

Our Mission Statement

At Pee Wee Preschool, our philosophy is that children are miracles. We believe that children need to feel safe to explore their world and try new things. Second, children need to feel nurtured. They need to know that they are special and unique. Their hurt feelings count, their sadness is comforted, their joy is shared and their accomplishments are praised. Children need to be stimulated academically. They need to be exposed to age appropriate curriculum that will allow them to be successful. They need to have opportunities to express their creativity. Children are social and as they move from parallel play to cooperative play, they need to be guided towards socially acceptable behaviors. Children need to be children. They need to play and pretend and embrace this amazing time in their lives. At Pee Wee Preschool, in Paradise California, we embrace our role in providing a nurturing environment for this sacred time in their lives.

ENROLLMENT POLICY

REGISTRATION-The registration forms must be filled out completely in order to validate your child's enrollment. Please make sure the financial agreement is signed and filled out completely. Your child's enrollment will be secured upon receipt of the completed forms and an annual insurance fee and the last weeks tuition which is **non-refundable**. This insurance/registration fee is \$50.00 per child due each September. If you enroll your child in a month other than September, the breakdown is as follows:

<u>September through November</u>	<u>\$50.00</u>
<u>December through February</u>	<u>\$40.00</u>
<u>March through May</u>	<u>\$30.00</u>
<u>June through August</u>	<u>\$20.00</u>

PAYMENTS-Payments are due the first day of attendance each week. There will be a \$5.00 per week charge for payments not made by Wednesday at 9:00a.m. Payments should be given to the teacher that receives your child. If you prefer to pay by credit card please fill out the enclosed credit/debit card information. We will charge your card each Monday.

HOURS OF OPERATION-Our school is open from 6:30 a.m. until 6:00 p.m. Monday-Friday . Our program runs twelve months per year; however, we are closed annually the week between Christmas and New Years. We will also be closed one day in fall for staff development.

PLACEMENT INTO CLASSES-Most children are placed into a class depending on their age, however, sometimes placement is dependent upon development and ability. We offer (one) two year old class, (two) three year old classes, and (three) four year old classes. You will have the ultimate say in what class placement you wish your child to participate.

HOLIDAYS-Our program observes the following **paid** legal holidays: New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, and Christmas Day. Also the two staff development days are paid as well.

ARRIVAL AND DEPARTURE-. You will meet the teacher at the door to receive your child. Their temperature will be taken, if they are without fever the teacher will take them to their class, wash their hands and sign them in. For pick ups you can call ahead and we will have your child ready. You can come to the gate or the classroom door as well. Your child will be brought to you. We will sign your child out. **This is due to Covid-19.**

HEALTH FORMS-State regulations require that each child have a health form completed and signed by a physician and kept on file at the facility.

GENERAL HEALTH POLICY- If a child displays any of the symptoms listed below, he/she will be isolated from the other children and the parents will be contacted. If the parents cannot be reached, we will call one of the emergency telephone numbers listed on the application form. Arrangements must be made to have the child picked up immediately. Symptoms of special concern are:

- Diarrhea (more than one loose stool)
- Severe coughing
- Difficult or irregular breathing
- Yellowish skin or eyes

- Pink eye (eye does not necessarily have to be pink but may be discharging mucus)
- Unusual spots or rashes
- Vomiting
- Severe itching of body or scalp
- Fever of 100 degrees F. or more

RETURNED CHECK FEE- You will be charge for any returned check on the basis of the current fee being charged by our bank at the time. The minimum for this fee will be \$30.00. If we receive two or more returned checks all further payments will be required to be in cash.

REASONS FOR DISMISSAL-The following are reasons that our school would be inclined to dismiss your child from our center:

- Frequent delinquent or non-payments
- On-going behavior problems that become disruptive to our program
- Failure to pick up your sick child within **one** hour of being notified
- Frequent late pick-ups

UNACCEPTABLE BEHAVIOR POLICY -

It has come to our attention that we need a policy to deal with aggressive and uncooperative behavior of children. Usually aggressive behavior is a cry for help. Sometimes the environment can cause aggression in some children. It is not easy, but it is very important to try to meet the needs of the child, at their level. If it becomes necessary to ask that your child be removed from our facility, please know that it is our opinion that we can no longer help your child and that a change of environment is really in your child's best interest.

