

Learning Tree

ADMISSIONS AGREEMENT

- I (we) hereby enroll _____ (Child's Name).
- I am the parent or legal guardian of the above named child and I agree to pay the required tuition in full when due and payable.
- All fees are payable in advance. There are no refunds or adjustments due to absence, holidays or withdrawals.
- Learning Tree is open from 6:00 a.m. to 6:30 p.m.
- It is understood that a parent conference will be required to determine in my child can benefit from the Center and that the final decision on entrance or termination rests on the Center.
- I understand that the following forms will be submitted prior to entry:
 - Identification and emergency information
 - Child's Pre-admission Health History – Parent's Report
 - Notification of Parent's Rights
 - Consent for Medical Treatment
 - Personal Rights
 - School Policy
 - Child abuse prevention pamphlet receipt
 - Admission Agreement
 - Fee Agreement
 - Disaster Release Form
- We require two weeks notice when you decide to remove your child from the school. If you fail to give sufficient notice we will charge the full amount due for your child's tuition.
- Only authorized persons will be allowed to pick up your child from the Center. We will not permit any other person to pick up your child.
- Dress your child in comfortable clothes and shoes that are appropriate for daily activities.
- Children should not be brought to school when ill or with a temperature.

My child will attend Learning Tree:

_____ (days) per week from _____ to _____ o'clock

Signature of Parent of Guardian

Date

LEARNING TREE

I HEREBY GRANT permission for my child to use all of the play equipment and participate in all activities of the Center.

I HEREBY GRANT permission for my child to leave the Center premises under the supervision of a staff member for a neighborhood walk or field trip in an authorized vehicle.

I HEREBY GRANT permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

- Attempt to contact the parent or guardian
- Attempt to contact the child's physician
- Attempt to contact you through alternative means or persons listed on the emergency information form completed by you
- If we cannot contact you or your child's physician, we will do any of the following:
 - Call another physician
 - Call an ambulance
 - Have the child taken to Henry Mayo Newhall Memorial Hospital in the company of a staff member
- Any expenses incurred will be borne by the child's family
- The Center will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
- The Center will not assume responsibility for child who has not been signed in when he or she arrives for the day

Signature of Parent / Guardian

Date

Learning Tree

FEE AGREEMENT / SCHEDULE

(Name of Child)

will be attending LEARNING TREE

_____ days per week from _____ a.m. to _____ p.m.
(# of days)

The specific days he/she will attend will be:

The fee for this amount of time will be:

\$ _____ Monthly

\$ _____ Weekly

Payment is due regardless of absence due to personal illness, school holiday or parental vacations.

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ACCEPTANCE OF POLICIES AND PROCEDURES

I (we) have received and read the Parental Handbook and fully understand the terms as stated therein and hereby enroll my (our) child in the session listed above. My (our) child will attend LEARNING TREE on the schedule and at the tuition indicated above.

I have read and understand these policies:

Father or Guardian

Date

Mother or Guardian

Date

Home Address

City

State

Zip

Home Phone

Cell Phone

Alt. Phone

Email Address

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					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
MOTHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
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
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LIST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

AT WHAT TIME DOES CHILD GET UP?* WHAT TIME DOES CHILD GO TO BED?* DOES CHILD SLEEP WELL?*

DOES CHILD SLEEP DURING THE DAY?*

EATING PATTERN: What does child usually eat for these meals?

BREAKFAST	WHAT ARE USUAL EATING HOURS?
LUNCH	BREAKFAST _____
DINNER	LUNCH _____
	DINNER _____

FOOD DISLIKES? ANY EATING PROBLEMS?

CHILD TOILET TRAINED?*

YES <input type="checkbox"/> NO	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR 'BOWEL MOVEMENT'?* WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

CHILD PRESENTLY UNDER A DOCTOR'S CARE? IF YES, NAME OF DOCTOR:

YES <input type="checkbox"/> NO	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CHILD USE ANY SPECIAL DEVICE(S): IF YES, WHAT KIND:

YES <input type="checkbox"/> NO	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? IF YES, WHAT KIND:
	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE DATE

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

()

()

LEARNING TREE

Emergency Earthquake Kit

Dear Parents,

In case on a emergency, a 72 hr. emergency kit is required for all children enrolled in our program. Below, I have listed some suggestions for what should be included:

1. The kit can be properly put together for about \$5.00. .99 Cent Store is a good source for non-perishable food items at a low cost.
2. Some non-perishable items may include: nuts, granola bars, fruit snacks, dried fruit, trail mix, beef jerky, raisins, crackers, etc.
3. Include a 9 ounce (1 pint) size water bottle.
4. If your child is in diapers, please include a few diapers and wipes.
5. A small stuffed animal or toy.
6. A family photo and note to your child.
7. Emergency contact numbers.
8. Make sure your child's name is on the outside of the kit. A large size Ziploc freezer bag is a good container.

As a parent myself, I hope we will never need to utilize these kits, however, hope is not enough and we must be prepared. Please make this a high priority. I suggest that if your child is able to understand in simple terms about an emergency, that you talk openly with them and let them help you put the kit together. Please let me know if you have any suggestions or questions.

Sincerely,

Niroma Marcelline, Director

DISASTER RELEASE FORM

Child's Name

Mother's Name Or Guardian

Home#

Work#

Cell#

Father's Name Or Guardian

Home#

Work#

Cell#

In the event of a disaster, your child will not be released to anyone whose name and address does not appear on this release form. Please list several people who would assume responsibility for your child. Proper identification will be required.

Name Address Telephone#

Name Address Telephone#

Name Address Telephone#

Child's Medical Needs: _____

Child's Known Drug Allergies: _____

(A 3 day supply of medication can be stored with an authorization release).

Physician's Name

Phone Number

I hereby authorize Learning Tree personnel to release my child to any person listed on this form in the event of any emergency:

Signature

Date

.....
FOR STAFF USE:

Released to: _____

Staff Who Released Child: _____

Date: _____ Time: _____

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)