Ointment, Powders, Sunscreen & Bug Spray

Consent Application

I,_____the parent/legal guardian of_____
hereby give permission to Miller's Preschool Staff to apply any powders, ointments, bug spray or sunscreen that I provide to my child.

____My child has allergies to ointments/ powders, sunscreen or bug spray.
My child is allergic to _____
(Initials)_____ **(Initials)**_____

____My child has **no known allergies** to ointment, powders, sunscreen or bug spray.
(Initials) _____ **(Initials)**_____

The name of the supplies I am bringing to leave at this facility are:

Ointment:_____

Powder: _____(small container)

- For diaper use
- For field trip with sand–
    - To help remove wet sand from skin

Sunscreen:_____

- (Spray-on type- **for field trips or water play day**
  for possible *reapplication*)
- The parent/ guardian will bring at time of each field trip

Bug Spray:_____

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Animal Interaction Form

Here at Miller's Preschool, we pride ourselves in showing and exposing your children to animals they may have only read about or seen on television. We encourage the children to learn about them, and be compassionate to the needs of not only our animals, but of all of the animals of this world. We teach them how to take care of them, and allow the good listeners to partake in fun activities.

Every year in the spring we incubate quails/chicks/snakes. The children get to experience the wonders of this and be a part of the process; they will aid in maintaining the temperature, marking the eggs on each side to make sure we are turning them over, and keeping an eye for the big hatching day. This allows the children to develop a sense of responsibility and wonderment for how these animals are born.

The animals that we have at this facility are: baby chicks, tortoises (big and small), rabbit, gecko, turtle, fish, insects, and snakes.

Parent Notice: This list is not exclusive as we have, in the past had many different types of animals and the amounts as well as types of animals may or may not change while your child is present.

I, _____herby give permission for my child,_____to participate and learn about the animals/ insects that we have at our facility.

If there is any particular animal/ insect that you would **not like your child to be exposed to**, either because of allergies or personal reasons, please list below.

_____
_____
_____

_____	_____	_____
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
_____	_____	_____
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
_____	_____	_____
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Consent to Interview My Child

To Whom It May Concern:

If an authorized representative of the State/Licensing field is requiring an interview with my child _____, I must be called and informed before the interview takes place. I also request that my presence be allowed during the interview to ensure proper interview etiquette, if at all possible.

If the request for my presence is not denied, then I request that a second authorized representative be present to witness the interview.

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

THIS FORM IS VOLUNTARY

Travel and Activity Authorization

I give permission for my child to leave the facility while being supervised by staff from Miller's Preschool to go on:

- Neighborhood Walks _____**(initials)** _____**(initials)**
- Field trips _____**(initials)** _____**(initials)**

Field Trips

I understand:
There will be adult supervision and the current safety restrictions pertaining to children will be adhered to. I will provide a *child size backpack* to carry his/her lunch, water, and extra set of clothes, that fits INSIDE of the backpack while traveling on a field trip with Miller's Preschool staff. I will also provide a pair of sunglasses with a strap and or a hat to ensure extra protection from the sun.
_____initials _____initials

I understand:
For the safety of the group on field trips, my child must have the ability to walk on their own and display appropriate behavior (determined by Miller's Preschool Staff) to participate. The staff will supply a permission slip for each field trip to be signed by the parent/guardian. Any cost that applies to the field trip will be paid for by the parent/guardian.
_____initials _____initials

By signing this form, I assume full responsibility for the risk of injury, property damage, or exposure of allergens while my child participates in the field trip. I release Miller's Preschool Owners/Staff from all liability related to my child's participation.

