



## YORBA LINDA UNITED METHODIST CHURCH PRESCHOOL Registration Checklist

The following forms need to be completed and returned to the Preschool office in order for your child to participate in our program

Left Side of Folder (YLUMCPS Forms)		Right Side of Folder (Licensing Forms)	
Registration Checklist		Identification & Emergency Info LIC 700	
YLUMCPS Application		Consent for Emergency Med. Treatment LIC 627	
Program Selector		Childs Preadmission Health History LIC 702	
Financial Commitment		Physicians Report LIC 701	
Receipt of Handbook/Consent Form		Copy of Immunizations	
Incident/Ouch Reports (Office records)		Personal Rights LIC 613	
Behavior Reports (Office records)		Parent's Rights LIC 995	
Assessments (Office records)		Blue Immunization Card (Office records)	

**Supply List** – To help offset costs, we would greatly appreciate each child donating the following supplies for the school year. While greatly appreciated, if this is a burden, please do not feel obligated. Supplies can be brought to your child's teacher at our meet and greet, or to the office during our get set for school week. If your child enrolled after the start of the school year supplies can be brought directly to the office with paperwork.

**School Supplies Requested from Each Student**

- 2 Bottles of School Glue
- 2 Glue sticks (prefer Elmer's Brand – clear or white)
- 1 Box of 8 Markers – Basic Colors
- 2 Boxes of Crayola Crayons – Basic Colors
- 2 watercolor paint sets
- 2 Packages of Baby Wipes
- 2 Boxes of Tissues
- 3 Packages of Disinfecting Wipes
- 2 Packages of Copy Paper
- 1 can Lysol disinfectant spray



## YORBA LINDA UNITED METHODIST PRESCHOOL

19002 Yorba Linda Blvd., Yorba Linda, CA 92886 714-777-2384 www.ylumcps.com

### 2020-2021 APPLICATION

Child's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name child likes to be called: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Child Resides with: Both Parents  Father  Mother  Shared Custody  Other

If there are any custody issues we need to know about, please attach court documentation regarding custody.

Language spoken at home: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

#### FATHER

Name:

\_\_\_\_\_

Address (if different from child):

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer:

\_\_\_\_\_

Occupation: \_\_\_\_\_

#### MOTHER

Name:

\_\_\_\_\_

Address (if different from child):

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer:

\_\_\_\_\_

Occupation: \_\_\_\_\_

- Please indicate if your child has/or is currently receiving services or evaluations from the following:  
Occupational Therapist  Physical Therapist  Speech Therapist   
Behavioral  Therapist  IEP/Regional Center Program
- Are there any special, language, hearing, visual, or behavioral concerns we should know about? Yes  No
- If yes, please explain: \_\_\_\_\_
- Does your child need an Epi-Pen and/or inhaler? YES \_\_\_\_ NO \_\_\_\_ If yes, the Epi-pen or inhaler must be clearly labeled in the original package with the prescription label attached. YLUMCPS will provide an additional authorization form for you to sign upon receiving the Epi-Pen or Inhaler.



**YORBA LINDA UNITED METHODIST PRESCHOOL**  
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**2020-2021 PROGRAM SELECTOR**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Program Dates: September 1<sup>st</sup>, 2020 – June 17th, 2021**

**Please check the desired program below:**

**Gymnastics with Elite Mobile Gym & Music education classes with Little Rockstar's Included in tuition for all students**

