



Storybook
Village Preschool



ENROLLMENT PACKET



GET TO
KNOW YOUR
NEW SCHOOL!

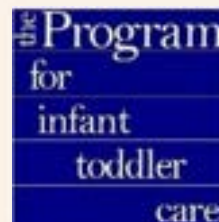
Tour & Visits
Orientation Packet
Family Handbook
Join Family Events!



Please return these forms to the school or email them to
Nicole at nicole@storybookvillagepreschool.com.



LIC# 493010694





Child's Name	Birthdate	Start Date

Pre-Enrollment Fees	Required Forms
<input type="checkbox"/> Enrollment Application Fee - \$100 <input type="checkbox"/> Annual Registration Fee - \$100 <input type="checkbox"/> Tuition Deposit - \$500 <input type="checkbox"/> TuitionExpress Form	<input type="checkbox"/> Admission Agreement <input type="checkbox"/> Tuition Express Form & voided check <input type="checkbox"/> Pro-Social Behavior Agreement <input type="checkbox"/> Identification & Emergency Form (LIC 700) <input type="checkbox"/> Parent's Health Report (LIC 702) <input type="checkbox"/> Physician's Report (LIC 701) <input type="checkbox"/> Consent for Medical Treatment (LIC 627) <input type="checkbox"/> Up-to-Date Immunization Record <input type="checkbox"/> Notification of Parents' Rights (LIC 995) <input type="checkbox"/> Personal Rights (LIC 613A) <input type="checkbox"/> What My Teacher Wants to Know
Things To Send and Bring	Important Resources
<input type="checkbox"/> Email or bring in family pictures <input type="checkbox"/> Backup clothing <input type="checkbox"/> Pull-ups (if needed) <input type="checkbox"/> Wipes (if needed) <input type="checkbox"/> Sunscreen with form (LIC 9221) <input type="checkbox"/> Two's Room: <ul style="list-style-type: none"> <input type="checkbox"/> Intake for Family Meeting <input type="checkbox"/> Nap bedding 	<input type="checkbox"/> Family Handbook <input type="checkbox"/> Monthly Tuition Schedule <input type="checkbox"/> What to Bring & Not Bring From Home <input type="checkbox"/> Daily Schedule <input type="checkbox"/> Program-Wide Expectations <input type="checkbox"/> School Links for Parent Portals <input type="checkbox"/> School Calendar <input type="checkbox"/> Menu <input type="checkbox"/> Family Directory



Child's Name:	DOB:	Address:
Parent's Name:	Cell Phone:	Email:
Parent's Name:	Cell Phone:	Email:

Storybook Village Preschool (Facility #493010694), referred to in this agreement as the "Preschool," is a child care center licensed by the California Department of Social Services to provide Child care for up to 30 children. For this purpose, child care means non-medical care for children in need of personal services, supervision, age-appropriate activities, and education. The Preschool accepts children from ages two years old to before kindergarten. We, _____ (name[s], Legal Parent(s)/Guardian(s) referred to collectively as "Parent") of _____ (Child's name) ("Child") agree to comply with the following rules and regulations of Preschool beginning on _____.

Services Offered: The Preschool is a state-licensed preschool open to any child, regardless of race, sex, or religious background. The Preschool provides a Reggio-inspired, emergent curriculum for children ages 2 to 5 Monday through Friday, from 7:30 am to 5:00 pm. We are devoted to providing a relationship-driven, stimulating, hands-on learning environment for children to learn friendship and life skills. The Preschool has year-round enrollment. Admission and schedules are based on availability.

There are no optional services offered at this time.

Scheduled Attendance: The child care service starts on _____ in the _____ room. The contracted days are _____ from _____ (time). Changes to the agreed attendance schedule must be made in writing and approved by the Director. The Preschool also requires the signing of a new Admission Agreement for approved schedule changes.

Tuition Schedule and Fees: The monthly tuition is _____, which includes Extra Care hours if space is available. The first month's tuition will be prorated depending on the starting date.

