

Student's File Checklist

Child's Name:		Date of Birth:		Date Enrolled:	
No.	Form Type	Received	Comments		
1	Identification & Emergency Information (700)				
	Check Dentist Information				
2	Admission Agreement				
3	Health History (702)				
4	Consent for Emergency Medical Treatment (627)				
5	Physician's Report (701)				
6	Immunization Card				
7	Personal Rights (613A)				
8	Parent's Rights (995)				
9	Getting Acquainted				
10	Late Pickup				
11	Walking Field Trip				
12	Photo Release				
14	Sunscreen				
15	Waiver of Liability				

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
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
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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Trabuco Presbyterian Church Preschool Admission Agreement

Registration 2023-2024					
Half Day: 8:30-12:30 pm		Extended Day: 8:30-3:00 pm		Full Day 7:30-5:30 pm	
Monthly Fee for 3 Year Olds (at least 2 years 9 months and toilet trained)					
M,W,F	\$565	M,W,F	\$650	M,W,F	\$775
T,Th	\$395	T,Th	\$465	T,Th	\$555
M-F	\$890	M-F	\$995	M-F	\$1160
Monthly Fee for 4 Year Olds					
M,W,F	\$555	M,W,F	\$630	M,W,F	\$745
T,Th	\$385	T,Th	\$450	T,Th	\$535
M-F	\$875	M-F	\$975	M-F	\$1150
Monthly Fee for Pre-Kindergarten					
M,W,F	\$545	M,W,F	\$610	M,W,F	\$735
T,Th	\$370	T,Th	\$440	T,Th	\$515
M-F	\$860	M-F	\$955	M-F	\$1140
Monthly Fee for Add-Ons					
Before School Care T,Th (7:30-8:30 am)			\$60		
Before School Care M, W, F (7:30-8:30 am)			\$80		
Before School Care M-F (7:30-8:30 am)			\$100		
After School Care T,Th (3:00-5:30 pm)			\$100		
After School Care M,W,F (3:00-5:30 pm)			\$150		
After School Care M-F (3:00-5:30 pm)			\$200		

Registration Fee: A NON-REFUNDABLE fee (\$150 per child or \$200 per family with two or more children) is assessed at the time of registration and annually thereafter. This fee covers processing and supplies for the classroom. Children starting mid-year will also be charged a full registration fee regardless of starting date. The registration fee will have to be repaid for children leaving the program for longer than 30 days.

New Students: An Enrollment Packet must be completed prior to a child's first day of school. This includes proof of immunization according to the State of California Health and Human Service Agency Guidelines.

Returning Students: Please notify the office with phone number or contact changes occurring within the year.

Tuition: Tuition is due the 1st of every month your child is enrolled. After the 5th of the month a \$35 late charge will be assessed. Past due accounts will jeopardize your child's attendance. Please refer to the Parent Handbook for policies.

Tuition Discounts: Members of Trabuco Presbyterian Church receive a 10% discount per child. If parents have more than one child enrolled in TPC Preschool they will receive a 10% discount for each additional child. The discount(s) is/are taken off the lowest tuition rate(s). Families will receive a 10% discount if they pre-pay tuition for the year.

Tuition Increases: The TPC Preschool Board of Directors reserves the right to increase tuition at any time. A 30-day notice will be given.

Leaving TPC Preschool: Children leaving school for the summer must pay a Non-Refundable fee equal to one month's tuition in order to "hold" their spot for the fall. A two-week notice is required before leaving the program and all monies outstanding paid in full before your child's last day.

Summer Fee: A summer fee of \$100 will be assessed to help cover costs for additional events and activities for July and August.

Authority of Department of Social Services: The Department of Social Services may interview children or staff without prior consent; inspect, audit, or copy child / child care center records on demand; and observe the physical conditions of the children, including conditions that could indicate abuse, neglect, or inappropriate placement.

Trabuco Presbyterian Church Preschool

Admission Agreement

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Parent / Legal Guardian Signature

Date

Preschool Director

Date

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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	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
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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?

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

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

TRABUCO PRESBYTERIAN CHURCH PRESCHOOL 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
()

Pre-Kindergarten



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

Age When Admitted	Total Number of Doses Required of Each Immunization ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine

Hep B = [hepatitis B](#) vaccine

MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

Varicella = [chickenpox](#) vaccine

Instructions:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

Unconditionally Admit a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

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)

TRABUCO PRESBYTERIAN CHURCH PRESCHOOL . This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5:30 a.m./p.m. , 5 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.

