

Catalina Kid Ventures



Enrollment Packet

*Serving:
Toddlers, Preschool and Pre-K*



Dear CKV Families,

Welcome to Catalina Kid Ventures—where a love for learning grows! We are so delighted that your family is joining our preschool community and are honored that you have chosen CKV to be part of your child's early learning journey. For nearly 40 years, Catalina Kid Ventures has proudly served the children, parents, and community of Avalon as a public nonprofit child development program, providing a safe, nurturing, and engaging environment for young learners.

At CKV, our goal is to support the growth of the whole child—socially, emotionally, physically, and academically—while fostering a lifelong love of learning. We achieve this by offering developmentally appropriate curriculum and activities that meet the individual needs of each child, encouraging learning through play, exploration, and meaningful relationships. Our dedicated teachers create warm, supportive environments where children feel secure, valued, and empowered to grow at their own pace. We also believe that strong partnerships with families are essential, and we value open communication, collaboration, and mutual trust.

We offer full-time, quality care from 8:00 a.m. to 5:00 p.m., five days a week. Our Toddler Room is open Tuesday through Friday and serves children ages 18 to 30 months. Our Preschool/Pre-K classroom is open Monday through Friday and serves children ages 2½ to 6 years; children must be potty trained for enrollment in this classroom. Our daily schedule includes a balance of free choice and teacher-directed activities, as well as both indoor and outdoor play. We provide two snacks each day, and families are asked to provide a lunch for their child. Water is available throughout the day. Nap or rest time is scheduled from 12:00 p.m. to 2:00 p.m., during which children are encouraged to sleep or rest quietly.

Inside this enrollment packet, you will find important information about our policies, procedures, and daily routines. Please take time to review all materials carefully and return the required paperwork, along with the \$50 registration fee, prior to your child's start date. If you have any questions along the way, please don't hesitate to reach out—we are always happy to help. You may call or text us directly at 213-728-2075.

We are truly excited to get to know your child and your family. Thank you for trusting Catalina Kid Ventures with such an important chapter in your child's life.

Warmly,

Stacy L. Massey

Stacy L. Massey
Director

Address: 430 Avalon Canyon Rd, PO Box 1899, Avalon, CA 90704
CKV Cell Phone: 213-728-2075 CKV Email: catalinakidventures@icloud.com
CKV Website: CatalinaKidVentures.org

CKV Admission Agreement

Description of Basic Services

We understand that the needs of each family is different and we will work with you to see which schedule best fits your needs. *Priority will be given to those families needing full time care.* We do have a two day minimum per week for part time or full time enrollment.

Scheduling

Once a schedule is determined by the family and the director we ask that you stick to that schedule as best as possible. *You will be charged for the days you agree upon even if your child does not show up.* If you need to change the schedule please see the director ASAP. We do accept drop-ins for an additional fee if space is available.

Sign-in / Sign-out

It is mandatory that each child is signed in and out each day by an adult 18 years or older. Please sign your **full legal name**. Initials are not accepted by the state of California. You must accompany the child to and from the center. Please do not let them run down the ramp ahead of you when exiting the building. We do have a parking lot in front of the school and it can be a dangerous area for children unattended.

Tuition and Refund

The amount you pay will depend on times and hours your child is enrolled. Tuition is billed every two weeks and is due the Friday of the first week. Late fees will begin to incur the following Monday and will be \$20 per week until payment is received in full. If tuition is more that two weeks late, your child may not be able to attend. Please make checks or Money Orders payable to **Catalina Kid Ventures**. Please no cash. See attached form for current rates and payment schedule. A \$45 fee will be imposed for each returned check. Refunds will not be made if you are home due to illness or if parents have a day off work.

Modifications - In the event that rates are modified, a thirty day written notice of any basic rate changes will be provided.

Enrollment Fee

Upon admission a \$50 nonrefundable enrollment fee is required. Should you choose to withdraw your child from CKV your enrollment fee is only good for six months

after withdrawal date. If you choose to reenroll after 6 months you will have to pay the fee again.

Late Pick Up Policy

A fee of \$1.00 per minute will be imposed for children not picked up by 5:00 (payable upon pick-up) If an emergency arises, you are expected to call the center and let them know when you will be arriving. Excessive tardiness in picking up your child may lead to termination of child's enrollment.

