

Your **<u>Enrollment Packet</u>** includes the following information:

(*Please note, 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 (pages 1-17)
- □ Licensing Forms:
  - **613a** Personal Rights
  - **701** Physician's Report
  - **702** Child's Health History
  - **995** Parent's rights
  - **9221** Administration of Medication (if applicable)
- □ Student Supply List
- □ 2023 School Closures

On or *before first day of enrollment*, Please submit the following for each child:

- □ Copy of **Birth Certificate**
- □ **Current Immunization record** with doctor's signature or stamp
- Physician's Report
- □ Non-Refundable **Annual Curriculum Fee** of \$145.00 (\$15 for second child)
- □ First Month's **Tuition**
- □ **FACTS Payment Agreement**
- □ **Student supplies** (please see pg. 21)

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

Desired First Day of Enrollment: \_\_\_\_\_

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

*1210 Stoneman Avenue, Pittsburg, California 94565* Lightthebaypreschool@gmail.com – (925) 432-3800 – LightTheBayPreschool.com

| <b>Student Application:</b> | New | Returning | Date: |
|-----------------------------|-----|-----------|-------|
|-----------------------------|-----|-----------|-------|

| Student's Name | DOB  | Age         | Gender |
|----------------|------|-------------|--------|
|                | / /  |             |        |
|                |      |             |        |
| Address: City: |      | State:      | Zip:   |
| Home Phone: () | Desi | red Start D | 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 Divorce | d Separated Widowed Single           |
| Student lives with: Mother & Father      | Mother Father Guardian               |
| Mother & Step-Father Father & Step-Mo    | ther 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             |  |
|-------------------------------------|-------------------------------------|--|
| Please check here if inapplicable   | Please check here if inapplicable   |  |
| 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                      |                                                             |                                                                                         |
|----------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Language(s) spoken in the        | home:                                                       |                                                                                         |
| Father/Male Guardian:            | Are you a Christian?<br>Do you attend church?<br>How often? | <ul> <li>□ Yes □ No</li> <li>□ Yes □ No</li> <li>□ One time per week or more</li> </ul> |
|                                  |                                                             | □ One time per month                                                                    |
|                                  |                                                             | Special holidays only                                                                   |
| Name and address of church _     |                                                             |                                                                                         |
| Denomination                     |                                                             |                                                                                         |
|                                  | he Lord                                                     |                                                                                         |
| Mother/Female Guardian:          | Are you a Christian?                                        | □ Yes □ No                                                                              |
|                                  | Do you attend church?                                       | □ Yes □ No                                                                              |
|                                  | How often?                                                  | $\Box$ One time per week or more                                                        |
|                                  |                                                             | □ One time per month                                                                    |
|                                  |                                                             | Special holidays only                                                                   |
| Name and address of church _     |                                                             |                                                                                         |
| Denomination                     |                                                             |                                                                                         |
| Briefly explain your walk with t | he Lord?                                                    |                                                                                         |
|                                  | cation to your family?                                      |                                                                                         |
|                                  | ght The Bay Preschool?                                      |                                                                                         |

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

| Signature of Father/Guardian | Date |
|------------------------------|------|
|                              |      |
| Signature of Mother/Guardian | Date |

# Emergency/Pick-Up Information (One per child)

| Student Name:            | Home Phone:                        |                                       |  |
|--------------------------|------------------------------------|---------------------------------------|--|
| Birth Date://            | Grade:                             | Gender:                               |  |
| Address:                 | City:                              | Zip:                                  |  |
| Father:<br>Name          | Address                            | Phone                                 |  |
|                          |                                    | Cell Phone:                           |  |
| Mother:                  | Address                            | Phone                                 |  |
|                          |                                    | Cell Phone:                           |  |
| Step-Father:             | 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 Se <sub>l</sub>   | parated Widowed Single                |  |
|                          |                                    | Father Guardian<br>Grandparents Other |  |
| -                        |                                    | stodial Agreement on file: Yes No     |  |
| **Pleas                  | e attach a copy for our files. (Ma | indatory for enrollment)              |  |

