

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

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

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

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME
WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: *(Check one)*

- [] I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.
- [] I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

RECEIPT OF PARENT NOTIFICATION (Facility Copy) Additional Children in Care

I, _____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that this Large Family Child Care Home may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

**Maintain the completed and signed bottom half of this form in the child's record
and provide the completed top half of this form to the child's parent or authorized representative.**

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: (619)767-2200

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. RUBIO DE QUILES KARINA FAMILY CHILD CARE

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. *See reverse side for guidance.*

PUPIL NAME (LAST, FIRST, MIDDLE)	STATEWIDE STUDENT IDENTIFIER (SSID) _____	ETHNICITY ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino	RACE ☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other _____
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR) ____-____-____	SEX _____	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: _____ years			☐	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥ 1 dose given at age ≥ 4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years	Age: _____ years		☐	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥ 1 dose given at age ≥ 4 years; 3 doses, if ≥ 1 Tdap dose at age ≥ 7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					☐	2 doses meet TK/K-12 requirement. Doses must be given at age ≥ 1 year.
Hib (<i>Haemophilus influenzae</i> type b)						☐	Required for pre-kindergarten only. At least 1 dose must be given at age ≥ 1 year.
Hep B (Hepatitis B)						☐	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						☐	2 doses meet TK/K-12 requirement.
Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					☐	1 dose given at age ≥ 7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

STATUS OF REQUIREMENTS	Staff Initials <i>I reviewed pupil's Immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		☐					☐ IEP ☐ PBE (pre-2016)	
TK/K-12							☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016)	
7th Grade (Advancement or admission)							☐ IEP ☐ IND ☐ Home	

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

Doses required by age when admitted and at each age checkpoint after entry¹:

Age When Admitted	Total Number of Doses Required of Each Immunization ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:		1 Hib ⁴	1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:		1 Hib ⁴	1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine

Hep B = [hepatitis B](#) vaccine

MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

Varicella = [chickenpox](#) vaccine

California Family child care facilities are required to check immunizations for all new admissions and at each age checkpoint.

Unconditionally Admit a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in the table above:

- **Receipt of immunization.**
- **A permanent medical exemption.***



Creative Little Minds

Parent Provider Agreement, January, 2023.

RUBIO DE QUILES KARINA FAMILY CHILD CARE (Facility # 376627797) is a family childcare home licensed under the California Department of Social Services to provide day care for 14 children, serving kids from ages 2 months old through 12 years old.

I have read and understand this section. _____

DAYS & HOURS OF OPERATION

Childcare Schedule for the STATE LICENSING is Monday through Friday; 5:00 a.m. to 5:00 p.m., and offers Full Time and Drop-In Care. Parent agrees to strictly adhere to scheduled drop off and pick up times established at time to sign contract. *To maintain adult/child ratio allowed for the state, any change on the schedule needs to be requested 24 hours in advance.*

I agree to care for your child in the schedule from 6:00 a.m to 3:30 p.m. Monday through Friday (For full time enrollment) Parents arriving early or late will be charged \$15.00 dollars for every 15 minutes.

Maximum 10 hours care daily. _____

Any other schedule will be specified at the time of sign the agreement.

Monday	Tuesday	Wednesday	Thursday	Friday
/	/	/	/	/

The One drop-off/Pick up rule

I have one drop-off; one picks up rule per family. Examples: You are not permitted to bring one child at 7 am and your other child at 9 am. You are not permitted to pick up one child at 1 pm and the other child at 4 pm. You are not permitted to bring your child at 6 am, pick up at 9 am and bringing them back at 11:30 am, and then pick up at normal closing time. Child need to be out of the premises at the end of your schedule.

Once you arrive you need to pick up your child and not stay at the car waiting; even that is a public parking at the street, the limited spaces are used for many families, to follow COVID-19 safety recommendations, we ask everyone to stay the minimum time possible at the premises, to avoid contact with other parents.

Drop-In Cut Time: To meet State Ratios of 2 adults and 14 children. Drop-In time is until 10:00 am; if you are not present or provide notice of coming late, child will be marked absent. Only parents with hourly care will be admitted at any time.

I have read and understand this section. _____

DURATION OF AGREEMENT AND PAYMENT ESTABLISHED

Parents choose the schedule that meets his needs and agrees to pay the Monthly/Weekly amount of \$_____; parent understand payment is required to keep the space on Child Care and is NOT based on attendance.

Parent is aware that we offer Full Time and Daily Care, price is based on the child age and this can be adjusted at the time to pass to the next age group, for example the infant price will be reduced once the child turns 2 years old.

This agreement is Valid until _____ or 2 weeks' notice made by parent or provider.