Family Vacation Policy

- *Families paying weekly tuition are allotted two weeks of vacation credit per calendar year.*
- *When a child is absent for a full consecutive week, Monday through Friday, families may request to apply their vacation discount.*
- *Families must provide CKV with two weeks notice of their time off request.*
- *Families will not be billed for the week, or weeks, in which the vacation credit is applied.*
- *Vacation credits must be used within the calendar year in which they are earned and do not carry over to future years.*

Withdrawal Policy

A two-week notice is expected when you withdraw your child. When children are withdrawn with less notice, no refunds will be given.

Termination Policy

If circumstances warrant, the center may terminate the enrollment of a child. Such circumstances include but are not limited to the following:

- *Refusal of a parent to pick up a sick child within the stated time limit.*
- *Chronic tardiness in picking up ones child.*
- *Refusal of a parent to attend a parent conference when problems arise.*
- *Failure to pay tuition.*
- *Disruptive behavior of the parent/guardian that negatively impacts the center.*
- *Child's needs cannot be met by the center.*

Rights of Licensing Agency

As stated in Child Care Regulation Title 22 section 101200:

- *The Department of Social Services has the inspection authority specified in Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535.*

- *The Dept. of Social Services has the authority to inspect, audit and copy child or childcare center records upon demand during normal business hours. Records may be removed if necessary for copying.*
- *The Dept. of Social Services has the authority to interview children or staff without prior consent.*
- *The Dept. of Social Services has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.*

Discipline

CKV believes it is vital to the well-being and successful development of young children that they have clear, consistent and appropriate limits of behavior. CKV will redirect inappropriate behaviors by letting children know what behaviors are expected. When a child is unresponsive, other strategies may be used to assist the child. These may include problem solving together, assessing the goal of the behavior and addressing the need of a child, or taking a break from the activity or environment. Areas of importance are not hurting oneself or others. The Director may conference with parents to make a positive plan to redirect the negative behavior. If the child's inappropriate behavior does not change, the child may be terminated from the program.

Types of Discipline Not Permitted

All harsh, physical, shaming or punitive approaches to discipline ARE STRICTLY FORBIDDEN at Catalina Kid Ventures. (CCR, Title 22, Section 101223.2, 101221)

Incase of Emergency parents or guardians will be contacted and if needed we will call 911 for transport to Avalon Medical Center.

Illness

In order for us to fulfill our mission to keeping a safe healthy environment for your children, policies and procedures involving illness must be maintained. For your child's safety and well being, follow these guidelines that will prevent the spread of infection to other children and staff. These guidelines will also give children the rest and recovery they need and time to be treated for the illness.

Each child will be checked upon arrival for signs of illness. A child showing signs of illness will not be permitted into the center. Please keep your child at home if your child has a

- *Fever of 100 degrees or higher*
- *Persistent or violent coughing*
- *Rash that changes the behavior of child or rash that is coupled with a fever*
- *Diarrhea - Watery stools or the frequent passing of stool*

- Vomiting - *If your child has vomited in the last 12 -24 hours*
- Conjunctivitis (Pink Eye) - *Red eyes and green or yellow discharge*
- Mouth Sores, especially when coupled with drooling
- Hand, Foot, Mouth Disease
- Pediculosis (Head Lice)

Children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment to help with discomfort and feel well enough to participate in class activities. Children who have been fever free for a 24 hour period without medication may return to school.

We are able to give prescription medication if the child's name is on the original container and the parents sign our consent form.

When a child becomes ill while at the center, a staff member shall care for the ill child maintaining all safety practices such as wearing gloves, mask and using any disinfectants for the area. The child will be moved to an isolated/sick room or set apart from other children while parents are notified and the child can be picked up. Parents must pick up their child within one hour of initial call to ensure the health and wellness of the center community. Please keep your emergency contact information up to date as we will call down the list if you become unavailable to pick up your child.

Bedding

In our daily schedule we have a time set for resting. The children will not have to sleep but we do ask that they rest their bodies as we have a long day filled with active play. **Please send a regular sized fitted crib sheet and one small, light blanket for them to rest** with on Monday or the first day of the week your child attends. In consideration for prevention of illness of communicable diseases, all bedding must be taken home on Friday or the last day of the week your child attends and must be laundered before returning. We would love your participation to keep a safe, clean environment for your children.

