



## 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

<b>Left Side of Folder (YLUMCPS Forms)</b>		<b>Right Side of Folder (Licensing Forms)</b>	
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)	



## YORBA LINDA UNITED METHODIST PRESCHOOL

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

### 2021-2022 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**  
 19002 Yorba Linda Blvd., Yorba Linda, CA 92886 714-777-2384 www.ylumcps.com  
**2021-2022 PROGRAM SELECTOR**

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

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

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

**Please check the desired program below:**

***Gymnastics with Elite Mobile Gym & Music Education classes included in tuition for all students***

		<b>PRE-K</b> <small>(4 years as of Sept 1<sup>th</sup>, 2021)</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"/> \$3121/yr.
Program + Lunch Hour	8:30 – 1:00	N/A	<input type="checkbox"/> \$3350/yr.	<input type="checkbox"/> \$3529/yr.
Program, Lunch + Stay & Play	8:30 – 3:30	N/A	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4437/yr.
Full Day	8:30 – 5:00	N/A	<input type="checkbox"/> \$4700/yr.	<input type="checkbox"/> \$4906/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"/> \$4070/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4390/yr.	<input type="checkbox"/> \$4641/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$5480/yr.	<input type="checkbox"/> \$5630/yr.	<input type="checkbox"/> \$5906/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$6130/yr.	<input type="checkbox"/> \$6280/yr.	<input type="checkbox"/> \$6569/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"/> \$5233/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$5470/yr.	<input type="checkbox"/> \$5680/yr.	<input type="checkbox"/> \$6018/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$7180/yr.	<input type="checkbox"/> \$7390/yr.	<input type="checkbox"/> \$7762/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8290/yr.	<input type="checkbox"/> \$8680/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"/> \$6007/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$5800/yr.	<input type="checkbox"/> \$6470/yr.	<input type="checkbox"/> \$6875/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8340/yr.	<input type="checkbox"/> \$8782/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9040/yr.	<input type="checkbox"/> \$9100/yr.	<input type="checkbox"/> \$9761/yr.

<b>KINDERGARTEN OPTION (5 DAYS)</b>		
<small>5 YEARS OR OLDER AS OF Sept 1, 2021</small>		
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

<b>DUAL LANGUAGE PRE-K &amp; PREPPY K (5 DAYS)</b>		
<small>4 YEARS OR OLDER AS OF Sept 1, 2021</small>		
Program	8:30 – 2:00	<input type="checkbox"/> \$7050/yr.
Program + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8418/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9480/yr.
Book/Material Fee		<input type="checkbox"/> \$100.00

<b>ADD ON OPTIONS</b>	
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 & Stay & Play:	\$57.00/day
Full Day:	\$65.00/day
Lunch, Stay & Play and Full Afternoon	
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	\$4.50
No lunch sent/ordered	\$6.00

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



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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, 2021. Qualifies for a 3% discount
- 2 Payments (Bi-Annual) – 1<sup>st</sup> half payment by August 1, 2021. 2<sup>nd</sup> half payment by January 1, 2022. Qualifies for a 2% discount.
- 10 Payments – Payments due on the 1<sup>st</sup> of every month, beginning August 1, 2021 and ending May 1, 2022.

**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, 2022 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
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  
( )

## 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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



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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
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?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

---

REASON FOR REQUESTING DAY CARE PLACEMENT

---

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

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

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

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

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

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

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

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

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

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**RISK FACTORS FOR TB IN CHILDREN:**

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

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

**PERSONAL RIGHTS****Child Care Centers**

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

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

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

NAME		
ADDRESS		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

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

**PLACE IN CHILD'S FILE**

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

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

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

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

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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

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# 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

**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





### **From the Preschool Director...**

It is my pleasure to welcome you to our Yorba Linda United Methodist Preschool (YLUMCPS) family. As the Preschool Director, it is my priority and privilege to establish a culture that fosters a love for learning, an environment that welcomes curiosity, and above all a team of educators and families who have accepted the responsibility of ensuring that our children grow and prosper emotionally, mentally, physically and spiritually. To achieve these goals, we are committed to the following core standards:

- Implement *Best Practice* founded in knowledge and research of how children learn and develop.
- Build a *community of learning* that promotes progress and achievement of goals.
- Acquire and retain strong *Christian Educators* who facilitate learning within a curriculum framework.
- Nurture and respect the *child and family relationship* as the first and most important doorway to learning.

The early childhood educational experience is critical to your child's perspective of how they will view school for the rest of their lives. As a team, we aspire to provide your child and family access to an extraordinary education and hope to have your child look forward to every day spent at YLUMCPS as they grow and develop into all God has them to be.