Student ID Number _____ (Required)

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

0 First Grade Certificate
5
3

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____
 Name of Parent or Guardian _____ Address _____
 Telephone _____ Daytime _____ Nighttime _____ City _____ ZIP _____

Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (Chickenpox)	/ /	/ /	/ /	/ /	/ /

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg

*If required for school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY
(Necessary if skin test positive.)
 Film date: ___/___/___ Impression normal abnormal
 Person is free of communicable tuberculosis: yes no

I. DOCUMENTATION
 I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: ___/___/___
 Staff _____
 Signature _____
 Record presented was:
 Yellow California Imm. Record
 Out-of-state school record
 Other immunization record
 Specify: _____
II. STATUS OF REQUIREMENTS
 A. All requirements are met.
 Date: ___/___/___
 B. Currently up-to-date, but more doses are due later. Needs follow-up.
 Exemption was granted for:
 C. Medical Reasons-Permanent
 D. Medical Reasons-Temporary
 E. Personal Beliefs

E-91 CODE
 0 - Incomplete
 1 - Complete
 3 - Personal
 4 - Medical

Check on your Immunization Following Roster.
 Submit corrected E-91 when status changes.

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met; check box A and box C*. If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry.

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care center entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

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:

Community Care Licensing

NAME

750 The City Drive S

ADDRESS

Suite #250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2800

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)

Trabuco Presbyterian Church Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

31802 Las Amigas Dr, Trabuco Canyon, CA 92679

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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 S. #250, ORANGE, CA 92868

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.

TRABUCO PRESBYTERIAN CHURCH PRESCHC
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

Getting Acquainted

The first days of school are important and the more we know about your child, the greater the possibility of this experience being a wonderful time of growth spiritually, socially, emotionally, physically and cognitively. Your answers can help us. Please answer completely.

Child's Full Name _____

Nick Name _____

Birthdate _____

Home Phone () _____

Address _____

Mother's Name _____

Father's Name _____

Marital Status: Married _____ Separated _____ Divorced _____ Other _____

Mother's Information

Employment _____

Cell Phone _____ Work Phone _____

Home Address – If different from above _____

Email Address _____

Father's Information

Employment _____

Cell Phone _____ Work Phone _____

Home Address – If different from above _____

Email Address _____

List other persons living in the home:

Name

Relationship

- 1) _____
- 2) _____
- 3) _____

1. Does your child have allergies (food, medication, other)?

2. Does your child or family have a history of asthma?

3. Is your child or family member allergic to bee stings?

4. Has your child been cared for by a baby sitter, friend, or neighbor?

5. How frequently is your child with a babysitter?

6. Do grandparents live nearby?

7. Do grandparents visit often?

8. Do you have any pets? _____

9. What are the pet types and names?

10. Is your child right handed or left handed? _____

11. Was your child born full-term or premature?

12. Has your child ever had any difficulty with hearing?

13. Has your child ever had difficulty with seeing?

14. Are there any noticeable speech problems?

15. Is your child subject to convulsions? YES or NO, If yes please explain.

16. Has your child had any serious illness(es)?

17. Does your child eat well?

18. Does your child sleep well?

19. Is your child able to dress themselves?

20. Does your child need help in the bathroom?

21. Is your child fully toilet trained? _____

22. What words are used when your child has to go to the bathroom?

23. Does your child play comfortably with other children?

24. What age did your child walk?

25. What age did your child talk?

26. Does your child enjoy:

- | | | | |
|------------------|-----|----|----|
| • Books? | Yes | or | No |
| • Being read to? | Yes | or | No |
| • Music? | Yes | or | No |
| • Singing? | Yes | or | No |

27. What are your child's favorite:

- Toys? _____
- Play Activities? _____
- Helping out at home? _____
- TV Programs? _____

28. Does your child have a fear of:

- Animals? _____
- Storms? _____
- Dark? _____
- Strangers? _____
- Noises? _____
- Other? _____

29. My child's disposition is:

30. My child displays affection by:

31. How do you think your child feels about coming to school?

32. Can the teacher provide help with any special interests or problem areas?

33. Does your child have any medical conditions which would limit participation in physical activities?

34. Any additional comments:

**TPC Preschool
Late Pick Up Release**

Closing time is 5:30 P.M. promptly. Parent will be charged a late fee of \$5.00 for the first five minutes after closing and \$1.00 per minute thereafter. Charges will added to your next Brightwheel statement.

On or before 6:00 P.M. the Center will make every effort to contact you or other authorized adults on your emergency list. If we have not heard from you or their authorized adults by 6:30 P.M., the child will be considered abandoned and the police will be called and your child will be taken into protective custody until a parent is located.

If you should arrive at the Center after 6:30 P.M. and find the Center closed, you should:

1. Contact the people on your emergency lost to verify whether any of the have your child.
2. Call the local city police department if you cannot locate your child.

The Center will do their best to notify you as to the placement of your chkd.

This policy is for the protection and safety of your child and staff.

I have read and understand the policy.

Please print parent or guardian name

Parent or guardian Signature

Date

TPC Preschool

Standard Photo Release Form for Minor Child

I hereby authorize TPC Preschool to publish photographs taken of the undersigned minor children, and/or first name, for the use in its printed advertisements, publications, websites and other social media sites.