Once expired, a new Agreement needs to be signed and the schedule and price needs to be updated.

I have read and understand this section. _____

FEE PAYMENT GUIDELINES & GENERAL FEES

- ❖ 30-day notice of Price Increase will be provided.
- ❖ Full charges can be found at childcare website, <https://creativelittlemind.com>.
- ❖ One-time Enrollment Fee per Child is required upon enrollment. If the child does not arrive for care as agreed, the deposit is forfeited.
- ❖ Childcare fees are paid in advance of care EACH FRIDAY or FIRST DAY OF THE MONTH.
- ❖ **Payment obligation is based on amount agreed to use childcare, not on actual attendance. There is no change in fee due to your child's absences.**
- ❖ Out of schedule fee is \$15.00 per each 15 minutes. Schedule Half-hourly care \$15.00, Schedule hourly care \$25.00.
- ❖ Payment can be done in cash, check, Zelle, Procare app, bank transfer or debit card (Square, 3.68% charge Convenience Fee), personal check, however if a check is returned for any reason and I incur any bank charges from the return of your check, those charges will be added to the following weeks daycare fee additionally because I am unable to use these funds my late fee for payment also applies. After 2 check returns, all further payments MUST be made in cash. Non-payment or consistent late payments is cause for termination immediately without 2 weeks' notice.
- ❖ **Emergency/COVID-19 Update: Full weekly payment will be required to save the space**, parent accept to paid the same amount contracted, this includes 15 days Provider Vacation, federal and California Holidays, emergency closure due to natural disasters, pandemics, state orders, loss of water or electricity for more than 6 hours, or any other that affect the service and safety of the children.

I have read and understand this section. _____

RELEASE OF CHILDREN AND LIABILITY

- ❖ Parking outside, in front of the house is just for drop in and pick up, if you are not ready to walk out the car please park at the end of the block.
- ❖ Provider will release Child only to:
 - 1.- Parents with legal and/or physical custody or to the Child's legal guardian.
 - 2.- Anyone Parent or guardian has authorized by prior arrangement with Provider in writing; or
 - 3.- Police or welfare workers with proper authorization.

Release can **NOT** be denied but I will call the police in the follow situations:

1.- Parent do not have a Car seat.

2.- Parent show signs to be under influence of alcohol/drugs.

Your child is released to my care after you leave the premises

in the morning, and he/she is released to your care as soon as you walk in the door at pick up time.

I have read and understand this section. _____

FOOD PROGRAM & SPECIAL MEALS

Creative Little Minds participate on the food program Chicano Federation, providing breakfast, lunch and p.m. snack, healthy foods are served in family style. Parents can bring healthy foods. All meals meet USDA requirements and are approved by the State Food Program Chicano Federation.

Parents of infants are required to bring enough breastmilk and or formula.

I have read and understand this section. _____

SCHOOL AGE

COVID-19 Update, School Age Year-Round: Due the new pandemic situation Weekly Price is the same during all year, this will guarantee the space is available in case the school closure; online class support will be provided. One iPad will be assigned for each school age in case that you want your child homework is made at child care, we can print the requested materials for your child, email files to creativelittleminds@hotmail.com.

Payment is required to keep the space available all the time when childcare is on operation, payment is not based on attendance.

I have read and understand this section. _____

ABSENCE POLICY

The full fee will be charged for all absences, this included sickness and Parent Vacations, Parent shall notify Provider of any absence as soon as the Parent knows that Child is unable to attend on a particular day and sign the attendance rooster.

If parent do not leave a payment before leaving can be cause of immediate termination.

I have read and understand this section. _____

DISCIPLINE & GROSS MISCONDUCT

I express my disapproval (without attaching character), I state my expectations and show your child others ways to express her/his emotions in a safe way, giving choices. Only in extreme situations "Time Out" will be used. No physical discipline is ever used in my care. Time Out: Is not a specific place or activity, your child will be few minutes alone to calm and think, during this time he/she can do any other activity (color, read, play alone, etc.) and be able to return to the group activity. I will communicate you immediately if your child is frequently and deliberately causing harm to others, destructive behavior and disrespect is NOT allowed, this can be cause of immediate termination. Protect your child is my first goal is that way we don't allowed deliberate harm to others.

I have read and understand this section. _____

TOYS, SUPPLIES & PROPERTY DAMAGES

For infants you need bring: Breastmilk and/or formula, bottles and 1 set of clothes.

For child from 2 years and older: 1 set of clothes.

We have a great variety and age-appropriate toys, child can bring only 1 toy or blanket, if it is need it to sleep or comfort, we are Not responsible for lost or damage of this items.

Once parent notify the termination of care, any belongings left will be keep it for 10 business days after that period, any item left will be donated to Veterans Thrift Store.

