LITTLE LAMBS
PRESCHOOL
OF
BUNDY CANYON CHRISTIAN SCHOOL

Enrollment Packet A

Preschool

"Raising Young Disciples to Love and Know Christ"

Our number one goal as a Christian school (BCCS) is to create an environment for your child to come to know Jesus Christ as their personal Lord and Savior! We endeavor to teach children that they can have a personal relationship with the Lord Jesus Christ by reading God's Holy Word, His Bible, through prayer, and by practicing the teachings of Jesus Christ, God's only Son. We accomplish this by educating your child in the ABEKA God centered curriculum, biblically based classes and in their relationships with their Christian teachers, staff, and peers.

It is our desire that each family that enrolls their child at BCCS also attend church and follow the teachings of our Lord Jesus in their home and personal lives, however, this is not mandatory. Children learn best when families and school send the same clear message regarding what is required of them as students and individuals. By working together, it is our hope to train your child to become a success: academically, socially, and spiritually.

We have put together this packet with those goals and desires in mind. If you have any questions whatsoever, please do not hesitate to contact us.

ENROLLMENT REQUIREMENTS:

- Completed Enrollment Packets (A & B)
- Birth Certificate
- Immunization Record
- Copy of your California Driver's License (A copy can be made in school office)
- Copy of Proof of Residency – Utility bill, Vehicle Registration, Bank Statement, etc. (A copy can be made in school office)
- Payment of Registration & Matriculation Fees

LITTLE LAMBS
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PRESCHOOL ENROLLMENT AGREEMENT

I understand that the standards of Bundy Canyon Christian School (BCCS) do not tolerate profanity, obscenities in word or action, possession of drugs, alcohol, tobacco products, sexual harassment, dishonor of the Word of God, disrespect to the personnel of school or continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline (see Handbook).

I understand that arrangement of payment of the Preschool Program (PS Prgm) Fees and for other financial obligations must be completed before my child's first day in the program. Please note that BCCS observes all National Holidays (See School Calendar) and are accounted for in your PS Prgm Fees. In other words, you will be billed for all national holidays that fall on your child's regularly scheduled day.

REFUND POLICY OF PAID PRESCHOOL FEES: I understand that if I withdraw my child from the PS Prgm before the end of the year that I will only receive a 50% refund for the remaining portion of that year's payment.

WEEKLY INSTALLMENT PAYMENTS: The PS Prgm fee is a fixed amount (See Rate Sheet) and is payable in weekly installments. Each payment is due on the Monday of the current week. Failure to pay within two business days will result in the charge of a $20 late fee.

WITHDRAWAL: I understand a written notification must be given to the school office 2 weeks prior to withdrawing my child from the PS Prgm. Failure to do so will result in being charged for that 2-week period regardless of attendance. I understand that upon disenrollment, all fees, charges, and invoices, must be paid in full. Failure to do so will result in a $5 fee being applied to your account per child monthly until account is paid in full.

ATTENDENCE: **I understand that the enrollment I have reserved for my child will be charged to my account regardless of my child's attendance, whether for absence or illness, unless otherwise approved and acknowledged by the office.** All children must be picked up by 6:00PM. A late fee of $10.00 will be charged for every 15 minutes past 6:00PM per child. A written or emailed notice must be summited to the office not later then two weeks for all vacations and planned absences. Failure to do so will result in the billing of your account regardless of attendance.

CHANGE OF ATTENDANCE: I understand I need to give written two-week advance notice to the office in order to change or update my child's enrollment because of limited space. Failure to do so will result in the billing of your account regardless of attendance.

PAST DUE ACCOUNTS: I understand that if I fall behind on my Extended Daycare/Tuition payments and/or any other financial obligation to BCCS that I will immediately contact the school and enroll in a repayment plan in order to keep my child as a student at BCCS. I understand that BCCS reserves the right to disallow my student from attending BCCS if my account is not kept current. BCCS will make every effort to keep the student enrolled at BCCS as long as the parent(s) is making an honest, consistent attempt to pay on their past due tuition account and/or repayment plan schedule. **I understand that if my account falls 60 days behind on any given fee, charge, or invoice, my account will receive a $30 late fee and will be sent directly to a 3rd party collection agency for further processing.**

I have read, agree, and understand all terms listed in the above "Preschool Enrollment Agreement."

(SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT)	(PARTY'S CDL#)	Date

LITTLE LAMBS
PRESCHOOL
OF
BUNDY CANYON CHRISTIAN SCHOOL

AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR

(Pursuant to California Civil Code Section 25.8)

AND

MEDICAL INSTRUCTIONS

I/we, the undersigned Parent(s)Guardian(s) of _____,
(Student's Name)

a minor, do hereby authorize **BUNDY CANYON CHRISTIAN SCHOOL** as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the Medical Staff of a local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific authority and power on the part of our aforesaid agent to give consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable. In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization shall remain effective while the above minor is in the care of **BUNDY CANYON CHRISTIAN SCHOOL** until _____, 20_____ or unless sooner revoked in writing and delivered to said agent.