Deposit Amount received: _____ Date: _____ Check #: _____ ACH Form Completed _____

COMMUNITY CONNECTIONS

- ☐ Yes, please add our email to the Family Directory. Sharing contact information is a great way to help parents/guardians coordinate their playdates and connect with other families.
 - ☐ Yes, please share photos and videos of my Child's learning experiences occasionally on the School's social media pages. The Preschool will not share the children's names.
-

TUITION AND FEES

- The monthly tuition is due on the 25th of the month before the upcoming month's care. If the 25th falls on a weekend, holiday, or school closure, tuition will be due and processed on the preceding business day.
- If tuition is not paid by the end of the business day, it is considered "late" and will result in a \$50 late fee being added to your account. Late or non-payment of fees is sufficient to terminate services immediately.
- There are no tuition reductions or credits for planned or emergency closure days, illnesses, or absences. Tuition and fees WILL NOT be adjusted:
 - Due to a family vacation, sickness, or any other absence.
 - Due to unforeseeable circumstances (i.e., wildfire, earthquake, illness breakout, etc.)

Payment Methods

- ACH payments are set up through Tuition Express. The Preschool sets the recurring date for the payment to the 25th of each month.
- Submit checks in the TUITION BOX by the 25th of the month near the office entrance. Please do not hand payment to the program director or teachers to avoid misplacement of checks.

Late Pick-up Fee: If the Child is picked up after their scheduled pick-up time, there will be a \$20 fee for every 15 minutes. The late pick-up fee is not equivalent to an agreement to provide after-hours or before-hours service, nor will it apply toward tuition. Frequent late pick-ups are grounds for termination from Preschool.

Return Payment Fee: A \$50 service charge will be charged for a returned/bounced check or ACH payment. Parents may be asked to pay tuition in cash or a cashier's check if there is a history of frequently returned/bounced checks.

Non-Refundable Deposit and Fees: Parents are required to pay the Preschool a \$500 non-refundable deposit at the time of enrollment to hold a child's place when a start date is agreed upon. Waiting list application fees and pre-enrollment fees, including the deposit and registration fees, are nonrefundable.

Refunds: When a written 30-day notice is provided to the Preschool, the \$500 deposit is applied to the Child's final month of tuition. The final 30 days are expected to be paid regardless of the Child's attendance. The Parent must pay the difference to the Preschool if the outstanding fees exceed the deposit. If the Parents have prepaid, in which case, the Preschool will deduct those fees from the deposit and refund the difference to the Parents on the last day of the 30-day notice.

If, at the time of termination by the Preschool, the Parent has paid the Preschool more fees than owed to the Preschool, the excess fees will be refunded, excluding the non-refundable enrollment fees. Further, the Parent's deposit will be

applied to the Parent's outstanding fees, in which case the Preschool will deduct those fees from the deposit and refund the difference to the Parent.

Annual Registration Fee: A \$100 yearly registration fee is required for returning families during re-registration, which takes place annually from January to March.

Walking Field Trips: The Preschool will take children on periodic walking field trips in the neighborhood. Parents must sign a field trip form to permit the Preschool to take their children on the field trips. There may be a fee to enjoy a treat at a local business, such as Yogurt Time.

SCHOOL CLOSURE DAYS AND CALENDAR

At the beginning of each school year, the Preschool provides families with a calendar of the days that the Preschool will be closed. The planned school closures are subtracted from the annual budget, so each family's monthly tuition must be paid to sustain operating days.

The Preschool reserves the right to the following, with an appropriate notice given to the families:

- Close the School, revise the school calendar, and determine instructional times and schedules
- Determine staffing needs, modify faculty and staff schedules and responsibilities, and terminate services

The Preschool follows the local school district closures for holidays, including the following planned closures:

- **Minimum Days:** Early closure at 12:30 pm on the second Wednesday of each month for professional learning
 - **Seasonal Breaks:** Closed for a total of three weeks, which are scheduled separately in the winter, spring, and summer
-

TRIAL PERIOD AND WITHDRAWAL/TERMINATION OF CHILD CARE

One-Month Trial Period: Families are given a one-month trial period to determine if Storybook Village Preschool is the right fit for their Child and family. During this one-month trial period, the Preschool will also determine whether or not the School can meet the Child's needs while determining the needs of the currently enrolled children. Before the trial period ends, the Preschool and Parents will discuss whether to continue services beyond the one-month trial period. The withdrawal and termination notice requirements below are not applicable during the trial period.