The following behaviors are not acceptable at PeeWee.

- Physically harming another child or staff member.
- Insubordination of a request made by staff.
- Use of foul language, especially if directed at another child or staff member.
- Lack of respect for the authority of staff.
- Lack of respect for peers.

If your child behaves in any of these unacceptable ways, we will notify you and your child will be put on probation. If the behavior does not improve, we will have to ask your child to leave. Unless the offense is extremely severe, we will give you a two week notice to find alternative child care.

WITHDRAWAL-We must be given a two week written notice of withdrawl to keep from any overcharging. Do not expect your child's teacher to convey withdrawl notices to the office. If a two-week written notice is not reccieved you will be charged for the two weeks of care. Once enrolled, a child is enrolled until the parent withdrawls.

LATE PICK-UPS- Our preschool program ends at 12:00pm. All children enrolled in the morning program need to be picked up by noon each day of their attendance. If a child is picked up late there is a fee of a \$1.00 per minute.

AFTER CLOSING FEE - Our center closes at 6:00p.m Monday –Friday.. We feel it is unfair to keep our teachers beyond this time. If you pick your child up after 6:00p.m, there will be a minimum fee of \$10.00 charged at the rate of \$10.00 per ten minutes or portion there of.

Example: 14minutes late = \$20.00, 22 minutes late =\$30.00

This fee is due and payable immediately to the closing teacher. Frequent late pick-ups may result in termination of enrollment.

EXTRA HOURS – Extra hours must be pre-approved to the director.

VACATIONS-Upon your one-year anniversary, each child is allowed a one-week vacation per year (tuition free), with a two week advance notice.

ATTENDANCE- Due to the fact that staff salaries and classroom preparations remain constant whether a child is here or not, tuition also remains constant. We do not credit for absences. Your child's attendance is expected and the staffing requirements have been met for the safety of each child. If you anticipate any change in your schedule, please notify us as soon as possible. We will do our best to accommodate your changes. We will be as flexible as our enrollment allows us to be. Permanent changes must be accompanied by a revised financial agreement.

DISMISSAL FORMS-Parents must complete this form designating other people to pick up their child. These people should not be offended if asked to show identification. Also, the parents should inform the teachers as to who will be picking the child up. Please keep these files updated regularly.

NAPS-If your child naps, (it is your choice to have your child nap), you will need to purchase a Rollee Pollee, which is an all-in-one sleeping bag that fits our cots. Rollee Pollee's can be purchased for \$20.00 from PeeWee .Each week we will wash them.

CHANGE OF CLOTHING-Each child must have a spare change of clothing (weather appropriate) at all times. All Jackets & Sweaters need to be plainly marked with your child's name BEFORE they come to school. We are not responsible for lost items.

BREAKFAST will be served each morning. ***This is due to Covid-19 and may change.***

SNACKS- A afternoon snack will be provided for your child each day. Snacks will consist of two different servings from the four food groups. Serving size will be based upon Title 22 regulations. Additional servings will be served at the child's request

LUNCH- will be served each day. ***This is due to Covid-19 and may change.***

TOYS-Children are not allowed to bring any toys or other items from home. ***This is due to Covid-19 and may change.***

CHANGE IN ROUTINE – Please let us know if there is a change in your child's normal activities. If there is a serious change such as illness, death, divorce or move, it is important for us to know because we often see behavior changes in children during these times.

Thank you for your interest in our preschool program. The primary objective of our school is to help your child develop a positive attitude toward him/herself and toward everything associated with learning. It is not our goal to rush young children into acquiring academic knowledge. Each child is gently guided into learning what he/she can do to accept him/herself and to take pride in and derive satisfaction from personal achievements. We want to help build a creative foundation for a lifetime of learning within your child. Characteristics such as self-confidence, interdependence, curiosity, persistence, initiative and the ability to concentrate and organize will be developed.

