

2023/2024

PRESCHOOL HANDBOOK

Oakhurst Lutheran Preschool Enrichment Program

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Facility # 203808295

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(BOLD # FORMS 1-10 NEED TO BE FILLED OUT AND RETURNED TO PRESCHOOL)

Welcome to the Preschool of Oakhurst Lutheran Church. We have tried to assemble information that will answer many of your questions and help to make our year together a positive experience for all involved. We suggest you read this handbook thoroughly now and then and keep it handy to check on information as the year progresses. Please contact the school office or the teachers for additional information and clarification.

PHILOSOPHY

Our Preschool's philosophy is based on the knowledge that children learn through experience--they learn by doing. We work towards enhancing the development of the "whole child." We strive to provide a program that nurtures their social, emotional, cognitive, physical and spiritual development. We provide an environment that is as child-centered and with as many hands-on projects as possible.

Preschool is the beginning of the child's school experience, and we try to make the transition from home to school a positive one through careful planning by experienced teachers.

A child's happy experiences in preschool build a positive attitude which can be the foundation for life-long learning.

We work toward the goal of:

- Developing healthy habits and attitudes which will make the child comfortable and safe while learning social skills in a classroom setting
- Growing in understanding of self and attaining a good foundation of social and emotional skills.
- Developing a background of experiences which will serve as a basis for future learning and a continued love for learning.

We offer an integrated theme-based curriculum with daily learning stations in art, science, cognitive, and motor skills or creative play.

We believe that every child goes through developmental stages of growth and that it is the responsibility of our staff to foster that development and to consider each child's individual needs.

ADMINISTRATION

Oakhurst Lutheran Preschool is operated as a non-profit community service organization under the Articles of Incorporation of Oakhurst Lutheran Church. The Preschool Enrichment Program was founded in 1984.

The affairs of the Preschool Enrichment Program are governed by the Church Council of Oakhurst Lutheran Church. The Council consists of nine non-salaried members derived from the membership of Oakhurst Lutheran Church. The Church Council establishes the policies and practices of the Preschool Enrichment Program. The Church Council, together with the Director and Teacher, plans the Preschool Enrichment Program, supervises the curriculum, staffs the School, oversees the finances and maintains good relationships between the Church, the Preschool Enrichment Program, and the community.

The Director and Teacher are responsible to the Church Council for the administration and interpretation of the established policies and are further charged with implementing the Preschool Enrichment Program curriculum and managing the day-to-day affairs of the Program.

STAFF

Staff members are all sensitive, mature Christians. Our Preschool Enrichment Program teachers all meet the California State education requirements for preschool teachers.

LICENSE

Oakhurst Lutheran Preschool Enrichment Program is licensed by the State of California Department of Social Services. Our policies and procedures are in compliance with Child Care Center Regulations as set forth in the Community Care Licensing Division Manual of Policies and Procedures.

NONDISCRIMINATION POLICY

Oakhurst Lutheran Preschool Enrichment Program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the

school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PROGRAM

Our Oakhurst Lutheran Preschool Enrichment Program offers classes for 3 year old children on Tuesday and Thursday from 9-12:30PM. It offers classes for 4 and 5 year old children on Monday, Wednesday and Friday from 9-12:30PM.

At all times we maintain student/teacher ratios required by the state of California.

CHAPEL

All students will participate in chapel every week, learning new songs about Jesus.

ADMISSION POLICY

Our Oakhurst Lutheran Preschool Enrichment Program operates from mid-August through Memorial Day. Children must be three years old by September 2, of the academic year for the three-year-old program and four years old by September 1, of the academic year for the four and five-year-old program.

Registration forms must be filled out and returned before a child can attend Oakhurst Lutheran Preschool Enrichment Program, including a signed Parental Agreement and the physician's report that must be completed by the child's doctor. State law requires the school to have documentation of immunizations for Diphtheria-Tetanus-Pertussis (DTP/DT), Polio (OPV/IPV), Measles, Mumps, Rubella (MMR), Hepatitis B, TB skin test, Hib Meningitis, and Varicella (Chicken Pox).

MEDICATION

Due to the short length of time we are in class, we have chosen to not administer any medications.

