

New Student Application

Preschool - Kindergarten



REGISTRATION CHECKLIST

Student Name: _____

Grade for 2019-2020: _____

All Students

- Complete Application Packet
 - Tuition & Fee Contract
 - Photo Release Form
 - Medical Consent Form
 - Volunteer Driver Form
 - Medical Consent Form
 - Physician's Report (MUST BE FILLED OUT BY A PHYSICIAN!)
 - Consent of Rights
 - Choices (not applicable for Kindergarten)
- Registration Fee: \$125
- Supply Fee \$50
- "Simply Giving" Authorization Form w/ voided check
(For automated tuition fee withdrawal. Required for all monthly payment schedules.)

New Students

- Copy of birth certificate
- Copy of shot record/health & immunization record

PLEASE PRINT & FILL OUT FORMS COMPLETELY. WHEN COMPLETE BRING TO THE ZION CHRISTIAN SCHOOL & LEARNING CENTER OFFICE OR EMAIL DIRECTLY TO

ZIONSCHOOL@ZLCS.ORG

REGISTRATION WILL NOT BE CONSIDERED COMPLETE TILL APPLICATION AND PAYMENT IS RECEIVED.

THANK YOU FOR APPLYING TO ZION! WE LOOK FORWARD TO THE 2019-2020 YEAR!

New Student Application

Grades Preschool - Kindergarten



APPLYING FOR GRADE: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: ____ Goes By: _____

SS#: ____ - ____ - ____ BIRTHDATE: _____ Applying for Grade: _____

CURRENT SCHOOL: _____ PRIOR SCHOOL: _____

Family Church Affiliation: _____ Student Baptized? Yes No Not Say

	MOTHER	FATHER	OTHER GUARDIAN
First & Last Name			
Mobile Phone			
Occupation			
Employer			
Mailing Address			
City, State, Zip			
Home Phone			
Work Phone			
Email Address			
Pick-Up/Emergency			
School Messenger #			

Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child.

Yes, there are court orders regarding custody (please attach).

Non-Discriminatory Policy: Zion Christian School & Learning Center admits students of any race, religion, color, and national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color or national or ethnic origin in administration of its policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

FOR OFFICE USE ONLY: Verified Complete: _____ New/Return Date: _____ Initials: _____

New Student Application

Grades Preschool - Kindergarten



Student Name: _____

Grade: _____

Why do you wish for your child to attend Zion Christian School & Learning Center?

List any awards, interests, abilities, gifts, achievements and/or musical instruments played:

Does your child have a current IEP/ISP in place? If yes, please attach & submit a copy with application.

Have there been any situations in your student's life which the school should know about in order to meet his/her learning or development needs? If yes, please describe.

Has your child ever been suspended, expelled, or asked to leave school? If yes, please provide grade & circumstances:

Does your child have any special health concerns to be aware of? Please list and describe.

Any other information you'd like Zion to be aware of?

TUITION CONTRACT FOR 2019-2020

PRESCHOOL - KINDERGARTEN



FAMILY LAST NAME: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Registration Fees

Registration fee is non-refundable. Upon acceptance of this student by the school and completion of all paperwork, the registration fee holds your child's place on the class roster until the date your first tuition payment is due. When the class size has been reached, the registration fee will hold your child's place on the waiting list.

Initial: ____

Payment Options

Tuition is set per schedule below, **per student** for the 2019-2020 academic year for grades 1-12. Zion Christian School & Learning Center will hold at this rate for each named student(s) as long as student(s) stays continuously enrolled and there is no default on tuition payments. If there is a break in enrollment, the re-enrollment will be at the prevailing tuition rate at the time of enrollment.

- Preschool tuition covers a 3.5 hour instructional day from Family Choice Start time (Preschool Choice Form).
- Transitional Kindergarten tuition covers a 4 hour instructional day 3 or 5 days a week
- Kindergarten tuition covers a 4.5 hour instructional day 5 days a week

Full-Year or Half-Year Prepay: Families make one payment billed August 1 or two payments billed August 1 and February 1 by cash or check for the entire amount before the dates listed.

Direct Monthly Payment Plans: Families may divide the tuition into payments automatically withdrawn from a checking or savings account. Payments for 10 months begin in August and end in May.

