

The Learning Tree Philosophy

The Learning Tree means caring for children...

The Learning Tree is a child care center with outstanding facilities and programs that assist in the development of preschool children. At The Learning Tree we supply a wide range of materials and experiences which encourage children to choose and explore at their own pace. The program is structured for guidance and success and easily adapts to each child's individual needs. We help your child develop confidence, independence, and security by providing an accepting and creative environment. Parents are always welcome to come and observe our caring staff and stimulating activities. We are dedicated to providing the enriched environment your child needs to learn and grow.



34050 Paseo Padre Parkway
Fremont, California 94555
510-791-6161

The Learning Tree means growing children...

Growing Bodies: The Learning Tree offers a variety of constructive areas to explore. We provide a wide range of activities that assist in gross motor as well as fine motor development. Climbing, sliding, building, painting, cutting, doing puzzles and many more activities help children to grow.

Growing Feelings: The Learning Tree knows that a young child develops sensitivity, self-motivation, creativity, and confidence when involved consistently in happy and successful experiences. All experiences are geared toward success and appropriate to each child's age and abilities. We help children to grow socially and emotionally.

Growing Friendships: The Learning Tree is aware that children mature as individuals and also as members of a group. Our warm and understanding teachers guide your child in sharing space, materials, playthings, attention, and affection. Getting along happily and successfully in a group of children is an important way to grow.

The Learning Tree means serving families...

The Learning Tree staff members have specialized training in Early Childhood Development and are highly qualified to teach preschool children. Feel free to get to know the teachers and keep communication going. They are there to help you as well as your child with any concerns.

The Learning Tree presents materials and experiences that encourage children to explore numbers, letters, colors, shapes, and many other basic concepts at their own pace. Our curriculum is based on monthly themes that keep children stimulated and interested in learning and growing.

The Learning Tree services...

Hours: 7:00am-6:00pm

Monday -Friday

Meals: Morning snack and afternoon snack.

Ages: 2 years and fully toilet trained to 6 years .





The Learning Tree Admission Agreement

-Full Time-

34050 Paseo Padre Pkwy.

Fremont, CA 94555

(510) 791-6161

www.learningtreepreschool.net

1. Basic Services: The Learning Tree offers a full time program from 7:00 A.M. to 6:00 P.M. Monday through Friday. Morning snack and afternoon snack are provided. Children 2 years old and fully toilet trained through 6 years old are accepted.

Optional Services: The Learning Tree may offer optional programs for an additional fee. Parents will be notified of program selection and fee charges when they become available.

ie: Distance Learning for 5 and 6 year olds (\$300 per week Full Time and \$255 per week Part Time)

i.e. Kid Fitness, a noncompetitive gymnastic and recreation program that works on a child's motor skills, coordination, and self-confidence.

i.e. Big Kicks Soccer, teaches the fundamentals of soccer, while ensuring a happy and healthy environment.

2. Payment of Fees: I agree to pay in advance on Monday of each week a fee of **\$285** for the care of _____ . Should the fee become delinquent by at least (2) weeks, immediate withdrawal of my child will be required. Any credit remaining on your child's account will be refunded at the time of withdrawal. Written notification will be given 30 days in advance of any change to the fees. I further understand that switching from full to part or part to full time must be requested in writing and approved by the office with at least a week notice.

3. Arrival Time: I understand my child will not be accepted at the school after **10:00 A.M.** unless there is a doctor/dentist excuse or special circumstance, in which the school has been notified of in advance.

4. Absentee/Vacation Policy:

(a) I understand that if my child is absent, I will still be required to pay the full weekly fee of \$285.

(b) I understand that if my child is absent the whole week (Monday through Friday) I will be required to pay one-half (1/2) of the weekly fee. Fees are charged by the week, daily fees are not available.

(c) I understand that if space is available, I will be able to withdraw my child and pay the nonrefundable \$100 re-enrollment fee if my child is out for **4 weeks or more**. Spaces are not guaranteed after the **4 week period and will depend on availability**. Advance written notice is required for vacation so that the proper fee may be charged.

