The Learning Tree Preschool

Our Mission

At The Learning Tree Preschool, our mission is to nurture the whole child—emotionally, socially, cognitively, and physically—by providing equitable, bilingual (spoken English and American Sign Language), and developmentally appropriate care for children ages 18 months to entering first grade.

We create a warm, inclusive environment where Deaf, Hard of Hearing, and hearing children feel safe, valued, and inspired to learn. Through hands-on exploration, creative play, and meaningful social interaction, we foster confidence, independence, and a lifelong love for learning.

We celebrate neurodiversity, disability inclusion, and the rich cultures within our community. With a commitment to family partnerships, culturally responsive teaching, and communication in all its forms, we empower children to grow with peace, creativity, and pride in their identities.

Our Vision

At The Learning Tree, our vision is to cultivate a warm, inclusive, and creative environment where all children and families feel seen, heard, and valued. We strive to be a model of accessible, ASL-friendly, and culturally affirming early childhood education—rooted in respect, play, and community.

We envision a world where Deaf, Hard of Hearing, and hearing children grow and learn together with joy, curiosity, and compassion—empowered by language, supported by community, and celebrated for who they are.

Programs & Hours

TODDLER PROGRAM	PRESCHOOL PROGRAM
Ages: 18–30 months	Ages: 2 years to entering first grade
8:00 AM – 5:00 PM • Monday–Friday	7:00 AM – 6:00 PM • Monday–Friday
• Morning snack and afternoon snack provided	• Morning snack and afternoon snack provided

Contact & Location

34050 Paseo Padre Parkway, Fremont, California 94555

Phone: 510-791-6161 Email: thelearningtree1980@gmail.com

Website: LearningTreePreschool.net

Growing Bodies • Growing Feelings • Growing Friendships

The Learning Tree Preschool — Fall 2026-2027

FAMILY ENROLLMENT & POLICIES AGREEMENT | Teddy • Panda • Tiger

34050 Paseo Padre Parkway, Fremont, CA 94555 | (510) 791-6161 | learningtreepreschool.net | License #013418973

Parent form sections are designed for easy completion. State licensing forms are provided separately.

PART A | Child and enrollment details

Child's full legal name	Child's Date of birth	Requested start date
Parent/guardian name	**Phone**	**Email**

PROGRAM (check one): PLEASE SELECT WHICH CLASSROOM: Teddy (18–30 months; 8 AM–5 PM) Panda (approx. 2.5–3.5 years; 7 AM–6 PM) Tiger (approx. 3.5–5.5 years; 7AM–6 PM)

☐ **Teddy (18–30 months; 8 AM–5 PM)**
☐ **Panda (approx. 2.5–3.5 years; 7 AM–6 PM)**
☐ **Tiger (approx. 3.5–5.5 years; 7AM–6 PM)**

SCHEDULE (check one):

☐ 5 full days ☐ 5 half days AM ☐ 5 half days PM ☐ 3 full days ☐ 3 half days ☐ 2 full days ☐ 2 half days

ATTENDANCE DAYS: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Scheduled drop-off time: _____ Scheduled pickup time: _____

We provide inclusive, developmentally appropriate care in spoken English and American Sign Language for Deaf, Hard of Hearing, and hearing children. Families and staff partner to support each child's growth, independence, and belonging.

PART B | Weekly tuition and fees

Weekly tuition is based on the selected program and schedule. January 2027 rates begin Monday, January 4, 2027.

Weekly schedule	Panda/Tiger 2026	Panda/Tiger 2027	Teddy 2026	Teddy 2027
5 full days	$410	$440	$475	$510
5 half days	$345	$370	$415	$445
3 full days	$345	$370	$415	$445
3 half days	$278	$300	$280	$300
2 full days	$210	$225	$235	$253
2 half days	$185	$200	$200	$215

Selected weekly tuition: $_____ ☐ 2026 rate ☐ 2027 rate School confirmation: _____

Registration: $250 per family (nonrefundable). Annual materials: $250 per child, billed each January. Preschool toileting support fees are program-specific (see §8). Drop-in care requires advance approval and available space/staffing. DROP-IN RATES — UNCHANGED FOR 2026 AND 2027: Panda/Tiger $120 full day / $100 half day / $35 hourly; Teddy $125 full day / $110 half day / $40 hourly. These are occasional-care rates, separate from weekly tuition.

3. Billing, attendance, and schedule changes — ALL PROGRAMS

Tuition is billed weekly through Famly. Families may make weekly payments or enroll in automatic monthly payments, processed on the 1st of each month. We recommend ACH/bank transfer because it has no processing fees; credit/debit card payments incur processing fees. Any attendance during a Monday–Friday week incurs the full scheduled weekly tuition. If a child does not attend at all during the entire Monday–Friday week, 50% of scheduled tuition is charged, including weeks with school holiday closures. Scheduled holidays and staff-development closures are paid and are not prorated by day. Vacation spot holds for 4–6 weeks are $350, subject to approval; a place is not guaranteed beyond six weeks. A $25 late fee applies to invoices unpaid by the Friday following issue. Two weeks of delinquency may lead to withdrawal. Request schedule changes in writing at least one week in advance; changes require approval. Families receive 30 days' written notice before tuition changes.