All monthly payment plans will be set up on a direct payment through Thrivent's Simply Giving Plan (complete the required online form and provide a voided check).

Billing Schedule: Zion Learning Center assesses fees on the 1st day of the month in advance of attendance. All fees are billed on the 1st and are due by the 11th.

Initial: ____

- A \$50 fee will be assessed to all late payments.
- A \$35 service fee will be assessed for all bank returns for insufficient funds.
- *Please note a 3% credit processing fee will be added to all online credit card payments.*

FOR OFFICE USE ONLY:

Verified Complete: _____

New/Return

Date: _____

Initials: _____

TUITION CONTRACT FOR 2019-2020 (cont)

PRESCHOOL - KINDERGARTEN



FAMILY LAST NAME: _____

PRESCHOOL			
TRADITIONAL RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
2 Days a Week	\$2,300.00	\$1,150.00	\$230.00
3 Days a Week	\$3,090.00	\$1,545.00	\$309.00
4 Days a Week	\$3,930.00	\$1,965.00	\$393.00
5 Days a Week	\$4,490.00	\$2,245.00	\$449.00
CO-OP RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
2 Days a Week	\$2,100.00	\$1,050.00	\$210.00
3 Days a Week	\$2,790.00	\$1,395.00	\$279.00
4 Days a Week	\$3,530.00	\$1,765.00	\$353.00
5 Days a Week	\$3,990.00	\$1,995.00	\$399.00

TRANSITIONAL KINDERGARTEN			
TRADITIONAL RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
TK 3 Days a Week	\$3,350.00	\$1,675.00	\$335.00
TK 5 Days a Week	\$4,550.00	\$2,275.00	\$455.00
CO-OP RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
TK 3 Days a Week	\$3,050.00	\$1,525.00	\$305.00
TK 5 Days a Week	\$4,050.00	\$2,025.00	\$405.00

KINDERGARTEN			
TRADITIONAL RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
Kindergarten	\$4,970.00	\$2,485.00	\$497.00

FLAT RATE (through 5pm daily)			
TRADITIONAL RATE	ANNUAL	BI-ANNUAL	MONTHLY (10 Payments)
4 Days a Week	\$6,950.00	\$3,475.00	\$695.00
5 Days a Week	\$7,700.00	\$3,850.00	\$770.00

TUITION CONTRACT FOR 2019-2020 (cont)

PRESCHOOL - KINDERGARTEN

FAMILY LAST NAME: _____



EXTENDED DAYCARE

Extended daycare is available from the end of the school day until 5 p.m. Students not picked up after normal scheduled academic hours (within 10 minutes of dismissal) will be signed into daycare and parents will be billed accordingly. Fees for daycare are **\$7 per hour**, billed in half-hour increments. Extended daycare charges are billed monthly, in arrears.

Families who pick up their children from daycare after the scheduled closing time or drop off their children prior to the scheduled opening time will be charged **\$15** for the first 5 minutes and **\$2** for every minute thereafter. These charges will be posted to the student's monthly account statement and will be in addition to the regular fees for daycare services.

Initial: ____

DISCOUNTS

Discounts only apply to base tuition.

- Siblings: Pay only 1 registration fee
- Military: Active members of the military receive a 20% discount
- Clergy: Active members of the clergy receive a 20% discount

Initial: ____

FAMILY PARTICIPATION HOURS

Family Participation hours help build the Zion community! Your help goes to reduce Zion campus costs! There are three options for families to choose from:

Service Hours – Families can choose to service 20 hours of their time per year, per family. Hours must be logged by May 1, 2020.

Fundraising – Families who wish to serve for fundraising can solicit community and business sponsorship and underwriting opportunities (golf tourney, spring fundraiser, etc...). Minimum net benefit to Zion of \$250 or more to qualify for the year.

Opt Out Fee – Families may opt out at a rate of \$10/hour. Families will be billed on May 1, 2020 for the opt out fees.

Initial: ____

ADDITIONAL FEES

- **REGISTRATION FEE** **\$125 (one time, non-refundable)**
- **CLASS SUPPLY FEE** **\$50**
- **LATE FEE** **\$50**
- **INSUFFICIENT FUNDS/**
- **RETURNED PAYMENT FEE** **\$35**

Failure to pay full fees for two consecutive months can result in cancellation of admission.