Our school is also interested in promoting and developing positive social skills. Building trusting relationships with peers and adults is very important. Our staff is well aware of this. Your child will be given plenty of individual attention. Our program is designed to meet the needs of each individual age level.

Your child will experiment with newly acquired abilities. He/she will discover that they can make things happen. This increased awareness occurs while the children are enjoying rock play, water play, toy riding, shape sorting, block building, kitchen play, dressing up, coloring, cutting, pasting, ball bouncing and many other activities.

Due to Covid-19 children will be placed in classes that meet the new regulations. Most children are placed into a class depending on their age, however, sometimes placement is dependent upon development and ability. We offer the following classes listed below:

2 year Old Class: At this age level it is important for children to experience becoming part of a group. Sharing, taking turns, making friends and language development are a part of the daily structure. Children are introduced to coloring, painting and gluing with less focus on the outcome and more on the process. These are important skills that strengthen the muscles they will later use to write. All aspects of your child's development and growth are enriched through our developmentally appropriate curriculum. This class has a smaller adult/child ratio than our other preschool classes.

3 Year Old Class: At this age the children are beginning to develop special friendships. They will learn to interact with their peers rather than near their peers. Group activities are extended and academic introduction will begin to take place. Activities are modified according to each child's own individual creativity and self-expression.

4 Year Old (Pre-K) Class: Kindergarten preparation is emphasized at this level. The teachers prepare lessons geared toward readiness skills and self-expression. The following areas are promoted: reading and math readiness, art, science, and practical life. Specifics about each area are listed below.

READING READINESS-Oral language development; readiness for books; discrimination of sounds; repeating a pattern; discrimination of letters; ability to recognize rhyming words; ability to retell stories and past experiences; and most importantly, the discovery that reading can be a great source of pleasure and fun.

MATH READINESS-Concepts of big and small, few and many, more than and less than; basic numbers 1-10 and 1-100; telephone numbers; addresses; simple addition and subtraction;

calendars; telling time; money concepts; introduction to calculators and computers; geometric shapes; and measuring. A variety of learning activities are provided to make learning more fun.

ART-Primary and secondary colors; cutting and pasting and gluing; painting with different kinds of media and textures; weaving; paper mache; mobiles; holiday projects; seasonal themes and personal creations. Not only is art a lot of fun, it also promotes hand/eye coordination.

SCIENCE-Lessons consist of a variety of simple experiments and experiences. It involves investigating, listening, and manipulating. It also means asking questions. The children will be introduced to pets, plants, planets, the change of seasons, the five senses, night and day, and much more. The opportunities are endless.

MUSIC-The children are introduced to songs and musical instruments. Concepts of rhythm (fast and slow), pitch (high and low), and volume (loud and soft) is experienced. Children are encouraged to participate during circle time and during large motor activities.

Due to Covid-19 we are not allowed to send any of your child's art work home. We will send pictures via Learning Genie. Please be sure to sign up with the director so we can show you their work.

CONGRATULATIONS! Your child is about to begin one of life's great experiences in our preschool program. This represents a very significant step in your child's growth. It is the beginning of a program, which is designed to give your child a great opportunity for well-rounded growth and development.

One can be a child only once. What a child learns and what he/she becomes in the preschool years sets the pattern for a lifetime. In these early years, a child learns how to learn; how to use his/her mind; how to begin to read, write, and speak; how to cooperate and take directions; and how to organize, calculate, and evaluate. He/she will learn moral standards and how to deal with others in a variety of relationships. Your child will acquire a fundamental grasp of the basic areas of knowledge, including art, language, literature, math, and social and physical sciences. These may well be the most critical years of your child's formal education. Our school and our parents should accept a special responsibility in providing the best education during these early years.

Please read and complete the enclosed forms. Your child will become an official applicant to our school only after returning the completed forms, the non-refundable insurance fee and the first weekly payment.

