



Your Enrollment Packet includes the following information: It is important that the packet be read in its entirety. Within the packet are several forms which must be properly filled out and returned to Light The Bay Preschool BEFORE THE FIRST DAY OF ATTENDANCE.

- Student Application
- Emergency Form/Pick-Up Information
- Liability Release
- Statement of Faith
- Policies and Procedures
- Parent/Student Handbook Agreement
- Study Trip Permission Slip
- Over the Counter Prescription/Medication Form
- Admission Agreement
- Supply List

Forms below are required by the Business Office before student's first day:

- **Financial Information**
- **FACTS Payment Agreement (Available in Preschool Office)**
- **Financial Agreement**
- **Program Option Agreement**

Please submit the following for each child to the preschool office:

- Copy of Birth Certificate
- Current Immunization record with doctor's signature or stamp
- Non-Refundable Enrollment/Material Fees
- Parents Rights Form
- Personal Rights Form
- Identification and Emergency Information
- Consent Medical Treatment
- Physicians Report
- Child's Preadmission Health History-Parent's Report

Enrollment fees are due with enrollment forms. Your enrollment will not be processed without all forms and fees. See *Financial Information*.

New Enrolled Families: Upon receipt and review of the documentation listed above, the school will contact you to schedule an interview. Applications will not be processed until ALL the documentation listed above have been turned into the office.

Interview with Administration Date _____ Time _____

We look forward to serving your family in the coming school year. Check our website for important updates throughout the year!

Student Application: New _____ Returning _____ Date: _____

Student's Name	DOB	Age	Gender
	/ /		
	/ /		

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

Home Phone: (____) _____ Desired Start Date: _____

Father's/Guardian's Information	Mother's/Guardian's Information
Name (last, first)	Name (last, first)
Address (if different than above)	Address (if different than above)
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
E-mail	E-mail

Parent's marital status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Student lives with: Mother & Father _____ Mother _____ Father _____ Guardian _____

Mother & Step-Father _____ Father & Step-Mother _____ Grandparents _____ Other _____

**Restraining order on file: _____ Yes _____ No **Custodial Agreement on file _____ Yes _____ No

****Please attach a copy for our files. (Mandatory for enrollment)**

Step-Father Information	Step-Mother Information
Name (last, first)	Name (last, first)
Address (if different than student)	Address (if different than student)
City State Zip	City State Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
E-mail	E-mail

New Family Information

Family Name _____

Father/Male Guardian:

Are you a Christian?

Yes No

Do you attend church?

Yes No

How often?

One time per week or more

One time per month

Special holidays only

Name and address of church _____

Denomination _____

Briefly explain your walk with the Lord. _____

Mother/Female Guardian:

Are you a Christian?

Yes No

Do you attend church?

Yes No

How often?

One time per week or more

One time per month

Special holidays only

Name and address of church _____

Denomination _____

Briefly explain your walk with the Lord? _____

How important is Christian education to your family? _____

Why has your family chosen Light The Bay Preschool? _____

I certify that all information provided on pages one through five regarding my child is accurate and true.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Emergency/Pick-Up Information (One per child) 2019-2020

Student Name: _____ Home Phone: _____

Birth Date: ____/____/____ Grade: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Father: _____
Name Address Phone

Employer's Name: _____ Work Phone: _____ Cell Phone: _____

Mother: _____
Name Address Phone

Employer's Name: _____ Work Phone: _____ Cell Phone: _____

Step-Father: _____
Name Address Phone

Employer's Name: _____ Work Phone: _____ Cell Phone: _____

Step-Mother: _____
Name Address Phone

Employer's Name: _____ Work Phone: _____ Cell Phone: _____

Parent's marital status: Married ____ Divorced ____ Separated ____ Widowed ____ Single ____

Student lives with: Mother & Father ____ Mother ____ Father ____ Guardian ____

Mother & Step-Father ____ Father & Step-Mother ____ Grandparents ____ Other ____

****Restraining order on file:** ____ Yes ____ No ****Custodial Agreement on file:** ____ Yes ____ No

****Please attach a copy for our files. (Mandatory for enrollment)**

Emergency/Pick-Up Information

In case of illness or injury and a parent cannot be reached, the following person(s) may be contacted to pick up my child.
Only the person(s) listed below will be allowed to pick up your child without written permission.