_____
Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Supply List

Please bring the following items prior to FIRST day of care

- Socks (1 pair)
- Pants (1 pair)
- Indoor Shoes (1 pair)
- Shorts (1 pair)
- T-shirt (1)
- Sweatshirt (1)
- Diapers/pull ups (complete package) or underwear x 2 pairs
- Wipes (3 – 100 pack)
- Zippered Pillow Case -- Your child's name *(**in large letters**)* will need to be written on the outside of the pillowcase with a permanent marker. Preferably a pillow case with a looped zipper.
- Fitted Cot Sheet for Playpen (**MUST BE 25x34**)
- Nap mat sheet (**has to fit 47x23**)
- Small blanket - ***light weight (for children who nap on mat ONLY)***, small pillow that fits in pillow case(optional) **AGE 1+**
- Completed Enrollment Packet
- Child Care tuition
- For possible Field Trip expenses (in cash)
- Diaper Ointment (**if applicable**)
- Diapers/Pull-Ups (**if applicable**)
- Medication (**if applicable**)
- Nasal Bulb (for infants)
- Saline Solution (nasal congestion - optional)
- Hair Ties/comb or brush
- Big painting T-Shirt (**old shirt 2x-3x the child's current size for painting**)

If applicable, *you will need to check with your doctor on the type of medication(s) your child may need while attending school. We will need written authorization from your doctor with a Medical* ***Action Plan*** *to administer non-prescription & prescription medication(s). All medication needs to be in the original container.*

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

REMEMBER TO LABEL ALL OF YOUR CHILD'S BELONGINGS

Arrival

It is very important for your child to arrive on time daily. Consistency is crucial to your child's successful transition into our facility. If your child will be arriving late, text by 7:30am.

_____ /_____ To attend care at our facility, your child needs to arrive by 9:00am.
(parents initials)

_____ /_____ To eat breakfast at our facility your child should arrive by 8:00 a.m. This gives time for your child to transition into activities for calendar, flag salute, free play and time to wash up for breakfast.
(parents initials)

_____ /_____ Your child needs to arrive fully dressed with a dry, clean diaper/pull up. If your child soils his/her diaper in transition to child care, we will show you where the supplies are stored so your child is ready for school in a clean diaper/ pull up.
(parents initials)

_____ /_____ Be sure to clothe him/her in simple, comfortable, loose fitting play clothes. If your child comes in with a long sleeve shirt, please make sure they are wearing a short sleeve under in case the weather gets warmer.
(parents initials)

_____ /_____ Closed toed shoes are required with Velcro attachments or Crocs, for your child's safety no shoelaces are allowed in school.
(parents initials)

Parking:

_____ /_____ Parking is in front of our facility. Please try not to park in front of any of the neighbor's houses.
(parents initials)

_____ /_____ If your car has an oil leak, park in the street in front of the facility only.
(parents initials)

_____ /_____ For the safety of the children: All children under the age of 12 years old need to exit the vehicle during drop off AND pick up.
(parents initials)

Entrance/Exit

_____ /_____ Be courteous to Our Neighbors: Respect the 25 MPH speed limit
(parents initials)

_____ /_____ For The Safety of Your Child:
(parents initials)
Hold your child's hand(s) from exiting your vehicle AND entering/exiting the gate to and from the child care facility.

Junk Food/Toys:

_____ /_____ No junk food from home is allowed at this facility unless for special occasions (parties, share day).
(parents initials)

_____ /_____ Toys brought to be shared need to be baby safe unless special permission is granted by the owner.
(parents initials)

Let's Get Acquainted

MY FAMILY:

Please describe what my personality is like? _____
_____

How many family members are in my home? ____ Siblings ages are:_____

How do I relate to my siblings? _____

ABOUT MYSELF:

My favorite toys/ activities are:_____
_____

I can do these things all by myself:_____
_____

Verbal Skills? Is it easy for me to express my feelings in words?_____

How many words can I speak?_____ Sentences? How long?_____

My group play experiences are with:_____

I socialize with them _____Daily _____Weekly _____Monthly

Previous child care provider's name?_____ Phone# _____

My emergency back-up person who can pick me up within ½ hour if I become ill is:

Name:_____ Phone#:_____

Child's Name:_____

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Aiding Your Child in Being Independent & Safe

Parents are the first educators, your child(ren) will always be looking up to you!