Our Preschool has operated as a ministry of the Yorba Linda United Methodist Church (YLUMC) since 1964 and has a Preschool Advisory Committee made up of school staff, school families, the church Pastor and church members that gives input, guidance and advice into the policies and procedures of the school. YLUMCPS is also mandated by Community Care Licensing and all our staff, including church staff associated with the school, are background checked and finger printed.

Enclosed in this packet you will find our Parent Handbook, please take some time to read this as we are hoping it will answer many questions you may have. There are also several forms required by Community Care Licensing for your child to participate in our program. Once you have completed this enrollment packet, please return it to the Preschool office.

Our Preschool Team values each family's cultural context and welcomes feedback that is in support of making our school a high-quality preschool and kindergarten experience for all children. We are thrilled you have chosen YLUMCPS for your child's early education experience and believe it will be one full of excitement, fun, and discovery!

In His Service,

*Joanna Welsh*  
Preschool Director



Dear Parents:

Raising children in the Christian faith, while instilling the solid values of love, care, and friendship is not an easy job for parents. Here at Yorba Linda United Methodist Preschool, we want to support your family in this task. Built on a desire to share God's love, we make your child's social, educational, and spiritual development a top priority. Our commitment to serve and meet these needs influences all the experiences we provide here for your child.

We believe faith is foundational in order to develop other vital core values in your child. Everything we do is based on our faith and sharing that with your child. To help establish a foundation and strengthen your child's spiritual growth, we pray before snack, have a weekly age-appropriate Bible lesson in each class, as well as offer weekly Chapel. It is a great joy to walk around the campus and experience children praying, singing and talking about God together.

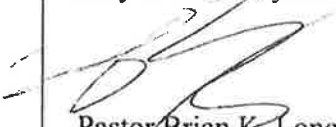
Though your child is our top priority, we know parenting can be a challenge. Therefore, we also strive to meet the needs of the family. In order to do this, we offer a variety of programs and classes throughout the year for parents and grandparents. Parents too can have a wide range of questions and concerns about their child's emotional or social development. We want you to know, you are not alone in this.

Our teachers will tell you, they love what they are doing because to care for and teach children is their call from God. The dedication of the preschool staff is amazing to behold. I believe their dedication shows in the quality of education and development in every child.

It is our great joy to have you and your child be a part of Yorba Linda United Methodist Preschool. I also want to invite you to visit and to learn more about our church and its ministry.

Please know, my door is always open, so feel free, at any time to contact me or come by my office.

May God bless you and your family,

  
Pastor Brian K. Long  
pastorbrian@yorbalingaumc.org

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Hello Parents & Families,

I would like to share a special welcome to you and thank you for allowing us the privilege to share in the important task of raising a family. We here at Yorba Linda United Methodist Church believe that God's love is meant to be shared with everyone and our Preschool and Kindergarten have an important place in the ministry focus of our church. My role on staff here has recently changed to better meet the needs of our Preschool children and families. We will be doing some exciting things that to be quite honest most church preschools do not offer. I can say this because I have been working in church ministry and specifically with preschools for more than 30 years. I am so excited to be able to increase my involvement with YLUMCPS kids, families, and staff!!

You will be hearing about things like our **Family Connections**, monthly meetings to discuss real issues families face in a safe and informative environment, with a lot of laughter along the way. We are putting together a Preschool Support Team that will look at other areas of interest and needs for our families. Setting up fun social events for families, providing opportunities to serve others and finding new and creative ways to support our fantastic YLUMCPS staff, to name a few things. There is a little more info about this Preschool Support Team on the back of this letter.

One of my favorite times of the week is **Chapel Time** with the kids where we get to experience the love of God in a fun and meaningful way. My friends Freddie & Frankie the frogs help us understand in simple ways how much God loves us and how we can share that love and care with each other. We sing songs, say prayers together and share special object lessons and activities that our kids absolutely love!

Our Senior Pastor, Brian Long and I really want to be a support system for you; to chat, pray, suggest ideas, or whatever else! My office is next to the gate of the preschool and when I am here my door is always open for you and your children to pop in for a sticker or take a look at some of the Chapel Time props we have used. I really don't mind interruptions and cherish those special conversations.

Our church has much to offer families in other ways as well as I also oversee our children's ministries and Kids Kingdom Sunday School along with our established scouting programs. We have additional staff for youth, family, women's and men's ministries too. I look forward to experiencing with your family the blessings God has in store for this year at YLUMCPS!

In His Love,

Pastor Greg Robbins, Director of Christian Education [pastorgreg@ylumc.org](mailto:pastorgreg@ylumc.org)

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