FACILITY OPERATION

Children are admitted to the classroom at the designated starting time for each class and must have an authorized adult pick them up at the end of class. Children must be signed-in upon arrival and signed-out upon departing the school. The authorized adult must sign their full name. This is a California State law.

TRANSPORTATION

All transportation will be the responsibility of the parents. We do not do field trips in the preschool program. If your child is transported to or from school by someone other than the parents, the school requires them to be on the emergency card, and for the person picking your child up to provide identification.

PARENTAL AGREEMENT

The Oakhurst Lutheran Preschool Enrichment Program Admission Agreement must be read, signed and returned to the Preschool Director. A copy of this signed document will be returned to the Parent or Child's Representative. A complete copy of this agreement can be found in this handbook.

See document **#1 ADMISSION Agreement** on pages 4 & 5

See document **#2 Permission to Participate** on page 9

See document **#3 Permission to Receive Emergency Medical Care** on page 10

See document **#4 Preschool Parental Agreement** on page 11

See document **#5 Personal Rights for Child Care Facilities (LIC 613A)** on page 12

See document **#6 Child Care Center Notification of Parent's Rights (LIC 995)** on page 13

See document **#7 Physician's Report – Child Care Centers (LIC 701)** on page 14

See document **#8 Child's Preadmission Health History (LIC 702)** on page 15

See document **#9 Consent for Emergency Medical Treatment (LIC 627)** on page 16

See document **#10 Identification and Emergency Information (LIC 700)** on page 17

Oakhurst LUTHERAN Preschool Enrichment Program
2023/2024 ADMISSION AGREEMENT
Facility Number: 203808295

ADMINISTRATION: Oakhurst Lutheran Preschool Enrichment Program is sponsored by Oakhurst Lutheran Church as a community service and is administered by a non-salaried Board. The Preschool Enrichment Program is a Christian, nonsectarian, nonprofit organization and welcomes children of all races, religious and ethnic origins. The Preschool Experience Program was founded in September 1984.

PHILOSOPHY: Our Preschool's philosophy is based on the knowledge that children learn through experience; they learn by doing. We work towards enhancing the development of the "whole child." We provide a program to nurture their social, emotional, cognitive, physical and spiritual development.

We offer an integrated theme-based curriculum with daily learning stations in art, science, cognitive and motor skills or creative play.

We believe that every child goes through developmental stages of growth, and that it is the responsibility of our staff to foster that development and to consider each child's individual needs.

LICENSE: Oakhurst Lutheran's Preschool Enrichment Program is licensed by the State of California Department of Social Services. Our policies and procedures are in compliance with Child Care Center Regulations as set forth in the Community Care Licensing Division Manual of Policies and Procedures.

All teachers are required to be qualified for teaching preschool education as determined by the State of California, Department of Social Services.

PRESCHOOL ENRICHMENT PROGRAM:

The daily schedule includes small group sharing time, learning centers, circle time, a snack consisting of food from two food groups, and outside play. Due to Covid-19, each student will bring their own snack/lunch.

Our facility is licensed to a capacity of 21 children. At all times, we maintain the student/teacher ratios required by the state of California.

FINANCIAL OBLIGATIONS: There is an annual non-refundable registration fee of \$50.00 per family, which is applied to the first month.

\$225.00/month for 4 & 5 year old program

\$150.00/month for 3 year old program

The monthly price will remain the same for the school year. Any change will begin at the beginning of each school year.

Oakhurst Lutheran Church is a non-profit organization. Operating expenses of the Preschool Experience Program will be met by Oakhurst Lutheran Church.

A two-week written notice is to be presented to the school when withdrawing a child.

FACILITY OPERATION: Children are admitted to the classroom at the designated starting time for each class and must have an authorized adult pick them up at the end of class. Children must be signed-in upon arrival and signed-out upon departing the school by an authorized adult. Sign-in/sign-out must include your full signature and the time. This is California state law.

Oakhurst Preschool Enrichment Program makes every effort to work closely with parents to maintain a mutually supportive relationship. We will communicate with you regarding your child's developmental progress.

Oakhurst Lutheran Preschool Enrichment Program reserves the right to engage the services of professional Early Childhood Specialists to assist our staff in handling certain behavioral or developmental issues.