Families are requested to provide two weeks' written notice of withdrawal. The school may approve an immediate withdrawal without additional notice-period tuition when it can accommodate the departure and release the reserved care and staffing commitment. If the child continues attending during the notice period, normal weekly tuition is due for the weeks attended. When short notice has been given and the school has already committed staffing for the reserved place, tuition for the applicable notice period may remain due unless the school approves an immediate release. The school will communicate any notice-period charges or waiver when withdrawal is requested. The school may consider ending enrollment for unpaid tuition, safety issues, or inability to meet a child's needs after collaborative efforts, consistent with applicable laws and licensing obligations. Credits are refunded at withdrawal as applicable. ☐

4. Arrival, pickup, Famly, and communication — ALL PROGRAMS

Families must maintain current contacts, allergies, dietary needs, and authorized pickup adults in Famly and complete daily QR-code sign-in and sign-out. Failure to sign in/out may result in a $5 fee. Arrivals after 10:00 AM require advance notice or a medical appointment note. TEDDY: The Teddy classroom closes at 5:00 PM. Late pickup is $1 per minute beginning at 5:01 PM. Only Teddy children who are at least 24 months old may be considered for temporary supervised waiting in the preschool area after 5:00 PM, and only when the arrangement is permitted by licensing, age-group and ratio requirements. Children under 24 months remain in an approved toddler area with appropriate supervision until pickup. Temporary waiting does not constitute permanent enrollment transfer. PANDA/TIGER: Closing time is 6:00 PM; late pickup incurs $1 per minute beginning at 6:01 PM. The supervised transfer after Teddy closing is not authorization for permanent early transfer into preschool. ☐

5. Health, illness, and medical care — ALL PROGRAMS

Children must remain home until free of fever, vomiting, or diarrhea for 24 hours and able to participate comfortably. Fever-reducing medication may not be used to mask illness for attendance. If a child becomes ill at school, parents will be contacted and must arrange pickup within one hour. Families must provide accurate health and allergy information and notify the school of changes. Medication administration requires applicable written authorization and instructions, including LIC 9221 when appropriate. Required state health and emergency forms are supplied separately. ☐

6. Severe allergies and anaphylaxis — ALL PROGRAMS

Families disclose known allergens, provide current prescribed medication in original labeled packaging, healthcare-provider instructions, and updated emergency contacts. Administration develops individual allergy safety plans when indicated. The school takes reasonable precautions, including handwashing, cleaning, food-sharing prevention and staff communication, but is not allergen-free. If anaphylaxis is suspected, staff call 911, follow the child's authorized emergency plan (including epinephrine by appropriately trained staff when indicated), contact family and document the incident. ☐

7. Guidance, safety, and inclusion — ALL PROGRAMS

Staff use developmentally appropriate prevention, clear expectations, choices, calm redirection and sensory/emotional supports. Unsafe behaviors are documented and communicated to families; recurring concerns may prompt an individualized support or behavior intervention plan. A pickup may be requested when a child presents an immediate safety risk or cannot safely participate despite interventions. Any enrollment-ending decision will consider reasonable accommodations, family collaboration, applicable disability protections, and licensing requirements; complaints from other families alone are not an automatic termination rule. ☐

8. Toilet learning — PROGRAM SPECIFIC ☐

TEDDY TODDLERS: Diapering and early toilet learning are developmentally appropriate and supported; Panda/Tiger toilet-training fees and independence thresholds do not apply.

PANDA PRESCHOOL (October 19, 2026 policy supersedes all earlier Panda accident-support wording): Children age 3 or older who have been enrolled in Panda for at least three months are expected to be fully toilet trained by the start of their fourth month: underwear during the school day (nap pull-up permitted), no more than two accidents in a school week, and toilet use with age-appropriate help. An accident means urination or normal bowel movement in underwear requiring a clothing change; loose stool follows the illness policy. The regular toileting-support fee is $50 per week when ongoing assistance is required. Once BOTH age and enrollment thresholds are met, continued daytime diapers/pull-ups or more than two accidents in a school week result in an ADDITIONAL $50 per week, for a total of $100 per week. Staff continue supportive reminders and age-appropriate assistance. Individual accommodations will be reviewed as required.

TIGER PRE-K: Children are expected to be toilet independent to enter Tiger, with age-appropriate staff reminders and assistance as applicable. Any disability-related accommodations are assessed individually.

PART C | Sunscreen and photo permissions

1. SUNSCREEN — Please apply sunscreen before drop-off. Staff may reapply sunscreen during the school day only as authorized below. Choose ONE:

☐ TLT may apply school-provided sunscreen.

☐ TLT may apply my child's labeled, parent-provided sunscreen.

☐ Do not apply sunscreen to my child.

2. PHOTOS — Choose ONE option. Classroom photos, internal Famly updates, student artwork, and school slideshows are different from public advertising or marketing.

☐ **INTERNAL USE ONLY:** I authorize photos of my child for classroom activities, student artwork, school slideshows shown within the TLT community, and private updates in Famly. I do NOT authorize public marketing use.