I release TPC Preschool from any expectations 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 use of their photographs and names.

I acknowledge that since participation in printed advertisements, publications, websites and other social media sites produced by TPC Preschool is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any printed advertisements, publications, websites and other social media produced by TPC Preschool confers no rights of ownership whatsoever.

I release TPC Preschool, its contractors and its employees from liability for any claims by me or any third party in connections 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: _____



Walking Field Trip Permission

I hereby give permission for my child, who attends TPC Preschool, to participate in any walking trips in and around the TPC Church Campus.

Child Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Phone number

Date

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked and initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

- ___ I do not know of any allergies my child has to sunscreen.
- ___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

- ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- ___ I have provided the following brand/type of sunscreen for use for my child:

- ___ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: _____

Parent/Guardian's Name: _____

Date: _____

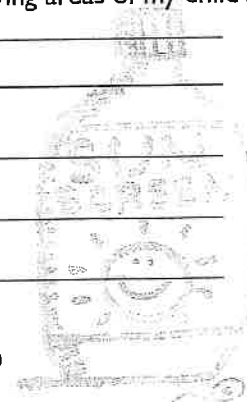
Parent/Guardian's Signature: _____

Health Care Provider's Signature (optional): _____

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER!**

Adapted from the California Early Childhood Sun Protection Curriculum (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • http://www.dhs.ca.gov/cpns/skin/skin_resources.html

California Childcare Health Program (CCHP) 7/16 cchp.ucsf.edu



SUN-SMART POLICY FOR CHILD CARE PROGRAMS

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from March through October.

☛ Sun-Smart strategies:

1. Encourage staff and children to wear hats with wide brims that protect their face, neck and ears whenever they are outside.
2. Encourage staff and children to wear sun-protective clothing (i.e., tightly woven, loose-fitting, full length, light-colored and light-weight) when temperatures are reasonable.
3. Encourage staff to wear sunglasses that block 100 percent of UVA and UVB rays (broad spectrum) whenever they are outside.
4. Provide sufficient areas of shelter and/or trees providing shade on the play yard.
5. Encourage children to seek and use available areas of shade for outdoor play activities.
6. Schedule excursions and all outdoor activities *before* 10 a.m. and *after* 4 p.m. (10 a.m. to 3 p.m. during the winter months) whenever possible. The availability of shade will be considered when planning excursions and outdoor activities during these times.
7. Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
8. Staff and parents/guardians will model sun safety behaviors by:
 - Wearing appropriate hats and clothing when outdoors.
 - Using broad spectrum SPF 15 or higher sunscreen for skin protection.
 - Seeking shade whenever possible.
9. Provide broad spectrum SPF 15 or higher (and *paba* and *alcohol* free, if possible) sunscreen for staff and children to use on exposed skin, except eyelids, 30 minutes before exposure to the sun and every two hours while in the sun, unless parent/guardian provides their own sunscreen for their child.
10. Parents/guardians will complete and sign the *Parent/Guardian's Permission to Apply Sunscreen to His/Her Child* (see reverse) and it shall remain on file at the program.
11. Include learning about the skin and ways to protect the skin from the UV rays of the sun into the program's curriculum and daily routines.
12. The *Sun-Smart Policy* will be reinforced in positive ways through parent newsletters, staff memos, bulletin boards and meetings. Signage shall be posted that reminds staff, parents and children to practice sun safety.
13. Staff and parents will be provided with educational materials and resources on sun safety and protection.

☛ When enrolling their child, parents/guardians will be:

1. Informed of the program's *Sun-Smart Policy*.
2. Asked to provide a suitable hat for their child's use when outdoors in the care setting.
3. Required to provide permission for staff to apply sunscreen (and *optional*: health care provider's signature included on consent form).
4. Asked to provide a broad spectrum SPF 15 or higher sunscreen if their child is allergic to the program's offered brand/type.
5. Encouraged to practice *Sun-Smart* behaviors themselves.

RECOMMENDED STANDARD/OPTIONAL: Every child should have on file a standing order from their health care provider for the use of sunscreen (nonprescription medication) in the care setting, in addition to the parental consent to have sunscreen applied¹.

¹ American Academy of Pediatrics and American Public Health Association, (2002). *Caring for our children: National health and safety standards: Guidelines for out-of-home child care programs*, Second Edition. Elk Grove Village, IL.

Trabuco Presbyterian Church Preschool
ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

Trabuco Presbyterian Church Preschool has put in place preventative measures to reduce the spread of COVID-19; however, the preschool cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Preschool or Preschool-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Preschool or Preschool-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Preschool or Preschool-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Preschool employees, volunteers, and Preschool-related activity participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Preschool or participation in Preschool-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Preschool, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Preschool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Preschool-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability. **I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

Signature: _____ Date: _____

Name (printed): _____