Contacts will be made in this order:

Name	Relationship to student	Phone number
Name	Relationship to student	Phone number
Name	Relationship to student	Phone number
Name	Relationship to student	Phone number
Name	Relationship to student	Phone number
Name	Relationship to student	Phone number

Physician/Insurance Information

Physician's Name: _____

Phone #: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name of insurance carrier: _____

Medical insurance card #: _____

Dental/Insurance Information

Dentist's Name: _____

Phone #: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name of insurance carrier: _____

Dental insurance card #: _____

Medical Considerations

Please list any medical needs, including regular medications, allergies, food allergies (please be specific), etc.:

1. _____ 2. _____

3. _____ 4. _____

I certify that all information provided on this Emergency/Pick-Up Information Form regarding my child is accurate and true.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Liability Release

I/We, the undersigned parent or legal guardian of the student/s listed below, do hereby give authorization and consent to Light The Bay Preschool to obtain emergency medical or dental care and necessary transportation, including x-ray examination, anesthesia, medical or surgical diagnosis, and emergency hospital stay-which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the Medicine Practice Act and the State of California Department of Public Health.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment for the student/s, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

I/We understand that Light The Bay Preschool does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school. Furthermore, I/We take full responsibility for the actions of my/our child/ren and will pay for any damages caused by my/our child/ren.

I/We, the undersigned parent or legal guardian of the student/s listed below, also agree NOT to hold Light The Bay Preschool or its agents or employees liable for damages, losses or injuries to the person, persons, or property of the undersigned. We understand that we are signing for the minors listed on this form and that the signature/s is for medical and liability release.

Please list student/s: _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Statement of Faith

Please carefully read our Statement of Faith. Please initial all the beliefs with which you are in agreement.

_____ 1. I believe the Bible to be the inspired, only infallible, authoritative Word of God.

(2 Tim. 3:16; 2 Pet 2:20, 21)

_____ 2. I believe there is one God (Deut. 6:4), eternally existing in three persons: Father, Son, and Holy Spirit (Matthew 28:19). God the Father, Creator, and the Ruler of the universe, from whom all life exists through His Son (Colossians 1:16; Genesis 1:1); Jesus Christ, God the Son, who became the God—Man to fulfill the eternal plan of God for the redemption of mankind (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to mankind and bearing witness to God's work in our world (John 16:13-14; 1 Corinthians 2:9).

_____ 3. I believe in God and in the deity of Christ, God the Father's only eternal Son, born to a virgin, living a sinless human life, performing miracles, dying for the sin of the whole world, being bodily resurrected to conquer sin, death, and Hell, ascending to the right hand of His Father to intercede on our behalf, and returning to earth again for those who have personally repented, acknowledged Him as Savior, and trusted in Him ALONE for forgiveness of sin (Isaiah 7:14; Hebrews 7:26; 1 Corinthians 15:3-4).

_____ 4. I believe that for the salvation of lost and sinful mankind, regeneration by the Holy Spirit, being born again through repentance and faith in Jesus Christ, is absolutely essential. This joins the believer to Christ, giving him a new spirit within and a new beginning. (John 3:3-7; Acts 2:38; 2 Cor. 5:17)

_____ 5. I believe in salvation by grace through faith in our Lord Jesus Christ (Ephesians 2:8-9); the reality and personality of Satan (Mathew 4:1-11); and the coming again of the Lord Jesus (1 Thessalonians 4:13-17).

_____ 6. I believe in the continuing ministry of the Holy Spirit who lives in those who know Jesus Christ as Savior and enables them to live a Godly life (Ephesians 5:18, 4:30; 1 Corinthians 3:16).

_____ 7. I believe that the baptism of the Holy Spirit is an endowment of power available to every Christian at or subsequent to conversion. Through the laying on of hands, spiritual gifts may be manifest such as, but not limited to, prophesy and tongues (Acts 2, 1 Cor.12).