Initial: ____

TUITION CONTRACT FOR 2019-2020 (cont)

PRESCHOOL - KINDERGARTEN

FAMILY LAST NAME: _____



PAYMENT OPTION (Select One):

- One payment on August 1, 2019
- Two payments on August 1, 2019 & February 1, 2020
- Pay in 10 installments through Simply Giving beginning in August and ending in May

Initial: ____

Student #1: _____ Preschool/TK/Kinder # of days per week: 2/3/4/5

Student #2: _____ Preschool/TK/Kinder # of days per week: 2/3/4/5

Student #3: _____ Preschool/TK/Kinder # of days per week: 2/3/4/5

Total Registration: _____ \$125

Total Supply Fee: \$50 x #: _____ = _____

Initial: ____

Discounts/Co-Op/Flat Rate:

- Family qualifies for Active Duty Military Discount
- Family qualifies for Clergy Family Discount
- Family chooses to enroll in Preschool – TK (no Kindergarten) CO OP LEVEL TUITION and commits to the agreed upon Co-Op Service Hour Monthly Rates. Will be billed at a rate of \$10 per hour not served.
- Family chooses to enroll in FLAT RATE (through 5pm daily) tuition

Initial: ____

TUITION CONTRACT FOR 2019-2020 (cont)

PRESCHOOL - KINDERGARTEN



FAMILY LAST NAME: _____

- I understand that failure to pay full fees for two consecutive months can result in cancellation of admission.
- I understand that other costs throughout the year, including food, field trips, and other special fees, are not included in the tuition and must be paid promptly when billed.
- I understand that a written notice of withdrawal is required for student to leave Zion.

Initial: ____

I hereby acknowledge that I have read and understand the 2018-2019 Tuition schedule, that I am personally responsible for the Tuition of my child(ren), and I hereby agree to and will abide by all terms and provisions contained herein as a part of the Preschool – Kindergarten Tuition Contract.

I understand that this agreement will terminate upon the withdrawal or dismissal of my child(ren) from the school and that I will still be responsible for any incurred tuition and fees due on or before the date of withdrawal. I hereby certify that the information on this application is accurate and complete and that incorrect or incomplete information may result in non-acceptance or dismissal from school.

I will commit myself to wholehearted, positive cooperation with my child's teacher, that my child might receive the best education possible.

I will comply with the rules of the school and encourage my child to do the same. I understand the standards of Zion Christian School do not tolerate profanity, obscenity in word or action, dishonoring of God or the Word of God, nor disrespect to the personnel, students, or property of the school.

If my child is not able to comply with school standards after reasonable effort has been made, I agree to withdraw my child from the school.

I will be punctual in my financial obligations to the school and understand that privileges can be revoked due to non-payment.

Initial: ____

Signed: _____ Print: _____ Date: _____

Relationship to student: _____

Signed: _____ Print: _____ Date: _____

Relationship to student: _____

Preschool Choices

Check here if you are a
Co-op Family

Child's name: _____

Child's age: month _____ day _____ year _____

WHICH DAYS WILL YOUR CHILD ATTEND SCHOOL?

Monday Tuesday Wednesday Thursday Friday

FLEX SCHEDULE: What time will your child arrive each morning?
8:00 8:30 9:00

THE CLASSES WE OFFER ARE:

M-F LOVABLE LAMBS: 2-year-old class, **potty training NOT required**

T/W/TH AWESOME OTTERS: Jr. 3-year-old class, potty training is required

M-F FRIENDLY FROGS: 3-year-old class

M-F MIGHTY MONKEYS: Pre-K class

T/W/TH BUSY BUGS: Pre-K class

M/W/F TK. TURTLES: Transitional Kindergarten class

We cannot guarantee which class your child will be in, but based on the above info, which class would you prefer? _____

DAYCARE: My child will be using daycare **regularly** on the following days:

Days: Monday Tuesday Wednesday Thursday Friday

Until: _____

FACE BOOK: I understand each preschool class has a Facebook page that is open only to preschool families, staff and board members. I give my permission for my child's picture to be posted on that page. _____

