



CATALYST COMMUNITY PRESCHOOL

Dear parents,

Welcome to Catalyst Community Preschool! Thank you for making the commitment to join us. We are thrilled to become a learning environment for your child, and we can't wait to get to know you as you join our fourth year as a CCP family.

Adventure awaits your child at Catalyst Community Preschool! Here your child will spend a large portion of the preschool morning learning in our outdoor environment. Our philosophy stands that the outdoor classroom is the best classroom - any learning that can be done indoors, can take place outdoors as well. Most of our day's activities, both free play and small group activities, will take place outdoors. We are offering this unique learning experience, which is appropriate for all age levels and learning styles. We celebrate hands-on, child-centered learning. Each day will consist of classroom projects as well as individual experimentation through outdoor exploration and imagination.

As you fill out this enrollment packet, please be as thorough as possible. We know it is quite lengthy, but it is all essential to providing the best environment possible for your child, and most of it is information required for us to keep on file as a licensed child care center. In order to reserve a spot for your child in our preschool for the 2018-2019 school year, we need each form returned complete, along with an \$80 enrollment fee. (The one exception is that you may turn in your child's Physician's Report by Wednesday, August 1 – this form needs to be completely filled out by the doctor's office before your child can attend, including all immunization dates.)

As we learn and grow together, please don't hesitate to contact us via email (CatalystCommunityPreschool@gmail.com) or phone (805-420-7030). We look forward to a fabulous year!

Joan Bennett, Director

Amy Freehauf, Assistant Director

2018 Enrollment Dates:

Monday, March 5: Returning students and siblings* of currently enrolled students

Monday, March 19: Enrollment Opens to New Students at this time

Please bring your completed enrollment packet and \$80 enrollment fee.

*Sibling discount of 5% off of tuition for second/third child enrolling from same household.



CATALYST COMMUNITY PRESCHOOL

Enrollment Packet Checklist, 2018-2019 School Year

Child's Name _____ Date of Birth _____

In order to register your child, the following documents must be complete and signed by all required parties (Physician's Report may be turned in by August 1). An enrollment fee of \$80.00 paid by cash or check must accompany this enrollment packet. Checks may be made out to Catalyst Community Preschool.

Catalyst Community Preschool admits children ages 2-5 regardless of race, nationality, creed, or religion. As per state licensing, a child may not begin attending until the following documents have been completely filled out and reviewed by a director:

Checklist:

Director's Initials:

- Enrollment fee of \$80.00 _____
- Child Information Sheet _____
- Admission Agreement (4 pages) _____
- Allergy/Medical Alert Form _____
- Email Contact Page _____
- Identification and Emergency Information (LIC 700) _____
- Consent for Emergency Treatment (LIC 627) _____
- Child's Preadmission Health history – Parent's Report (LIC 702) _____
- Personal Rights Acknowledgment (LIC 613) _____
- Parents' Rights Acknowledgment (LIC 995) _____
- Physician's Report for Child Care Centers (LIC 701) (due by Aug.1st) _____

Parent's name(s): _____ Phone number: _____

Email address: _____

For office use only:	Class: _____
Date of enrollment: _____	Cash/check number: _____
Allergy/Medical Alerts: _____	Child's t-shirt size: _____



CATALYST COMMUNITY PRESCHOOL

Catalyst Community Preschool Child Information Sheet

Child's Name _____ Date of Birth _____

Home Address _____

Primary phone number (during preschool hours) _____

Mother's name _____ Mother's Date of Birth _____

Mother's place of employment _____ Work phone _____

Father's name _____ Father's Date of Birth _____

Father's place of employment _____ Work phone _____

Child's doctor's name _____ Dr. phone _____

Child's Siblings (name, age/grade, where they attend school)

How did you hear about Catalyst Community Preschool? _____

What are your primary goals for placing your child in preschool? _____

CCP offers Early Care (before school) from 7:30-8:30 am for an additional \$4 per day. Do you foresee utilizing our Early Care for your child? Which days?

CCP offers Lunch Crew (after school) from 12:00-1:30 pm for an additional \$6 per day. Do you foresee utilizing our Lunch Crew for your child? Which days?