_____ 8. I believe in the living Body of Christ, the church universal and local, and in the spiritual unity of all believers under the Head of the Body, Jesus Christ. (Eph. 2:22-23; 4:4-6)

_____ 9. I believe in the resurrection of the dead, both those saved through Jesus Christ and those lost through un-repentance and not accepting Christ's forgiveness. Those who have a personal relationship with Christ are saved unto resurrection of life, and those lost unto resurrection of eternal separation from God in Hell (1 Thessalonians 4:16-17; Revelation 19:20. 20:112-115).

_____ 10. I believe that every believer is responsible to preserve the sanctity of human life (Psalm 139).

_____ 11. I believe that God has commanded that no intimate sexual activity be engaged outside of marriage between a man and a woman. I believe that the only legitimate marriage is the joining of one man and one woman. I believe that any form of pornography, homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, or adultery is a sinful perversion of God's gift of sex. I believe that God disapproves of and forbids any attempt to alter one's gender by surgery or appearance (Genesis 2:24, 19:5, 26:8-9; Leviticus 18:1-30; Romans 1:26-29, 7:2; 1 Corinthians 5:1, 6:9, 7:2; 1 Thessalonians 4:1-8; Ephesians 5:22-23, Hebrews 13:4).

_____ 12. I believe it is vital to share the Gospel in every Biblical way possible. I also believe that it is our responsibility to obey the Great Commission of our Lord as stated in Mathew 28:18-20; therefore, we are firmly committed to missions both at home and abroad.

_____ 13. I believe that Christians have been given the authority to perform supernatural acts in the name of Jesus (John 14:12, Luke 10:19) I believe we are exhorted to "walk by faith and not by sight," (2 Corinthians 5:7).

Light The Bay Preschool is committed to respond to the needs of Christian educators and schools in order to lead its body to spiritual and academic excellence-to provide assistance without interference and opportunity without obligation. We are bound to extend our ministry to all we can reach, if we are to carry out our Lord's Great Commission (Matthew 28:18). Light The Bay Preschool neither supports nor endorses the World or National Council of Churches, nor any world, national, regional, or local organizations, which give Christian recognition to nonbelievers or advocate a multi-faith union.

_____ We fully support the Statement as written without mental reservations.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

_____ We support the Statement except for the area(s) which are not marked above. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction. I have attached an explanation on a separate paper.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

Parent/Student Handbook Agreement 2019-2020

Parents: Please carefully read the Parent/Student Handbook and sign below.

Student: _____ Age: _____

Student: _____ Age: _____

I have read the Light The Bay Preschool Parent/Student Handbook and agree to follow, uphold, and support the policies laid forth by the Administration and Staff of Light The Bay Preschool.

I understand that the services of the school are engaged by mutual consent and that the school and I each reserve the right to terminate any or all of the services at any time. I understand that this Handbook does not contractually bind Light The Bay Preschool and is subject to change without notice by the decision of Light The Bay Preschool's Administration. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

Study Trip Permission Slip 2019-2020

Student's Name _____ Grade _____

Student's Name _____ Grade _____

We understand that throughout the school year our child/ren may have the opportunity to take part in study trips and recreational fieldtrips, either by private cars or on foot. Children must be accompanied by and transported by their parent(s) or legal guardian(s) on each study/field trip. We further understand that at such times, while away from the school, the adults in charge will take all necessary precautions to protect my child from harm and injury.

In the event that our child becomes injured or ill while away from school on any of the aforementioned trips, we understand that the chaperone will immediately seek medical attention, if deemed necessary, and contact us as soon as possible. We absolve Light The Bay Preschool from liability to us or our child because of any injury or illness which may occur to our child during any of these trips. We further agree to hold Light The Bay Preschool and its employees harmless of any injury or illness caused by the negligence of persons other than employees of Light The Bay Preschool when such injury or illness occurs during any of the aforementioned trips.

We understand that study trip days do count as regular school days. In the event that our child is absent on a study trip day, we will have to follow the same absence policy as stated in the school handbook. This includes, but is not limited to, illness or medical/dental appointment.

We understand that Light The Bay will not be liable for any medical charges during these events. If you have medical insurance, your carrier will be billed for medical charges in case of an illness or injury while your child is at this function.

