

Turlock Nursery School Registration Checklist

The following checklist will help ensure your child's registration paperwork is filled out completely:

	Registration Forms
	Admission Agreement
	Liability, Insurance & Photo Release
	Identification & Emergency Information (LIC 700 (8/08))
	Personal Rights Form (LIC 613A (8/08))
	Notification of Parent's Rights (LIC 995 (12/00))
	Physician's Report (** must be completed by a physician **) (LIC 701 (8/08))
	Child's Preadmission Health History - Parents Report (LIC 702 (8/08))
	Consent for Emergency Medical Treatment (LIC 627 (9/08))
	Emergency Contact Form
	COVID-19 Student Liability Statement
	Copy of your child's immunizations

Handbook Signature Page

The following are requirements necessary for person(s) working in the class:

	TB Clearance (good for three years)
	MMR (verification, lifetime vaccine)
	TDAP (verification, 10-year vaccine)
	Flu, Hep B Vaccine (verification or waiver), COVID-19 Liability & Good Health Statement
	Copy of Driver's License

Registration Packets

Email, mail or drop off completed registration packets to the TNS mailbox (this is a locked mailbox). *You can complete, scan, and email completed forms, if you prefer.* If you have any questions, please call or email us at tns.allboard@gmail.com.

Turlock Nursery School Registration 2021-2022

Please fill out the information below and select a plan for your child. Turn this form into TNS with a **\$75 registration fee** (payment can be made by cash, check, PayPal or Venmo (found via handle @turlocknurseryschool) to hold your child's place in the class. Current TNS families and alumni have priority and need to turn their forms in by **May 15th**. New families will be contacted after that and their forms and fee are due ASAP.

Child's Name: _____ M or F (circle)

Child's Birthday: _____ Age: _____

(Please put the primary contact as Parent 1)

Parent 1 Name: _____

Parent 1 Phone and Email: _____

Parent 2 Name: _____

Parent 2 Phone and Email: _____

Address: _____

Check the plan that your child will attend for the 2021-2022 school year. Prices are listed for monthly rates:

Plan 1a

Two day per week class - usually for students who are 3 years and older

__ 9:00 am - 12:00 pm: \$165

Plan 1b

Add-on Lunch Bunch (please pack lunch)

__ 9:00 am - 1:00 pm: \$235

Plan 2a

Three day per week class - usually for student who are 4 years old

__ 9:00 am - 12:00 pm: \$245

Plan 2b

Add-on Lunch Bunch (please pack lunch)

__ 9:00 am - 1:00 pm: \$325

Parent / Guardian Signature

Date

Turlock Nursery School Registration Form

Child's Full Name: _____

Nickname: _____

Child's DOB: _____ Place of Birth: _____

Child's Address: _____

Mother's Information	Father's Information
Name:	Name:
Cell #:	Cell #:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Employer Address:	Employer Address:
Work #:	Work #:

Are both parents living in the home? _____

Names and ages of siblings in the home: _____

Names and ages of other people living in the home: _____

Physician's Name:
Address:
Phone:
Insurance Carrier:
Policy #:

Please list all allergies and/or medical conditions your child has: _____

Please list any fears or special needs your child has: _____

Why did you choose TNS? _____

How did you hear about TNS? _____

Turlock Nursery School Admission Agreement

I understand that I am a member of Turlock Nursery School (TNS), which is a private non-profit organization owned and operated by the participating parents. I further understand that my participation is an integral part of Turlock Nursery School's success. TNS is licensed by the State of California to run a cooperative preschool program for children 2.9 - 5 years who are fully potty trained.

Families enrolled in TNS help the school run and each family becomes a member of the school corporation and is entitled to one vote. The Board of Directors is elected by members of the school and is responsible for establishing the school's policies and conducting much of the administrative duties. Board meetings are held once a month and all members of the school are encouraged to attend. Problems not pertaining to your child must be handled by contacting the appropriate board members, not the staff.