What is your home elementary school (through your school district)? _____

Where do you plan on your child attending kindergarten? _____

Does your family attend church? If so, where? _____

Is your child fully potty-trained? If no, at what stage? _____

Anything else we should know about your child: _____

Mother's signature: _____ Father's signature: _____



CATALYST COMMUNITY PRESCHOOL

Catalyst Community Preschool Admission Agreement (4 pages)

Child's name: _____
 Date of birth: _____
 Parent's/Guardian's Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell: _____ Home: _____ Work: _____
 Email address(es) : _____
 Person responsible for payment: _____

Description of Services

This admission agreement states that Catalyst Community Preschool will provide preschool child care for _____ (child's name) for the hours of 8:30 am until 12:00pm for the following days of attendance during the 2018-2019 school year:

- | | | |
|-------------|-----------------------|---|
| Circle one: | 5 days (M-F) | 10 payments of \$352.00 due the 1 st of each month |
| | 3 days (M,W,F) | 10 payments of \$250.00 due the 1 st of each month |
| | 2 days (T,Th) | 10 payments of \$192.00 due the 1 st of each month |

I, _____, (parent or legal guardian) of _____, (child's name) agree to pay an advanced monthly tuition in the amount of \$_____. The total of which is to be paid **on or before the first day of each month** for the months of August 2018-May 2019 (there is no June payment). This monthly tuition is based on a daily rate that is added up and then divided into equal monthly payments. Therefore, your tuition fees will be the same amount each month, no matter how many days of school are scheduled or attended in that month.

Please note: For students enrolling after September 1, 2018, tuition will be pro-rated based on a daily rate multiplied by the remaining number of school days, and monthly tuition fees may differ from the rates listed above. The first tuition payment will be due on or before the first day that your child attends, and subsequent payments will be due on the first day of each month. Children may not attend preschool before their 2nd birthday. Parent who wish to enroll a child who is not yet two years old must pay the full tuition rates even for months when their child is not yet able to attend, in order to hold a space for his/her enrollment.

This attendance agreement remains in effect until either party terminates the agreement as outlined. Any changes to this schedule will be accepted only with a signed, new Admission Agreement and written advance notice to the Director.

Tuition payments can be made in the form of cash, money order, or checks (unless a pattern of returned checks develops).

Registration fees

In addition to our tuition, there is an annual registration fee of \$80 per child. This fee will be collected at the time of enrollment and is non-refundable. Without this fee, we cannot accept your child's enrollment application and cannot hold a space for your child.

Sibling Discount

The first (oldest) sibling attending from each household will be charged the full tuition rate. When attending at the same time, additional siblings from the same household will receive a 5% tuition discount on the 2nd and/or 3rd child's tuition.

Late fees

Tuition payments are due on the 1st of each month. Payments paid after this time are subject to a \$10 late fee. If the delinquent payment has not been received by the 15th of the month, your child will not be able to return until payment is made in full. Please talk to the director in cases of financial hardship if special arrangements need to be made.

Returned check fees

There will be a returned (NSF) check fee of \$30, in addition to any charges that your banking institution may charge you. The \$30 fee should accompany the new payment replacing the returned check, and is due within 14 days from when we notify you of the returned check. There will be a cash or money order only policy in effect after 2 returned checks in a school year.

Late Pick-up Fees

The normal preschool hours for Catalyst Community Preschool are 8:30 am – 12:00 pm. It is imperative that all parents or guardians pick up their children on time. The children recognize when parents are late, and begin to worry. Our staff have families and responsibilities that they must get to as well, and we appreciate your prompt arrival. There will be a 15-minute grace period for parents/guardians arriving late. After this grace period, at 12:15, there will be a \$10 late fee for every 5 minutes past the grace period, unless the child has been previously signed up for Extended Care. This fee will be due at pick up time. Catalyst Community Preschool reserves the right to contact the appropriate government agency in the event that your child remains at the center an hour or more past the close of business if all attempts to contact persons listed as an emergency contact have been exhausted.

Extended Care

Catalyst Community Preschool offers Early Care (before school) from 7:30-8:30am, as well as Lunch Crew (after school) from 12:00-1:30pm. The fee for Early Care is \$4 per day, and the Lunch Crew fee is \$6 per day (please provide lunch from home). In order for us to ensure appropriate staffing, a minimum of 24 hours notice will be required in order for your child to attend extended care activities, and Catalyst Community Preschool reserves the right to discontinue offering extended care on days with low attendance. We cannot care for children earlier than 7:30am or later than 1:30pm. There is no grace period after the 1:30pm pick time, so please plan to pick up on time if your child is attending Lunch Crew. Parents/guardians arriving after

1:30 will be charged a \$10 late fee for every 5 minutes past 1:30pm. Refunds are not given for missed extended care hours due to illness, time off, or vacation.

Missed Days Policy

Catalyst Community Preschool does not provide refunds or discounts for individual days missed due to illness, time off or vacation time. It is your responsibility as parent or guardian to notify the center if your child is not going to be in attendance due to illness or vacation. The center should be aware of any communicable disease that is present in the center, so please let us know your reason for absences when you call/email. In circumstances where the preschool needs to close due to natural disaster, power outage, weather, building conditions, etc, we will make every effort to notify you of school closures as soon as possible, usually via email. Often, these days will be in line with the Santa Paula School District closures (though there may be circumstances that apply only to our preschool). There will be no refunds given due to unplanned school closures unless the preschool remains closed for more than 10 regularly scheduled school days.