_____ /_____
(parents initials)

When walking your child to and from your car
**Hold their hand and walk them in at your side (this will make their transition into school . go more efficiently)*

_____ /_____
(parents initials)

Walk your child when going inside or outside the classroom/ bathroom
**This will help prepare them for when it is time for the parent(s) to go to work*

_____ /_____
(parents initials)

Teach him/her to wash their own hands independently for 20 seconds while rubbing their hands together. Wash on top and in between fingers.
**(You can sing a song like; The ABC's, Happy Birthday to You, or Wash, Wash, Wash Your Hands (Our School Song) to properly clean their hands for 20 seconds) This builds the skills that they will need for potty training and helps keep the germs away.*

_____ /_____
(parents initials)

Teach your child(ren) to remove their shoes and put them back on Show them step by step, and then allow them to try all by themselves. *(This builds their independence and fosters their confidence*.)

_____ /_____
(parents initials)

Progress to teaching them to remove their socks and pants, then putting them back on. Their pants should be stretchy, *without zippers or snaps*, so they are easy to pull up and down. These steps are all preparation for potty training, when your child(ren) will be expected to dress him/herself independently.

_____ /_____
(parents initials)

Buy shoes that have kid-friendly Velcro straps
(*instead of slip-on's or zip-up's) Crocs Shoes are okay only if your child understands to keep them on, with the strap in the back, for the safety of their feet! Constantly check their shoes to make sure that they fit comfortably!*

_____ /_____
(parents initials)

Buying shoes that have firm backing are easier for independently putting on shoes.
(This builds their self-esteem,- to feel like they can do anything)

_____ /_____
(parents initials)

Buying shoes that properly fit in length and width. This is needed for comfort, proper growth room, and easy access for your child to put on and remove shoes independently.

Childs Name: _____ Date _____

Behavior Support Acknowledgment Form

At Miller's Preschool, we believe children learn best when families and teachers work together to encourage positive behavior, kindness, respect, and safety. If a behavior incident occurs at school, parents/guardians may be informed by staff either verbally or by phone. If a posted-note is on your child's sign out sheet please follow the instructions provided. It is important that parents/guardian's partner with the school in addressing behavioral concerns with the child present day of the incident.

By signing below, I/we acknowledge the importance of partnering with the school to help guide

and support our child's behavior.

I/we understand and agree to:

• Speak with my/our child regarding any behavior incidents that occur at school.

• Reinforce that unsafe, hurtful, disruptive, or inappropriate behavior at school is not acceptable.

• Encourage respectful behavior toward teachers, classmates, school property, and classroom rules.

• Work cooperatively with school staff to help support my/our child's social and emotional development.

• Help my/our child understand appropriate choices, problem-solving skills, and positive ways to express emotions.

• Encourage communication between parents/guardians and caregivers regarding school behavior incidents so the child receives consistent guidance and support both at home and at school.

_____

Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Miller's Preschool After Hour School Events Acknowledgement Form

Miller's Preschool occasionally hosts special celebrations such as Christmas, Mother's Day, Father's Day, and other seasonal events.

After-Hours Events

These celebrations are held after regular business hours and are optional. During these events, all children are signed out of care and are under the full supervision and responsibility of their parent or guardian, not under the supervision of Miller's Preschool staff.

Food & Allergy Awareness

We recognize that children and attending family members may have a variety of food allergies, including but not limited to eggs, nuts, and other common allergens. Foods brought to after-hours celebrations are not prepared in an allergen-controlled environment and may contain or come into contact with allergens.

Parent/Guardian Responsibility

By choosing to attend these optional after-hours events, I/we understand and agree that:

• I/we are fully responsible for the care, supervision, and safety of our child at all times

• I/we are responsible for monitoring and approving all food our child consumes

• I/we acknowledge that multiple allergens may be present in the environment

• I/we will take all necessary precautions to prevent exposure to any known allergies

• Miller's Preschool is not responsible for food items brought, shared, or consumed during these events

_____
Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Miller's Preschool Provider/Owner - Parent Agreement

Our goal as a Licensed Child Care Facility is to provide the highest quality of child care. If you have any questions or concerns, please talk to the Provider/Owner immediately.