Withdrawal from Preschool by Parent: The Parent must give the Preschool at least 30 days written notice of withdrawing the Child from Preschool. If the Parent fails to give the Preschool 30 days' written notice of their intent to withdraw or the notice is not provided, the Parent will still be charged for one month's tuition from either the Child's actual last day at the Preschool or the day the notice of withdrawal is given to the Preschool.

Termination by Preschool: Preschool reserves the right to terminate services for any reason with two weeks' written notice. Some common reasons for the termination of services beyond not being able to meet the Child's needs and behavioral concerns requiring additional support staff include but are not limited to:

- If monthly tuition fees are not paid in full or are frequently late
- If the Child is picked up late frequently

- If parents fail to adhere to the Preschool policies, procedures, or agreements
- If a parent exhibits unprofessional and disrespectful behavior toward staff, children, or other parents
- If a parent fails to provide or sign the required school forms and documents

Immediate Termination: Preschool reserves the right to terminate services immediately if, in the sole judgment of Preschool staff or administrators, a child's or a Parent's behavior poses a significant threat to the physical or mental health or well-being of one or more of the other children at the Preschool, Preschool staff, or other persons on Preschool premises.

PROGRAM POLICIES & PROCEDURES

Family Handbook: The Parents have seen and read the Preschool Family Handbook and agree to abide by all its policies and procedures. Below are the non-negotiable agreements and policies that can be found in the Family Handbook:

Health and Safety Related:

- If the Child comes to the Preschool and shows symptoms of illness, the Parent will take the child home or be called to pick up the Child within one hour.
- The Child will be isolated from the other children until picked up by the parent/guardian as soon as possible.
- The Child may return symptom-free without medication after 24 hours (the entire following school day) of exclusion. Some symptoms or illnesses require a more extended exclusion.
- Medication will NOT be administered to the Child by the Preschool except for a prescribed EPI-PEN, Asthma treatment (IMS Plan required), diapering cream, and sunscreen/block.
- Parents will be immediately notified if their Child is ill or seriously injured.
- The Preschool will make prompt arrangements for any medical treatment.
- Smoking and vaping are prohibited on the premises.
- All staff members are mandated to report any suspicion of child abuse/neglect.
- The Child must be clocked/signed in and clocked/signed out daily by the Child's parent/guardian. Full signature and the time of day are required.
- If the Preschool is not familiar with the authorized pick-up person, the teachers will ask to see identification. All authorized pick-up people must be approved in writing by the legal guardians.
- Parking lot safety tips are shared with the Parents. Parents are respectful of the business neighbors' parking signs and the traffic flow.

Discipline & Guidance:

- Guidance is free of corporal punishment, pain, humiliation, or intimidation.
- Toys are not allowed at the Preschool. Parents are encouraged to write their Child's name on all clothing and personal belongings; the Preschool shall not be responsible for lost or broken items.
- Parents must participate in informal conversations and meetings between their family and the Preschool to discuss concerns, successes, strategies, etc.
- If there are behavioral concerns, a conference with the family, teacher, and Director to brainstorm, problem-solve, and identify home-school supports and community resources may be needed
- If individualized home-school strategies are unsuccessful in supporting a child's positive behavior at the Preschool, then the following are the steps in moving forward to ensure the Child's needs are met:
 - Alternative programs that will more effectively meet the Child's needs will be explored, and

- Transition and separation from the Preschool in the best interest of the Child and family will take place with the proper notice from the Parents or the Preschool.

Nutrition:

- The Preschool will provide snacks for the children in the morning and afternoon.
 - The Preschool will provide healthy lunches for the children daily.
 - The School is a nut-free facility.
 - Prohibited foods include candy, high sugar and highly salted snacks, cookies, etc.
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LICENSING

The Preschool honors the Rights of the Licensing Agency [CCR, Title 22, Section 101200]. The Department has the inspection authority specified in Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535. The Health and Safety Codes enforce the following Regulations:

- All site visits shall be unannounced.
- Any duly authorized officer, employee, or agent of the department may, upon presentation of proper identification, enter and inspect any place providing personal care, supervision, and services at any time, with or without advance notice, to secure compliance with or to prevent a violation of, this act or the regulations adopted by the department pursuant to the act. (Section 1596.852)
- The Department has the authority to interview children or staff without prior consent. The licensee shall ensure that provisions are made for private interviews with any children or staff members.
- The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101221(d).
- The Department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect, or inappropriate placement.