All students are accepted on a trial basis. The school reserves the right to dismiss children who, in the eyes of our staff, are not making a positive adjustment to our school environment. Children who exhibit patterns of behavior that endanger others may be dismissed.

INSPECTION AUTHORITY: The State of California Department of Social Services shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent.

The Department of Social Services shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physician examine the client.

The staff is obligated under California State law to report any suspected child abuse to the authorities.

COMPLAINT PROCEDURE: Parents understand they have the right to call or write the licensing agency if fault is found in the operation of the facility or treatment of their child. Write or call:

Community Care Licensing
1310 E. Shaw Ave., MS 29-01
Fresno, California 93710-7902
(559) 243-4588

PARENT'S RIGHTS: The parents understand that they have the right to visit and observe the school anytime their child is in care.

I/We the undersigned, agree to the conditions of this "Admission Agreement" and to the admission of _____ to Oakhurst Lutheran Preschool Enrichment Program.
Child's name

I/We also agree to the additional policies as stated in the Preschool Experience Program Parent Handbook for Oakhurst Lutheran Preschool Enrichment Program.

Parent or Child's Representative

Date

Preschool Director, Oakhurst Lutheran Preschool Enrichment Program

GENERAL INFORMATION

REGISTRATION PRIORITIES FOR 2023/2024

Enrolling in Preschool: Priority is given to Members of Oakhurst Lutheran Church and currently enrolled families.

REGISTRATION AND TUITION FEES

Oakhurst Lutheran Church runs its Preschool Enrichment Program as part of its Christian Education Program. Our intent is to provide a Preschool experience for the student and as a parent cooperative to provide learning experiences in parenting for parents. The Preschool Enrichment Program is not an income-generating program. In fact from its inception Oakhurst Lutheran has invested in and donated facilities and overhead expenses. The suggested donations go to the teacher to maintain consistency and quality of program and curriculum. We have never excluded a student because the family was unable to pay the monthly price. Parents or a parent representative are expected to spend time in the classroom, typically two days every month.

There is an annual non-refundable registration fee of \$50.00 per family. Rates are good for the 2023/2024 school year.

	<u>3 YEAR OLD</u>	<u>4 YEAR OLD</u>
SUGGESTED DONATION	2-day \$150	3-day \$225

CUBBIES AND PARENT BOXES

Please check child's cubbie each day for work and correspondence.

LUNCHES

We encourage parents to provide healthy and nutritious food choices for their children. The children are encouraged to eat the food their parents provide; however, in a stimulating environment such as school, many children do not eat their normal quantities of food.

Any uneaten food will be sent home in your child's lunch box. We do not allow children to share their lunches with other children. In addition, candy, soda and glass bottles are not allowed at school. We have hot water available for "cup of soup" types of food. Please include any required eating utensils.

MISCELLANEOUS PARENT INFORMATION

ILLNESS

A child who shows signs of illness should be kept home. A child who becomes ill during school will be sent home. The staff will not administer any medicine. We appreciate a phone call notifying us when your child will be absent. If your child should contract a contagious disease such as head lice or chicken pox, please notify the school right away so we can notify parents of possible exposure.

ILLNESS EXCLUSION GUIDELINES,
EXCLUDE CHILD FROM SCHOOL IF ANY OF THE FOLLOWING EXIST:

1. Elevated temperature:
Oral above 99.6 degrees F.
Axillary above 99 degrees F.
2. Thick, foul-smelling, bloody, or purulent drainage from wounds, nose, eyes, or ears.
3. Coughs interfering with sleep, causing vomiting or spitting up of mucous.
4. Persistent pain, including earaches, stomach pain, pain on urination, or injured limbs.
5. Parasitic infections such as lice, pinworms, or scabies.
6. Vomiting or nausea within the last 24 hours.
7. Diarrhea within the last 24 hours.
8. Fever within the last 24 hours.

9. Sore throat.
10. Rashes that itch, are blister-like, weeping, and/or accompanied by a stiff neck, enlarged glands, or any of the above.