(An informational form will be sent home in ample time before each study trip. A fee, if any, for each study trip will be indicated on the form.)

In Emergency Notify: _____

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

In the event that we cannot be reached in an emergency, we hereby give permission to the physician or dentist selected by an LTB representative to hospitalize, secure proper treatment, order an injection, anesthesia, or surgery for our child.

Please provide your health insurance policy information:

Company: _____ Policy #: _____

Insured Name: _____ SSN or ID #: _____

PUBLICITY RELEASE – We understand that pictures of our child/ren in educational and/or extracurricular activities may be used in promotional materials for LTB, such as flyers, brochures, or on the web site.

_____ I hereby give permission for my child/ren (name) _____ to be photographed, videotaped, audiotaped, named in the media of any kind, named or pictured in a newspaper and/or appear in a public performance (which may be photographed or videotaped)

_____ **We DO NOT want pictures of our child/ren used for any promotional materials, including flyers, brochures or on the web site.**

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Over the Counter and Prescription Medication Form

The administration of medication to students by school staff may be done only in **EXCEPTIONAL CIRCUMSTANCES** for ongoing health conditions. If the time schedule of the dosage is flexible, parents should make arrangements to provide the medication to their child outside the school day. Medication must be in the original packaging. Parents must bring medication and form to the office. Students may not carry medication on their persons with the exception of an inhaler or epi pen.

Ed. Code 49423 (Department of Education): “Any pupil who is required to take during the regular school day, medication prescribed to him by a physician, may be assisted by the teacher or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician statement.”

The following section is to be completed by the parent:

Child's Name _____ Birth date _____

Physician's Name _____ Address _____ Phone Number _____

I request that my child be assisted in taking the medications listed below at school by authorized staff persons or permitted to self medicate her/himself as also authorized by me and my physician (see below).

Date _____ Parent/Guardian Signature _____ Phone Number _____

The following section is to be completed by the parent for over the counter medication and for a prescription drug (use information on the label of the medication given by the physician):

Diagnosis for which medication is given: _____

Name of medication: _____

Form: _____ Dose: _____ Does medication need to be refrigerated? Yes ___ No ___

Is child allowed to self-medicate? Yes ___ No ___

Times when medication is to be given: _____

If medication is to be given “as needed”, describe conditions: _____

List significant side effects or medications that cannot be combined with the above medication:

Admission Agreement

Upon enrollment of my child/ren, _____ (please list name of child/ren), at Light The Bay Preschool, we hereby agree to the following terms:

1. We, as parents or guardians who are accepting the challenge to "train up a child in the way they should go", do state that this training will be carried on in the home. We shall place our trust in Light The Bay Preschool to be an extension of that training. (Luke 6:40; Proverbs 22:6; Deuteronomy 11:18-21)
2. We understand that the parents, faculty, and staff of Light The Bay Preschool will exemplify love and respect for the Lord Jesus Christ and obedience to Him. (I Samuel 15:22; John 14:15, 21; Matthew 28:20)
3. We agree to always conduct ourselves in a professional, tactful manner when expressing concerns regarding our child or school matters. Profanity or abusive language when addressing any staff member will not be tolerated by anyone, including staff, parents, or students. This type of behavior or language is grounds for immediate dismissal or expulsion.
4. We commit that our family will take steps to grow in Christ through reading the Bible, praying, and attending a local church consistent with Light The Bay Preschool's Statement of Faith. (Hebrews 10:25)
5. We pledge our loyal support to Light The Bay Preschool through prayer for its programs and by donating time and money (necessary fund-raising) as requested. (I Thessalonians 5:17; Proverbs 11:24; II Corinthians 9:11)
6. We understand that in order for discipline to be most effective, the discipline must be consistent and administered immediately. We hereby invest authority in Legacy Christian School to discipline our child/ren as deemed necessary by following the school's Behavior Guidance Plan. (Hebrews 12:11, Proverbs 29:15, 17)
7. If my child's/ren's behavior is severe enough to require them to be sent home, we agree to pick up, or make arrangements for my child/ren to be picked up, within one hour of the school's initial attempt to contact us.
8. We pledge our fullest cooperation to, not make an issue of, doctrinal controversy or denominationalism. (I Corinthians 1:10; John 17:23; Ephesians 4:3-7)
9. We agree to pay for any damages to or loss of school property attributable to our child/ren. (Romans 13:7; Proverbs 3:27)
10. We agree to pay the tuition as stated in the *Financial Information and Financial Agreement*, and to conclude all required payments on or before the last day of school. (Romans 13:8; Leviticus 19:13; James 5:4)
11. We pledge that if, for any reason, our child/ren does/do not respond favorably to Light The Bay Preschool, we will not try to change the school to fit our child's/ren's needs, but will withdraw our child/ren respectfully and without delay. (I Peter 2:13-17)
12. We understand that Light The Bay Preschool is not only a childcare facility, but also a school. It is encouraged that all students come to school by 9:00 am, in order to ensure that they are able to participate in the activities and curriculum planned.
13. It is agreed that Light The Bay Preschool can suspend and/or expel by its sole discretion our above named child/ren, if it is determined by the faculty and/or administration of the school to be in the best interest of either our child/ren or the school. Failure to pay tuition, as it is due, is grounds for dismissal until the account is brought current.
14. We, as parents or guardians of our child/ren, do sincerely give our pledge to all items as stated above. (Numbers 30:2; Deuteronomy 23:21; I Peter 4:10)

