

La Palma Pepper Tree Preschool
5112 La Palma Ave.
La Palma, CA 90623
(714) 827-2850 Lic. #304270614

PROGRAM STATEMENT

PHILOSOPHY

Our center's philosophy is to provide adequate childcare services based on the needs of your child, the family, the community, and our ability to meet those needs. Our program consists of a balanced schedule of daily academics and social activities providing opportunities for the individual development of the child's self image, self-control, and independence. Skills our teachers and staff strive for and reinforce with the children are expression through creativity, social skills through group activities, intellect through a balance of teacher directed activities, thoughtful and courteous behavior, gross motor skills, manual dexterity, good healthful and hygiene habits, and respect for others and property.

CURRICULUM

The center curriculum includes, but is not limited to: the alphabet, the number concept, reading, computers, arts and crafts, games, story-telling, music, multi-sensory activities, and citizenship. We also offer gymnastics and dance classes.

ELIGIBILITY

We welcome any child six weeks through six years of age, as well as offer before and after school care up to 12 years of age, with a pre-admission physical examination, TB test, and appropriate immunizations.

TUITION

In order for our center to operate efficiently and smoothly, strict financial accountability must be enforced. Tuition is due on the first day of attendance. If payment is not received on the first day of attendance, there will be a \$15.00 late fee added to that week's tuition. All checks should be made payable to the center. There will be a \$25.00 charge for all checks returned for insufficient funds, in addition to the late fee of \$15.00. Payments can be made weekly, biweekly, or every four weeks.

HOURS OF OPERATION

School operating hours are Monday – Friday 6:30 am to 6:00 pm. Children will not be accepted prior to 6:30 am. The center closes promptly at 6:00 pm; please call the center in case of delay in picking up your child. A babysitting fee of \$1.00 per minute will be charged after 6:00 pm or each minute for part-time children that are not picked up on time. Due to licensing regulations, insurance requirements, and labor laws, our center shall close promptly at 6:00 pm. **In the event your child is not picked up and we are unable to contact you, or an authorized adult, we will contact the local authorities at 6:30 pm.**

DROPPING FROM THE CENTER

Two week notice in writing is required for any child dropping from our center or a fee of two weeks tuition will be charged.

HOLIDAYS AND VACATION

Our school will be closed on the following holidays:

NEW YEAR'S EVE (NOON) * NEW YEAR'S DAY * MARTIN LUTHER KING JR. DAY * PRESIDENT'S DAY * MEMORIAL DAY * INDEPENDENCE DAY * LABOR DAY * VETERAN'S DAY * THANKSGIVING DAY * DAY AFTER THANKSGIVING * CHRISTMAS EVE (NOON) * CHRISTMAS DAY (A full week's tuition will be charged for the week the holiday falls on). Each family is allowed one full week's vacation time per year (without paying) after one year of continuous attendance. Your child may not attend our center during your free week vacation.

ABSENCE & LATE DROP- OFF.

Please notify our center when your child will be **late** or **absent** so that we may continue to appropriately staff according to daily attendance. If your child is absent one day-one week you are still responsible for a full week's tuition. If absent 2-3 weeks you will be responsible to pay 50% tuition for the second and third week. If absent more than three weeks up to six weeks, you may "hold" your child's spot by paying 25% tuition for every week absent. If absent more than six weeks you will have to re-register your child in order to return to our school.

ILLNESS

Sick children shall not be permitted to attend our school. If we find a child has become ill, the child will be isolated and the parents will be contacted to pick up the child. If the child has a fever, diarrhea, and/or is vomiting, the child will not be allowed back to school for a minimum of 24 hours after the symptoms are gone. In some cases, we may require a note from your child's physician stating your child's medical condition and when he/she is able to return to school. It is mandatory that every parent fully cooperates with our center policy. Our policy is designed to protect the well-being of all children, families, staff, and guard as much as possible against exposure to communicable diseases. Failure to cooperate may result in immediate suspension or terminations of childcare services for your family. Any infectious illness shall be promptly reported to the center so that the center and parents may be alerted to early symptoms and that regulatory reporting requirements can be complied with.