AGREEMENTS & MODIFICATIONS

Modification/Amendment of Admission Agreement: Preschool reserves the right to modify and/or amend this Admission Agreement upon thirty days' written notice, provided, however, that any changes in the government-subsidized reimbursement rates shall be effective immediately and do not require any prior notice to the Parent. Modifications or amendments to this Admission Agreement do not require the Parent's consent.

Entire Agreement: This agreement, together with those documents specifically incorporated herein by reference, contains the entire agreement and understanding between the parties as to the subject matter hereof.

Invalid Provisions: The invalidity or unenforceability of any particular provision hereof shall not affect the other provisions hereof, and this agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.

Waiver: No right under this contract shall be waived (lost) merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement

must be in writing and shall not be a waiver of any other default concerning the same or any other provisions of this agreement.

Governing Law: This agreement shall be governed by and interpreted in accordance with the laws of the State of California.

The Undersigned Have Read and Understand This Admission Agreement:

Parent's Name: _____ Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____



Dear Parents/guardians,

If you would like the ability to pay your preschool tuition online at any time, please sign up for Tuition Express (a division of MyProcure). The application is attached. Please note: You must first be signed up for MyProcure to utilize Tuition Express.

We recommend that you use the Bank Account payment option as there is no charge for this service. Money will be transferred directly from your checking account into your SVP MyProcure account using electronic funds transfer (EFT).

If you would prefer to use the debit/credit card option, you will be charged a 2.7% online tuition fee for each transaction.

Use the attached form to sign up for Tuition Express. The application will allow you to choose to:

- a. Make quick online payments using your saved information (credit/debit card or bank account) at any time. Simply sign up and check the "Allow Online Pay" box. The fees are mentioned above.
- b. Allow SVP to automatically withdraw the weekly balance due from your account. Simply sign up and check the "Allow Auto Pay" box on the Tuition Express form. The fees are mentioned above.

Every payment, whether initiated by you, or by SVP, will post automatically to your Account's Ledger Card.

Please sign up for MyProcure, the free online portal to access your account information, balance due and recent payments. Access is granted by using the email address you have on file with SVP.

For more information about Tuition Express, visit <https://procaresupport.com/tuitionexpress-com-for-parents/>.

Please call us at 707-843-7704 or email nicole@storybookvillagepreschool.com if you have any questions or need help getting started.

Storybook Village Preschool, MyProcure & Tuition Express





Automated Payment Processing Safe – Convenient – Easy

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

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

I (we) hereby authorize (business name) Storybook Village Preschool, Inc. to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted.	Dollars
123456789	1800339	0226
Routing Number	Account Number	Check Number

A service of





PRO-SOCIAL BEHAVIOR PHILOSOPHY & POLICY



Through Family Involvement

Storybook Village Preschool's mission is to foster a caring community that celebrates every child's diverse strengths and learning styles and promotes a sense of belonging and purpose in the learning community.

Storybook Village Preschool (SVP) believes that all children have a right to be treated with dignity and respect and to play and learn in a safe, healthy environment. SVP strongly believes that families and early childhood educators are partners in care and co-responsible for their child's success at school. SVP is a Teaching Pyramid partner implementation site. The educators have been trained to support behaviors while understanding that social-emotional development is foundational for learning and development in young children, and are committed to promoting and supporting healthy social-emotional development in all children.

Children's social and emotional development is an SVP program priority, including as part of each child's [Personal Rights](#). Our educators are encouraged to build positive relationships with every child and their family by creating environments reflective of their family, supportive, and using positive teaching strategies. When problematic behavior takes place, it is addressed and redirected to teach replacement behaviors. The following highlighted strategies are used to address inappropriate/problematic behaviors:

- Educators will create an environment where every child and their family feel welcomed and engaged;
- All educators acknowledge the child as often as possible for appropriate behaviors through positive descriptive acknowledgments (e.g., listening, problem-solving, taking the initiative, showing determination, etc.);
- Educators will use a variety of methods to support the child in developing friendships, learning to express and recognize feelings, learning how to manage anger and impulses, and learning to problem-solve;
- Teaching teams will meet to discuss and focus on prevention, teaching appropriate skills, and the importance of respecting the rights and feelings of others.