☐ **INTERNAL + PUBLIC MARKETING:** I authorize the internal uses above AND public school marketing, including TLT's website, social media, brochures, and advertisements.

☐ **NO PHOTO PERMISSION**: I do not authorize TLT to photograph or display identifiable images of my child for these purposes.

A family may allow internal photos without allowing marketing photos. Internal-use permission does not permit TLT to post images publicly. Families may not publicly share photos of other children without their parents' permission. Contact the office in writing to change your selections.

PART D |

1. Teddy toddler-component permission (Teddy families only)

Teddy is a toddler component within TLT's existing preschool license, not a separately licensed infant center. Written parent permission is required for placement.

Child: _____ Date of birth: _____

I authorize my child's placement in the Teddy toddler component: ☐ YES ☐ NO

Parent/guardian signature: _____ Date: _____

TRANSITION VISITS AND TEMPORARY AFTER-HOURS ARRANGEMENTS: Only Teddy children age 24 months or older may be considered for supervised visits to the preschool program as part of an individualized transition period, or for temporary supervised waiting in the preschool area when a parent is late after Teddy closes at 5:00 PM. Each arrangement requires school approval, developmental readiness, appropriate staffing and ratios, and compliance with the toddler-component license. These arrangements are not automatic and do not constitute permanent transfer. Children younger than 24 months are not eligible for these preschool-area arrangements.

BEFORE ANY PERMANENT TRANSFER INTO PANDA/PRESCHOOL WHILE UNDER 30 MONTHS: A new, separate, specific written parent/authorized-representative permission must be completed before the proposed transfer, subject to applicable licensing requirements. The Teddy placement signature above does not authorize early transfer.

Proposed transfer date: _____ Child age (months): _____ Proposed classroom: Panda/ Preschool

I authorize this specific early transfer: ☐ YES ☐ NO

Parent/guardian signature: _____ Date: _____

Complete the early-transfer permission only when an actual transfer is proposed. Children under 24 months require an individualized needs-and-services plan as applicable; maintain that documentation separately.

ALL PROGRAMS:

2. Closures, parent rights, and acknowledgments — ALL PROGRAMS

The Learning Tree Preschool is closed to students on the following holidays and staff development days:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents' Day
- Spring Staff Development Day
- Memorial Day
- Juneteenth
- Independence Day
- Teacher Work Day (Friday before Labor Day)
- Labor Day
- Staff Development Day (first weekday after Halloween)
- Veterans Day
- Thanksgiving Day
- Friday After Thanksgiving
- Christmas Eve
- Christmas Day

The school publishes exact closure dates in its annual calendar; observed dates may vary. Regular weekly tuition applies during scheduled closures and is not prorated by day. When a child is absent for the entire Monday–Friday week, 50% of scheduled weekly tuition applies under the attendance policy. The annual calendar governs exact dates and any additional announced closures.

Parents receive the applicable state rights notices separately. Staff are mandated reporters. The school does not discriminate in admission or program participation on protected grounds.

3. Meals, snacks, transportation, and field trips — ALL PROGRAMS

Families provide a ready-to-eat lunch each attendance day, clearly labeled with the child's name. The school provides a morning snack and an afternoon snack. Staff can warm a child's lunch in the classroom when needed; families should provide suitable containers and communicate food handling, allergies, and dietary needs. Families are responsible for supplying any special foods or alternatives agreed upon with the school.

The Learning Tree Preschool does not provide transportation or conduct field trips. Parents and authorized adults are responsible for transporting children to and from school.

4. Parent responsibilities, daily arrival, and health check — ALL PROGRAMS

At every drop-off, a parent or authorized adult must bring the child to the designated supervised arrival area, complete the Famly QR sign-in, and directly communicate the child's arrival to a staff member. Never leave a child unattended or assume that entering the property completes staff handoff. At pickup, notify staff and complete the Famly sign-out; only authorized pickup adults may collect a child.

Parents must participate in the daily visual health check and tell staff about fever, vomiting, diarrhea, rashes, injuries, new symptoms, medication, changes in sleep or behavior, possible contagious exposure, or other circumstances that could affect safe care. Staff may ask questions, observe the child, and determine whether the child may attend under the illness policy. Keep sick children home and be reachable for prompt pickup if illness develops.

Families are responsible for bringing labeled lunches, weather-appropriate clothing, extra clothes, diapers/wipes and other personal supplies when applicable; keeping emergency contacts, authorized pickup persons, medical and allergy information current; reading Famly announcements and responding to

requests; arriving within program hours; and working respectfully with staff on their child's routines, development, toileting, and safety needs. Families must promptly report changes to custody or pickup authorizations with appropriate documentation. ☐

5. Teddy-to-Panda transition and family partnership — TEDDY/PANDA

Moving from Teddy to Panda is based on developmental readiness, age (generally between 25-30 months), classroom availability, and the school's licensing and staffing requirements—not age alone. Panda has a higher child-to-teacher ratio and greater expectations for participation, self-help skills, communication, and toileting. Before visits begin, families complete the Teddy-to-Panda Family Survey and Teddy teachers complete their transition survey; staff review both and coordinate the plan.

