing agency shall have the authority to interview the child or staff and inspect and audit child or facility records without prior consent. _____
25. I agree to all items and terms outlined in the Family Handbook. _____

I have read, understand, and agree to this Admission Agreement and the Family Handbook and enroll my child for attendance at Storybook Village Preschool.

Parent Signature _____

Date _____

Director Signature _____

Date _____



STORYBOOK
VILLAGE PRESCHOOL

Pro-Social Behavior Philosophy & Policy *Through Family Partnerships*

Storybook Village Preschool's mission is to foster a caring community that celebrates the gifts and strengths of every child and promotes a sense of belonging and purpose.

Storybook Village Preschool (SVP) believes that all children have a right to be treated with dignity and respect and play and learn in a safe, healthy environment. SVP strongly believes that families and early childhood educators are partners in care. SVP is a Teaching Pyramid partner implementation site. The educators have been trained to support behaviors while understanding that social-emotional development is foundational for learning and development in young children and are committed to promoting and supporting healthy social-emotional development in all its children.

Children's social and emotional development is an SVP program priority, including part of each child's [Personal Rights](#). Our educators are encouraged to build positive relationships with every child and their family by creating environments reflective of their family, supportive, and using positive teaching strategies. When problematic behavior takes place, it is addressed and redirected to teach replacement behaviors. The following highlighted strategies are used to address inappropriate/challenging behaviors:

- Educators will create an environment where every child and their family feel welcomed and engaged;
- All educators acknowledge the child as often as possible for appropriate behaviors through *positive descriptive acknowledgments* (e.g., listening, problem-solving, taking the initiative, showing determination, etc.);
- Educators will use a variety of methods to support the child in developing friendships, learning to express and recognize feelings, learning how to manage anger and impulses, and learning to problem-solve;
- Teaching teams will meet to discuss and focus on prevention, teaching appropriate skills, and the importance of respecting the rights and feelings of others.

Expectations for Children’s Positive Behavior at School

SVP acknowledges that children are individual and unique in nature, and we are committed to supporting all children so that they can meet the following expectations:

- Develop positive relationships with peers and adults;
- Understand and respect the rights and feelings of others (i.e., emotions, belongings, personal space);
- Recognize how to behave safely and act responsibly.

Family and School Agreements

Should a child require additional support in meeting these expectations, the school and family agree to participate in the following as needed:

- Informal conversations and meetings between family and teaching staff to discuss concerns, successes, strategies, etc.;
- Conference with the family, teacher, and Director to brainstorm, problem-solve and identify home-school supports and community resources that may be needed;
- Develop a positive behavioral action plan with [The Consultation Project](#) (ELI agency) that will promote social and emotional growth and enable the child to learn and be successful in the preschool setting and at home.

If the above strategies are unsuccessful in supporting a child’s positive behavior at school:

- Alternative programs that will more effectively meet the child’s needs will be explored; and,
- Transition and separation from SVP in the best interest of the child and family will take place.

Child’s Name

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director’s Signature

Date

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

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/DaP/ 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

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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
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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
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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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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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
()

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

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)

(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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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.

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



**STORYBOOK
VILLAGE PRESCHOOL**



My Teachers Want to Know

Thank you for sharing information about your child to help support their transition into the classroom while allowing us to provide individualized guidance and learning opportunities.

Child's Name:

Date:

How well do I:	Not so well	Very Well	Thoughts through my parent's lens:
do in the morning?	1 2 3 4 5		
do in the afternoon?	1 2 3 4 5		
do in the evening?	1 2 3 4 5		
respond to bedtime routines?	1 2 3 4 5		
nap?	1 2 3 4 5		
eat lunch?	1 2 3 4 5		
eat dinner?	1 2 3 4 5		
play with adults?	1 2 3 4 5		
play by myself?	1 2 3 4 5		
play with another child?	1 2 3 4 5		
play in a small group?	1 2 3 4 5		
play in a large group?	1 2 3 4 5		
play inside?	1 2 3 4 5		
play outside?	1 2 3 4 5		

play with younger children?	1	2	3	4	5	
play with older children?	1	2	3	4	5	
do when children sit near me?	1	2	3	4	5	
do when children sit further away?	1	2	3	4	5	

How do I let people know:

I am angry or upset (for example: crying, screaming, etc.)?