We understand *accidents* happens and some items can be damage or broken with the daily use, in the case that the child is repeatedly and intentionally broken/damage my property, parent will be held responsible for repair, replace or pay for the damages, and/or can be cause of immediate termination.

I have read and understand this section. _____

POTTY TRAINING

Before start potty training, we need to observe if your child is ready, some of the signs are: The child is able to keep the diaper dry for hours, he/she touch the diaper when is wet/soiled, is able to communicate that needs a new diaper “puling the diaper, making gestures, talking”.

“Potty training starts at home”. When your child is ready, we can use training diapers for 2 weeks or until he/ she is able to bladder/bowel control. Child can start with regular underwear when has been 1 month without accidents. Soiled clothes will be returned to home in a bag. My child is: _____ using diapers size _____, _____ not using diapers.

I have read and understand this section. _____

CLOSURE FOR HEALTH EMERGENCY, STATE ORDER, NATURAL DISASTER

During State Emergency, Public Health Emergency, Natural Disaster, or any order reason that requires closing the childcare for safety reasons, full payment will be required to save the space for your child. Payment's arrangements can be done, evaluating case by case. We will follow San Diego County Orders. *I do reserve the right to close for any reason in which I cannot operate in a safe manner. i.e. loss of electricity, water, and medical epidemics. Childcare fees are paid for any of these occurrences.*

I have read and understand this section. _____

CONTAGIOUS SICKNESS / PANDEMIC

We are adding the following procedures and policies to our parent agreement due the COVID-19.

- ❖ Parents will be not allowed stay long periods inside of the house.
- ❖ Child will be not admitted to care if presents any one of the following symptoms: Fever, vomiting, hoarseness, coughing, runny nose, diarrhea.
- ❖ Child needs to stay at home if family suspect anyone in the household has been in possible risk of any contagious disease, like pink eye, Hand Foot Mouth Disease, monkey pox, COVID_19, etc.
- ❖ Child temperature will be check 3 times during the day; before entering at my home, at midday and before leaving the childcare.
- ❖ Immediate pick up will be required in case of fever.

- ❖ If a family member living in the same household is sick for any reason, I do expect your child to stay at home as it's recommended by State Licensing to prevent the spread germs and illness. Also, I do expect parents to follow State and CDC guidelines for exposure to any contagious sickness, as I will do the same.
- ❖ **If parent deliberating brings the child sick or suspecting sickness will be cause for immediate termination.**

I have read and understand this section. _____

CHILD'S MEDICATION

First dose needs to be done by parent and observed for allergic reactions 24 hours before bringing to provider. A Medication must accompany with a medical prescription and State forms. More information will be provided to parent depending in the specific child needs.

I have read and understand this section. _____

CHILD'S HEALTH & EMERGENCIES

To keep a safe & healthy environment, restroom is for child use ONLY.

In accordance with the California State licensing policy, your child cannot be admitted to daycare with symptoms of illness. Listed on parent's handbook, available on website www.creativelittlemind.com.

If your child has signs or symptoms requiring exclusion from the family childcare parent will be notified immediately to pick up your child. **"Teething is not a sickness"** any signs of fever or diarrhea required stay at home.

I understand sometimes you are not available to respond calls, in the case that you don't respond I will call the persons in your emergency list. Please remember to keep updated your emergency pick up list. **"MEDICAL APPOINTMENTS NEEDS TO BE DONE AT THE END OF DAY"**

I have read and understand this section. _____

VACATIONS, HOLIDAYS & CELEBRATIONS

Parent Vacations: Parents are required to continue paying the same amount established at time of enrollment during their vacations in order to hold their childcare space.

Provider Vacation: **15 days a year will be billed** as if care were provided, any other vacation will be not billed. Dates will be provided each year and posted at our website.

The following holidays will be observed and paid. **ANY OTHER FEDERAL HOLIDAY DECLARED DURENT CURRENT YEAR WILL BE ADD TO THIS LIST.** Holidays and child absences will be billed as if care were provided.

- | | |
|------------------------------------|---|
| * Martin Luther King Day (January) | * Washington Day (February) |
| * New Year (January) | * Cesar Chavez Day (March) |
| * Presidents Day (February) | * Provider's Day (Friday before Mother's Day) |
| * Memorial Day (May) | * Independence Day (July) |
| * Juneteenth Day (June) | |

- * Labor Day, (September)
 - * Veteran's Day (November)
 - * Christmas Day (December)
 - * New Year Day (December)
 - * Columbus Day (October)
 - * Thanksgiving Day (November)
 - * Any other DECLARED Federal Holiday
 - * PROVIDER VACATION: We follow Chula Vista Elementary school calendar.
 - * 2nd. week of Spring break
 - * 1st. week of Fall Break
 - * Thanksgiving week
 - * Week between Christmas and New Year
- I have read and understand this section. _____

TRIAL PERIOD & TERMINATION OF CARE

There is NO trial period. If the child care arrangements are not mutually satisfactory, either party can terminate this agreement with 1(one) day notice during this trial – any money paid are non-refundable.