Cubbies

All children will be given a cubby to store their personal belongings. Please note that children may share a cubby with another student and space may be limited. Please keep 2-3 changes of clothes in your child's box — Shirts, underwear, shorts (summer), pants (winter). If you don't usually bring a jacket, you may leave a light jacket as well. This allows us to be prepared for any food spills, potty or illness accidents, water play and painting spills. We highly recommend a water bottle/ sippy cup to keep hydrated. It's great for the environment with less waste. We will supply general sunscreen in the summer but you may supply special sunscreen if needed. Of course bring a lunch for an 11:30 lunch time. No candy, cookies or sugary food or drinks please. We will send those item home and any food not eaten

throughout the day. Having limited items in cubbies helps lessen the frustration for students to try and “fit it in” their cubby.

Potty Training

A potty trained child is a child who can do the following:

- *Be able to TELL the adult they have to go potty BEFORE they have to go. They must be able to say the words “I have to go potty” BEFORE they have to go.*
- *Be able to pull down their underwear and pants and get them back up without assistance.*
- *Be able to wipe themselves after using the toilet.*
- *Be able to get off the potty by themselves.*
- *Be able to wash and dry hands.*
- *Be able to go directly back to the room without directions.*
- *Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside and away from the house.*

The first one is the number one key to successful training. Children who are ready to train have the ability to perceive events that are going to happen before they happen. Because we cannot allow children to go in and out of the room to freely use the potty they MUST learn they have to tell us so that we can accompany them and supervise them. At home you can allow them free access to the bathroom if you choose but we are prohibited by our regulations to allow them to go unaccompanied. Because of this they need to learn that they must tell the adult they have to go BEFORE they have to go. We do not accept signs that the child has to go or nonverbal behavior. It must be the words “I have to go potty/ bathroom”.

*The attached paperwork are **State required** forms which must be received prior to admission. You are allowed ten (10) days after admission to submit the physician's report.*

Please fill out and sign all the preceding papers and return to the Director upon enrollment. Thank You.

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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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*	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
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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

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
()

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)	/ /	/ /	/ /	/ /	/ /
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.



California Pre-Kindergarten and School Immunization Record

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: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Name of Parent/Guardian (Last, First):		Birthdate (Month/Day/Year):		Gender:			

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: ____ yrs.			<input type="checkbox"/>	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: ____ yrs.			<input type="checkbox"/>	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: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	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>	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
		Has All Required Vaccine Doses	Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7 th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Guidance For Completing Form CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
- (Or advancement to) 7th grade.

1. **Complete the pupil's identification section.** The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.

2. **Complete the vaccine and dose section** using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.

- Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
- Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the medical exemption form specifying the exempted immunization(s) in the pupil's record.

3. **Complete the appropriate row in the Status of Requirements section.**

- Enter the initials of the staff reviewing the pupil's record.
- If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
- If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
- If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
- If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

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.

- If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:
 - **IEP:** Accessing special education services required by the pupil's individualized education program, or
 - **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
 - **Home:** Enrolled in a home-based private school

Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(f)(8)(C)).

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

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.

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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

TUITION AGREEMENT

Catalina Kid Ventures

Phone: 213-728-2075

CatalinaKidVentures@icloud.com

CatalinaKidVentures.org

Days and Times of Operation

Preschool: Monday - Friday, 8:00am - 5:00pm

Toddler: Tuesday - Friday, 8:00am - 5:00pm

Registration Fee: \$50.00

- Tuition Rates -

Effective March 2, 2026

Toddler Program: 18 months - 30 months

Enrollment	Weekly Tuition
2 Days / Week	\$120
3 Days / Week	\$175
4 Days / Week	\$230
5 Days / Week - <i>full time</i>	\$275

Preschool Program: 30 months - 6 years *and potty trained*

Enrollment	Weekly Tuition
2 Days / Week	\$90
3 Days / Week	\$130
4 Days / Week	\$170
5 Days / Week - <i>full time</i>	\$200

Payments are for two week periods and paid in advance. Tuition is based on enrollment, not attendance. No credits or refunds for absences, illness, holidays or CKV schedule closures.

Two weeks Vacation Credit is given to families annually as of January 2026.