Modification Conditions

This agreement is valid for the 2018-2019 school year. If this agreement is modified by either party during this contract year, a new agreement will be required.

Termination Conditions

Children benefit most when the program and home have a similar philosophy of teaching and discipline. Should a time arise when either Catalyst Community Preschool or the parent/guardian feels that the child is not benefitting from the program or must move on for other reasons, either party may request withdrawal without prejudice, with a two-week written notice. This notice must be given to the director. Payment will be required to include days in the two-week notice period, whether or not the student attends during that time. Upon withdrawal from the program, families are eligible for a refund of all tuition fees paid in excess of the days attended. This refund will not include any enrollment, returned check or late fees. This refund will be issued within 60 days of the last day of attendance. Refunds on any tuition paid in excess, with the exception of the two-week notice requirement, will be paid in full upon written request to the director.

Physician's Report

Please note that the passing of State Bill 277 now requires that all students are up to date or are on track to receive the required vaccinations listed on the Physician's Report (LIC 701), with the exception of those who have a Personal Beliefs Exemption filed prior to 1/1/2016 or a medical exemption submitted by a physician. Students who do not meet these requirements, or who have an expired medical exemption, will not be able to attend preschool until requirements are met.

Participation

The signing of this admission agreement grants permission for your child to participate in all activities of our preschool program. These activities may include, but are not limited to climbing on play structures, sand and water play, playing with blocks and balls, swinging, riding bikes and/or scooters, gardening, handling rabbits/chickens/other animals, indoor and outdoor activities. This agreement allows your child to be included in photos and videos taken at school, which may be used for school slideshows, your child's memory book, or marketing materials (digital or printed). Likewise, permission is granted for preschool staff to assess and keep records of developmental progress. A parent-teacher conference will be scheduled to discuss any concerns, suspected delays or needs for further outside evaluation.

Catalyst Community Preschool, License #566214985

Preschool Class Placement

All CCP students and teachers are outside together for the majority of the school day, yet we do have multiple classrooms for indoor time. Class placement for each child is determined by the preschool director. Classes are usually determined by the child’s birthday, and not the child’s developmental progress, thus each class will have a range of development, and teachers are trained to accommodate each child’s individual needs. Children entering the “2s” or “3s” classes do not need to be fully potty-trained, however children in the “4s” class are expected to be capable of all steps in the toileting process.

Rights of the Licensing Agency:

The Department of Social Services, Community Care Licensing Division according to Title 22, Division 12 Chapter 1 Regulation 101200, states “The department has the authority to interview children or staff and to inspect and audit child or child care center records, without prior consent. The school shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.:

I have read and understand the school policies and procedures in this Admission Agreement. I understand that violation of this agreement may result in the dismissal of my child from the Catalyst Community Preschool program. I understand that some preschool activities may have inherent dangers, and that unanticipated dangers may arise during preschool activities. I voluntarily agree to accept any and all risks of injury and damages of any nature resulting directly or indirectly from my or my child’s participation in activities related to Catalyst Community Preschool, and do not hold Catalyst Church, Catalyst Community Preschool or its staff members liable for any damages resulting from or in connection with my child’s participation in preschool activities.

Parent/Guardian Signature

Date

CCP Director Signature

Date

Catalyst Community Preschool
241 North Mill Street
Santa Paula, CA 93060
805-420-7030
CatalystCommunityPreschool@gmail.com



CATALYST COMMUNITY PRESCHOOL

Allergy/Medical Alert Form 2018-2019

Child's Name: _____ Date of Birth: _____

Please let us know if there are any allergies or medical conditions (asthma, seizures, etc) that we should be aware of when caring for your child. Please write "none" if there are no known medical concerns. Be sure to update the Preschool office staff if there is any change in your child's health or condition.

My child has the following medical conditions or allergies:

Signs/symptoms to watch for:

Steps to take:

Parent Signature: _____ Date: _____



CATALYST COMMUNITY PRESCHOOL

Email Contact Page 2018-2019

In order to efficiently communicate with you regarding upcoming activities, tuition info, and other announcements, we ask for at least one email address that will be checked on a regular basis during the school year. Emails are sent at least once a month containing the preschool newsletter and snack calendar.

Child's name: _____

Your name(s): _____

Email: _____

Email: _____

Check here if you do not have email /computer access and need a hard copy of classroom newsletters and announcements.

Check here if you do not wish your email address to be given to other parents upon request. (on class lists or for play dates, birthday parties, etc)

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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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*	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
--	------------------------	---

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

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

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)	/ /	/ /	/ /	/ /	/ /
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.