Membership requirements and contributions include:

- The TNS Parent Handbook (available on our school website) serves as part of this admission agreement. I understand that it is my responsibility to read and adhere to the policies set forth in the handbook for the entire year.
- I agree that at least one parent will attend the school's orientation. If i am starting after orientation, I will make an orientation appointment with the Director.
- I agree to work in the classroom 1 (two day per week families) or 2 (3 day per week families) day a month (for each child) from 8:45am to 12:15pm. It is my responsibility to find coverage in the event that I cannot make my scheduled work day (more information in Parent Handbook).
- Bring a healthy snack on a rotating basis according to the TNS monthly schedule and snack calendar.
- I agree to all of the participation responsibilities, including fundraising and attending 1 work party, as well as all of the financial responsibilities outlined in the TNS Parent Handbook.
- Tuition payments are due in full by the 1st of each month and payments not received by the 10th are subject to a late fee of \$20. Any non-payment after the 15th the child will no longer be able to attend the school and the file will be sent to collections.
- I agree to give the Director and Board President 30 days' written notice if my child withdrawals from TNS before the end of the school year.
- I agree to stay informed of all information concerning TNS provided by monthly newsletters, emails, postings at school, and parent mailboxes.
- The California Department of Social Services has the authority to interview children or staff and to audit child records without prior consent. The Department also has the authority to observe the physical condition of the child, including conditions that could indicate abuse or neglect.

Turlock Nursery School is licensed by: Community Care Llcensing Division, 1314 East Shaw Ave., Fresno, CA 93710; (559) 243-8080.

I understand and comply with the TNS Admission Agreement.

Parent Signature: _____ Parent Name (printed): _____
Date: _____

**Turlock Nursery School
Liability, Insurance & Photo Release**

Child's Name: _____

I (do) or (do not) carry a medical payment clause in my automobile insurance policy. This medical payment clause is in the amount of _____. *Must be \$100k to drive other students on field trip events.*

(Parent Signature)

I consent to have my child participate in walks (or rides) away from the Nursery School to nearby points of interest.

(Parent Signature)

I also authorize the staff to call an emergency ambulance in case of accident or acute illness, and to allow for possible emergency and surgical care in case his/her doctor, or I, am not immediately available.

(Parent Signature)

I consent to having my child(s) photograph used on the Turlock Nursery School website, newsletter, keepsake photo album/yearbook, and school social media accounts.

(Parent Signature)

If not used for school-run electronic platforms, pictures of school children other than their own should not be used on alternate family accounts unless the individual has express consent from the parent of the child. *If the picture contains multiple children and no consent is obtained, all other children pictured must be blurred out before distribution.*

(Parent Signature)

State Mandated Forms Required for Registration

All six of the following forms need to be completed as part of the registration packet. Follow the links below (or copy/paste the link(s) into your web browser) to find the correct form. You can also search under the LIC# in your web browser. Please save the link as a PDF to your computer with the form completed, if you plan to email your registration form back to us. If you have any questions on how to access/fill out these forms, please contact us at tns.allboard@gmail.com.

Identification & Emergency Information (**LIC 700** (8/08))

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2019/I-L/LIC700.pdf?ver=2019-10-24-143032-763>

Personal Rights Form (**LIC 613A** (8/08))

<https://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC613A.PDF>

Notification of Parent's Rights (**LIC 995** (12/00))

<https://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC995.PDF>

Physician's Report - Child Care Centers (**LIC 701** (8/08))

<https://www.cdss.ca.gov/cdssweb/entres/forms/english/lic701.pdf>

Child's Preadmission Health History - Parents Report (**LIC 702** (08/08))

<https://www.cdss.ca.gov/Portals/9/FMUForms/I-L/LIC702.pdf?ver=2017-07-16-155553-713>

Consent for Emergency Medical Treatment (**LIC 627** (9/08))

<https://cdss.ca.gov/cdssweb/entres/forms/English/LIC627.PDF>

Turlock Nursery School Emergency Contact Form

(used for emergency backpack taken on field trips or emergency evacuation)

Child's Name: _____ DOB: _____ Age: _____

Allergies: _____ Medical Problems: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Phone #: (H) _____ Phone #: (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

Doctor's Name: _____ Phone #: _____ Addres: _____

In case of emergency list 3 adult relatives or friends who may be contacted.

1. Name: _____ (H) _____ (C) _____ (W) _____

2. Name: _____ (H) _____ (C) _____ (W) _____

3. Name: _____ (H) _____ (C) _____ (W) _____

Medical Insurance Name: _____ Policy #: _____

The bearer of this form is authorized to sign for necessary treatment in the case of an accident.

Parent Signature: _____ Date: _____

COVID-19 Student Liability Release Statement

I acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Turlock Nursery School (TNS) has put in place preventative measures to reduce the spread of Coronavirus/COVID-19. I further acknowledge that TNS can not guarantee that my child(ren) will not become infected with Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teachers, students and other parent participants.