The usual five-day gradual visit sequence is: Day 1, circle time; Day 2, circle and snack; Day 3, circle, snack, and centers/free play; Day 4, activities through lunch; Day 5, a full Panda practice day. Visits may be adjusted based on the child's needs and school approval. Transition visits do not themselves authorize permanent transfer of a child under 30 months; separate written permission and applicable licensing requirements must be satisfied first.

Families help prepare by talking positively about Panda, practicing daytime underwear and toileting skills as developmentally appropriate, encouraging children to communicate bathroom needs, manage clothing and wash hands, practice eating and cleanup independence, maintain predictable goodbye routines, and share any concerns with teachers. The current Panda toilet-learning policy in Section 8 governs after placement; individualized accommodations are reviewed when required.

6. Tuition responsibility — ALL PROGRAMS

The parent or guardian signing the enrollment agreement is responsible for the full tuition, fees, and other agreed charges unless a separate written subsidy or third-party payment agreement expressly assigns responsibility otherwise. Any subsidy arrangement must be documented and approved by the school. Families remain responsible for charges not covered by the subsidy or third-party agreement, consistent with that written agreement and applicable program rules.

PART E | Parent acknowledgment and signatures

Please initial or check each acknowledgment:

☐ TUITION AND FEES: I have reviewed the applicable 2026 or 2027 weekly tuition rate for my selected program and schedule, billing and attendance rules, fees, withdrawal provisions, and my payment responsibility, including any separately documented subsidy arrangement.

☐ SCHOOL POLICIES: I have received, reviewed, and agree to follow the program-specific and schoolwide policies in this enrollment agreement, including health checks, daily sign-in/out, pickup, meals, parent responsibilities, and transition requirements where applicable.

☐ SEPARATE STATE FORMS: I understand that the California licensing Parents' Rights and Personal Rights notices and other required LIC forms are provided separately and are not replaced by this acknowledgment.

Person financially responsible for tuition: _____

Subsidy/third-party agreement, if applicable: _____(Hiveley/4c's)

I acknowledge that the school may discuss and document any applicable exceptions or accommodations in writing.

Parent/guardian signature	**Date**
School representative 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 ( )
ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE		FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE		FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE		FIRST			HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?

IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES *(*For infants and preschool-age children only)*

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

ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

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
( )	( )

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

(1) To be accorded dignity in their personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.

(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	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Oakland	94619-2810	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 Preschool	34050 Paseo Padre Pkwy

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Child Care Licensing Office

   Licensing Office Address: 1515 Clay Street, Suite 1102, Oakland, CA 94612

   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.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

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.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

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:_____ 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.

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.**

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.



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.

PUB 515 10/2019

The Learning Tree Preschool

Stanford SPOG Language Research
Optional Participation

The following 16-page packet is provided by Stanford University.

It explains a voluntary research study about children’s spoken and signed language.

Families may review the information and choose whether to participate.

Your decision will not affect your child’s enrollment, care, or standing at

The Learning Tree Preschool.

Please follow the instructions on the first page of the Stanford packet.

For research questions, contact spoglabstanford@stanford.edu.

The Stanford forms are separate from the school enrollment agreement.

A Language Research Study at The Learning Tree Preschool

Dear Families,

The Learning Tree Preschool is partnering with the Stanford Speech & Cognitive Development (SPOG) Lab, led by Dr. Margaret Cychosz, on a study of how young children learn spoken and signed language. Children in the study play short language and listening games in the fall and spring, and some may wear a small, child-friendly audio recorder and/or video eyeglasses during the school day one day of the week (to be announced beforehand via the Famly app). Recordings are stored securely and can be accessed only by senior members of the Stanford research team. The study has been reviewed and approved by the Stanford Institutional Review Board.

Families receive a $25 gift card for each phase of the study they take part in, and children receive small prizes and toys. Parents will also receive information about their child's speech and language development in the fall and spring.

Please complete ONE of the two forms in this packet, then save this PDF and upload the completed file.

TO ENROLL YOUR CHILD IN RESEARCH (OPT IN)

Go to page 2 ›

Complete the **consent form on pages 2–13**: fill in every **blue** box. Pages with boxes to fill in: **2, 6, 8, 10, 11 and 12**. Leave the grey *Staff* boxes blank, and do not fill in the opt-out form.

A note about home recordings: This research is part of a larger study that also includes recordings at home. The study at The Learning Tree Preschool does not include home recordings. On page 10, select **Option B (recordings only at school)** if you do not want to be contacted about home recordings.

TO OPT OUT

Go to page 14 ›

Read pages 14–15, then fill in every **orange** box on **page 16**. Skip the consent form (pages 2–13). Your child will not be part of the study, and the research team will take reasonable steps to minimize your child's inclusion in recordings.

The research will be ongoing throughout the school year and summer. Participation is completely voluntary, and you can opt your child out at any time. Your choice will not affect your child's experience or standing at school.

If you have any questions, please email us at spoglabstanford@stanford.edu or call or text (323) 639-0119.