|                            | njury and a parent cannot<br>e person(s) listed below wil | be reached, the |                          | may be contacted to pick up my child.    |
|----------------------------|-----------------------------------------------------------|-----------------|--------------------------|------------------------------------------|
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Na                         | ame                                                       | Relationship    | to student               | Phone number                             |
| Physician/In               | surance Informat                                          | ion             | Dental                   | /Insurance Information                   |
| Physician's Name:          |                                                           |                 | Dentist's Name:          |                                          |
| Phone #: ()                |                                                           |                 | Phone #: ()              |                                          |
| Address:                   |                                                           |                 | Address:                 |                                          |
| City:                      | State: Zip:                                               |                 | City:                    | State: Zip:                              |
| Name of insurance carrier: |                                                           |                 | Name of insurar          | nce carrier:                             |
| Medical insurance card     | Medical insurance card #:                                 |                 | Dental insurance card #: |                                          |
|                            | edical needs, including r                                 | egular medica   |                          | od allergies (please be specific), etc.: |
| 1                          |                                                           | :               | 2                        |                                          |
| 3                          |                                                           | 4               | 4                        |                                          |
| I certify that all inf     | ormation provided                                         | on this Em      | ergency/Pick-l           | Jp Information Form regarding            |
| my child is accurat        |                                                           |                 |                          |                                          |
| Signature of Father/G      | Guardian                                                  |                 |                          | Date                                     |
| Signature of Mother/C      | 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 |

# Publicity Release for Light the Bay Preschool

I, \_\_\_\_\_, the parent of a child/children at Light The Bay Preschool agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Light The Bay Preschool during normal daycare hours, field trips, special events or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Light The Bay Preschool's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

| Parent/Guardian Signature | Date |
|---------------------------|------|
|---------------------------|------|

Relationship To Child \_\_\_\_\_

[] **I DO NOT** grant permission for photos or videos of my child(ren) to be used for print or electronic promotions of Light the Bay Preschool's services.

| Parent/Guardian Signature | Date |
|---------------------------|------|
|---------------------------|------|

Relationship To Child \_\_\_\_\_

## **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 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)
- We agree to <u>always</u> 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.
- 3. 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)
- 4. We understand that in order for discipline to be most effective, the discipline must be consistent and administered immediately. We hereby invest authority in Light the Bay Preschool to discipline our child/ren as deemed necessary by following the school's Behavior Guidance Plan. (Hebrews 12:11, Proverbs 29:15, 17)
- 5. 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.
- 6. 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)
- 7. We agree to pay for any damages to or loss of school property attributable to our child/ren. (Romans 13:7; Proverbs 3:27)
- 8. 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)
- 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)
- 10. 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.
- 11. 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.
- 12. 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

(as of April 2024)

| Tuition                                  |            |           |           |
|------------------------------------------|------------|-----------|-----------|
| Days Per<br>Week                         | Three Days | Four Days | Five Days |
| Full- Time<br>Preschool<br>6am-6pm       | \$845/mo   | \$945/mo  | \$1045/mo |
| Part-Time<br>Preschool<br>7:30am-11:30am | \$680/mo   | \$755/mo  | \$830/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  $5^{th}$  of each month. A late fee of \$25 will be charged if payment is not received by the  $10^{th}$  of each month.

#### Additional Fees (Non-Refundable):

#### **Registration Fee:**

An annual curriculum fee of \$145.00 reserves a space for the first child in the program. An annual curriculum fee of \$15 will reserve the space for a second child. These fees are due at the time of enrollment.

#### **Diaper Fee:**

There will be a monthly fee of \$60 for changing diapers until a child is fully toilet trained. The parent/guardian is responsible to provide diapers for their child.

