

# 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: Toddler Program:  
18-30 Months**

**Preschool Program: 2 years  
to 6 years .**





Effective November 2025

34050 Paseo Padre Parkway, Fremont, CA 94555

(510) 791-6161

[www.learningtreepreschool.net](http://www.learningtreepreschool.net)

LIC # 013418973 | Established 1980

## Toddler Programs – Admission Agreement

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### 1. Program Description

The Learning Tree Toddler Program provides full-day care for children ages 18 months – 2.5 years (until ready to transition into the Preschool Program).

**Program hours are Monday – Friday, 8:00 A.M. – 5:00 P.M.**

Morning and afternoon snacks are provided; families provide lunch from home.

Children are not required to be fully toilet trained to begin but are encouraged to participate in the toilet-training process when developmentally ready.

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### 2. Tuition Rates

- ☐ **Full Time:** \$475 / week
  - ☐ **Half Days:** \$415 / week
  - ☐ **2 Full Days:** \$235 / week
  - ☐ **2 Half Days:** \$200 / week
  - ☐ **3 Full Days:** \$320 / week
  - ☐ **3 Half Days:** \$280 / week
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### 3. Registration & Enrollment Fees

- **\$250 Registration Fee** (for new families; non-refundable)
  - **\$250 Annual Materials Fee** (billed each January)
  - Enrollment is confirmed once all forms and fees are received before the start date.
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### 4. Absence & Vacation Policy

- Full tuition is due for partial-week absences.
- If absent the entire week (Monday–Friday), **half tuition** is charged.
- Families may hold their space for **4–6 weeks** by paying a **Vacation Hold Fee of \$300–\$350**.
- Spaces are not guaranteed after six weeks; advance written notice is required for vacation requests.

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## 5. Tuition Payments & Late Fees

- All tuition is managed through the **Famly App**.
- Tuition may be paid weekly, monthly, by check, or directly in the app.
- **Monthly automatic payments** (processed on the 5th) are encouraged to avoid late fees.
- **\$25 Late Fee** applies to invoices not paid by the Friday after they are issued.
- Payments delinquent more than 2 weeks may result in **immediate withdrawal**.

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## 7. Health & Illness Policy

Children must stay home until **symptom-free for 24 hours** following fever, vomiting, or diarrhea.

**No fever-reducing medications** are permitted while attending.

If a child shows any symptoms of illness while at school—including fever, vomiting, diarrhea, persistent cough, contagious rash, or general unwellness—parents/guardians will be contacted and must arrange for **pick-up within one hour** of notification.

Children may return once they have been symptom-free for a full 24 hours and are able to participate comfortably in daily activities.

Children diagnosed with a contagious illness (e.g., COVID-19, flu, RSV, strep, hand-foot-mouth) must follow current public-health guidance before returning.

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## 8. Sign-In & Sign-Out Policy

All families must **sign their child in and out using the Famly App** each day.

Accurate sign-in/out is required by Licensing. A \$5 fee may be assessed for failure to sign in/out.

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## 9. Move-Up to Preschool Policy

When both parents and teachers agree that a child is developmentally ready—and space is available—the child will gradually transition into the Preschool Program.

Children enrolled in our Toddler Program receive **priority placement** in the Preschool Program over new community enrollments.

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## 10. Withdrawal & Termination

- Families must provide **two weeks' written notice** before withdrawal.
- The Learning Tree reserves the right to **withdraw a child at any time** if the program is not an appropriate match or policies are not followed.
- Termination may also result from:
  - Non-payment or repeated late payments
  - Safety or behavioral concerns unresolvable after support efforts
  - Lack of parent cooperation with communication or interventions

## 11. Community Care Licensing Rights

Per Health & Safety Code § 1596.852, authorized Licensing representatives may inspect the facility and records at any time.

Questions or concerns may be directed to:

**Community Care Licensing Division**

1515 Clay Street, Suite 1102, Oakland CA 94612 • (510) 622-2602

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## 12. Photographs & Media Use

I grant permission for my child's photo to be used for school activities and publicity (bulletin boards, class projects, open house, social media, etc.).

Parents may not post photos of other children without consent.

If you do not give consent please check this box: ☐

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## 13. Mandated Reporter Notice

All staff at The Learning Tree Preschool are **mandated reporters** and are legally required to report any suspected child abuse or neglect to Child Protective Services in accordance with California Penal Code § 11166.

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## 14. Non-Discrimination Statement

The Learning Tree Preschool admits students of any race, color, national or ethnic origin, disability, gender identity, or family structure to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate in administration of educational policies, admissions policies, or any school-administered programs.

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## 15. Electronic Communication Consent

I consent to receive billing statements, school updates, and official notices electronically through the Family App or email. I understand I may opt out by notifying the office in writing.

