



Welcome to Santa Fe Kids Company!

The following is our application packet containing:

1. Our Policies and Procedures Form
2. Financial Agreement
3. Identification and Emergency Information
4. Preadmission Health History
5. Physician's Report (to be signed by a doctor)
6. Emergency Consent Form
7. Notification of Parents Rights
8. Personal Rights Form
9. Meal Benefits Application
10. Annual Update Declaration

Your Child will be cared for in a compassionate and dedicated environment. We are an academic oriented school, and we will provide a report card during our school year.



Santa Fe Kids Company

Policies and Procedures

Arrival and Departure:

As your child arrives each morning, please accompany him/her to the front desk to sign in. You may then take him/her to their classroom. Pick-up time will be prior to 6:30 PM. Please come into the school and sign your child out. No child will be released to anyone other than people listed on the child's release form without advanced permission from the child's parents. A late fee will be charged to anyone picking their child up after 6:30 PM.

Enrollment Age:

Two years of age to entrance in first grade. Children must be able to work in a one (teacher) to 11 (children) ratios. Parents and child or children will have an initial interview with the Director or Assistant Director upon entrance to school.

Absences:

We cannot make refunds for absences, however, in the event of an extended illness it may be possible to make special arrangements with the Director.

Illness:

A child learns best when he or she is feeling well. Children with colds, sore throat or temperatures should be kept at home where they can be cared for properly. If a child develops a temperature or other symptoms of illness-while at school, he or she can rest until someone can be reached for immediate pick-up. Children will need to be without a fever or temperature within 24 hours before returning to school.

Medication:

For your child's protection, all medication dispensed at Santa Fe Kids Company must be prescribed by a doctor. It must be in the original container with the child's name and correct dosage printed on the label and a medical release form must be signed by the parent. If your doctor has requested that you give your child a non-prescription medication, then we need a "note" from your doctor with instructions for the proper dosage amounts and times to give the dosage.

Emergencies:

Each child will be provided with a safe environment in which he or she can work and play. However, in the event of an accident, the procedure will be as follows:

- I. The parent or parents will be notified immediately or the other emergency #'s
- II. Upon the Director's discretion, Paramedics will be called to transport the child to the nearest Hospital for treatment.

It is essential that you inform us on all changes in work, cell and home phone numbers in case of an accident or illness.

Newsletter, Calendar and Menus:

A monthly newsletter, calendar and menus will be provided by the desk the first of each month. It will inform you of all the events that will be taking place at Santa Fe Kids Company for the month. Be sure to pick one up.

Water Play:

I understand that water play is a part of my Child's Development Curriculum and my signature to this form will constitute my permission to my child's participation in this program.

I understand that any child may attend Santa Fe Kids Company regardless of race, color or ethnic background.

Permission is hereby granted to permit the use of photographs of my child for special Holiday activities at Santa Fe Kids Company. However, they will not be used in any form of advertising without my permission.

I understand that as Child Care Custodians, the staff at Santa Fe Kids Company is required by law to report any unexplained bruises or unusual marks on my child's body.

I further understand that it is my responsibility to inform the Director as the causation of any such marks or bruises my child may have as well as to inform the Director of any special infections or medical problems for which my child is being treated.

I further understand that pursuant to the state regulations. The Licensing Agency, "Department of Community Care Licensing" has the authority to interview children or staff and to inspect and audit child or childcare center records without prior consent. The Department also has the authority to observe the physical condition of the child including conditions that could indicate abuse, neglect or inappropriate placement.

Date

Parent's Signature

Date

Directors Signature



Santa Fe Kids Company

Financial Agreement

It is my desire to enroll _____ in Santa Fe Kid Company, I hereby agree to pay in advance on Monday of each week the sum of \$_____ for the following services:

I understand that the above rates are weekly rates payable each week and are subject to change as conditions may require, but that I will receive at least 30 days' notice of any change in rates.