Expectations for Children's Positive Behavior at School

SVP acknowledges that children are individual and unique in nature, and we are committed to supporting all children so that they can meet the following expectations:

- Develop positive relationships with peers and adults;
- Understand and respect the rights and feelings of others (i.e., emotions, belongings, personal space);
- Recognize how to behave safely and act responsibly.

Family and School Agreements

Should a child require additional support in meeting these expectations, the school and parents/guardians agree to participate in the following, as needed:

- Informal conversations and meetings between family and teaching staff to discuss concerns, successes, strategies, etc.;
- Conference with the parents/guardians, teacher, and Director to brainstorm, problem-solve, and identify home-school supports and community resources that may be needed;
- Develop a positive behavioral action plan with [The Consultation Project](#) (ELI agency) that will promote social and emotional growth and enable the child to learn and succeed in preschool and at home.

If the above strategies are unsuccessful in supporting a child's positive behavior at school:

- Alternative programs that will more effectively meet the child's needs will be explored, and;
- Transition and separation from SVP in the best interest of the child and family will take place.

Child's Name _____

Date _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Director's Signature _____

Date _____



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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

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

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (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?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

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

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)	/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /							
HIB MENINGITIS	(HAEMOPHILUS B)	/ /		/ /		/ /		/ /			
HEPATITIS B		/ /		/ /		/ /					
VARICELLA	(CHICKENPOX)	/ /		/ /							

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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.

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

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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



My Teacher Wants to Know

Thank you for sharing information about your child. This helps us support their transition into the classroom while providing individualized guidance and learning opportunities.

Child's Name:

Birthdate:

Date:

How well do I:	Not so well	Very Well	Thoughts through my parent's lens:
do in the morning?	1 2 3 4 5		
do in the afternoon?	1 2 3 4 5		
do in the evening?	1 2 3 4 5		
respond to bedtime routines?	1 2 3 4 5		
nap?	1 2 3 4 5		
eat lunch?	1 2 3 4 5		
eat dinner?	1 2 3 4 5		
play with adults?	1 2 3 4 5		
play by myself?	1 2 3 4 5		
play with another child?	1 2 3 4 5		
play in a small group?	1 2 3 4 5		
play in a large group?	1 2 3 4 5		

How well do I:	Not so well	Very Well	Thoughts through my parent's lens:
play inside?	1 2 3 4 5		
play outside?	1 2 3 4 5		
play with younger children?	1 2 3 4 5		
play with older children?	1 2 3 4 5		
do when children sit near me?	1 2 3 4 5		
do when children sit further away?	1 2 3 4 5		

What do I "get" or "get out of" when I use challenging behavior?

What happens just before the behavior?	BEHAVIOR: Describe exactly what the behavior looks like.	What do adults/siblings do when problem behavior occurs?	Why might they be doing this?
EXAMPLE: He is told to go to the bathroom to take a bath.	He screams, runs to the other end of the house, and drops to the ground kicking.	Mom/Dad chase after him. When he drops and kicks we back off and wait him out.	<p>To get:</p> <p>To get out of: taking a bath until he is ready (delays going to take a bath)</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>
			<p>To get:</p> <p>To get out of:</p>

How do I let people know:

I am angry or upset (for example: crying, screaming, etc.)?

I am happy (for example: laughing, hopping, etc.)?

I want something (for example: reaching, talking, etc.)?

I don't want something (for example: push away, say NO, etc.)?

I like something (for example: smiling, talking, laughing, etc.)?

I don't like something (for example: crying, throwing, talking, etc.)?

What helps me when I am:

sad?

angry?

scared?

What makes me angry/upset?

What makes me happy/excited?

My Preferences:

My teacher wants to know about toys/activities:

My Favorite:	My Least:
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My teacher wants to know about food:

My Favorite:	My Least:
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My teacher wants to know about people in my life with whom I:

Behave well:	Have behavior problems:
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My teacher wants to know what activities I like:

blocks/legos dress up pretend cooking computer coloring paints
sand table water table books cutting pasting play dough/gak
baby dolls cars/trains outside play action figures real cooking
other: _____

My Screen Time:

My teacher wants to know how much screen time I get each school day:

None _____ 30 minute or less _____ 1 hour _____ 2 hours _____ 3+ hours _____

My teacher wants to know how much screen time I get each non-school day:

None _____ 30 minute or less _____ 1 hour _____ 2 hours _____ 3+ hours _____