EMERGENCY, INCLEMENT WEATHER AND NATURAL DISASTER POLICY

Parents are notified immediately of serious injury or sudden illness that occurs during school hours. For this reason, it is necessary that you notify the school office when there is a change of phone number or persons to be contacted when you cannot be reached. It is understood that enrollment at Oakhurst Lutheran Preschool Enrichment Program confers upon the School the obligation to select emergency care providers in the absence of our ability to reach the parents, and that no liability would attach to such a decision when the parents cannot be reached.

In the event of a natural disaster or inclement weather, we will follow the direction of the Bass Lake Union School District as to the opening or closing of the School. This information can also be found on the Oakhurst Lutheran Church web site at www.oakhurstlutheran church.org.

Oakhurst Lutheran Preschool Enrichment Program has developed a disaster preparedness plan to be used in the event of a major emergency. Our staff has been trained in first-aid, CPR, and emergency procedures. Our buildings are all up to code and inspected annually to maintain a safe environment. The welfare of your child is our primary concern. In all emergency situations children will be kept at school under staff supervision until they are released to an authorized person, unless evacuation is ordered to an evacuation area.

CHILD ABUSE REPORTING OBLIGATIONS

In accord with California law, school staff are obligated under penalty of fine and jail term to report the reasonable suspicion of physical abuse, emotional abuse, emotional deprivation, physical neglect, inadequate supervision, or sexual abuse and exploitation. The clear intent of the law, based on the seriousness of the crimes listed above, is to mandate that a report of reasonable suspicion of abuse be made. Oakhurst Lutheran Preschool Enrichment Program staff will make such reports in the best interest of the child and, once reasonable suspicion is established, have any legal alternative except to make the report to the proper authorities for their investigation and review.

PARENT-TEACHER COMMUNICATION

Parents are welcome to visit and observe the classroom; however, the visit cannot be used as a parent/teacher conference time since the teacher has responsibilities to other children as well. A parent may make arrangements for a conference with the teacher outside of class time.

The school year begins in August and ends just before Memorial Day. Christmas and Easter vacations coincide with those of the Bass Lake Union School District. A school year calendar which lists all the vacations and holidays is published in the fall of each year and is sent home to each family.

UPDATED CONTACT INFORMATION

Parents must inform the school at once of any changes to the information contained on the Emergency Information Form completed at registration.

CALENDAR/NEWSLETTER

Notice of observed holidays and recesses will be printed in a school calendar/newsletter and given to parents. Calendar/newsletters will keep parents informed of classroom activities, themes, special days and events. Additional notes will be sent home as needed.

LUNCH

Snack time is included as part of our program. Parents will be responsible for providing a nutritious lunch and drink for their child.

BIRTHDAYS AND SPECIAL DAYS

The Director will schedule a special day for each child. If a child's birthday falls during the school year, the special day will be scheduled near his/her birthday. For children who have a birthday during vacation time, their special day will be scheduled throughout the year. On this day, you may wish to provide a special snack to share with the class.

SHARE ITEMS

We have share time once a week as part of our language arts program. We encourage the children to bring items from home that they would like to talk about; (We have had new brothers and sisters, kittens, puppies, and even an older brother home on leave from the service!). We do ask the children to leave at home guns, swords and any other toys that encourage aggression.

CLOTHING

Because our program involves a wide variety of experiences each day, we ask that children come to school dressed in comfortable play clothes. Children can enjoy themselves much more if they do not have to worry about spoiling their good clothes. (We push up sleeves and do provide aprons.) Please label any article of clothing your child might remove during the course of the day. Unclaimed items will be donated throughout the year.

TELEPHONE CALLS

Phone calls to the school during class sessions will be screened by the school secretary. Only emergency calls will be accepted by the teaching staff. For other matters a message will be taken, and a call will be returned after school hours.

DISCIPLINE

The preschool staff uses positive techniques of guidance which includes redirection, anticipation of and elimination of potential problems, positive reinforcement, and encouragement rather than competition, comparison, or criticism. Consistent, clear rules are explained to the children. The practice of "time outs" is used only when redirection is not successful.

The staff does not invoke corporal punishment. We believe in positive redirection. Oakhurst Lutheran Preschool Enrichment Program makes every effort to work closely with parents to maintain a mutually supportive relationship. We will communicate with you regarding your child's developmental progress. All students are accepted on a trial basis. The school reserves the right to dismiss children who, in the eyes of our staff, are not making a positive adjustment to our school environment. A child who exhibits patterns of behavior that endanger others may be dismissed.