MEALS AND SNACKS

Our school provides a daily health breakfast and lunch, as well as a morning and afternoon snack. All meals and snacks are regulated by the California Department of Education and Nutrition Services.

This program is optional and it is offered at no extra cost for ages two and up. You may bring your own lunch if preferer

CLOTHING AND SHOES

Children should be dressed comfortably, preferably in play clothes. Each child is required to keep an extra set of clothes in their cubbies in case they are needed (shirt, pants, underwear, and socks). Extra clothes should be checked constantly to make sure that it is appropriate for the weather. For safety reasons, children should not wear open toe/heel shoes at school. Children wearing open toe/heel shoes will not be allowed to play games like: running, jumping, playing in the sandbox, tricycles, cars, slide, monkey bars, nor any other equipment/game that pose a hazard to the child.

NAPTIME

Naptime is from 12:00 noon to 2:30 pm. Please provide your child with a crib sheet and a blanket, pillows are Optional. Bedding should go home to wash every other Friday and returned on Monday or the first day of attendance. Soft relaxing music and lullabies are played in each nap room to help the child relax.

BIRTHDAYS

Your child's teacher will add special songs, games, and stories during the day to make this a special day for your child. Parents are welcome to bring cakes, cupcakes, and/or treats but please notify the director or teacher in advance.

DISCIPLINE

Our school's staff will use a positive approach to discipline. Please refer to your copy of "Rules of Discipline".

PARENT CONFERENCE

Parent conferences are welcome and may be arranged with our school's Director and/or teacher any time needed.

OPEN DOOR POLICY

Parents are welcome to visit our center at any time and participate in our planned activities during operating hours.

MEDICATION POLICY

Our school shall administer medication prescribed by a doctor only: Parents should complete our school's "Administration of Medication Form" in order for our staff to administer medication. Prescriptions should be taken home every time you pick up your child. Over the counter medication will not be allowed in school. Never put prescription, or over the counter medication inside your child's lunch pail.

SIGN IN/OUT BOOK

When dropping your children in school, parents are required to bring their child into room four and sign in with a complete signature. Take your child to his/her assigned classroom, advise the teacher of any special needs of your child for that day, and make sure the teacher has accepted your child before leaving. When returning for your child, parents are required to come into room four and sign out with a complete signature. Pick up your child

from the classroom or activity area, and make sure the teacher has acknowledged your child's departure. Don't forget to take your child's lunch pail, activities, etc.

AUTHORIZED TO PICK UP CHILD

If at any time the parent/legal guardian cannot pick up the child from school, our facility will only release children to properly authorized adults. Parents must fill out the "Identification and Emergency Information" sheet including each person's full name and relationship in order for the school to release the child. Identification (current driver's license with photo) will be requested.

CHANGE OF FAMILY INFORMATION

Please notify our school immediately of any changes of address, telephone number, etc. Your child's file must be up to date at all times in case of an emergency.

LOST OR DAMAGED ARTICLES

The center is not responsible for lost or damaged belongings of the children, or their families. It is recommended that all personal items (clothes, bedding, toys, lunch pails, etc.) be labeled with the child's name.

DESTRUCTION OR THEFT OF SCHOOL'S/OTHERS PROPERTY

Parents of children that damage, lose, or steal equipment from the school, teachers, or other children shall be required to replace, repair, or pay for the damage. Failure to comply may result in suspension or permanent removal from the facility.

STAFF EDUCATION, EXPERIENCE

All of our staff meet, or exceed all the State of California requirements. Our teachers are Certified Preschool Teachers with many years of experience and current CPR & FIRST AID training. Before hiring, our school requires each applicant to have a Criminal Background & Fingerprint Clearance by the Department of Social Services of the State of California.