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## 16. Preschool Drop-In Care (Optional Add-On Service)

Drop-in care is available only when space allows and must be pre-approved by administration.

Drop-in days are designed for occasional, short-term attendance and are billed separately from regular tuition. Families must be enrolled with current paperwork and paid registration fees to use drop-in care.

Rates are as follows:

- **Full Day:** \$125 per day
- **Half Day (A.M. or P.M.):** \$110 per day
  - A.M. session: 8:00 A.M. – 12:00 P.M.
  - P.M. session: 1:00 P.M. – 5:00 P.M.
- **Hourly Care:** \$40 per hour (minimum two-hour booking; billed in hour increments)

Payment for drop-in care is due **on or before the day of service**. Cancellation with less than **24 hours' notice** may still incur the full daily charge. Drop-in care follows all regular school policies related to health, safety, and behavior. Availability is based on classroom ratios and staffing levels.

**17. I acknowledge that I have received and reviewed the Admission Agreement and all required Community Care Licensing forms, including Parent Rights (LIC 995) and Personal Rights (LIC 613A) that are included in this enrollment packet.**

**Child's Name:** \_\_\_\_\_

**Program Selected (✓):** ☐ Full-Time ☐ Part-Time A.M. ☐ Part-Time P.M. ☐ 3 Days

**Start Date:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

**Parent/ Guardian Email:** \_\_\_\_\_

**Learning Tree Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Enrollment Form

Child's Name \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Classroom: \_\_\_\_\_  
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.

Licensing Office Name: Community Care Licensing  
Bay Area Regional Office

Licensing Office Address: 1515 Clay Street, Ste#1102  
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.

The Learning Tree Preschool

\_\_\_\_\_  
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.**

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

## 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://ccld.ca.gov/contact.htm>

**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)

The Learning Tree Preschool . This Child Care Center/School provides a program which extends from 7:00  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:00 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/<br>DT/Td (DIPHThERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANUS<br>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

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**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.
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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

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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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )

**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 |                                                      | 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:<br>(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?

|                                                          |                         |                                                          |                      |
|----------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------|
| 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

## 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<br>( )             |
| ADDRESS                                          | NUMBER | STREET | CITY  | STATE                        | ZIP                          |
| PARENT /<br>AUTHORIZED<br>REPRESENTATIVE<br>NAME | LAST   | MIDDLE | FIRST | BUSINESS<br>TELEPHONE<br>( ) |                              |
| HOME ADDRESS                                     | NUMBER | STREET | CITY  | STATE                        | ZIP                          |
| PARENT /<br>AUTHORIZED<br>REPRESENTATIVE<br>NAME | LAST   | MIDDLE | FIRST | BUSINESS<br>TELEPHONE<br>( ) |                              |
| HOME ADDRESS                                     | NUMBER | STREET | CITY  | STATE                        | ZIP                          |
| PERSON<br>RESPONSIBLE<br>FOR CHILD               | LAST   | MIDDLE | FIRST | HOME<br>TELEPHONE<br>( )     | BUSINESS<br>TELEPHONE<br>( ) |

### 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<br>( ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>( ) |

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

## The Learning Tree Preschool

# Parent Handbook Acknowledgment Form

As part of the enrollment process, The Learning Tree Preschool requires all families to review and acknowledge our Parent Handbook. This document outlines important information regarding our policies, procedures, and expectations. Please read the form below carefully and sign where indicated.

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, confirm that I have received and reviewed  
the current Parent Handbook for The Learning Tree Preschool.

### By signing this form, I acknowledge and agree to the following:

- I have read and understand the policies, procedures, and expectations outlined in the Parent Handbook.
- I understand and accept the **withdrawal policy**, including notice requirements and financial obligations as described in the handbook.
- I understand that **The Learning Tree Preschool is a private business** and, as such, **reserves the right to refuse entry or withdraw a student from the program at its discretion** in accordance with school policies and licensing guidelines.
- I understand that the Parent Handbook may be revised or updated throughout the year. I will be notified of any major changes, and it is my responsibility to review updated versions.

- ☐ I received a printed copy of the handbook
- ☐ I accessed the handbook digitally at: [PDF LINK](#)
- ☐ I understand a copy is available at: <https://learningtreepreschool.net/forms>
- 

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Staff Use Only

Received by: \_\_\_\_\_ | Date Received: \_\_\_\_\_



 **Sunscreen Permission Slip**  
**The Learning Tree Preschool**

Dear Families,

As the weather warms up and outdoor play increases, we want to ensure your child is protected from the sun while in our care. We ask that you please review and complete the form below regarding sunscreen use for your child.

**Sunscreen Policy:**

- The school can provide sunscreen for children, or families may choose to provide their own.
- **If you choose to provide your own sunscreen, it must:**
  - Be **labeled with your child's full name**
  - Be **unexpired**
  - Be **handed directly to a staff member** (Please **do not** send sunscreen in your child's backpack.)
- All sunscreen will be stored safely **out of children's reach** and applied by staff when needed.

Please indicate your preference below:

---

**Child's Name:** \_\_\_\_\_

☐ **Yes**, I give permission for The Learning Tree Preschool to apply school-provided sunscreen to my child as needed.

☐ **No**, I do not give permission for my child to use the school-provided sunscreen. I will provide my own labeled, non-expired sunscreen to be kept at the school.

---

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for helping us keep your child safe and comfortable during outdoor activities!

# PARENT QUESTIONNAIRE FOR TODDLERS

Dear Parents,  
Please fill out this questionnaire to help us provide your child with a smooth transition and a successful child care experience. Thank you!

**CHILD'S NAME** \_\_\_\_\_

**Name your child likes to be called:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_

## PHYSICAL DEVELOPMENT

Does your child:

|                             |                                        |                           |
|-----------------------------|----------------------------------------|---------------------------|
| _____ drink out of open cup | _____ feed themselves (eat with spoon) | _____ jump                |
| _____ walk unassisted       | _____ dress themselves                 | _____ go up and down      |
| _____ run                   | _____ put own shoes on                 | _____ steps eat with fork |

## SLEEPING HABITS

My child usually naps \_\_\_\_  
times/day

from: \_\_\_\_\_ to \_\_\_\_\_

from: \_\_\_\_\_ to \_\_\_\_\_

My child sleeps at night from \_\_\_\_ p.m. to \_\_\_\_ a.m.

Does your child have any sleep disturbances? \_\_\_\_\_

Does your child sleep with any special object? \_\_\_\_\_

Does your child sleep in her/his own bed/crib at night? Yes

No \_\_\_\_\_

If No, please explain:

## EATING HABITS

Does your child wear a bib to eat? \_\_\_\_\_

Child's favorite meal: \_\_\_\_\_

Child's favorite snack: \_\_\_\_\_

## TOILETING

Child      diapers: \_\_\_ all day \_\_\_ sleeping only

wears:      pull ups: \_\_\_\_\_ all day \_\_\_ sleeping only underpants: \_\_\_\_\_ all day

If toilet training is in process, please describe routines/methods you use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-Does your child ask to go to the bathroom \_\_\_\_\_

-What phrases/words do you use for urinating? \_\_\_\_\_

-What phrases/words do you use for bowel movements? \_\_\_\_\_

## PLAY & SOCIAL INTERACTION

Has your child ever attended or been enrolled in:

\_\_\_\_\_ a child care center                      at what age? \_\_\_\_\_

\_\_\_\_\_ a family day care home                      at what age? \_\_\_\_\_

\_\_\_\_\_ a babysitter's home                      at what age? \_\_\_\_\_

\_\_\_\_\_ your home with a babysitter                      at what age? \_\_\_\_\_

\_\_\_\_\_ a parent/child play group                      at what age? \_\_\_\_\_

\_\_\_\_\_ other settings:

How does your child adjust to new situations and activities? \_\_\_\_\_

\_\_\_\_\_

How often does your child like to be held during the day? \_\_\_\_\_

Who is your child's current caretaker during the day? \_\_\_\_\_

How long can your child amuse him/herself? \_\_\_\_\_

How does your child communicate? (crying, pointing, phrases, sentences): \_\_\_\_\_

Can others understand your child's method of communication? \_\_\_\_\_

Is your child afraid of: strangers \_\_\_\_\_ new situations \_\_\_\_\_ animals \_\_\_\_\_

List any other fears: \_\_\_\_\_

Your child's favorite toys and activities: \_\_\_\_\_

How does your child react to sharing his/her toys? \_\_\_\_\_

How does your child express anger? \_\_\_\_\_

How do you and your family spend time together? \_\_\_\_\_

### **SPECIAL MEDICAL CONSIDERATIONS**

Please list any: \_\_\_\_\_

\_\_\_\_\_

-Does your child have any distinguishing birthmarks? \_\_\_\_\_

### **PARENTS' EXPECTATIONS**

-What are your goals and expectations for your child at The Learning Tree? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns or questions to which you would like to draw our attention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share with us anything else you would like us to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent name:** \_\_\_\_\_

**Best way to contact:** \_\_\_\_\_



## EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

## LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

### IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



## LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**  
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)\*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**  
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**  
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.\*

- **Filter your water**

Consider using a water filter certified to remove lead.

**WARNING!** Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(\*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](#) or call (800) 426-4791. You can also visit the California Department of Public Health's website at [www.cdph.ca.gov](http://www.cdph.ca.gov).



## POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

## SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](#), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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