- **In-person** – best way to improve communication between Parent and Provider/Owner.
- **Post-It Notes** – as needed; from (Provider/Owner to Parent)- located in Sign-In Book regarding supplies needed, concerns, or other misc. info.
- **Texting** – for minor information from either Provider/Owner or Parent, i.e., late arrival, absences, notifications etc.
- **Parent / Teacher Conference** – a personal, private approach, where we can meet in the front room of the facility. Please feel free to meet with the Provider/Owner at the beginning or end of the day or set up an appointment time.
- **Exit Letter**- A minimum of four (4) weeks, handwritten or typed, (*explicitly written and signed)* notice is required to be provided to the child care facility. This letter must contain the child and the parents' names, along with a dated parent/guardian signature and the reason for leaving this child care program. Any positive written comments about your experience here at this child care facility is appreciated.

_____
Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Potty Training

Here at Miller's Preschool, we believe that potty training can be a positive and exciting time for both you and your child. Together as a team we will work with your child to help make this, sometimes stressful transition as smooth and natural as possible. We ask that parents communicate with the provider in advance when they plan to begin potty training at home. Parents are also encouraged to seek input and guidance from the provider so we may work together consistently to support your child's success. We also Kindly ask for patience and understanding during the potty-training process, as our facility does not operate on a 1:1 teacher-toochild ratio. While we do our very best to support each child consistently throughout the day, occasional accidents are normal part of the learning process, when children first begin potty training at our facility, they will be taken to the restroom approximately every 40 minutes to help encourage routine, confidence and success.

In order to do this, we have compiled a list of potty-training guidelines that have been tried and proven to help make your child's potty-training experience a success.

1. Potty training should always begin at home for the following reasons:
    a. Your child will have more individualized attention
    b. Free from the distractions of peers
    c. Free access to the potty at anytime
    d. A time period of 4-6 weeks of successful potty training at home makes it an easier transition in a group environment at school.
    e. Should demonstrate maturity and ability to communicate that they need to use the potty.
2. Prior to using the potty here at the facility your child needs to independently:
    a. Dress themselves: Pull up and down pants without assistance and turn clothes right side out. Including being able to put their legs in each leg hole.
    b. Have the ability to communicate when wet, dry, or needs to use the restroom.
    c. Be able to reach the faucet to wash their hands independently.
3. Before wearing underwear, your child must demonstrate the ability to be dry when wearing a pull-up throughout the day. This rule is enforced to display consideration for other children, and especially for health and sanitation regulations.

To make this a successful transition, we need parents to help their child(ren) work on these self-help skills at home. Remember that each child is different and will respond at his/her own pace. Our goal is that by working together we can help prepare your little one for this big event in their life.

_____
Childs Name

Print *Parent/Guardian Name*	*Date*	*Parent/Guardian* ***Signature***
Print *Parent/Guardian Name*	*Date*	*Parent/Guardian* ***Signature***
Print */Provider/Owner's Name*	*Date*	*Provider/Owner's* ***Signature***

Miller's Preschool

Holidays & Vacations 2026

January 1st - New Year's Holiday

January 19th – Martin Luther King Jr. Day

February 13th & 16th – President's Weekend

March 30th - April 3rd – Spring Break

May 25th – Memorial Day

July 3rd – Independence Day

June 19th - Juneteenth

September 7th – Labor Day

October 12th – Columbus/Indigenous Day

November 11th – Veteran's Day

November 23rd - 27th – Thanksgiving Break

December 24th – December 31st – Winter Break

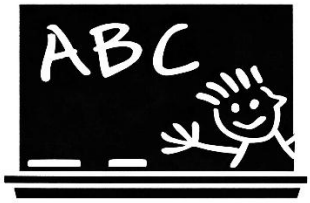
The days listed above are paid time off for provider

****Parent's Copy****

When Children Participate in Circle / Music Time They Learn:

- ✓ **To listen, sit still and understand spoken words**
- ✓ **That their ideas have value to the other children and the teacher**
- ✓ **To wait their turn when others are talking**
- ✓ **New vocabulary words**
- ✓ **To remember the words to songs and poems they have learned**
- ✓ **To put things in proper order, gaining a sense of time**
- ✓ **The names of others in the group**
- ✓ **To cooperate and be considerate of the needs of others**

Miller's Preschool
2645 E. Locust Ave
Orange, CA 92867
714-744-2774
License #304206268



Child's Name/DOB

Child's Assessment Date

Parent/Guardian's Name

PROVIDER: COMMENTS/OBSERVATIONS
PARENT/GUARDIAN: COMMENTS/OBSERVATIONS
ACTION STEPS:

3 WEEK ASSESTMENT

Immunization Agreement

In accordance with California State law and Community Care Licensing requirements, all children enrolled at Miller's Preschool must provide documentation of immunizations as required for their age prior to enrollment, unless a valid medical exemption is provided as permitted by law.