#### 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 day s 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.

|                     | Three D                                                         |                                                                |   |   |    |   |
|---------------------|-----------------------------------------------------------------|----------------------------------------------------------------|---|---|----|---|
|                     |                                                                 | _ \$845/mo                                                     |   |   |    |   |
|                     | Four Da                                                         | ays                                                            |   |   |    |   |
|                     |                                                                 | _ \$945/mo                                                     |   |   |    |   |
|                     | Five Da                                                         | ays                                                            |   |   |    |   |
|                     |                                                                 | \$1045/mo                                                      |   |   |    |   |
|                     |                                                                 |                                                                |   |   |    |   |
|                     |                                                                 |                                                                |   |   |    |   |
| Preferred days of a | ttendance (please circl                                         | e): M                                                          | т | W | Th | F |
| Preferred days of a | ttendance (please circle<br>Traditional Preschool: 7<br>Three D | /:30 a.m11:30                                                  |   | w | Th | F |
| Preferred days of a | Traditional Preschool: 7                                        | /:30 a.m11:30                                                  |   | w | Th | F |
| Preferred days of a | Traditional Preschool: 7                                        | <b>':30 a.m11:30</b><br>Pays<br>_ \$680/mo                     |   | w | Th | F |
| Preferred days of a | Traditional Preschool: 7<br>Three D                             | <b>':30 a.m11:30</b><br>ays<br>_ \$680/mo                      |   | w | Th | F |
| Preferred days of a | Traditional Preschool: 7<br>Three D                             | <b>2:30 a.m11:30</b><br>ays<br>_ \$680/mo<br>ays<br>_ \$755/mo |   | w | Th | F |

REGISTRATION: An annual curriculum fee of \$145.00 reserves a space for the first child in the program. An annual curriculum fee of \$15 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: Date: Parent/Guardian Signature: Date: Date: |  |
|--------------------------------------------------------------|--|
|--------------------------------------------------------------|--|

# **Preschool Age Financial Information**

(as of April 2024)

| Tuition                                  |            |           |           |
|------------------------------------------|------------|-----------|-----------|
| Days Per<br>Week                         | Three Days | Four Days | Five Days |
| Full- Time<br>Preschool<br>6am-6pm       | \$825/mo   | \$925/mo  | \$1025/mo |
| Part-Time<br>Preschool<br>7:30am-11:30am | \$660/mo   | \$735/mo  | \$810/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  $5^{th}$  of each month. A late fee of \$25 will be charged if payment is not received by the  $10^{th}$  of each month.

#### Additional Fees (Non-Refundable):

#### **Registration Fee:**

An annual curriculum fee of \$145.00 reserves a space for the first child in the program. An annual curriculum fee of \$15 will reserve the space for a second child. These fees are due at the time of enrollment.

#### **Diaper Fee:**

There will be a monthly fee of \$60 for changing diapers until a child is fully toilet trained. The parent/guardian is responsible to provide diapers for their child.

#### **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 day s 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.

| <u> </u>                | <u>ull Day Programs 6:00 a.m. – (</u>                                 | <u>6:00 p.m.</u>    |   |    |   |
|-------------------------|-----------------------------------------------------------------------|---------------------|---|----|---|
|                         | Three Days                                                            |                     |   |    |   |
|                         | \$825/mo                                                              |                     |   |    |   |
|                         | Four Days                                                             |                     |   |    |   |
|                         | \$925/mo                                                              |                     |   |    |   |
|                         | Five Days                                                             |                     |   |    |   |
|                         | \$1025/mc                                                             | )                   |   |    |   |
|                         |                                                                       |                     |   |    |   |
|                         |                                                                       |                     |   |    |   |
| Preferred days of atten |                                                                       | M T                 | w | Th | F |
|                         | dance (please circle):<br>ditional Preschool: 7:30 a.m.<br>Three Days |                     | w | Th | F |
|                         | ditional Preschool: 7:30 a.m.                                         | - <u>11:30 a.m.</u> | w | Th | F |
|                         | ditional Preschool: 7:30 a.m.<br>Three Days                           | - <u>11:30 a.m.</u> | W | Th | F |
|                         | ditional Preschool: 7:30 a.m.<br>Three Days<br>\$660/mo               | - <u>11:30 a.m.</u> | W | Th | F |
|                         | ditional Preschool: 7:30 a.m.<br>Three Days<br>\$660/mo<br>Four Days  | - <u>11:30 a.m.</u> | w | Th | F |

REGISTRATION: An annual curriculum fee of \$145.00 reserves a space for the first child in the program. An annual curriculum fee of \$15 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 2023**