Thank you,

Dr. Margaret Cychosz and the SPOG Lab Team
Department of Linguistics, Stanford University

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Approval Date: September 26, 2026
Expiration Date: Does Not Expire

STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

STANFORD CONSENT FORM
For MINIMAL RISK Medical Human Subject Research by Dr. Margaret Cychosz

****

FOR QUESTIONS ABOUT THE STUDY, CONTACT: Dr. Margaret Cychosz, Department of Linguistics, Stanford University, 450 Jane Stanford Way, Stanford, CA 94305, (310) 206-2684
In the following section, when we say you/your we mean you and your child.

DESCRIPTION: Your child is invited to participate in a research study examining how children with and without hearing loss process speech sounds and learn language. The purpose of this research is to understand why some children with cochlear implants or hearing aids develop better speech and language skills than others. Your child will be asked to complete behavioral experiments including eye-tracking tasks where they look at pictures while hearing words, standardized speech and language assessments, and hearing screenings. Some sessions may include functional near-infrared spectroscopy (fNIRS), a non-invasive brain imaging technique that uses external sensors to measure brain activity. If invited to participate in this activity, your child will wear a soft, comfortable cap that contains non-invasive lights that reflect oxygen levels. These levels help us understand how much activity is occurring in a particular place in the brain.

You may optionally have the option to have your child complete recordings in your child's classroom and/or your family's home using small, lightweight recording devices such as recorders or non-invasive eye tracking glasses that capture eye movements and your child's field of view. There is a separate consent form we will review with you, if you are interested.

This research study is looking for approximately 800 people to be enrolled across all sites (500 children with typical hearing and 300 with hearing loss). Stanford University expects to enroll approximately 800 research study participants.

AUDIO AND VIDEO RECORDINGS: This study will include audio and video recordings during experimental sessions and optional recordings in the home and/or school. Laboratory video recordings of looking behavior will be used for research analysis and may be transcribed by trained research team members. These recordings will be kept locked in a secure, password-protected and HIPAA-compliant cloud service that only senior members of our research team can access. You give consent for your video recordings to be used for in-lab research analysis.

INITIAL Please initial your choice: ___Yes ___No

You will fill out a separate consent form for your child's home/classroom recording data.

Future use of Private Information
Research using private information is an important way to try to understand human behavior. You are being given this information because the investigators want to save private information for future research.

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Your information will be stored using anonymous participant ID codes, with identifying information kept separately on encrypted, password-protected systems.
Identifiers might be removed from identifiable private information and, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.
It is possible that, based on information gained from this study, the researchers may be required to report information (e.g., information relating to suicide, physical or sexual abuse) to the appropriate authorities.

RISKS AND BENEFITS: The risks associated with this study are minimal. Eye-tracking uses low-level infrared light comparable to outdoor sunlight exposure, well below safety levels. fNIRS is completely non-invasive and safe for children. There may be minor fatigue from testing sessions, which can be addressed with breaks or early termination.

The benefits which may reasonably be expected are improved understanding of speech and language development in children with hearing loss, which may benefit future children and families. We cannot and do not guarantee or promise that you will receive any benefits from this study.

Your decision whether or not to participate in this study will not affect your medical care.

TIME INVOLVEMENT: Your participation in this experiment will take approximately 30-120 minutes per laboratory visit (up to 5 visits), with optional home/classroom recordings (up to 100 recordings over 5 years).

PAYMENTS: You will receive $50 e-gift card for each completed laboratory visit (maximum $250), $50 for each completed optional home recording (maximum $5000), $25 for each classroom recording (maximum $2500) $50 for each completed vocabulary assessment (maximum $2000), and $25 for each completed language modality background questionnaire if applicable. Maximum total compensation is approximately $9,775, distributed over up to 5 years.

If your visit is in-person, you will also receive a small gift bag with 1-3 small toys and/or stickers for your child.

Payments you receive for participating in research are generally considered taxable income. If the total amount you receive from Stanford for research participation in a calendar year is $2,000 or more, Stanford is required to report these payments to the Internal Revenue Service (IRS) and may issue you an IRS tax form.

If the total amount you receive is less than $2,000, a tax form may not be issued. However, you are still responsible for reporting all taxable income on your tax return.

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STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

You may need to provide your name, address and social security number to receive payment.

SPONSOR: The Hearing Health Foundation, Stanford Office of Research Development, and Humanities Division are providing partial financial support for this study.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to have your child participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

The results of this research study may be presented at scientific or professional meetings or published in scientific journals. However, your identity will not be disclosed.

You have the right to refuse to answer particular questions.

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Authorization To Use Your Personal Health Information For Research Purposes

Information about your child's health is personal and private, so it generally cannot be used in this research study without your written authorization. We need your permission to use and share it for this study. If you sign this form, it will provide that permission. The form tells you how your health information will be used or shared for the study. Your information will only be used in accordance with this authorization form and the informed consent form and as required or allowed by law. Please read it carefully before signing it.

What information will be used for this study?