		<b>PRE-K</b> <small>(4 years as of Sept 1<sup>th</sup>, 2020)</small>	<b>2YRS-4YRS</b>	<b>18MOS-3YRS</b>
		<b>2-Day Program (Tues/Thurs)</b>	Potty Trained	Not Potty Trained
Program Only	8:30 – 12:00	N/A	<input type="checkbox"/> \$2950/yr.	<input type="checkbox"/> \$3060/yr.
Program + Lunch Hour	8:30 – 1:00	N/A	<input type="checkbox"/> \$3350/yr.	<input type="checkbox"/> \$3460/yr.
Program, Lunch + Stay & Play	8:30 – 3:30	N/A	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4350/yr.
Full Day	8:30 – 5:00	N/A	<input type="checkbox"/> \$4700/yr.	<input type="checkbox"/> \$4810/yr.
<b>3-day Program (Mon/Wed/Fri)</b>				
Program Only	8:30 – 12:00	<input type="checkbox"/> \$3680/yr.	<input type="checkbox"/> \$3830/yr.	<input type="checkbox"/> \$3990/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4390/yr.	<input type="checkbox"/> \$4550/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$5480/yr.	<input type="checkbox"/> \$5630/yr.	<input type="checkbox"/> \$5790/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$6130/yr.	<input type="checkbox"/> \$6280/yr.	<input type="checkbox"/> \$6440/yr.
<b>4-day Program (Any 4 days Mon-Fri)</b>				
Program Only	8:30 – 12:00	<input type="checkbox"/> \$4700/yr.	<input type="checkbox"/> \$4910/yr.	<input type="checkbox"/> \$5130/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$5470/yr.	<input type="checkbox"/> \$5680/yr.	<input type="checkbox"/> \$5900/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$7180/yr.	<input type="checkbox"/> \$7390/yr.	<input type="checkbox"/> \$7610/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8290/yr.	<input type="checkbox"/> \$8510/yr.
<b>5-Day Program (Mon-Fri)</b>				
Program Only	8:30 – 12:00	<input type="checkbox"/> \$5360/yr.	<input type="checkbox"/> \$5620/yr.	<input type="checkbox"/> \$5890/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$5800/yr.	<input type="checkbox"/> \$6470/yr.	<input type="checkbox"/> \$6740/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8340/yr.	<input type="checkbox"/> \$8610/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9040/yr.	<input type="checkbox"/> \$9100/yr.	<input type="checkbox"/> \$9570/yr.

<b>TRANSITIONAL K/KINDERGARTEN OPTION (5 DAYS)</b>		
5 YEARS OR OLDER AS OF Sept 1, 2020		
Program	8:30 – 1:00	<input type="checkbox"/> \$5800/yr.
Program + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8080/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9040/yr.
Book/Material Fee		<input type="checkbox"/> \$100.00

**Space permitting, a child can attend on a non-enrolled day, the charges are:**

Program Only:	\$45.00/day
Program + Lunch Hour:	\$50.00/day
Program + Lunch Hour + Stay & Play:	\$57.00/day
Full Day:	\$65.00/day

<b>ADDITIONAL PROGRAM OFFERINGS</b>	
Can be added to any available program	
<b>EARLY CARE 7:00-8:30am</b>	
2-Day Program	<input type="checkbox"/> \$60/mo.
3-Day Program	<input type="checkbox"/> \$80/mo.
4-Day Program	<input type="checkbox"/> \$100/mo.
5-Day Program	<input type="checkbox"/> \$120/mo.

**Lunch, Stay & Play and Full Afternoon Sign-Ups can be made on an as needed basis:**

Lunch Hour (12-1)	\$10.00/day
Lunch Hour + Stay & Play (12-3:30)	\$35.00/day
Full Afternoon (12-5)	\$50.00/day
Hot lunch ordered	\$4.25
No lunch sent or ordered	\$6.00

<b>OFFICE USE ONLY</b>			
Date Enrolled: _____	Amount Received: _____	Staff initials: _____	Cash _____ Check # _____ ACH _____



## YORBA LINDA UNITED METHODIST PRESCHOOL

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### FINANCIAL COMMITMENT

Based on the program selected, my child's annual tuition is \$ \_\_\_\_\_  
Checks payable to YLUMCPS

#### Please select a payment plan:

- 1 Payment (Annual) – Full payment by August 1, 2020. Qualifies for a 3% discount
- 2 Payments (Bi-Annual) – 1<sup>st</sup> half payment by August 1, 2020. 2<sup>nd</sup> half payment by January 1, 2021. Qualifies for a 2% discount.
- 10 Payments – Payments due on the 1<sup>st</sup> of every month, beginning August 1, 2020 and ending May 1, 2021.