#### FINANCIALLY RESPONSIBLE PARTY INFORMATION

| First Name Middle Initia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | l I                                                                                                                                                                                                                                                                                                                                                                                       | ast Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Relationship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | to Student                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City                                                                                                                                                                                                                                                                                                                                                                                      | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Social Security Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Employer                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Home Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Work Phone Number                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cell Phone N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lumber                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STUDENT INFOR                                                                                                                                                                                                                                                                                                                                                                             | MATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Last Name                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2023 Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Office Use Only<br>Annual Tuition                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>Section 1671.</li> <li>I /we agree to pay tuition and all other form (see form for due date option).</li> <li>I /we understand that all monthly payr</li> <li>FACTS Management requires that all m financial institution.</li> <li>I understand if I/we miss 1 payment, r</li> <li>be made through the business office</li> <li>If parents select the full or bi-yearly payr Management Company. A FACTS form and the full tuition amount will be due.</li> <li>I understand that Light The Bay Presct</li> <li>I understand that if I have two returned insufficient funds per check. Parents a</li> <li>Parents withdrawing students before the this timely matter will result in the forfice. The parties to this agree that any claims, shall be settled by Biblically bas submitted to the LTB Advisors, as the be present and speak on their behalf. governmental court for such disputes e11.</li> </ul> | ents hereby enroll the above named studen<br>in and registration fees, are non-refundable.<br>related costs according to the schedule and<br>nents must be made through FACTS Manag<br>issed payments and missed payment re-att<br>ny child/ren will not be allowed to return to<br><b>ce.</b><br>yment options, and payment is not made o<br>will need to be submitted no later than 5 w | Is for the academic yes Such deposits are consisted a option that I/we have ement Company. It is a school until the balance of the due date, then the due date, then the orking days after the due charges. It is school until the school until at the school may incure a month in advance pelled from school, the them to make every explicitly with the Biblical injuichis agreement, or any nd reconciliation do not he parents will be alk be the sole remedy for bough this arbitration not school with the area the sole remedy for bough this arbitration and the parents will be alk be the sole remedy for bough this arbitration and the parents area. | ear stated with the following<br>nsidered liquidated damages<br>re selected on the attached T<br>a \$30 processing fees plus ar<br>ce is paid in full. All finance<br>the balance owed will have to<br>missed payment. Any discou-<br>il the balance is paid in full.<br>If the balance is paid in full. | agreements:<br>under California Civil Code<br>uition Payment Options<br>hy fees charged by your<br><b>cial arrangements must</b><br>b be paid through FACTS<br>ints given will be voided,<br>There will be a \$35 fee for<br>day. Failure to notify in<br>on or fees.<br>he another and to resolve<br>-8, Matthew 5:23-25, 18:15<br>ionship, including statutory<br>he matter shall be<br>eir pastoral staff to<br>rising in civil or |

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 outlines 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 <u>www.ccld.ca.gov</u> 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   |       |

# STUDENT SUPPLY LIST

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

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 Markers

2 bottles of glue

2 glue sticks

1 package of construction paper

2 reams 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.

# **2024 School Closures**

Light the Bay Preschool observes and will be closed on the following holidays:

| Monday, January 1 <sup>st</sup>      | New Year's Day                           |
|--------------------------------------|------------------------------------------|
| Friday, March 8 <sup>th</sup>        | Teacher In-Service/Staff Development     |
| Monday, May 27 <sup>th</sup>         | Memorial Day                             |
| Thursday, July 4 <sup>th</sup>       | 4 <sup>Th</sup> of July/Independence Day |
| Monday, Sept 2 <sup>nd</sup>         | Labor Day                                |
| Friday, October 4 <sup>th</sup> *    | Teacher In-Service/Staff Development     |
| Thursday, November 28 <sup>th</sup>  | Thanksgiving                             |
| Friday, November 29 <sup>th</sup>    | Adjusted Schedule 8-5 pm                 |
| Wednesday, December 25 <sup>th</sup> | Christmas Day                            |
| Thursday, December 26 <sup>th</sup>  | Christmas Holiday                        |
| Friday, December 27 <sup>th</sup>    | Christmas Holiday                        |