I voluntarily seek preschool education for my child provided by Turlock Nursery School and acknowledge that I am increasing my child(ren)'s risk of exposure to Coronavirus/COVID-19 by engaging in participation and instruction at the school. I acknowledge that my child must comply with all set procedures to reduce the spread while on school property.

While on school property I attest that:

- My child is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- My child has not traveled internationally within the last 14 days.
- My child has not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe my child has been exposed to someone with a suspected and/or confirmed case of Coronavirus/COVID-19.
- My child has not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non contagious by state or local public health authorities.
- My child is following all CDC recommended guidelines as much as possible and I am limiting his/her exposure to the Coronavirus/COVID-19.
 - My child will submit to daily temperature checks.
 - My child will wash his/her hands frequently.
- I will notify the school Director in an instance of presumed COVID-19 exposure and/or testing positive for COVID-19 concerning myself or anyone in my household so TNS can complete necessary in-school contact tracing and monitor/mitigate further exposure.

I hereby release and agree to hold Turlock Nursery School harmless from, and waive on behalf of myself, my child(ren), and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any interactions at Turlock Nursery School. I understand that this release discharges Turlock Nursery School from any liability or claim that I, my child(ren), or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation at Turlock Nursery School. This liability waiver and release extends to the entirety of the school together with all employees, students, and parent participants/volunteers.

Name (print): _____

Signature: _____

Date: _____

Flu, Hep B, and Good Health for Working Adults at TNS

If you choose to not vaccinate yourself you must sign a waiver stating that you have been given the following information. You are encouraged to consult a health care professional. Centers for Disease Control and Prevention recommend vaccination of both Hep B and Influenza in order to prevent infection from and transmission of its complications.

Verification of vaccinations must be submitted.

Hepatitis B Vaccination

- I received the Hep B vaccine (must attach copy of immunization)
- I decline the Hep B vaccine. I am aware that students, staff or parents involved at Turlock Nursery School could be carriers of Hep B. I have been encouraged to consult a health care professional about the risk of Hep B and have been recommended to receive the Hep B vaccine for my own protection. I willingly and knowingly choose not to be vaccinated for Hep B and assume any risks inherent or otherwise associated with this decision, this assumption of risk extending to all persons who work on my behalf at TNS.

Initial here: _____

Influenza Vaccination

- I received the Influenza vaccine (must attach copy of immunization)
- I decline the Influenza vaccine. I am aware that influenza is a serious respiratory disease; on average 36,000 Americans die every year from influenza related causes. Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others. The influenza virus changes often, making annual vaccination necessary. I understand that the influenza vaccine cannot transmit influenza and it doesn't prevent all disease. I understand that complications of influenza, including death, can be transmitted to my coworkers, my family, and my community.

Initial here: _____

COVID-19 Liability Release Statement

I acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Turlock Nursery School (TNS) has put in place preventative measures to reduce the spread of Coronavirus/COVID-19. I further acknowledge that TNS can not guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teachers, students and other parent participants.

I voluntarily seek preschool education for my child provided by Turlock Nursery School and acknowledge that I am increasing my risk of exposure to Coronavirus/COVID-19 by engaging in parent participation days at the school. I acknowledge that I must comply with all set procedures to reduce the spread while on school property.

While on school property I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to Coronavirus/COVID-19.
 - I will wear a mask while on school property.
 - I will submit to temperature checks when participating in the classroom.
 - I will wash and sanitize my hands frequently.
 - I will follow all designated cleaning requirements set forth by TNS to ensure the cleanliness and sanitization of the school throughout my designated work days.
- I will notify the school Director in an instance of presumed COVID-19 exposure and/or testing positive for COVID-19 concerning myself or anyone in my household so TNS can complete necessary in-school contact tracing and monitor/mitigate further exposure.

I hereby release and agree to hold Turlock Nursery School harmless from, and waive on behalf of myself, my child(ren), and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any interactions at Turlock Nursery School. I understand that this release discharges Turlock Nursery School from any liability or claim that I, my child(ren), or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any participation at Turlock Nursery School. This liability waiver and release extends to the entirety of the school together with all employees, students, and parent participants/volunteers.
Initial here: _____

Good Health Statement

I verify that I am in good health and am physically and mentally capable of performing assigned tasks at TNS.

Initial here: _____

Name (print): _____

Signature: _____

Date: _____