PARKING LOT SAFETY

The responsibility to ensure everyone's safety entering and departing the parking lot is shared by everyone:

1. Do not leave your vehicle's engine running when you are away from your vehicle.
2. Never leave unattended children inside your car.
3. Slow down as you enter and exit our parking lot, there might be children around.

DISASTER PREPAREDNESS

There is a mandatory fee of \$3.00 added to your registration fee in order for our center to prepare an emergency food kit for your child. This emergency food kit includes 1 liter of bottled water and healthy snacks for your child to be used in the event of any major disaster. Our school also has a disaster plan and teachers are assigned specific duties. We also hold monthly fire drills and impromptu DROP DRILLS (earthquake safety) to provide for disaster preparedness. In case of a disaster, your child will remain in school until an authorized adult arrives to sign your child out. **This step is mandatory.** The authorities request that you do not call the school, the phone lines will be needed by police and fire department officials.

LICENSING

It is understood that the Department of Social Services – Community/Child Care Licensing of the State of California has the legal authority to review and photocopy our school records including the child’s files. The licensing agency also has the right to interview the children in private.

I (we) the undersigned as parents/legal guardians of _____
have reviewed and hereby agree to adhere to the “La Palma Pepper Tree Preschool Program Statement” and all applicable regulations and statutes governing preschools/child care centers. Failure to adhere to the “La Palma Pepper Tree Preschool Program Statement” and all applicable regulations and statutes governing preschools/childcare centers may result in immediate suspension or termination of our school.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

Center Representative

Date

La Palma Pepper Tree Preschool

ADMISSIONS, REGISTRATION AND ENROLLMENT AGREEMENT

Our center is licensed by the State Department of Social Services Community Care Licensing to provide childcare services. Your child's admission to our center shall be based on the needs of the child, the family, and our ability to meet those needs.

Our center operates on the nondiscrimination basis, providing equal treatment and access to services without regard to race, color, religion, national ancestry, or sex.

REGISTRATION AND ENROLLMENT AGREEMENT

1. A Registration fee of \$80.00 is required for each new applicant. The registration fee can also be paid to hold a child's place.
2. The Registration Fee is due upon registration and renewable every year.
3. The registration fee is non-refundable.
4. We reserve the right to change operating policies and prices with a 30-day notice.
5. A child may be dismissed from our center if, in the opinion of the Licensee of the school, it is deemed in the best interest of the child, and or of the school. In the event that your child is dismissed, the tuition and registration fees are not refundable.
6. WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE AT ANYTIME.
7. It is understood that as parent's/authorized representatives agree to be solely and completely responsible for any and all medical treatment costs of your child, pursuant to the school's "CONSENT FOR MEDICAL TREATMENT FORM".
8. If any action or proceedings be brought to enforce any part of this agreement by any party, the prevailing part shall be entitled to recover, in addition to all other relief, reasonable attorney fees and costs.

I/we, the undersigned, as parent's or authorized representatives of _____ have reviewed and hereby agree to adhere to the "La Palma Pepper Tree Preschool Admissions, Registration, and Enrollment Agreement". Failure to adhere to the above mentioned agreement may result in immediate suspension, or termination of child care services.

Parent, or Authorized Representative

Date

Parent, or Authorized Representative

Date

School's Licensee/Representative

Date

La Palma Pepper Tree Preschool

CLIENT APPLICATION

Print All Information: Client application must be complete in order to be admitted to our school.