We will include and use the information below in our research records:

- Demographic information like your child's:
  - name
  - age and birthdate
  - race and ethnicity
  - gender and sex
  - contact information (phone number, address, email)
- Photo, video, and audio recordings
- Relevant information from your child's medical record like
  - Hearing test results
  - Cochlear implant/hearing aid information
  - Speech-language assessment scores
- Information from all tests and procedures that will be done for this study

Who may use, share, or receive my information?

The research records may be used and shared with others who are working with us on this research. This includes:

- Members of this research team who are performing their jobs to support research
- Others who are required by law to review the quality and safety of the research, including but not limited to:

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- State, federal, and international government agencies or committees, such as the Food and Drug Administration or the Office for Human Research Protections
- The Hearing Health Foundation, Stanford Office of Research Development, and Humanities Division who are providing partial financial support for this study.

Do I have to sign this permission form?
You do not have to sign this authorization form. But if you do not, your child will not be able to participate in this research study. Signing the form is not a condition for receiving any medical care outside the study.

If I sign, can I change my mind later?
You can cancel your permission at any time. If you change your mind, we will not collect new information from your child for the study and your child will be withdrawn from the study. But we can continue to use information we have already collected and started to use in our research, to maintain the integrity of the research.

If you wish to cancel your permission, you must write a letter or email to the Protocol Director using the contact information provided in this form.

When will my permission expire?
Your permission to use and share your health information will end when the research and all required study monitoring is over.

SIGN _____ _____
Signature of Legally Authorized Representative (LAR) Date
(e.g., parent, guardian or conservator)

PRINT _____
Print Name of LAR

FILL IN _____
LAR's Authority to Act for Participant
(e.g., parent, guardian or conservator)

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STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

WITHDRAWAL FROM STUDY: The Protocol Director may withdraw you from the study without your consent for one or more of the following reasons:
o Failure to follow the instructions of the Protocol Director and study staff.
o The Protocol Director decides that continuing your participation could be harmful to you.
o The study is cancelled.
o Other administrative reasons.
o Unanticipated circumstance

CONTACT INFORMATION:

Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, you should ask the Protocol Director, Dr. Margaret Cychosz. You may contact her now or later at (608) 434-6546 or mcychosz@stanford.edu.

Injury Notification: If you feel you have been hurt by being a part of this study, please contact the Protocol Director, Dr. Margaret Cychosz at (608) 434-6546.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at 650-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB at irbeducation@stanford.edu.

EXPERIMENTAL SUBJECTS BILL OF RIGHTS: As a representative of a research participant you have the following rights. These rights include but are not limited to the participant's right to:

- be informed of the nature and purpose of the experiment;
- be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized;
- be given a description of any attendant discomforts and risks reasonably to be expected;
- be given an explanation of any benefits to the subject reasonably to be expected, if applicable;
- be given a disclosure of any appropriate alternatives, drugs or devices that might be advantageous to the subject, their relative risks and benefits;
- be informed of the avenues of medical treatment, if any available to the subject after the experiment if complications should arise;
- be given an opportunity to ask questions concerning the experiment or the procedures involved;
- be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation without prejudice;
- be given a copy of the signed and dated consent form; and
- be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion or undue influence on the subject's decision.

The extra copy of this signed and dated consent form is for you to keep.

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STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

SIGN _____ _____
Signature of Legally Authorized Representative (LAR) (e.g., parent, guardian or conservator) Date

PRINT _____
Print Name of LAR

FILL IN _____
LAR's Authority to Act for Participant (e.g., parent, guardian or conservator)

OPTIONAL _____ _____ *Optional: second parent, only if available.*
(If available) Signature of Other Parent or Guardian Date

_____
Print Name of Other Parent or Guardian

_____
Authority to Act for Participant

Minimal risk children's finding: The IRB determined that the permission of one parent is sufficient in accordance with 45 CFR 46.408(b).

STAFF _____ _____ *Research staff only. Parents: leave blank.*
Signature of Person Obtaining Consent Date

_____
Print Name of Person Obtaining Consent

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Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

STANFORD CONSENT FORM
For MINIMAL RISK Medical Human Subject Research

****

FOR QUESTIONS ABOUT THE STUDY, CONTACT: Dr. Margaret Cychosz, Department of Linguistics, Stanford University, 450 Jane Stanford Way, Stanford, CA 94305, (310) 206-2684

OPTIONAL RECORDINGS

In the following consent form, when we say "you" we mean you and your child.

Thank you for your participation in our study looking at speech and word learning in children with and without hearing loss. Your participation has already made an important contribution to research. In addition to the main study, we would like to invite you to participate in an optional portion of our research that involves recordings using small, lightweight recording devices. The purpose of this optional component is to better understand children's natural language environment in their everyday home and school settings. These recordings will help us analyze how children with and without hearing loss experience language throughout a typical day, including the objects that they see, the amount of adult speech they hear, their own vocalizations, and conversational interactions.

These recording devices are small, lightweight digital recorders that your child would wear in a specially designed shirt, helmet, or eyeglasses. The devices can record continuously for up to 16 hours and has an audio detection range of approximately 6-10 feet around your child. It captures all sounds within this range, including speech, environmental sounds, and silence. The audio and video recording devices do not transmit data and all recordings are stored locally on the device. The eyeglass device transmits data to a cloud server, where it is subject to the same data restrictions as the audio and video data (not viewed by anyone external to the Stanford research team). We will provide you and/or your child's teacher with the devices, clothing, and detailed instructions for use.