(d) I understand that if my child is repeatedly unsuccessful during rest period we will be offered the 5 half day program.

5. Registration Fee: I understand that there is a non-refundable fee of **\$100** to register my child. I also understand that this may include putting my child on the waiting list to reserve a position for future enrollment. I further understand that a new registration fee will be required for re-enrollment should my child withdraw from The Learning Tree and then return at a later date.

6. Late Charges: I understand that if my child remains at the school past the scheduled closing (6:00 P.M.), I will be charged **\$1 for every minute**. This fee will be **paid immediately to the teacher on duty and is not part of the weekly tuition**. **Continued late pick up for AM children will result in the charges being switched to full time.**

7. Withdrawal: If you no longer need child care at The Learning Tree, **we require that you provide two weeks written notice.** Our staff recognizes that not every situation is appropriate for every child. If, for any reason, this program does not meet a particular child's needs, the parent and/or program may choose to terminate the arrangement on a time line that is in the child's best interest. **Please see office with any enrollment or scheduling concerns or emergencies.**

8. Termination of Contract: The child's adjustment to The Learning Tree program and the appropriateness of our program for an individual child may cause concern for the child's well-being. If the program staff does not feel that it is meeting the child's needs, we reserve the right to terminate the care arrangement on a time line that is in the child's best interest. Other reasons which may result in the termination of a specific care arrangement are as follows:

(a) Non-payment for child care services and/or lack of adherence to our tuition payment policies. If a child is absent for two consecutive weeks and the appropriate fee as specified under "Absentee Policy" has not been paid, the child will automatically be discharged from the school. In order to re-register, the balance must be cleared and another registration fee paid.

(b) Parent has not cooperated with staff regarding the child's behavior guidance.

(c) Child exhibits unimproved disruptive behavior and or/ special needs that are not possible to meet at this school. In this case, the program staff will make every effort to involve the parents, and possible other resource persons (as appropriate), in order to decide together on the best course of action for this child, prior to any termination.

9. Rights of Community Care Licensing: In accordance with Health and Safety Code Section 1596.852, any duly authorized officer, employee, or agent of Community Care Licensing may, upon presentation of proper identification, enter and inspect the facility, request interviews with any child or staff member, or examine all records relating to the operation of the facility.

10. Photographs: I understand and give permission for my child's photograph to be taken and used at The Learning Tree for a variety of purposes including recognition games, activity displays, open house, bulletin boards, circle time, and publicity. Parents may not post pictures of other children without permission.

11. Holidays: I understand that The Learning Tree will observe the following legal holidays and Teacher Work Day during which the school will be closed. **I also understand that I will not be able to switch from full time to part time based on these scheduled days off.**

New Year's Day	Independence Day	Thanksgiving Day
Martin Luther King Day	Teacher Work Day	Friday after Thanksgiving
President's Day	(Friday before Labor Day)	One-half Christmas Eve
Memorial Day	Labor Day	Christmas Day

I further understand that no credit will be given for the above holidays or Teacher Work Day.

12. Sick Policy: I understand when my child is sick, he/she is required to stay home. Children with fevers, vomiting, or diarrhea need to stay at home until illness/ symptoms have been gone for a full 24 hours. No fever reducing medications allowed.

Date _____ Parent Signature _____ Soc. Sec. # _____

Date _____ Parent Signature _____ Soc. Sec. # _____

Date _____ Learning Tree Representative _____



The Learning Tree

Admission Agreement

Parent Copy

-Full Time-

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Date _____ Parent Signature _____ Soc. Sec. # _____

Date _____ Parent Signature _____ Soc. Sec. # _____

Date _____ Learning Tree Representative _____



Enrollment Form

Date of Enrollment: _____ Classroom: _____
Child's Name _____ Birth date _____
Child's Home Address _____ Home Phone () _____
City _____ Zip Code _____
Mother's Name _____ Home Phone () _____
Home Address _____ Cell Phone () _____
Employed at _____ City _____ Business Phone () _____
Email Address _____
Father's Name _____ Home Phone () _____
Home Address _____ Cell Phone () _____
Employed at _____ City _____ Business Phone () _____
Email Address _____