When a child is absent for a full consecutive week, Monday - Friday, families may request to apply their vacation credit. More information regarding that policy can be found online at:

CatalinaKidVentures.org

2026 CKV TUITION AGREEMENT

I have reviewed and received the current tuition rates for Catalina Kid Ventures. I agree to pay the above prices for my child _____ who will attend _____ in the toddler / preschool program.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Preschool & Pre-K Daily Schedule

8:00 – 8:45	Arrival – Free Choice and Table Activities
8:45 – 9:00	Circle Time
9:00 – 9:30	Snack
10:00 – 11:30	Outside-play: Some Teacher Directed Activities and projects
11:30 – 12:00	Lunch
12:00 – 2:00	Nap and Rest Time
1:30 – 3:00	Individual Outside Play Activities as kids wake up. Some teacher led projects, games & activities
3:00 – 3:30	Snack
3:30 – 5:00	Meeting, then inside Free Choice play with some teacher directed activities
5 :00	Pick Up

* *Hand washing is mandatory upon arrival and before snacks & lunch.*

Toddler Schedule

8:00	Arrival - Free choice inside play - Table Activities
9:00	Snack
9:30	Circle Time/Teacher Directed Table Activities/Inside Free Play
10:00	Outside Play: Gross motor/ Sand and water play
11:30	Lunch
12:00	Nap Time
2:00	Outside Play
3:00	Snack
3:30	Circle Time/Teacher Directed Table Activities/Inside Free Play
4:30	Outside Play
5:00	Pick up

Children will have a Diaper Check or Sit on potty at every transition starting at 8:30

* *Hand washing is mandatory upon arrival and before snacks and lunch.*

Field Trip Information and Permission

Catalina Kid Ventures offers several field trips throughout the year as part of it's curriculum. They may include but are not limited to:

- | | |
|-----------------------------|---------------------------------------|
| *Avalon Fire Station | *Glass Bottom Boat |
| *Catalina Island Museum | *Knabe and City Park |
| *Descanso & Pebbly Beach | *Wrigley Memorial & Botanical Gardens |
| *L.A. County Public Library | *People's Park |

Children will be escorted by CKV staff and volunteer parents, or others in the community wishing to volunteer. A Notice will be posted informing you of the date a field trip will occur. Should you give permission for CKV to take your child on a field trip, this slip will cover all trips unless we are notified of a specific trip you do not wish your child to attend. Most of our field trips are walking trips.

Field Trip Information and Permission Agreement

As a parent or guardian of _____,

He/she has permission to attend all field trips arranged by the staff of Catalina Kid Ventures. I understand notice of all trips will be posted prior to their occurrence. I hereby agree to indemnify and hold the City Of Avalon and Catalina Kid Ventures, it's officers, agents, and employees harmless from any and all real or perceived damages which may be suffered by a child while participating in field trips conducted by Catalina Kid Ventures staff.

Parent/Guardian Signature

Date

Catalina Kid Ventures Enrollment Agreement

To ensure all parties are in agreement on policies and procedures we ask parents/ guardians to agree to the following:

I agree to:

- *Return all necessary enrollment forms prior to admission.*
- *Follow all policies and procedures in the CKV Parent Handbook*
- *Follow the CKV Admission Agreement*
- *Understand the rights of the Licensing Agency*

I have received and read the Catalina Kid Ventures Enrollment Packet and the CKV Admissions Agreement.

Child's Name

Parent/Guarding Signature

Date

CKV Director Signature

Date

CKV Media Permission

I, the undersigned, do hereby give permission for the use of my child's image, photograph, likeness and/or interview, voice, music, and/or performance in media coverage of the projects and events related to Catalina Kid Ventures education programs.

I understand that such use may include, but not to be limited to cable, broadcast, print, or other media distribution and/or use in Catalina Kid Ventures publications, displays, and programs. I further understand that there will be no compensation received for this release

Child's Name

Parent/Guarding Signature

Date

CKV Director Signature

Date

*Catalina Kid Ventures
PO Box 1899
Avalon, CA 90704
310-684-2005*

CKV Child Profile

Childs Name

Birthday

Todays Date

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us to know your child better and to meet his or her individual needs.

What would you like your child to experience with us?