If you agree to participate in this optional component, you and/or your child's classroom teacher will be asked to have your child wear one of these recording devices for anywhere from 30 minutes to an entire day (in the case of home-based recordings, while you are at home, and in the case of school-based recordings for the duration of your child's school day, or until your child requests to remove the device), and you can choose how many recording days you would like to complete. We will provide you with

IRB Use Only
Approval Date: September 26, 2026
Expiration Date: Does Not Expire

the device, vest or clothing, and clear instructions. You will return the device to our research team after recording.

We understand that recordings may capture sensitive, private, or personal information. To protect your privacy, if the recordings contain sensitive information such as private conversations about finances, health, relationships, or other personal matters, our research team will identify and remove these sections before any analysis. In the extremely unlikely event that recordings contain information suggesting illegal activity or child endangerment, we are required by law and ethical guidelines to follow appropriate reporting procedures as mandated by our institutional review board.

The potential risks of participating in these recordings include minimal risk of privacy concerns despite our protective measures, possible discomfort from your child wearing the device, and inconvenience of managing the recording schedule. The potential benefits include contributing valuable data to understanding children's natural language environments at home and at school, potential insights into your child's daily communication patterns, and advancing research that may benefit children with hearing loss. We cannot and do not guarantee or promise that you will receive any benefits from this study.

PAYMENTS: You will receive $50 for each completed recording.

Participation in home and/or school recordings is completely voluntary. **You may decline this portion while still participating in the main study.** You may withdraw from the recording portion at any time without affecting your participation in the main study.

CHECK 1

- ◯ **Option A: Yes, I agree to participate in home and school recordings**
- ◯ **Option B: Yes, I agree to participate in recordings only at school**
- ◯ **Option C: Yes, I agree to participate in recordings only at home**
- ◯ **Option D: No, I do not wish to participate in any recordings at home or school**

For Information about you and your child's Protected Health Information, please see pages 3-5 of the Main consent form: the HIPAA Authorization section.

DATA SHARING PERMISSIONS
We would like to ask your permission to donate your recordings and transcripts to a database that allows other researchers to access them. ***This database would require the researcher to provide evidence of training in research ethics from an approved program and to sign a statement saying they will keep your information confidential, something that our research group takes extremely seriously***. Researchers would then receive a password to access your recordings, transcripts and

IRB Use Only
Approval Date: September 26, 2026
Expiration Date: Does Not Expire

other data files. These types of recordings are shared a password-protected database called **Homebank repository.** Audio-recordings are shared only with your explicit consent, and after removal of personally identifying information. Please see the four sharing options below.

Please select one of the following options:

CHECK 1 ◯ **Option 1: Donate FULL recordings, transcripts and data files to password-protected database**
Select this option if would like to make your full, unedited recordings and transcripts and/or other data files directly available to carefully-selected researchers. Recordings, transcripts and data files will be kept in a password-protected database and direct access will be granted only to researchers who demonstrate training in research ethics and who sign a contract stating that they will keep the privacy of participants. We would never directly identify you, however your name or other identifying information might appear within the recordings and you or your child's voice might be recognizable to a listener, so it would not be possible to guarantee your anonymity.

or ◯ **Option 2: Donate EDITED recordings, transcripts and data files to password-protected database** Select this option if would like to make your recordings, transcripts and/or other data files directly available to carefully-selected researchers, but only after contact information and other sensitive information has been deleted. As with Option 1, recordings, transcripts and data files will be kept in a password-protected database and direct access will be granted only to researchers who demonstrate training in research ethics and who sign a contract stating that they will keep the privacy of participants. In addition, recordings, transcripts and data files would be carefully screened and edited. Any last names or other identifying information would be removed, and other sections may also be edited to remove sections that might be especially sensitive or embarrassing. Please note that because your voice cannot be edited, it would not be possible to guarantee your anonymity. However, the possibility of your identity being revealed is very low.

or ◯ **Option 3: Transcript Access Only**
Select this option if you do not want to allow other researchers to have direct access to your recordings, but they can access the transcripts of the recordings. As always, the transcripts and data files, but not recordings, will be kept in a password-protected database and direct access will only be granted to researchers trained in research ethics who sign a contract stating that they will keep the privacy of the participants. All transcripts will be carefully screened and edited for personal information such as first and last names and financial information. Unlike option 2, you and your child's voice and your likeness doesn't appear with the transcripts, so you retain more privacy.

IRB Use Only
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STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

or ◯ **Option 4: Indirect Access Only**

Select this option if you do not want to allow other researchers to have direct access to your recordings, transcripts and other data. Your recordings and other data will be kept in a highly secure database designed for sensitive health information. Direct access will be allowed only to the lead researcher (Dr. Meg Cychosz) and to a very small number of people who oversee the system. These people are trained in handling confidential data and sign a contract that they will preserve your privacy. Other researchers will not be able to access your original recordings or data directly, but will be able to perform research by running computer programs. All of the information these researchers receive from the computer programs will be carefully checked to make sure that your identity is kept private. This limits the kind of research questions researchers can ask, but ensures that your recordings do not become public.