Applicants Last Name	First Name	Middle Initial
----------------------	------------	----------------

Relationship to the Child

Daytime Phone Number	Home Phone #	Cell Phone #
----------------------	--------------	--------------

Applicant's Drivers License #	State Issued	Social Security #
-------------------------------	--------------	-------------------

Home Address	City	Zip Code
--------------	------	----------

Employer	Address	City	Phone #
----------	---------	------	---------

Name of Nearest Relative	Relationship to Child
--------------------------	-----------------------

Nearest Relative's Address	City	Zip Code
----------------------------	------	----------

Nearest Relative's Daytime Phone #	Home Phone #	Cell Phone #
------------------------------------	--------------	--------------

Name of Applicant's Bank

Bank's Address	City	Phone #
----------------	------	---------

Account #

I UNDERSTAND THAT TUITION MUST BE PAID FOR ALL DAYS CONTRACTED FOR SERVICE.

Applicant's Signature

Date

La Palma Pepper Tree Preschool

TUITION AGREEMENT

Child's Name: _____

Date: _____

Hours for Each Day of Attendance:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Weekly Tuition Amount: _____

Four Week Tuition Amount: _____

_____ Full Day

_____ Pre-K

_____ Registration Fee

_____ Semi-Full Day

_____ 3 Years Old

_____ Diaper/Potty Training

_____ Half Day

_____ 2 Years Old

_____ Months

Transportation Fee (Before and After School): _____

Please be advised that Registration Fee and Tuition are not refundable.

Diaper/Potty training fee does not include Diapers and Wipes (must be provide by parent).
The diaper/potty training fee will be canceled once your child is FULLY potty trained.

Please be advised that you are required to notify the school in writing TWO WEEKS BEFORE leaving the school. You are responsible for those two weeks of tuition.

I/we, the undersigned parents/authorized representative of _____
have reviewed and hereby agree to adhere to the "La Palma Pepper Tree Preschool Tuition Agreement" and all applicable regulations and statutes governing preschools/childcare centers. Failure to comply with Tuition Agreement regulations may result in immediate suspension or termination of school services.

Parent, or Authorized Representative

Date

Parent, or Authorized Representative

Date

School's Licensee/Representative

Date

La Palma Pepper Tree Preschool

STUDENT EXCLUSIONS

Any students with the following condition(s) will be excluded from school:

1. Temperature of 100.0 degrees (F) or greater

Not to return to school until 24 hours without a fever.

2. Red eyes or eye drainage

May return when the eyes are clear or a doctor's note states "Non-contagious or under treatment".

3. Rash

May return when clear or doctor's note states "Non-contagious or under treatment".

4. Head lice or nits

May return when child is lice and nit free.

5. Vomiting/Diarrhea

If child complains of feeling ill and has vomited or had diarrhea, exclude. Must be free from vomiting/diarrhea 24 hours before returning. A student may vomit one time in school and remain in school if there are no symptoms of illness present.

6. Thick, green nasal drainage

If child feels ill, exclude. May return when clear or when doctor's note states "Non-contagious or under treatment". If continuously present a doctor's note is essential to be in school.

Parent'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
					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
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'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?	
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'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
--------------------	------

La Palma Pepper Tree Preschool

RULES OF DISCIPLINE

NO CHILD SHALL BE PHYSICALLY OR MENTALLY ABUSED

Constructive methods will be used for maintaining group control and individual behavior. Corporal punishment and other humiliation or frightening techniques are prohibited. Punishment shall not be associated with food, rest, isolation, illness, or toilet training.

DISCIPLINE SHALL BE AS FOLLOWS:

1. Staff should – be fair, firm, and consistent with all children
2. Staff should – speak softly, but firmly to the child
3. Staff should – recognize there is a problem and understand the situation
4. Staff should – when all else fails, set the child 5' to 10' from the group in "time out" for 2-6 minutes, according to the child's age.
 - a. TIME OUT – TIME LIMITS OR THINKING TIME
 - i. Two years old - 2 minutes
 - ii. Three years old - 3 minutes
 - iii. Four years old - 4 minutes
 - iv. Five years old - 5 minutes
5. If the child refuses to sit quietly, staff should explain to the child why this is happening and that it is not the child she/he does not like, but the way she/he is behaving.
6. If all methods of discipline fail, staff will notify the director. The director may:
 - a. Talk to the child
 - b. Talk with the teacher, or talk with the teacher and the child
 - c. Remove the child from the classroom
 - d. Talk with the parents regarding the child's conduct
 - e. Arrange a parent/child/teacher/director conference
 - f. In some cases the child may be suspended or permanently removed from the center (no part of registration or tuition fees are refundable).