Date_____

Witness_____ Father**(Signature)**_____

Witness_____ Mother **(Signature)**_____

Name and address of person who will care for the child in an emergency:

Name/Relationship_____Address_____Phone_____

Name/Relationship_____Address_____Phone_____

Name/Relationship_____Address_____Phone_____

MEDICAL INSURANCE: (Please attach a copy of your child's Medical Card)

_____

Name of Insurance Company Subscriber ID/Policy/Group Number Telephone

Physicians
Name_____Address_____Phone_____

MEDICAL CONDITIONS/HEALTH DISABILITIES:

Please state any medical condition(s)/health disabilities that we need to be aware of: _____

_____.

Please list all medication(s) your child may/will be taking while at school:

_____

_____.

Please explain exactly how medicine is to be administered by school staff and any other procedures we should follow: _____

_____.

LITTLE LAMBS PRESCHOOL OF BUNDY CANYON CHRISTIAN SCHOOL

Sign In and Drop Off Policy

Arrival at Bundy Canyon Christian School's Little Lambs Preschool is a thoughtful process that helps children confidently transition from home to school each day. Because of this we ask that Parents drop off their child by 9:00 am. Doing this allows children to build on a consistent routine while also preparing them for future success when they go into kindergarten. If you are running behind, please call the school office. You will not be allowed to drop off your child any later then 9:30am.

It is imperative that your child be signed in and out of the Preschool every day. This is a legal issue, as well as a safety issue. Each child ***must*** be signed in and out daily.

Licensing Tittle 22, Regulation 101229.1 states that the person who signs the child in/out, must sign his/her full legal signature and shall record the time of day. The person who drops off and picks up the child must be 18 years of age or older. Children cannot be released to or by a sibling who are younger than 18. A full legal signature is key; initials will not be satisfactory.

The school is not able to obtain medical attention for any child who has not been signed in. Your signature releases your child to our care.

In addition, in the event of an emergency, if a teacher is injured or incapacitated, emergency personnel will only be able to go by the sign-in sheets to ensure that all children are safely accounted for.

Please help us comply with the law and keep your children safe. Sign them in and out daily with your 6-digit code that the school provides for each person you have deemed authorized for pickup (see pp. 2). If you fail to do so you will be required to return to the school to sign in your child.

Please sign below to indicate that you understand and have received this document.

Thank you for your cooperation. Please contact the office should you have any additional questions.

I understand the importance of signing my child(ren) in and out of the Preschool daily. I also understand that I may be contacted and required to return to the school to sign in my child should I forget to do so.

By signing below I agree and understand the above "Sign in and Drop off Policy."

_____

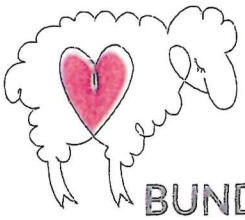
PARENT/GUARDIAN SIGNATURE

_____

CHILD'S NAME

_____

DATE



LITTLE LAMBS
PRESCHOOL
OF
BUNDY CANYON CHRISTIAN SCHOOL

INFORMATION RELEASE FORM

Dear Parents:

According to the California Privacy Act, schools are not permitted to release names, addresses and/or telephone numbers to any group or organization requesting such information except for the news media without the consent of the parent.

Occasionally, we will be calling on parents for help with class parties and fund-raising activities. A volunteer parent or other person in charge may need to contact you for help. In addition, at various times, parents call to get phone numbers or addresses of their child's classmates for parties and/or other special occasions.

_____ Yes, you may release my child's information. My phone is:_____.

_____ No, I do not want my child's name, address or phone number released.

In addition, we would also like your permission to use your child's photo and/or first name only for use on our Website, Facebook Page, Annual Yearbook and/or for advertising purposes. Please sign below letting us know your preference regarding the use of your child's first name and photo.

_____ Yes, you may use my child's first name and/or photo.

_____ No, you may not use my child's first name or photo.

Name of Child_____Grade:_____

Parent/Guardian Signature:_____

Print Parent/Guardian Name:_____

Date:_____

LITTLE LAMBS PRESCHOOL OF BUNDY CANYON CHRISTIAN SCHOOL

Preschool Rate Sheet

(As of 6/30/25)

Preschool is Open 52 weeks year-round, excluding weekends and National Holidays, Mon- Fri 6:00am-6:00pm

INITIAL FEES (Non-Refundable)

Annual Registration Fee *Due at Registration or July 1st	2 & 3 Year-Old Classes Matriculation Fee *Due at Reg or Sept 1st	4 Year-Old Class Matriculation Fee *Due at Reg or Sep 1st
$175	$125	$175

Full Time - 6:00am-6:00pm Day Care Weekly Rates

Type of Enrollment	5 Days	4 days	3 Days	2 Days	1 Day
1st Child *Youngest enrolled	$230	$215	$195	$160	$85
2nd Child *2nd Youngest enrolled	$209	$195	$175	$140	$75
3rd Child Rate *All other children enrolled	$198	$185	$165	$120	$75