Parents/guardians are responsible for ensuring that their child's immunization records remain current and for providing updated documentation whenever additional immunizations are received. Failure to maintain and provide required immunization records may result in suspension of attendance or termination of enrollment until compliance is achieved.

Miller's Preschool reserves the right to exclude children from attendance as required by public health authorities during outbreaks of vaccine-preventable diseases or when otherwise mandated by state or local health regulations.

The current California immunization requirements for childcare and preschool attendance are established by the California Department of Public Health and may be updated from time to time. Parents/guardians are responsible for complying with all applicable immunization requirements throughout their child's enrollment.

_____
Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Medication Administration Form

Notice to the parents: This form hereby states that the staff of **Miller's Preschool** are authorized to give prescribed medication to any child enrolled in the facility's program. However, medication will ONLY be administered when a **Medical Plan of Action**, signed by the facilities' director/staff, parents of the child, and the child's physician has been submitted and is located at the facility. This facility will not be held liable in the case that emergency medical services are required.

Medication in Child Care:

1. It is required that the parent(s)/guardian(s) sign any form(s) and provide all needed supporting documentation. The supporting documentation will also be kept in the facility.
2. Medications **MUST** be in the original, child proof container with the child's name on any and all medications.
3. All medication containers and dispensers will be adequately stored out of the children's reach and be returned to the parents when required.
4. When the child no longer requires the medication or when the child is withdrawn from the program all medications will be returned to the parent(s)/guardian(s). If it is not possible to return the medication it will be properly disposed of.
5. Over-the-counter medication will also require a Medical Plan of Action from the child's physician.

Administering Medication in Child Care:

1. Medication is administered in accordance with the pharmacy's label directions as it was prescribed by the child's physician.
2. Note to the parents: Medication will not be administered if instructions are conflicting. Staff will not take verbal or preferred parental instructions over pharmaceutical instructions.

Agreement:

As the parent/legal guardian of _____, I confirm that I have given my child at least one prior dose of this medication without any adverse reactions. I will also supply the appropriate measuring device for the medication being prescribed and given to my child.

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**

Authorization for Medication Administration

Facility Name: Miller's Preschool Facility # 304206268

Childs Name: _____Date of Birth: _____

Child's Condition: _____ Medication: _____

In signing this form, I the parent/guardian of _____ understand that It is required that I/we work closely with the staff and administration of _____ , to ensure quality medication administration treatments that are suited for my child's needs. I/we agree to follow the above statements and comply with all the necessary forms and documents.

Understanding my Child's Medication Needs

My child is allergic to: _____ My child's condition is: _____

The signs to look for when my child is having a medical emergency are:

_____

_____

_____

_____

The medication that has been prescribed to my child is:_____

Location in facility where medication will be stored:_____

Method of Administration: _____Dose Amount: _____Time: _____AM/PM

The possible side effects off the medication are: _____

_____

Are there any preventive methods this facility's staff should be aware of:

_____

_____

_____

Any additional comments:_____

_____

_____

TEMPORARY RELOCATION SITE(S)

Some disasters require moving to a safe location.

In Case of an emergency where we would need to relocate, below is where we would meet for a prearranged location.

One is in the city of Orange
One is in the city of Cypress

Both locations are my friends' homes (who are retired child care providers that were in business for many years).

ORANGE LOCATION	CYPRESS LOCATION
Linda & Steve Becker 5241 E. Avenida Palmar Orange, CA 92869	Robin & Mike McWilliams 11561 New Zealand Street Cypress, CA 90630

Please store/ take a picture of this important paper on your phone.

Thank you,

Sue Miller

_____
Childs Name

Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print *Parent/Guardian Name*	Date	*Parent/Guardian* **Signature**
Print /Provider/*Owner's Name*	Date	Provider/*Owner's* **Signature**