DESTRUCTION OR THEFT OF SCHOOL EQUIPMENT, TEACHER AND/OR CHILDREN'S PROPERTY

Children that damage, lose, throw, kick, destroy, or steal equipment from the center, teachers, or children will be held responsible for their actions. The child or children responsible for the act and their parent/parents/or legal representative shall be required to replace, repair (if possible and acceptable to the center, teacher, or child's parents) or pay for the damaged, destroyed, lost, or stolen item, or items. Failure to comply may result in suspension, or permanent removal of the child, or children from the center.

We the parents, or authorized representatives of _____, have reviewed the above rules of discipline and hereby agree to the "La Palma Pepper Tree Preschool Rules of Discipline". Failure to adhere to the mentioned rules may result in immediate suspension, or termination of child care services.

Parent, or Authorized Representative Signature

Date

School's Licensee/Representative

Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: COMMUNITY CARE LICENSING
Licensing Office Address: 750 THE CITY DRIVE, SUITE 250
Licensing Office Telephone #: 714-703-2800

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

LIC 995 (9/08)

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 DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING

ADDRESS 750 THE CITY DRIVE, SUITE 250

CITY ORANGE

ZIP CODE	AREA CODE/TELEPHONE NUMBER
<u>92868</u>	<u>714-703-2800</u>

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)

La Palma Pepper Tree Preschool

5112 La Palma Ave., La Palma, CA 90623

(714) 827-2850 License# 304270614

EMERGENCY CARD

Child's Name: _____

Date: _____

Teacher: _____

Room: _____

TO THE PARENTS, OR AUTHORIZED REPRESENTATIVES OF STUDENTS:

There is a possibility of your child becoming ill or being injured in an accident while attending school and it is important that all the information on this card be filled out and returned to school immediately so that the school will have all necessary information in the event of an illness or emergency. Please complete all information requested below. In the event that any information below changes (i.e. contact person, phone number, address, etc.), please submit new information to the school immediately so that we may have the most current information at all times.

Child's Date of Birth: _____

Child's Address: _____

1. Parent/Authorized Representative's Name _____ Relationship to Child _____

Daytime Phone # _____ Home Phone # _____ Cell Phone # _____

2. Parent/Authorized Representative's Name _____ Relationship to Child _____

Daytime Phone # _____ Home Phone # _____ Cell Phone # _____

3. Additional Contact Person's Name _____ Relationship to Child _____

Daytime Phone # _____ Home Phone # _____ Cell Phone # _____

Medical Information:

Known Allergies to Medication & Other Substances:

Pediatrician's Name: _____ Phone # _____

Pediatric Dentist's Name: _____ Phone # _____

If you do not have a pediatrician or family doctor, or we cannot reach you, or your doctor in the event of an emergency, are you willing to allow the school personnel to select one in an emergency?

Yes: _____ No: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO: La Palma Pepper Tree Preschool TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENCED 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:

Parent, or Authorized Representative Signature _____ Date _____

Home Address _____ Daytime Phone # _____ Cell Phone # _____

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

Standard Photo and Video Release Form for Minor Children

I hereby authorize La Palma Pepper Tree Preschool to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the La Palma Pepper Tree Preschool's printed publications, website and training purposes.

I release La Palma Pepper Tree Preschool from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the La Palma Pepper Tree Preschool to use their photographs, videos and names.

I acknowledge that since participation in publications and websites produced by La Palma Pepper Tree Preschool is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by La Palma Pepper Tree Preschool confers no rights of ownership whatsoever. I release La Palma Pepper Tree Preschool, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____