By signing below, you give us permission to provide access to your recordings, transcripts and other data, as well as your child's age, gender and hearing status, as described in the options you selected above. In addition, researchers within our laboratory will continue to have access to your recordings and transcripts for ongoing research questions. You have the right to withdraw your consent at any time. If you do so, we will delete your recordings and other data files. However, it may not be possible to delete data that has been shared with other researchers or published. Do not hesitate to ask if you have questions or concerns about who has access to your recordings or other data, or how we keep your identity private.

The extra copy of this signed and dated data permissions consent form is for you to keep.

SIGN _____ _____

Signature of Legally Authorized Representative (LAR) Date
(e.g., parent, guardian or conservator)

PRINT _____

Print Name of LAR

FILL IN _____

LAR's Authority to Act for Participant
(e.g., parent, guardian or conservator)

OPTIONAL _____ _____ *Optional: second parent, only if available.*

STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

(If available) Signature of Other Parent or Guardian Date

Print Name of Other Parent or Guardian

Authority to Act for Participant

STAFF

Signature of Person Obtaining Consent Date

Research staff only. Parents: leave blank.

Print Name of Person Obtaining Consent

IRB Use Only
Approval Date: September 26, 2026
Expiration Date: Does Not Expire

STANFORD UNIVERSITY Research Consent Form

Protocol Director: Dr. Margaret Cychosz

Protocol Title: Speech and word learning in children with and without hearing loss IRB# 81121

PARENTAL NOTIFICATION AND OPT-OUT FORM
For MINIMAL RISK Medical Human Subject Research

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Dear Parent or Guardian,

Why am I receiving this letter?

A research study is being conducted at your child's school. The study involves audio and video recording of classroom activities to understand how children with and without hearing loss process speech sounds and learn language. The purpose of this research is to understand why some children with cochlear implants or hearing aids develop better speech and language skills than others. The research is being conducted by Dr. Margaret Cychosz in the Department of Linguistics at Stanford University and has been reviewed and approved by the Stanford University Institutional Review Board (IRB).

Your child is not a participant in this study. However, because your child is in the same classroom as children who are enrolled in the study, your child may appear incidentally in recordings. This letter is to inform you about the study and to give you the option to request that your child be excluded from recordings, to the extent possible.

What will happen in the classroom?

Children participating in the research study will wear small, lightweight audio and video recording devices placed in hats, shirts, or eyeglasses that capture language, the child's field of view, and eye movements. The recordings will capture typical classroom activities, including free play, group time, and teacher–child interactions.

The recordings will be used for research analysis of children's speech and language development. Recordings will be stored on encrypted, password-protected, and HIPAA-compliant servers and will be accessible only to senior members of the research team.

What is not happening?

Because your child is not a research participant:

- No data will be collected about your child specifically for research purposes.
- Your child will not be asked to do anything differently from their normal classroom routine.
- No identifying information about your child (such as name, date of birth, or other personal details) will be collected or recorded as part of this study.
- Your child's presence in any recordings will not be analyzed, reported, or published as research data.

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How will my child's privacy be protected?

The research team takes privacy seriously. Even though your child is not a participant, the following safeguards are in place:

- All recordings are stored on encrypted, password-protected, and HIPAA-compliant servers and are only accessible to senior members of the research team.
- Recordings will not be shared publicly or posted online.
- Your child will not be identified by name in any research materials.
- Portions of recordings that prominently feature non-participant children will be excluded from analysis.

What are my options?

You do not need to do anything if you are comfortable with the possibility that your child may appear incidentally in classroom recordings.

If you would prefer that your child not appear in recordings, please complete and return the opt-out form below. If you opt out, the research team will take reasonable steps to minimize your child's inclusion in recordings, which may include seating your child outside the recording area during recording periods.

Opting out will have no effect on your child's classroom experience, standing, or relationship with the school. Your child will continue to participate in all regular classroom activities.

You may change your mind at any time by contacting the research team using the information below.

Questions or Concerns

If you have any questions about this study, please contact:

Dr. Margaret Cychosz
Department of Linguistics, Stanford University
(608) 434-6546
mcychosz@stanford.edu

If you have concerns about your rights or your child's rights, or if you are not satisfied with how this study is being conducted, you may contact the Stanford Institutional Review Board (IRB) at 650-723-5244, toll free at 1-866-680-2906, or by email at irbeducation@stanford.edu. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

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I have read the notification letter about the classroom recording research study conducted by Dr. Margaret Cychosz at Stanford University. I understand that my child is not a research participant, but may appear incidentally in recordings.

PRINT

Child's Name (printed)

FILL IN

Child's Classroom / Teacher

PRINT

Parent/Guardian Name (printed)

SIGN

Parent/Guardian Signature Date

If you change your mind about opting out, or if you have additional questions at any time, please contact Dr. Cychosz at (608) 434-6546 or mcychosz@stanford.edu.