All fees will be paid in advance on Monday of each week. Should the fee become delinquent by at least one (1) day a \$20.00 late fee will be charged. Tuition and the late fee must be paid in full before the child may return to school.

I understand that two (2) weeks notification is required for change of contracted days and or termination of enrollment.

I understand that the registration fee paid at the time of enrollment is non-refundable. I further understand that a nominal fee will be required each September should I choose to continue to keep my child enrolled in Santa Fe Kid Company.

I understand that if my child remains at Kid Co. past the scheduled closing time, I will be charged (and I agree to pay) \$10.00 for the first 5 minutes or part thereof past the designated closing time and \$1.00 for each minute that follows.

I understand and agree that for any returned check, \$20.00 will automatically be charged to my account as a processing fee.

I understand that if my child is absent for two (2) consecutive weeks without notification to the Director, my child will automatically be discharged from Santa Fe Kid Company, and I will be required to pay a \$75.00 enrollment fee prior to readmission to the school. I also understand that my child may have to be placed on a waiting list for re-entry to the school.

I understand that Santa Fe Kid Co. will observe the following legal holidays during which the school will be closed:

New Year's Eve (Close at 1:00)	Memorial Day	Thanksgiving Holiday
New Year's Day	July 4 th Day	Christmas Eve (Close at 12:00)
President's Day	Labor Day	Christmas Day

*If the Holiday lands on a weekend, we are closed the day before or the day after.

I understand and agree that I will not be entitled to any credit on the above weekly fees charged on account of such Holidays.

I understand and agree that I will be entitled to one week tuition free allowance, per year (based on my child's enrollment date), for vacation time. I also understand a 2-week notice must be given prior to the days desired for time off. I further understand that if my child is enrolled part-time then I will receive tuition credit for only the portion of the week for which my child is enrolled.

I have and agree to adhere to the FINANCIAL AGREEMENT, and to the POLICIES AND PROCEDURES of Santa Fe Kid Company.

Date

Parent's Signature

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

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?*	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/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY			

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

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)

Santa Fe Kids Company . This Child Care Center/School provides a program which extends from 6 : 15
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:30 a.m./p.m. , 5 days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Santa Fe Kids Company 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

()

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services Community Care Licensing Division
Licensing Office Address: 1000 Corporate Center Dr. Ste 200-B, Monterey Park, CA 91754
Licensing Office Telephone #: (323) 981-3350
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Santa Fe Kids Company
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the 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:

NAME

Department of Social Services Community Care Licensing Division Los Angeles Child Care East

ADDRESS

1000 Corporate Center Dr. Ste 200-B

CITY

Monterey Park, CA

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323) 981-3350

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)

Santa Fe Kids Company

(PRINT THE ADDRESS OF THE FACILITY)

11304 Washington Boulevard, Whittier, CA 90606

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Meal Benefit Form for Children Program Year

Name of Child Care Center:

Please read the instructions. If you need help completing this form, please call:

Complete, sign, and return this form to:

1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number:

CalWORKs Case Number:

FDPIR Case Number:

3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

Check here if this household receives no income. Skip to Section 4.

Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
<i>Example: Janet Smith</i>	<i>\$200/weekly</i>	<i>\$150/twice a month</i>	<i>\$100/monthly</i>	<i>\$0</i>

4. Last Four Digits of Social Security Number (SSN) and Signature

Penalties for misrepresentation: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name:

Last Four Digits of SSN:

Check Here if No SSN:

Signature of Parent or Guardian:

Date:

Annual Update

Meal Enrollment Declaration

_____ is enrolled at Santa Fe Kid Company.
His/her normal days of attendance are M T W TH F .

Hours are _____ to _____. He/she will receive
breakfast _____ lunch _____ dinner _____.

Signed by parent or Guardian,

Date

_____ 2021
_____ 2022
_____ 2023
_____ 2024
_____ 2025
_____ 2026