I reserve the right to terminate a part- time childcare arrangement if your current day/hours no longer work for the benefit of my business. **WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.**

“Provider may terminate at will” Termination of care can be immediate by the following reasons: Late Payment, parent provider disagreements, the child is frequently causing harm or damages, repeated early drop off or late pick up.

I have read and understand this section. _____

MODIFICATION / AMENDMENT

Provider reserves the right to modify and/or amend this agreement upon “two weeks written notice” of any changes. This agreement shall be governed by/and interpreted in accordance with the laws of the State of California. By signing, Parent has seen and read the Parent Provider Agreement. I am agreeing that I have read each section above. I accept the policies and procedures of Rubio De Quiles Karina Family Child Care (Creative Little Minds).

Signature Parent/Tutor: _____ Date: _____

Signature Parent/Tutor: _____ Date: _____

Childcare Provider:  _____ Date: _____



Child & Family Profile

Child's Name	Sex:	Birthdate (MM/DD/YYYY):	Age:
Name of Child's School (if applicable):		Child's School Grade Level (if applicable):	
Type of Care:		Family Status: () Military () Civilian () DOD	
Parent Name			
Cellphone:		Home phone:	
Home Address			
Email Address			
Duty Station/Place of Employment			
Parent Name			
Cellphone:		Home phone:	
Home Address			
Email Address			
Duty Station/Place of Employment			
Siblings: () yes () No		Language(s) at Home	
PERMISSION STATEMENTS: RELEASES, PERMISSIONS, AND ACKNOWLEDGES			
<u>Hold Harmless Release:</u> I agree to release and hold harmless the Provider <u>Karina Rubio De Quiles</u>, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any childcare activity, use of facilities and/or equipment including any loss or damage to property, any injury of any person. Signature _____ Date: _____			
<u>Media Release:</u> I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the Childcare Program without further permission from me—photographs, video, and audio recordings. Signature/Date: _____ Date: _____			
<u>Media Release Procure App:</u> I grant permission for my child to be included in the use of the following formats for the purpose of Sharing with Enrolled Families ONLY (App Procure) of the Childcare Program without further permission from me—photographs, video, and audio recordings. Signature/Date: _____ Date: _____			

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for Child care Provider Karina Rubio de Quiles to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc.

Signature: _____ **Date:** _____

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the Child Care Program because they enhance my child's experience, field trips may include walking in the immediate home surroundings (infants may be transported in a buggy/stroller). Some preschool trips may require vehicle transportation

Signature: _____ **Date:** _____

Acknowledgment: By signing I acknowledge the Parent Agreement and all State Documents are available to read at <https://creativelittlemind.com>, I have received and understand the policies contained in the Parent Agreement and Parent Handbook.

Signature: _____ **Date:** _____

TELL US ABOUT YOUR CHILD

Siblings & Ages:

Child's communication skills (e.g., how does your child tell you what he/she wants, special words used to describe needs, etc.)

Child's motor skills (e.g., how does your child get from one place to another; crawling, scooting, roll, walk, run, is there a skill that your child is working on, etc.)

Child's selfhelp skills (e.g., what can s/he do by her/himself, help with dressing, washing, eating, putting on shoes, putting toys away, etc.).

Child's experience with other children (e.g., is this your child's first group experience, do children come to visit, are there friends in the neighborhood, etc.)

What does your child like to do during the day (e.g. favorite activities, songs, toys, etc.).

Many families wonder about how their child is growing or learning compared to other children the same age. Is there anything that you wonder about how your child is growing or learning?

DAILY ROUTINES

Child's toileting needs (e.g., toilet training, reminders needed, special words, etc.).

Does your child have any birthmarks or other identifiable markings the staff should be aware of? If so, where are they located?

What signs does your child exhibit when he/she is tired and needs to sleep

Please describe your child's daily napping/sleeping routine (e.g., usual nap times, what helps child to fall asleep, etc.).

Describe how your child wakes up: (e.g., quickly, slowly, happy, etc.).

Please describe your child's eating (e.g., mealtimes, food likes/dislikes, dietary preferences restrictions, allergies, etc.)

INFANTS

Is your infant breastfed? Yes () or No ()

If your infant is not breastfeeding, what formula do you use?

Is your infant eating solid foods? Yes () or No ()

If yes, please list which ones, including any finger food: