

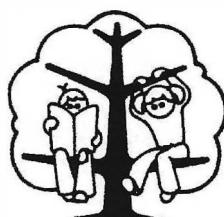
# The Learning Tree Philosophy

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.

# **The Learning Tree**

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





## Admission Agreement

### -Part Time-

34050 Paseo Padre Pkwy.

Fremont, CA 94555

(510) 791-6161

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

**1. Basic Services:** The Learning Tree offers a part time program from 7:00 A.M. to 6:00 P.M. 3X/ week or 7:00AM to 12:45PM Monday - Friday or 12:45-6:00PM Monday- 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.

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 \$255 for the care of \_\_\_\_\_. Should the fee become delinquent by at least (1) week, immediate withdrawal of my child will be required. I understand that a \$25 returned check fee will be charged if my check is returned. I also understand that if 2 checks have been returned, I will be required to make cash payments thereafter. 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 \$255.

(b) I understand that if my child is absent the whole week (Monday through Friday) I will be required to pay one-half (½) 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 \$200 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 \$200 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. **If you would like to exempt your child from having photos taken please sign here \_\_\_\_\_.**

**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

## Parent copy

### Admission Agreement

#### -Part Time-

34050 Paseo Padre Pkwy.

Fremont, CA 94555

(510) 791-6161

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

**1. Basic Services:** The Learning Tree offers a part time program from 7:00 A.M. to 6:00 P.M. 3X/ week or 7:00AM to 12:45PM Monday - Friday or 12:45-6:00PM Monday- 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.

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 \$255 for the care of \_\_\_\_\_. Should the fee become delinquent by at least (1) week, immediate withdrawal of my child will be required. I understand that a \$25 returned check fee will be charged if my check is returned. I also understand that if 2 checks have been returned, I will be required to make cash payments thereafter. 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 \$255.

(b) I understand that if my child is absent the whole week (Monday through Friday) I will be required to pay one-half (½) 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 \$200 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 \$200 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. If you would like to **exempt** your child from having photos taken please sign here \_\_\_\_\_.

**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 \_\_\_\_\_



## Enrollment Form

Child's Name \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Classroom: \_\_\_\_\_  
Child's Home Address \_\_\_\_\_ Birth date \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
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.

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 \_\_\_\_\_

(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.

## 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**

Licensing Office Name: 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.

\_\_\_\_\_  
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)

(PRINT THE ADDRESS OF THE FACILITY)

The Learning Tree

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://ccl.d.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* | MONTHS | BEGAN TALKING AT* | MONTHS | TOILET TRAINING STARTED AT* | MONTHS |
|------------|--------|-------------------|--------|-----------------------------|--------|

**PAST ILLNESSES** — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

|  |                        |   |
|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? <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<br><br>LUNCH<br><br>DINNER | WHAT ARE USUAL EATING HOURS?<br>BREAKFAST _____<br>LUNCH _____<br>DINNER _____ |

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE DATE

**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/<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)<br>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: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_ 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

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

NAME

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

. THIS CARE MAY BE GIVEN UNDER

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

(      )

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, SPF50, 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

---

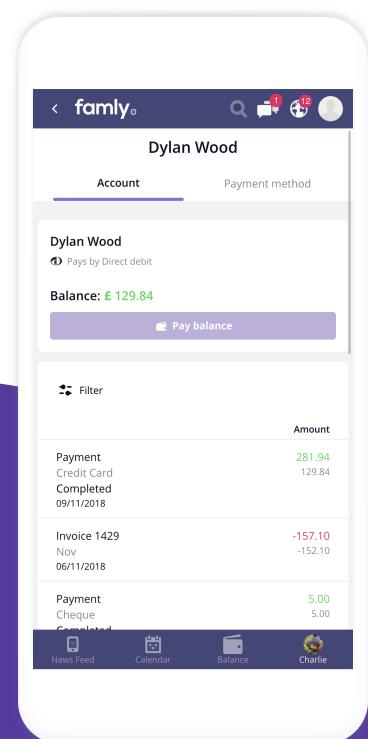
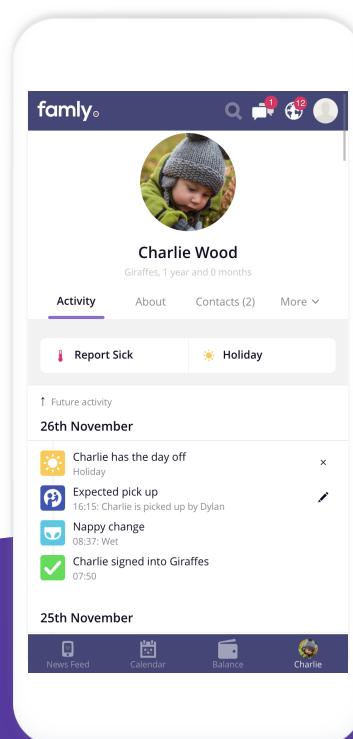
Date

# INTRODUCING THE FAMLY APP

♥ Updates on your child's day - straight to your pocket ♥

Available on mobile and online, Famly is a new app that we'll be using to stay in touch, manage invoicing, and save us precious hours on our admin time here in the setting. Here's what it will mean for you:

Family will give us time back to spend with your little ones. It gives us lots of tools to help with our admin, and the fully encrypted, GDPR-compliant app also allows us to access important child information quickly. You can report sickness, holidays, and update permissions too.



Your login will have a personalised feed where we can update you with pictures, videos, observations and announcements throughout the day. With these real-time updates, straight to your pocket, you'll get to stay involved in the child's day.

We can send invoices straight to you in-app, and even handle payments via card and direct debit, meaning that paying directly in the app could be an option too. A simpler system for us also means easier booking of sessions and add-ons for you.

### 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_