I am happy (for example: laughing, hopping, etc.)?

I want something (for example: reaching, talking, etc.)?

I don't want something (for example: push away, say NO, etc.)?

I like something (for example: smiling, talking, laughing, etc.)?

I don't like something (for example: crying, throwing, talking, etc.)?

What helps me when I am:

sad?

angry?

scared?

What makes me angry/upset?

What makes me happy/excited?

What do I "get" or "get out of" when I use challenging behavior?

What happens just before the behavior?	BEHAVIOR: Describe exactly what the behavior looks like.	What do adults/siblings do when problem behavior occurs?	Why might they be doing this?
EXAMPLE: He is told to go to the bathroom to take a bath.	He screams, runs to the other end of the house, and drops to the ground kicking.	Mom/Dad chase after him. When he drops and kicks we back off and wait him out.	<p>To get:</p> <p>To get out of: taking a bath until he is ready (delays going to take a bath)</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>

My Preferences:

My teacher wants to know about toys/activities:

My Favorite:	My Least:
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My teacher wants to know about food:

My Favorite:	My Least:
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My teacher wants to know about people in my life with whom I:

Behave well:	Have behavior problems:
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My teacher wants to know what activities I like:

blocks/legos dress up pretend cooking computer coloring paints

sand table water table books cutting pasting play dough/gak

baby dolls cars/trains outside play action figures real cooking

other: _____

My Screen Time:

My teacher wants to know how much screen time I get each school day:

None _____ 30 minute or less _____ 1 hour _____ 2 hours _____ 3+ hours _____

My teacher wants to know how much screen time I get each non-school day:

None _____ 30 minute or less _____ 1 hour _____ 2 hours _____ 3+ hours _____

Other special notes:



A Questionnaire for Families: Cultural Empowerment

Storybook Village Preschool wants to learn about your family's values and goals for your child's early learning experience. We invite families to partner with us to provide a culturally sensitive and responsive learning environment. Hopefully, with your family's support and direct involvement, we can bring at least one of each family's holidays, including each family's cultural strengths, into our curriculum and learning environment. When children see themselves through our culturally sensitive eyes, they will see their power!

Child's name:

Parents/Guardians and special family member names:

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1. What are your family's current school year and long-term goals and desires for your child?
 2. What is your family's native language, and how can we use your home language as an appropriate bridge to communicate with your child and family?
 3. Due to the diversity in religions, cultures, and family beliefs, are there any dietary restrictions for your child or family?

4. What special days do you celebrate in your family? How would you like our program to be involved in your celebrations?

5. What are some of the myths/stereotypes about your culture that you would like us to understand not to perpetuate them?

6. How do you feel about celebrations at the preschool that are not part of your family's tradition? *It is important to understand our goal is not to invite children to celebrate all holidays but instead learn about each other's holidays, beliefs, and attitudes.*

7. What kinds of things can we do to celebrate our preschool as an inclusive, caring community?

8. How does your family want to receive and provide information? What information needs to be shared, and your ideal way to communicate? *We use various communication modes (e.g., in person, written, online, using text or an app) with families. For example, we are interested in how you would prefer communication with sensitive topics or school reminders about your child's needs, like requesting backup clothing.*

9. Would you have time to share one memorable holiday with our preschool community?
- a. Read a favorite story in your native language to share on our school's YouTube channel or FB page?
 - b. Share a favorite family recipe?
 - c. Donate articles of clothing that you no longer use for our "dress-up" corner?
 - d. Share a family artifact to add to the Family Exhibit in the classroom? We created a family shelf in each program where family members can display everyday items they have brought from home. The teachers hold the children up to see it or hold it gently when they ask to look at the family treasure.

Below is a space to share a photo description that we would love to share about a photo you can attach to this questionnaire. We will include the picture and description in our "Family Celebrations" classroom books. We are excited to learn about each child's family and look at it all year long.

My name is _____ . This is how my family celebrates
_____ together!