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

NOTE: Light The Bay Preschool may add any other terms to the agreement which the licensee deems necessary, as long as they are not contrary to licensing regulations, state law or public policy

Two Year Old Financial Information

2019-2020 School Year

Tuition			
Days Per Week	Three Days	Four Days	Five Days
Full- Time Preschool 6am-6pm	\$645/mo	\$745/mo	\$845/mo
Part-Time Preschool 7:30am-11:30am	\$480/mo	\$555/mo	\$630/mo

The first month's full tuition is due at enrollment/re-enrollment for the current school year.

All payments are considered late after the 5th of each month. A late fee of \$25 will be charged if payment is not received by the 10th of each month.

Additional Fees (Non-Refundable):

Registration Fee:

An annual registration fee of \$125.00 reserves a space for the first child in the program. An annual registration fee of \$50 will reserve the space for a second child. These fees are due at the time of enrollment.

FACTS Management Company Processing Fee:

\$43 per family (debited out of your account)

Child Care Overtime Rate:

\$1.50 per minute per child after 11:30 am for part-time & 6:00 pm for full-time, PST

Light The Bay Preschool reserves the rights to modify any of the conditions for this agreement only after a thirty day written notice has been given to the parent/guardian/billing party.

If a child does not adapt to our program, and the administration recommends that the child be removed from the program, a one week written notice will be given, and any unused pre-paid tuition will be refunded.

If a parent wishes to remove the child from our program for any reason, the parent must give a minimum two-week written notice, to discontinue program charges. If written notice is not received, the responsible billing party is subject to paying the agreed upon fee for that two week period.

The parent/guardian is aware that the State of California Licensing Agency (Community Care Licensing) has the following authority:

- To interview children or staff, and to inspect and audit child or facility records without prior consent.
- To observe the physical condition of the child, including conditions which could indicate abuse, neglect, or inappropriate placement.

Light The Bay Preschool may terminate this agreement with a five-day written notice for the following reasons:

- Parent/guardian has not cooperated with our program regarding child discipline needs
- Parent/guardian is more than thirty days delinquent in paying the agreed upon fee or has been late paying fees more than twice in a six month period.

If during the school year it is desired to increase/decrease the number of days to the time slot, written notification must be provided to the Director at least two weeks in advance of any change.

Two Year Old Program Option Agreement

Light the Bay Preschool

The Parent/guardian agrees that he/she is contracted for services which are checked below and will pay the stipulated rate for their program choice.

Full Day Programs 6:00 a.m. – 6:00 p.m.

Three Days

_____ \$645/mo

Four Days

_____ \$745/mo

Five Days

_____ \$845/mo

Traditional Preschool: 7:30 a.m.-11:30 a.m.