Be sure to carefully read the ENROLLMENT POLICY. It is important that you are familiar with the policies of our school. If you have any questions, we would be happy to discuss them with you.

Current 2020 Tuition

Full Day Rate

(6:30 a.m. to 6:00p.m. or any part thereof)

Number of

Days Per Week	Weekly Rate	If paying by
5 days	\$200.00	credit or debit card \$210.00
4 days	\$180.00	\$189.00
3 days	\$160.00	\$168.00
2 days	\$135.00	\$142.00

Half Day Rate

(8:00 a.m. to 12:00p.m.)

Number of

Days Per Week	Weekly Rate	If paying by
5 days	\$140.00	credit or debit card \$147.00
4 days	\$125.00	\$132.00
3 days	\$110.00	\$116.00
2 days	\$90.00	\$ 95.00

Yearly Insurance/Registration Fee:

-September through November \$50.00

If enrolled in any month after September through November, the fee will be pro-rated as follows:

-December through February \$40.00

-March through May \$30.00

-June through August \$20.00

IMPORTANT INFORMATION**CAREGIVER BACKGROUND CHECK INFORMATION**

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. (You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.) If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cdcd.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

**DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION
UNDER THE CALIFORNIA PUBLIC RECORDS ACT**

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

WHEN YOUR CHILD COMES HOME MESSY???

Red paint in hair? **Blue** paint on the jeans? Sand in the shoes? Peanut butter on their favorite shirt? White socks that look **brown**? Sleeves a little bit damp?

Your Child Probably...

Worked with a friend
Solved a problem
Created a masterpiece
Negotiated a difference
Learned a new skill
Had a great time
Developed new language skills

Your Child Probably Didn't...

Feel lonely
Become bored
Do repetitive tasks that are too easy
Do sit down work that is discouraging

You Probably...

Paid good money for those clothes
Will have trouble getting the **Red** paint out
Are concerned that the teachers aren't paying enough attention to your child

The Teacher Probably...

Was aware of your child's needs and interests
Spent time planning a challenging activity for your child
Encouraged your child to try new things
Offered a smock to your child
Was worried you might be concerned!

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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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 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)

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'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
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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
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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?
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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*
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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
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School Discipline Contract

Our school is committed to the well-being of each and every child. In order to provide a safe, loving, and stimulating environment, we expect a certain degree of cooperation from each child and parent as well. Our means of disciplining unacceptable behavior on the part of a child is to separate the child from the rest of the group. This is referred to as a “Make a better choice” and is limited to 3-5 minutes in duration. During this time, the child is kept under direct supervision and no snack or meal will be withheld from the child. **Under no circumstances will the child be mistreated or mishandled.** If “Make a better choice” become a regular routine and appear ineffective, a parent/teacher conference will be held to discuss the situation. If there is little or no improvement and the child’s behavior becomes a distraction to the rest of the group, termination of enrollment may become **be tolerated on the part of any staff member.**

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/DaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

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.

Dear Parents,

Please provide you email address so we can keep you up to date with important reminders, events, and teacher communications. Please fill out your email address on this form and include it in your enrollment packet.

Thank you!

Hannah

Childs Name: _____

Email Address:m_____

I _____ give Pee Wee Preschool the
permission to apply tea tree oil to the back of,
_____, neck each morning at snack time to
help with the prevention of head lice.

.GENERAL HEALTH POLICY FOR CHILDREN

If a child displays any of the symptoms listed below, he/she will be isolated from the other children and the parents will be contacted. If the parents cannot be reached, we will call one of the emergency telephone numbers listed on the application form.

Arrangements must be made to have the child picked up immediately. Symptoms of special concern are:

- Diarrhea (more than one loose stool)
- Severe coughing
- Difficult or irregular breathing
- Yellowish skin or eyes
- Pink eye (eye does not necessarily have to be pink but may be discharging mucus)
- Unusual spots or rashes
- Vomiting
- Severe itching of body or scalp
- Fever of 100 degrees F. or more

Please Sign that you have received this document and understand our general health policy

Parent/guardian signature

Date.

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date:

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