What does your child enjoy doing most?

What are your child's favorite toys? _____

With whom does the child reside? List names and relationship to child and names and ages of other children

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Who also cares for your child? _____

What language is spoken in your home? _____

Does your child have any physical needs? Explain: _____

Does your child have any allergies? _____

Does your child need to be awakened in the morning to attend the center? _____

What are you child's sleeping arrangements?

Own room, sleeps in crib, sleeps in bed, co-sleeps with parents,
shares room with _____

What words are spoken at home for toileting? _____

How does your child express anger or react to frustration?

Does your child have any particular fears? _____

How does your child react to changes, such as being left behind by parents?

What are your child's play interests? _____

List the ages and gender of children with whom your child plays _____

How do you discipline your child? _____

When did your child begin to use language? _____

How would you describe your child (personality and characteristics)? _____

What do you enjoy most about your child? _____

What is a favorite recreational activity you do with your child? _____

Is there anything else in your child's experience you would like to share with us so we can better meet your child's needs? _____

Catalina Kid Ventures Toddler Program

It is important to maintain routines and schedules consistent with each child's home environment. We ask that you please complete this form providing information necessary to meet your child's individual needs.

Child's Name

Birthday

Today's Date

Feeding

Child uses: cup spoon fork

Liquids

Child may be fed the following:

Milk (what kind?) _____ How many ounces/cups per day _____

Juice (what kind?) _____ How many ounces/cups per day _____

other (what kind?) _____ How many ounces/cups per day _____

Solid Foods

Can child feed self? Y / N

Foods child like: _____

Foods child dislikes: _____

Food allergies / any instructions: _____

Sleeping

Sleeping Patterns: _____

What time does your child take a nap? How long do they sleep? _____

Does your child sleep with a transitional object? (blanket, stuffed animal) _____

Special instructions: _____

Diapering

Your child will be checked frequently and will be kept clean and dry.

Child uses:

[] Disposable Diapers brand: _____

[] Wipes brand: _____

[] Training Pants brand: _____

[] Potty Chair

[] Toilet

Any other products which may be used on your child? _____

Special Instructions: _____

Method on Toilet Training: _____

At what age would you like to start instruction and use of appropriate pull-up / underpants?

IMMUNIZATION REQUIREMENTS

Required prior to admission Code Title 17, Section 6020 requires that the appropriate vaccines be received by children attending Child Care Center / preschool. These vaccines include:

- Polio (OVP or IVP) - **3 doses**
-
- Diphtheria, Tetanus, and Pertussis (DTaP) - **4 doses**
-
- Measles, Mumps, Rubella (MMR) - **1 dose** on or after the 1st Birthday
-
- Hib - Haemophilus influenza type B - **4 doses** (only one ok but must be after 1st Birthday)
-
- Hepatitis B (Hep B or HBV) - **3 doses**
-
- Varicella (Chickenpox VAR or VZV) - **1 dose**

Your child must also have a **current TB test** within one (1) year.

You must provide evidence that your child has received all necessary vaccinations and the TB test prior to admission. Evidence can be either a Xerox copy or the immunization record (usually yellow card), or it can be reported (signed and dated) by your doctor on the Physician's Report Sheet.

If the Physician's report is not received by the 10th day of admission, your child will not be allowed into the Center until the time the report is received. Procrastination in this area could lead to the termination on your child's placement.

Student Files Needed

Lic 700 Identification and Emergency Information

Lic 702 Childs Pre-Admission Health History - Parents Report

Lic 701 Physician's Report & TB Test

Lic 627 (9/08) Consent for Emergency Medical Treatment

Lic 995 (12/00) Acknowledgment of Notification of Parents' Rights

Lic 613A (8/08) Acknowledgment of Personal Rights in CA Code

Lic 9224 (8/08) Acknowledgment of Receipt of Licensing Reports

Child Profile

CKV Toddler Program - Feeding, Sleeping, Diapering

CKV Enrollment Agreement -

Acknowledgement of receiving CKV Handbook: Includes Basic Services Offered / Basic Rates / Optional Service Rates / Frequency of Payments / Schedule

Tuition Rates Agreement

Field Trip Permission by the Staff of Catalina Kid Ventures

CKV Media Permission

Place of Birth

Days of Attendance

Allergies