Parents Marital Status (Circle one): Married Single Separated Divorced Partners

The Child will be released only to the person(s) signing this application, or to the following person(s):

Name _____ Phone () _____ Name _____ Phone () _____
Name _____ Phone () _____ Name _____ Phone () _____

Medical Authorization and General Permission

(a) In the event that I cannot be reached at the time of illness or accident, or if the emergency is such that time does not permit such contact, you are hereby authorized to contact the physician listed below. If the named physician cannot be reached, permission is hereby granted to you, to call a licensed physician of your own selection.

Doctor _____

Phone _____

Address _____

City _____ Zip code _____

Medical Number _____

(b) I understand that my child will not be admitted to The Learning Tree until a complete medical form is on file, and if my child appears to be ill he/she will not be admitted to the Learning Tree. If the illness is contagious, I will notify the director.

(c) I further understand that if my child appears to be ill at The Learning Tree, the child shall be isolated from the other children and given staff supervision until arrangements can be made for his/her removal. I will be notified and expected to pick up my sick child immediately.

(d) I further understand that prescription medication and special medical procedures shall be administered by your staff only on the written dated and signed request of a licensed physician. The medicine shall be in its original container.

(e) I understand that any child may attend The Learning Tree regardless of race, creed, religious or ethnic background. Our curriculum includes various holiday celebrations

(f) I have read and understand all the information presented in The Learning Tree Admission Agreement and Parent Handbook. If I did not understand a point, I have asked The Learning Tree staff for clarification.

I hereby release, indemnify, and hold you, your agents, and employees harmless from any and all claims damages, or other liabilities for injuries to damage by my child which are not a result of negligence by The Learning Tree, its agents and employees.

Date _____ Parent signature _____

Date _____ Parent signature _____

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.

Community Care Licensing
Bay Area Regional Office

Licensing Office Name: _____

1515 Clay Street, Ste#1102

Licensing Office Address: _____

Oakland, CA 94612-1469

Licensing Office Telephone #: _____

(510) 622-2602

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.

LIC 995 (ENG/SP) (8/02)

(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.

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 Community Care Licensing- Bay Area District Office		
ADDRESS 200 Webster Street, Suite 100		
CITY Oakland, Ca	ZIP CODE 94607-4108	AREA CODE/TELEPHONE NUMBER 510-286-7062

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) The Learning Tree	(PRINT THE ADDRESS OF THE FACILITY) 34050 Paseo Padre Parkway, Fremont CA 94555
(PRINT THE NAME OF THE CHILD)	

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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

How to Obtain More Information

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

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
		<input type="checkbox"/> Poliomyelitis	
		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

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

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()



Convenient and Safe On-time Payments



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your **bank account or debit card**.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT and DEBIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced debit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

COMPLETE ONE SECTION ONLY

SECTION A (Debit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature! _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



Please Provide the **best email** to reach you at for monthly statement purposes and return to the office or a teacher.

Email: _____

Thank you!

Food Considerations

Please list below any food considerations your child may have (i.e. vegetarian, allergies, ect.)

During summer months we will be applying Coppertone Water Babies sunscreen lotion spray, SPFSO, on your child in the afternoon. We ask that you please apply sunscreen on your child before arriving to school so that they are also protected in the morning as we will only be applying our sunscreen in the afternoons after they wake up from their nap.

As the parent of or authorized representative of _____

I hereby give consent to The Learning Tree to apply Coppertone Water Babies sunscreen lotion spray, SPF50, on my child.

Parent signature

Date

Emergency Contact Information

Name: _____ Birth Date: _____ Phone: _____

Address: _____

Street

City

Zip Code

1) Parent Name: _____

Home #: _____ Work #: _____ Cell #: _____

2) Parent Name: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency contact numbers:

Local: _____

Name and relationship

Home

Work

Local: _____

Name and relationship

Home

Work

Out of State: _____

Name and relationship

Home

Work

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Considerations: _____
