# The Learning Tree Philosophy

The Learning Tree means caring for children...

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



34050 Paseo Padre Parkway Fremont, California 94555 510-791-6161 The Learning Tree means growing children... Growing Bodies: The Learning Tree offers a variety of constructive areas to explore. We provide a wide range of activities that assist in gross motor as well as fine motor development. Climbing, sliding, building, painting, cutting, doing puzzles and many more activities help children to grow.

<u>Growing Feelings</u>: 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.

<u>Growing Friendships</u>: 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

<u>Meals</u>: Morning snack and afternoon snack.

<u>Ages:</u> Toddler Program: 18-30 Months Preschool Program: 2 years to 6 years.





Admission Agreement	Child's Name:	Child's DOB & Age:		
Aumission Agreement	Parent's Name:	Email:		
<u> Toddler Program</u>	Desired Start Date:	Note:		
Monday-Friday 8:00am -5:00pm	Ages:18 – 30 months			

1. **Basic Services**: The Learning Tree offers full time childcare to toddlers ages 18-30 months Available Monday-Friday 8:00am-5:00pm. Morning and afternoon snack will be provided by the Learning Tree, children's lunch should be brought from home. Children do not need to be fully toilet trained to start the toddler program but are encouraged to start the process when ready.

2. <u>Tuition & Payment of Fees:</u> I agree to pay in advance either monthly or on Monday of each week a fee of **\$470** for Full Time the care of <u>Should the fee become delinquent by at least (2) weeks, immediate withdrawal of my child will be required. Any credit remaining on your child's account will be refunded at the time of withdrawal. Written notification will be given 30 days in advance of any change to the fees. Payments and fees can be paid either by personal check, or by using the *Famly* app, where tuition will be invoiced. (no fees applied if using ACH on *Famly* app, if using a credit or debit card fees will apply)</u>

### 3. Absentee/Vacation Policy:

(a) I understand that if my child is absent, I will still be required to pay the full weekly fee of \$470.
(b) I understand that if my child is absent the whole week (Monday through Friday) I will be required to pay one-half (<sup>1</sup>/<sub>2</sub>) 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 4-6 weeks or more. Spaces are not guaranteed after the 6 week period and will depend on availability. Advance written notice is required for vacation so that the proper fee may be charged.

4. <u>**Registration Fee and 30-Day Trial:**</u> I acknowledge that there is a non-refundable \$200 registration fee for my child. This fee may include reserving a position on the waiting list for

future enrollment. To ensure that The Learning Tree is the right learning environment for my child, I understand that a 30-day trial period is in place. If, during this trial, it is determined by The Learning Tree or my family that this is not the ideal fit for my child, half of the registration fee will be refunded upon withdrawal. A new registration fee will be required for re-enrollment if my child returns at a later date

5. **Late Fee**: If a child is picked up after closing time there is a late fee of \$1.00 per minute that is given directly to the teacher on duty and is not a part of tuition. Please call the school if you know you will be late picking up.

6. **<u>Rights of Community Care Licensing:</u>** 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 this facility.

7. Holidays: The Learning Tree will be closed for the following holidays: New Year's Day, Martin Luther King

7. Jr. Day, President's Day, Memorial Day, Juneteenth, Independence Day, Teacher Workday (Friday before Labor Day), Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, and Christmas Day.



### 34050 Paseo Padre Pkwy. Fremont, CA 94555 510-791-6161

www.learningtreepreschool.net

8. <u>Sick Policy:</u> Sick children or children with a temperature over 100.4 will not be accepted in school until the symptoms and/or fever have been gone for 24 hours. No fever reducing medication allowed.

9. <u>Sign in Policy</u>: Anyone Dropping off or picking up enrolled children must use the *Famly* App to sign child in and out.

10. <u>Move-Up to Preschool Policy:</u> (typically 24-36 month rang) When both parents and teachers think the child is ready for the preschool program, and space becomes available, the child, usually with at least one other friend, will gradually make the transition. Children from our toddler program have priority in joining our preschool program over the outside community.

11. <u>Withdrawal:</u> 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.

12. <u>Termination of Contract</u>: 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 wellbeing. 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.(3 or more formal complaints from other families about safety or behavior) 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.

13. **Toilet Training and Supplies:** I understand that I am responsible for any diapering supplies my child may need and to provide extra clean clothing.

I have read and agree to the terms and conditions of this contract.

The Learning Tree Preschool	ent Copy	34050 Paseo Padre Pkwy. Fremont, CA 94555 510-791-6161 www.learningtreepreschool.net		
Admission Agreement	Child's Name: Parent's Name:	Child's DOB & Age: Email:		
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**Parent Copy** 

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I have read and agree to the terms and conditions of this contract.