ROSTER: I give permission for the following contact information to be included in a class roster and distributed to class families:

Parents' names: _____

cell: _____ **e-mail:** _____

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: Dept. of Social Services/Community Care Licensing Division

Licensing Office Address: 7575 Metropolitan Dr. #110, San Diego, CA

Licensing Office Telephone #: (619) 767-2200

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

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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Zion Christian 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

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:

Department of Social Services

NAME

Community Care Licensing Division

ADDRESS

7575 Metropolitan Dr. #110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

(619) 767-2200

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)

ZION CHRISTIAN PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

1405 E. Fallbrook St., Fallbrook, CA 92028

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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
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DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

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

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY
--

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?
--

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT
--

PARENT'S SIGNATURE	DATE
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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)

Zion Christian Preschool _____ . 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)	/ /	/ /	/ /	/ /	/ /
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

RISK FACTORS FOR TB IN CHILDREN:

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

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

Medical Consent Form

PRESCHOOL - KINDERGARTEN



Student Name: _____

Grade: _____

Name of Physician: _____

Physician Phone #: _____

List Student's known allergies, medications or medical conditions of which the school should be aware:

Family Church Affiliation: _____

Student Baptized? Yes No Not Say

In an emergency, Zion Christian School & Learning Center is authorized to seek emergency medical assistance for our child.

The educational or office staff will administer medication (prescription or over-the-counter) to students upon receipt of the medication and written authorization from the parent/guardian.

- Consent
- Do not consent

If no, please provide alternate emergency medical treatment plan:

Does your child take medication on a regular basis during the school day? If yes, please list medication and delivery times:

Parent/Guardian signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

VOLUNTEER DRIVER INFORMATION

PRESCHOOL - KINDERGARTEN



Please note: A copy of your driver's license and current insurance card must be turned in with this form to the school office.

Driver #1: _____ **Driver's License Number:** _____ **Exp. Date:** _____

Mobile Phone Number: _____

Address: _____

Driver #1: _____ **Driver's License Number:** _____ **Exp. Date:** _____

Mobile Phone Number: _____

Address: _____

Vehicle #1: Year, make, model of car: _____

License Plate Number: _____

of belted seats available (not including driver): _____

Vehicle #2: Year, make, model of car: _____

License Plate Number: _____

of belted seats available (not including driver): _____

Insurance Carrier: _____ **Policy Number:** _____

Effective Date: / / **Expiration Date:** / /

In case of Emergency, please contact: _____

Phone Number: _____

I understand that I am responsible for the students I transport while they are in my car, and that my vehicle must be in safe operating condition. I am also responsible for the safe and lawful operation of the vehicle at all times. It is my responsibility to ensure that all children riding in my car are secured with individual seatbelts and/or car seats at all times. I have liability insurance on my vehicle that is equal or exceeds \$100,000 per person, \$300,000 per accident. I understand that in case of an accident, my insurance company will be considered the primary insurer and the school's insurance company will be secondarily liable. **If I do not have a safe driving record, I will not drive.**

Signed: _____ Print: _____ Date: _____

Photo Consent Form

PRESCHOOL - KINDERGARTEN



Student Name: _____ Grade: _____

Students at Zion Christian School & Learning Center may have their picture, class work, name and/or other accomplishments published/recorded in school or learning center related publications and media.

Parental permission is required for a student's picture or work to be published in community newspapers, district publications and like publications.

- Yes, I give permission
- No, I do not give permission

Parent/Guardian signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

Statement of Compliance

PRESCHOOL - KINDERGARTEN



Student Name: _____

Grade: _____

PRESCHOOL STATEMENTS OF COMPLIANCE

In compliance with California Community Care Licensing requirements, I hereby state that I have read and signed the Zion Christian Preschool Financial Agreement (“Tuition & Fee Contract”) for the current school year.

Signature of parent/guardian: _____

Date: _____

In compliance with California Care Licensing requirements, I hereby state that I have read the Zion Christian Preschool Parent Handbook for the current school year.

Signature of parent/guardian: _____

Date: _____

Parents are advised to keep a copy of their current signed Zion Christian Preschool Financial Agreement and the current Zion Christian Preschool Parent Handbook on file for reference purposes.