#### Choose one discount that best suits you:

- Sibling Discount off one child's tuition per family (10% off the lowest tuition rate)
- Church Member Discount (10%)

#### Other Fees:

- Registration Fee (non-refundable/non-transferrable): \$150.00 1<sup>st</sup> child, \$50.00 per child thereafter
- Transitional K/Kindergarten Book/Materials Fee: \$100 per child due at time of enrollment
- Program Change Fee: One change can be made to a child's schedule at no charge, thereafter; there will be a \$25 fee per change.

**As evidenced by my signature as the Parent/Guardian, I acknowledge that I have read, understand, and agree to the following conditions for enrollment of the above-named student:**

- I understand that the registration fee is non-refundable/non-transferable and due at the time of enrollment to ensure student placement.
- I understand tuition is due on the 1<sup>st</sup> of the month and any payment received after the 10<sup>th</sup> will result in a \$10 per day late fee with a maximum of \$50 per month. If an account becomes thirty (30) days overdue, the Preschool Support team may consider dismissing the student(s).
- I understand there will be a \$25 charge on all returned checks. After the first instance of an NSF check, your account will automatically convert to "cash, money order or credit card only" status.
- 30 days written notice is required from a parent/guardian when requesting a change to a child's schedule. One change can be made to a child's schedule at no charge, thereafter; there will be a \$25 fee per change.
- 30 days written notice is required from a parent/guardian when withdrawing from the program. Upon providing notice, the annual tuition will be recalculated based on the number of days the child attended and must be paid in full. Any notice given after March 31, 2021 is responsible for the full year's tuition.
- Tuition balances must be paid in full by May 1, 2021 and any additional charges incurred after that must be paid by June 16, 2021.
- I understand I will be charged according to the late pick-up fee guidelines, stated in the preschool handbook, if I pick-up my child after their scheduled end of day. All late pick-up fees must be paid within two (2) weeks of being assessed.
- There is no credit given, reduction in tuition or make-up days offered for holidays, school closures, illness or vacation.
- I have received and agree to read and abide by the preschool handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## To Be Completed by Parent or Authorized Representative

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





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

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

### DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

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HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

---

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

---

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

---

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

---

REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)  
Yorba Linda United Methodist Preschool. This Child Care Center/School provides a program which extends from 7 : 0  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to 5:00 a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

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

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ Food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Dental: \_\_\_\_\_  
Other (Include behavioral concerns): \_\_\_\_\_  
Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 750 The City Drive Suite 250 Orange, CA 92868

Licensing Office Telephone #: 714-703-2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Yorba Linda United Methodist Preschool  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

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

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

750 The City Drive Suite 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2800

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Yorba Linda United Methodist PReschool

(PRINT THE ADDRESS OF THE FACILITY)

19002 Yorba Linda Blvd. YL CA 92886

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



## YORBA LINDA UNITED METHODIST PRESCHOOL CONSENT FORM

### Receipt of School Handbook

I have received a copy, read, understand and agree to abide by the contents of the YLUMC Preschool Parent Handbook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### School Directory Consent

The Department of Social Services requires us to print a school directory for parents whose children are 2-6 years old. All children will be listed in the directory. *Please initial and provide us with the information you would like included with your child's name.*

Initial Here

Information to be included in the directory

\_\_\_\_ Parent Name(s): \_\_\_\_\_

\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_ Phone Number: \_\_\_\_\_

I understand that the information given above will not be duplicated or sold by YLUMC Preschool, but is intended to fulfill licensing roster requirements.

Upon receipt of the completed School Directory, I agree to use the directory only for the intended purpose. I will not use the list for business purposes, distribute or sell the contact information contained within the directory.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Email Communication

I understand YLUMC Preschool's primary method for written communications are through email. I authorize YLUMC Preschool and my child's teacher to use the following email address for communications including but not limited to newsletters and important reminders.

Email Address(es): \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Photo Release

I give permission for YLUMC Preschool to use images of my child, \_\_\_\_\_ taken at school or school-related events in any YLUMC Publications and promotional materials. This may include use in print materials, presentations, Facebook, Instagram and on the YLUMC Preschool website. I understand that these photos will be used for the sole purpose of promoting or reporting on the Preschool, and my child's name will not be printed or attached to any image.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date