Three Days

_____ \$480/mo

Four Days

_____ \$555/mo

Five Days

_____ \$630/mo

REGISTRATION: An annual registration fee of \$125.00 reserves a space for the first child in the program. An annual registration fee of \$50 will reserve the space for a second child. This is a Non-refundable fee due at enrollment. It is important that the packet be read in its entirety. Within the packet are several forms which must be properly filled out and returned to Light the Bay Preschool **BEFORE THE FIRST DAY OF ATTENDANCE.**

Student's Name: _____ Parent/Guardian Signature: _____ Date: _____

Preschool Age Financial Information

2019-2020 School Year

Tuition			
Days Per Week	Three Days	Four Days	Five Days
Full- Time Preschool 6am-6pm	\$625/mo	\$725/mo	\$825/mo
Part-Time Preschool 7:30am-11:30am	\$460/mo	\$535/mo	\$610/mo

The first month's full tuition is due at enrollment/re-enrollment for the current school year.

All payments are considered late after the 5th of each month. A late fee of \$25 will be charged if payment is not received by the 10th of each month.

Additional Fees (Non-Refundable):

Registration Fee:

An annual registration fee of \$125.00 reserves a space for the first child in the program. An annual registration fee of \$50 will reserve the space for a second child. These fees are due at the time of enrollment.

FACTS Management Company Processing Fee:

\$43 per family (debited out of your account)

Child Care Overtime Rate:

\$1.50 per minute per child after 11:30 am for part-time & 6:00 pm for full-time, PST

Light The Bay Preschool reserves the rights to modify any of the conditions for this agreement only after a thirty day written notice has been given to the parent/guardian/billing party.

If a child does not adapt to our program, and the administration recommends that the child be removed from the program, a one week written notice will be given, and any unused pre-paid tuition will be refunded.

If a parent wishes to remove the child from our program for any reason, the parent must give a minimum two-week written notice, to discontinue program charges. If written notice is not received, the responsible billing party is subject to paying the agreed upon fee for that two week period.

The parent/guardian is aware that the State of California Licensing Agency (Community Care Licensing) has the following authority:

- To interview children or staff, and to inspect and audit child or facility records without prior consent.
- To observe the physical condition of the child, including conditions which could indicate abuse, neglect, or inappropriate placement.

Light The Bay Preschool may terminate this agreement with a five-day written notice for the following reasons:

- Parent/guardian has not cooperated with our program regarding child discipline needs
- Parent/guardian is more than thirty days delinquent in paying the agreed upon fee or has been late paying fees more than twice in a six month period.

If during the school year it is desired to increase/decrease the number of days to the time slot, written notification must be provided to the Director at least two weeks in advance of any change.

Preschool Age Program Option Agreement

Light the Bay Preschool

The Parent/guardian agrees that he/she is contracted for services which are checked below and will pay the stipulated rate for their program choice.

Full Day Programs 6:00 a.m. – 6:00 p.m.

Three Days

_____ \$625/mo

Four Days

_____ \$725/mo

Five Days

_____ \$825/mo

Traditional Preschool: 7:30 a.m.-11:30 a.m.

Three Days

_____ \$460/mo

Four Days

_____ \$535/mo

Five Days

_____ \$610/mo

REGISTRATION: An annual registration fee of \$125.00 reserves a space for the first child in the program. An annual registration fee of \$50 will reserve the space for a second child. This is a Non-refundable fee due at enrollment. It is important that the packet be read in its entirety. Within the packet are several forms which must be properly filled out and returned to Light the Bay Preschool **BEFORE THE FIRST DAY OF ATTENDANCE.**

Student's Name: _____ Parent/Guardian Signature: _____ Date: _____

FINANCIAL AGREEMENT 2019-2020

FINANCIALLY RESPONSIBLE PARTY INFORMATION

First Name Middle Initial Last Name Relationship to Student

Address City State Zip Code

Social Security Number Employer

Home Phone Number Work Phone Number Cell Phone Number

STUDENT INFORMATION

First Name	Last Name	2019-2020 Age	Office Use Only Annual Tuition

This contract is legal/binding financial agreement between Light The Bay Preschool (hereafter referred to as "school" or "LTB") and the parents/legal guardian/or billing party (hereinafter referred to as parents). The parents hereby enroll the above named student/s for the academic year stated with the following agreements:

- All prepaid tuition, such as yearly tuition and registration fees, are non-refundable. Such deposits are considered liquidated damages under California Civil Code Section 1671.
- I/we agree to pay tuition and all other related costs according to the schedule and option that I/we have selected on the attached Tuition Payment Options form (see form for due date option).
- I/we understand that all monthly payments must be made through FACTS Management Company.
- FACTS Management requires that all missed payments and missed payment re-attempts are subject to a \$30 processing fees plus any fees charged by your financial institution.
- I understand if I/we miss 1 payment, my child/ren will not be allowed to return to school until the balance is paid in full. **All financial arrangements must be made through the business office.**
- If parents select the full or bi-yearly payment options, and payment is not made on the due date, then the balance owed will have to be paid through FACTS Management Company. A FACTS form will need to be submitted no later than 5 working days after the missed payment. Any discounts given will be voided, and the full tuition amount will be due.
- I understand that Light The Bay Preschool will assess a late fee charge on all past due charges.
- I understand that if I have two returned checks, my child/ren will not be allowed to return to school until the balance is paid in full. There will be a \$35 fee for insufficient funds per check. Parents are responsible to pay any additional fees that the school may incur.
- Parents withdrawing students before the end of the academic year must give notice 1 month in advance of the student's last school day. Failure to notify in this timely matter will result in the forfeiture of one month's tuition. If a child is expelled from school, there will be no refund of tuition or fees.
- The parties to this agreement are Christians that believe that the Bible commands them to make every effort to live at peace with one another and to resolve disputes with each other in private or within the Christian community, in conformity with the Biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-25, 18:15. Therefore, the parties agree that any claim or dispute arising out of, or related to this agreement, or any aspect of the parent's relationship, including statutory claims, shall be settled by Biblically based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall be submitted to the LTB Advisors, as the official arbitration committee for resolution; the parents will be allowed representation from their pastoral staff to be present and speak on their behalf. The parties agree that these methods shall be the sole remedy for any controversy or claim arising in civil or governmental court for such disputes except to enforce an agreement reached through this arbitration method.
- I accept responsibility for any damage to the school property caused by the above names student/s, including but not limited to: broken windows, lost or damaged books, damaged classroom furniture, fixtures, walls, and/or landscape.

Tuition and Fees

Please refer to the attached tables listing payment options, tuition amounts, and other fees and choose one. All fee schedules are incorporated as part of this contract.

*Full tuition is charged for all holidays, school closures and any and all absences by your child

This contract becomes valid when signed by the responsible billing party for the student/s applying for admission.

Responsible Billing Party Signature

Date

Responsible Billing Party Signature

Date

Policies and Procedures:

Regular progress reports will be discussed with each parent/guardian. We make every effort to have children reach reasonable objectives in their academic growth. We will consult with parents to make any adjustments deemed proper to assist in each child's development.

Children who have discipline problems, such as; disrupting the learning experiences of other children in the class, hitting and/or biting, will receive appropriate discipline. Parents will be consulted and if the behavior is not modified to an acceptable level the child will be dismissed from Light The Bay Preschool. If the director discontinues care the child's prorated tuition will be refunded.

GENERAL INFORMATION:

All forms required by Community Care Licensing MUST be current at all times. This includes but is not limited to current address and contact telephones. Only those persons authorized by you will be permitted to pick up your child from care. Carefully and fully read your Registration Packet, as all medical and emergency procedures are outlined therein.

Should your child be severely injured or severely ill our first call will be to 911, then to you or other contacts. Our first concern shall be your child's health and well being. We will also attempt to contact the child's doctor after efforts to reach you have failed. In the event of an emergency, any and all charges due (ex. Ambulance, dental, medical) will be the responsibility of the parent/guardian.

Should you have any questions pertaining to this program please discuss them to the Director. Remember that the director is with children during class hours so please make an appointment.