Part Time - 8:30am-12:30pm Day Care Weekly Rates

Type of Enrollment	5 Days	4 days	3 Days	2 Days	1 Day
Part Time	$200	$180	$150	$120	$70

Important Information and Terms

- Daily fee due first day attending.
- Weekly fee due each Monday, unless falling on holiday,(then next business day) and is for current week of attendance.
- Payments in form of check only may be left at the Preschool or the Office drop box.
- All credit card and cash payments may be made at school office. There is a 4% credit card processing fee per transaction.
- **You are billed automatically each week according to the days you signed up for whether child is present or not.**
- We reserve the right to refuse service to those not up to date on payments. Office may call parent or guardian to come and pick up my child if daily or weekly fee is not paid on designated day.
- All checks must be made payable to: BUNDY CANYON CHRISTIAN SCHOOL or BCCS

Circle the days your child will be attending:

MON TUES WED THURS FRI

I wish to enroll my child in the Full Time ☐ or Part Time program ☐ at BCCS Preschool Program.
(Initial box that applies)

I agree to pay $_____ each Monday for my child's enrollment at Little Lambs Preschool of Bundy Canyon Christian School. I agree, read, and understand all terms set forth by the "Preschool Rate Sheet".

STUDENT'S NAME (Print): _____ DATE: _____

_____ _____

Signature of Financially Responsible Party SSN: (Last Four Digits)

LITTLE LAMBS
PRESCHOOL
of
BUNDY CANYON
Christian School

Enrollment Packet B
Preschool

Dear Parents,

The following are county and state required documents which are required in order for your child to attend the Bundy Canyon Christian School (BCCS) Preschool Program (PS Pgrm). They must be fully completed, signed and returned prior to admittance.

This packet includes:

- Child's Preadmission Health History-Parent's Report (LIC 702)
- Child Care Center Notification of Parents' Rights (LIC 905)
- Physician's Report- Child Care Centers (LIC 701) **Must be signed by a Physician (Part B)** (Parent completes Part A only)
- Personal Rights (LIC 613A)
- Identification and Emergency Information (LIC 700)
- Child Abuse Prevention Pamphlet (Receipt only)

Thank you for your cooperation.

We look forward to serving you and your children,

Brandy Holland

Brandy Holland,
Preschool Director

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

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: Community Care Licensing/Inland Empire Child Care

   Licensing Office Address: 3737 Main Street, Suit 700, Riverside, CA 92501

   Licensing Office Telephone #: (951) 782-4200

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

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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 Practitione

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.

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 - Inland Empire Child Care Licensing

ADDRESS
3737 Main Street, Suit 700

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Riverside, CA	92501	(951) 782-4200

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)
Bundy Canyon Christian School	23411 Bundy Canyon Rd. Wildomar, CA 92595

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

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

To Be Completed by Parent or Authorized Representative

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

Facing the Facts:
A Parent's Guide to the Understanding of *Child Abuse*

Definition of Child Abuse

As used in this article, "child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission proscribed by Section 273a (willful cruelty of unjustifiable punishment of a child) or 273d (unlawful corporal punishment or injury.) "Child abuse" also means the neglect of a child or abuse in out-of- home care, as defined in this article. "Child abuse" does not mean a mutual affray between minors. Penal Code Section 11165.6

Definition of Sexual Abuse

As used in this article "sexual abuse" means sexual assault or sexual exploitation as defined in the following:
(a) "sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b) of Section 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation.) Penal Code Section 11165.1

Definition of Neglect

As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person. Penal Code Section 11165.2

Contacts and Services

For your information, the following chart shows what agencies may assist you in the specific areas listed below:

	Police or Sheriff	County Dept. of Children's Social Svc.	State or Local division of Community Care Licensing
If you believe a child is being (or has been) abused by an individual (relative, friend….)	✓	✓	
If you believe a child has been assaulted by a stranger…	✓		
If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home….	✓		✓
If you have any questions or complaints concerning the licensing organization, staffing, or programs of a licensed child care setting…		✓	

Mandated Reporters

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and lay persons must report suspected abuse to the proper authorities. These include:

- Any child care custodian (teacher, licensed day care workers, foster parents, social workers)
- Medical Practitioners (physicians, dentists, psychologists, nurses)
- Non-medical Practitioners (public health employees, counselors, religious practitioners who treat children)
- Employees of a child protective agency (sheriff, probation officers, county welfare department employees)

If abuse is suspected a phone report to Police or CPS must be made immediately. Failure to submit the written report of suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a $1000 fine.

Child Abuse Prevention Curriculum

With your permission, your child will participate in a developmental safety program.

Remember, you have the primary responsibility for your child's well-being. With a little time, effort and understanding you may prevent your child from being abused or assist your child when abuse has occurred.

Child Abuse Prevention Information Receipt

This will acknowledge that I/we, the parents of _____ have received a copy of
Child's Name

"Facing the Facts: A Parent's Guide to the Understanding of Child Abuse" from the _____
Name of Facility

By typing my full name, I confirm that the above information is true and correct _____ Date _____