# **Enrollment Form**

	Date of Enrollment: Classroom:
Child's Name	Birth date
Child's Home Address	Home Phone ()
City Zip Code	
Mother's Name	Home Phone ( )
Home Address	Cell Phone ()
Employed atCity	Business Phone ()
Email Address	
Father's Name	Home Phone ( )
Home Address	Cell Phone ()
	Business Phone ( )
Email Address	
Parents Marital Status (Circle one): Married Sin	
The Child will be released only to the person(s) sig	
NamePhone()	NamePhone()
	NamePhone ( )
Medical Authorization and Gen	neral Permission
(a) In the event that I cannot b reached at the time of	f (c) I further understand that if my child appears to
illness or accident, or if the emergency is such that	be ill at The Learning Tree, the child shall be
time dose not permit such contact, you are herby	isolated from the other children and given staff
authorized to contact the physician listed below. If	supervision until arrangements can be made for
the named physician cannot be reached, permission	i c
	_
is herby granted to you, to call a licensed physician	pick up my sick child immediately.
of your own selection.	(d) I further understand that prescription
Doctor	medication and special medical procedures shall be
	administered by your staff only on the written
Phone	dated and signed request of a licensed physician.
Address	
Adultss	The medicine shall be in its original container.
City Zip code	(e) I understand that any child may attend The
	Learning Tree regardless of race, creed, religious
Medical Number	or ethnic background. Our curriculum includes
	various holiday celebrations
(b) I understand that my child will not be admitted	various nonday celebrations
to The Learning Tree until a complete medical	(f)I have read and understand all the information
form is on file, and if my child appears to be ill	presented in The Learning Tree Admission
he/she will not be admitted to the Learning Tree. If	Agreement and Parent Handbook. If I did not
the illness is contagious, I will notify the director.	understand a point, I have asked The Learning Tree
are miless is contagrous, I will notify the director.	staff for clarification.
I haraby relates indomnify and hold you your scores	
	nd employees harmless from any and all claims damages, or other ot a result of negligence by The Learning Tree, its agents and
employees.	a result of negligence by the Dourning free, its agents and

Date	Parent signature
Date	Parent signature

#### CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

#### PARENTS' RIGHTS

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

- 1. Enter and inspect the child care center without advance notice whenever children are in care.
- 2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- 3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- 4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- 5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
- 6. Receive from the licensee the name, address and telephone number of the local licensing office.

	Community Oure Electroning
Licensing Office Name:	Bay Area Regional Offic ce
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" an	d the CAREGIVER
BACKGROUND CHECK PROCESS form from the licensee.	2
The Learning Tree Preschool	
Name of Child Care Center	

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

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

### PERSONAL RIGHTS

#### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
  - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME			
Community Care Licensing- Bay Area I	District Office		
ADDRESS			
200 Webster Street, Suite 100			
СІТҮ		ZIP CODE	AREA CODE/TELEPHONE NUMBER
Oakland, Ca		94607-4108	510-286-7062
	DETACH HERE		
TO: PARENT/GUARDIAN/CHILD OR AUTHOR	ZED REPRESENTATIVE:		PLACE IN CHILD'S FILE
Upon satisfactory and full disclosure of the persor	hal rights as explained, comple	ete the following ackno	wledgment:
ACKNOWLEDGMENT: I/We have been perso California Code of Regulations, Title 22, at the tim	-	eceived a copy of the	personal rights contained in the
(PRINT THE NAME OF THE FACILITY)	(PRINT THE A	ADDRESS OF THE FACILITY)	
The Learning Tree	34050	Paseo Padre Par	rkway, Fremont CA 94555
(PRINT THE NAME OF THE CHILD)		ي الدينية ومرابعة ما المستحدة (1993). 1993 - مستحدة من المستحدة (1993).	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)			
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)			(DATE)
	8		
		ALCON ALCONDUCT	
LIC 613A (8/08)			

## 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 <u>cannot by law be given an exemption that would allow them to own</u>. <u>live in or work in</u> 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 <a href="http://ccld.ca.gov/contact.htm">http://ccld.ca.gov/contact.htm</a>

### PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

		,			
PART /		CONSENT (TO		BY PARENT)	
(NAME OF CHILD)	, born	(BIRTH		is being studied for	or readiness to ent
· · · · · · · · · · · · · · · · · · ·					7.00
The Learning Tree Prese (NAME OF CHILD CARE CENTER/SCHOO	<u>CNOOI</u> . This	s Child Care Center	/School provides a	program which exten	ds from <u>1.09</u>
a.m./p.m. to <u>6:00</u> a.m./p.m. , <u>5</u>	days a week.				
Please provide a report on above-name report to the above-named Child Care (		orm below. I hereby	v authorize release	of medical information	on contained in this
	(SIGNATURE OF	PARENT, GUARDIAN, OR C	HILD'S AUTHORIZED REPF	ESENTATIVE)	(TODAY'S DATE)
PART B	- PHYSICIAN'S	S REPORT (TO E	BE COMPLETED B	Y PHYSICIAN)	
Problems of which you should be aware:					
Hearing:		Alle	ergies: medicine:		
Vision:		Ins	ect stings:		
Developmental:		Fo	od:		
_anguage/Speech:		As	hma:		
Dental:					
Other (Include behavioral concerns):					
Comments/Explanations:					
MEDICATION PRESCRIBED/SPECIAL ROUTINE	S/RESTRICTIONS FC	OR THIS CHILD:			
IMMUNIZATION HISTORY: (Fil	l out or enclos	e California Imi	munization Rec	ord, PM-298.)	
VACCINE		DAT	E EACH DOSE WA	AS GIVEN	
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
OTP/DTaP/     (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS       DT/Td     AND DIPHTHERIA ONLY)	/ /	/ /	/ /		/ /
(MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /		/ /		
VARICELLA (CHICKENPOX)		/ /			
SCREENING OF TB RISK FACTO	RS (listing on reve	rse 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 inform	reviewed the above information with the parent/guardian.				
Physician:			Date of Physical Exam:				
Address:			Date This Form Completed:				
Telephone:			Signature				

Physician

LIC 701 (8/08) (Confidential)

#### **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

NAME

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

FACILITY NAME TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

### CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

CHILD'S NAME SEX					SEX	BIRTH DATE		
FATHER'S NAME						DOES FATHER LIVE IN HOME WITH CHILD?		
MOTHER'S NAME						DOES MOTHER L	VE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPE	ERVISION OF PHYSICIAN	٧?				DATE OF LAST PH	YSICAL/MEDICAL EXAMIN	ATION
DEVELOPMENTAL HISTORY (	*For infants and pre-	school-age children only)						
WALKED AT*		BEGAN TALKING AT*				TOILET TRAINING	STARTED AT*	
	MONTHS			MONTHS				MONTHS
PAST ILLNESSES — Check illn	DATES	nas nad and specify approx	dimate dates	DATES				DATES
Chicken Pox		Diabetes		Drife		D Polior	nyelitis	DATES
							ay Measles	
Asthma		Epilepsy				Ten-D (Rube	eola)	
Rheumatic Fever		Whooping cough				Three	-Day Measles	
Hay Fever		Mumps		-		(Rube	ella)	
SPECIFY ANY OTHER SERIOUS OR SEVERE	ILLNESSES OR ACCIDE	NTS						
DOES CHILD HAVE FREQUENT COLDS?		HOW MANY IN LAST YEAR?	LIST	ANY ALLER	GIES STAF	F SHOULD BE AW	ARE OF	
DAILY ROUTINES (* For infants a WHAT TIME DOES CHILD GET UP?*	and preschool-age cl					100000		
		WHAT TIME DOES CHILD GO TO BI	EU?*				SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*		WHEN?*				HOW LONG?	*	
DIET PATTERN: BREAKE	AST						SUAL EATING HOURS?	
eat for these meals?)						BREAKFAST		-
DINNER						DINNER		
ANY FOOD DISLIKES?			f	NYEATING	PROBLEN	AS?		
IS CHILD TOILET TRAINED?*	IF YES. AT WI	HAT STAGE:*	ARE BOWEL	NOVEMENTS		R?*	WHAT IS USUAL TIME?*	
YES NO			WORD USED		NO			
WORD USED FOR 'BOWEL MOVEMENT'*			WORD DOLD	r on on one				
PARENT'S EVALUATION OF CHILD'S HEALTH								
IS CHILD PRESENTLY UNDER A DOCTOR'S C	CARE? IF YES, NAME	OF DOCTOR:	DOES CHILD	TAKE PRES	CRIBED ME	EDICATION(S)?	IF YES, WHAT KIND AND	ANY SIDE EFFECTS:
YES NO			YES					
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT	KIND:	YES					
PARENT'S EVALUATION OF CHILD'S PERSON	NALITY		120					
			_					
HOW DOES CHILD GET ALONG WITH PAREN	ITS, BROTHERS, SISTER	RS AND OTHER CHILDREN?						
HAS THE CHILD HAD GROUP PLAY EXPERIE	NCES?							
DOES THE CHILD HAVE ANY SPECIAL PROB	LEMS/FEARS/NEEDS? (	EXPLAIN.)						
WHAT IS THE PLAN FOR CARE WHEN THE C	CHILD IS ILL?							
			_					
REASON FOR REQUESTING DAY CARE PLA	CEMENT							
PARENT'S SIGNATURE							DATE	
							l	
LIC 702 (7/99) (CONFIDENTIAL)								

### IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

### To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDE	DLE	FIRST		SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE		ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MID	DLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	S <sup>-</sup>	TATE	ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDE	DLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	ITY STATE ZI		ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE		FIRST	HON TEL ( )	ME EPHONE )	BUSINESS TELEPHONE ( )
ADDI	FIONAL PEF	RSONS WHO	MAY B	<b>BE CALLED IN AN</b>	N EM	ERGENC	(
NAME		ADDRESS		TELEPHONE		RELA	TIONSHIP
			1				
PHYSICIAN	ADDRI	288	ME	MEDICAL PLAN AND NUMBER (		TELEPHONE ( )	
DENTIST	ADDR	ESS	ME	MEDICAL PLAN AND NUMBER		TELEPHONE ( )	
IF PHYSICIAN CAN		CHED, WHAT	ACTIC	N SHOULD BE TA	AKEN	?	
CALL EMERGENC	Y HOSPITA	L DOT	HER	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 AUTHOR	RIZED REPRESENTATIVE	DATE
TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE		
DATE OF ADMISSION	LAST DATE OF ENROLLMEN	Т

### The Learning Tree Preschool Parent Handbook Acknowledgment Form

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

I, \_\_\_\_\_, parent/guardian of , confirm that I have received and reviewed

the current Parent Handbook for The Learning Tree Preschool.

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

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

 $\Box$  I received a printed copy of the handbook

- □ I accessed the handbook digitally at: PDF LINK
- □ I understand a copy is available at: <u>https://learningtreepreschool.net/forms</u>

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

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

Staff Use Only

Received by:	Date Received:
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#### Sunscreen Permission Slip The Learning Tree Preschool

Dear Families,

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

### Sunscreen Policy:

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

Please indicate your preference below:

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

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

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

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

Signature:	

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

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

# **PARENT QUESTIONNAIRE FOR TODDLERS**

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

CHILD'S NAME		
Name your child likes to be called:	DATE OF BIRTH	
PHYSICAL DEVELOPMENT Does your child:		
drink out of open cupfeed themselves (eat with spoon) walk unassisteddress themselves runput own shoes on		
SLEEPING HABITS       from:to         My child usually naps       from:to         times/day       from:to		
My child sleeps at night fromp.m. toa.m.		
Does your child have any sleep disturbances?		
Does your child sleep with any special object?		
Does your child sleep in her/his own bed/crib at night? Yes No		
<u>If</u> No, please explain:		
EATING HABITS		
Does your child wear a bib to eat?		
Child's favorite meal:		
Child's favorite snack:		

TOILETING			
Child	diapers <u>:</u> all daysleep	bing only	
wears:	pull ups: all day	sleeping only underpants:	all day
If toilet trainin	g is in process, please descri	be routines/methods you use:	
-	-		
		vements?	
PLAY & SOCIAL			
	a child care center	at what age?	
	a family day care home	at what age?	
	a babysitter's home	at what age?	
	your home with a babysitter	at what age?	
	a parent/child play group	at what age?	
	other settings:		
How does your chi	ld adjust to new situations and a	activities?	
How often does yo	ur child like to be held during th	e day?	
Who is your child's current caretaker during the day?			
How long can your child amuse him/herself?			
How does your chi	Id communicate? (crying, pointi	ng, phrases, sentences):	
Can others unders	stand your child's method of co	ommunication?	

Is your child afraid of: strangersnew situationsanimals
List any other fears:
Your child's favorite toys and activities:
How does your child react to sharing his/her toys?
How does your child express anger?
How do you and your family spend time together?
SPECIAL MEDICAL CONSIDERATIONS
Please list any:
-Does your child have any distinguishing birthmarks?
PARENTS' EXPECTATIONS -What are your goals and expectations for your child at The Learning Tree?
Do you have any special concerns or questions to which you would like to draw our attention?
Please share with us anything else you would like us to know about your child:
Parent name:
Best way to contact:



# EFFECTS OF LEAD EXPOSURE

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

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

### LEAD POISONING FACTS

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

### IN THE US:

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



## LEAD IN TAP WATER

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



Tap water is more likely to have lead if:

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

To reduce any potential exposure to lead in tap water:

- Flush the pipes in your home Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)\*
- Use only cold tap water for cooking, drinking, or baby formula (if used)

If water needs to be heated, use cold water and heat on stove or in microwave.

• Care for your plumbing Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.\* • Filter your water Consider using a water filter certified to remove lead.

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



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

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



### 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 <u>website</u>, or call them at (510) 620-5600.

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

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