SIGN-IN AND OUT PROCEDURES

Pursuant to the California code of Regulations Title 22 Division 12 Chapter 1, 2 & 3, Sections 101219, 101226.1 and 101229.1: The person bringing a child to or picking a child up from Light The Bay Preschool must properly sign the child in and out on the forms provided for that purpose.

The person who signs the child in/out shall use their full legal signature and shall record the time of the day. Staff members have legal right to request photo identification and verify that the person picking a child up is authorized to do so.

A person who removes the child from the center during the day, then returns the child to the center the same day, shall sign the child in/out on each such occasion.

After signing a child in, the person bringing the child to the center must make certain that a staff member receives the child in care.

(Note: Should Light The Bay be assessed civil penalties by the state for your failure to properly sign-in/out your child, you will be billed the amount of the penalty, which will be payable immediately).

RIGHTS OF LICENSING AGENCY

Light the Bay Preschool is a Child Care Center licensed by the State of California, Community Care Licensing-Child Care Division. Staff members from this department have the right to inspect the files containing information about children enrolled in our programs. They also have the right to interview children in care. Representatives of Community Care Licensing are not required to notify parents prior to interviewing children. Light The Bay Preschool must provide a place for any required interviews to take place and may or may not have a representative present.

For additional information pertaining to Community Care Licensing, their rights and procedures please refer to the Parents Rights and Personal Rights forms. Other licensing information may be found on the internet at www.cclid.ca.gov or by calling (510) 622-2602.

This Admissions Agreement must be renewed annually.

By signing this agreement I the undersigned, do accept and agree to abide by all of the terms and conditions set forth.

Printed Name

_____ Date: _____

Parent/Guardian Signature

_____ Date: _____

Administrator Signature

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME		SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME		DOES MOTHER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	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?
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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
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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: DEPARTMENT OF SOCIAL SERVICES-COMMUNITY CARE LIC.

Licensing Office Address: 1515 CLAY ST. SUITE 1102, OAKLAND, CA 94612

Licensing Office Telephone #: (510) 622-2602

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.

LIGHT THE BAY PRESCHOOL

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

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 <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

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.

STUDENT SUPPLY LIST

Emergency Disaster Items: 2 bottles of water, 2 cereal or granola bars: *place all emergency kit items inside a gallon size Ziploc bag & label bag with child's name.*

Please provide a bag with a change of clothes labeled with child's name; 1 pair of pants, 1 shirt, 1 undergarment, and 1 pair of socks.

1 box of Crayons

1 pair of child scissors

1 bottle of glue

2 glue sticks

1 package of construction paper

1 ream of copy paper

1 box of wipes

3 boxes of Kleenex

***Parents will be responsible to replenish these supplies as needed throughout the school year.**

List of School Closures/Early Dismissals for the 2019/2020 School Year

Light The Bay Preschool operates on a year round school schedule and observes and will be closed on the following holidays:

2019

Thursday & Friday July 4-5, 2019	Independence Day
Thursday & Friday August 1-2, 2019	Teacher In-service Days
Monday, September 2, 2019	Labor Day
Monday, November 11, 2019	Veterans Day
Thursday & Friday November 28-29, 2019	Thanksgiving Break
Tuesday, December 24, 2019	Christmas Break
Wednesday, December 25, 2019	Christmas Day
Monday, December 23 through Thursday, December 31, 2019	Christmas Break New years Eve

2020

Wednesday, January 1, 2020	New Year's Day
Monday, January 20, 2020	Birthday of Martin Luther King, Jr.
Friday, February 17, 2020	President's Day
Monday, February 20, 2020	
Monday & Tuesday, March 9-10, 2020	Staff Development
Friday, April 10, 2020	Good Friday
Monday, May 25, 2020	Memorial Day
Friday, July 3, 2020	4 th of July "Observed"
Monday, September 7, 2020	Labor day
Monday, October 12, 2020	Teacher In-service
Tuesday, October 13, 2020	
Thursday, November 26, 2020	Thanksgiving
Friday, November 27, 2020	
Thursday, December 24, through Thursday, December 31, 2020	Christmas Break New Years Eve

***First Day of school is Thursday August 5th, 2019.**

Last Day of school is Friday, May 29th, 2020.