The preschool staff strives to help children to be comfortable, relaxed, happy and involved in all of their activities.

Oakhurst Lutheran Preschool Enrichment Program Permission to Participate in School Activities

I hereby grant permission for my child, _____ ,
to use all of the play equipment and participate in all of the activities of the School.

I hereby grant permission for my child to leave the School premises under the supervision of a staff member for neighborhood walks, nature walks, program practices at chapel, and special events on the church campus. YES _____ NO _____

I hereby grant permission for my child to be included in evaluations and pictures connected with the School program. YES _____ NO _____

Do you give permission to include your child's:

Address in a class list/school directory? YES _____ NO _____

Telephone number in a class list/school directory? YES _____ NO _____

Photograph or video in the classroom, emails, bulletin board or brochures? YES _____ NO _____

Photograph or video on Oakhurst Lutheran's website or Facebook, or any organization who visits our classroom? YES _____ NO _____

When any pictures of students do appear on the website or FaceBook page, there will not be any personal identification (students' names) included Parents may update or make changes to this form at any time.

Signed by Parent or legal guardian

Date

Oakhurst Lutheran Preschool Enrichment Program

Permission to Receive Emergency Medical Care

Child's Name: _____

Parents/guardian (Print) _____

Address _____

Telephone: Home _____ Work _____

I hereby grant permission for the staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian. If unable to do so directly, will call persons listed on the Emergency Information Form .
2. Attempt to contact the child's physician as listed on the Emergency Information Form.
3. If the School cannot contact a parent/guardian or the child's physician, the staff will do any or all of the following:
 - Call another physician.
 - Take the child to a physician's office, urgent care center or hospital.
 - Call an ambulance to have the child taken to an emergency medical facility in the company of a school staff member.

I hereby give consent to Oakhurst Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I agree to accept financial responsibility for any expenses incurred in such treatment.

Does this child have a permanent medical condition? Yes _____ No _____

Condition _____

Is this child currently taking a long term prescribed medication? Yes _____ No _____

Medication _____ Dosage _____

This child has the following life threatening allergies: _____

The School will not be responsible for anything that may happen as a result of incorrect information given by the parent on the Emergency Information Form.

The School will not assume responsibility for a child who has not been registered for the current school year.

Signed _____ (Parent or legal guardian) Date _____

Preschool Parental Agreement
Oakhurst Lutheran Preschool Enrichment Program
Facility Number: 203808295

Preschool Parental Agreement:

I/We hereby enroll my/our child _____, for the 2023/2024 school year with unreserved commitment to the policies and Admission Agreement described in the handbook and have read, signed and submitted a copy of:

- Personal Rights for Child Care Facilities (LIC 613A)
- Child Care Center Notification of Parent's Rights (LIC 995)
- Physician's Report – Child Care Centers (LIC 701)
- Child's Preadmission Health History (LIC 702)
- Consent for Emergency Medical Treatment (LIC 627)
- Identification and Emergency Information (LIC 700)
- Permission to Participate in School Activities
- Permission to Receive Emergency Medical Care
- Parent Contract Summary (completed at registration)
- Admission Agreement

I/We are aware that I/we must keep a copy of the Oakhurst Lutheran Preschool Enrichment Program handbook as a reference for the remainder of the school year.

I/We the undersigned, agree to the policies stated in the Oakhurst Lutheran Preschool Enrichment Program Parent Handbook .

Signature of guardian

Date

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

Community Care Licensing

ADDRESS

1310 E. Shaw Av., MS 29-01

CITY

Fresno

ZIP CODE

93710-7902

AREA CODE/TELEPHONE NUMBER

559-243-4588

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)

**FAMILY CHILD CARE HOME
NOTIFICATION OF PARENTS' RIGHTS**

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1310 E. Shaw Ave., MS 29-01, Fresno, CA 93710-7902

Licensing Office Telephone #: 559-243-4588

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, _____

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the 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: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

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 STAFFS 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*		

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

_____ 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

()

LIC 627 (9/08) (CONFIDENTIAL)

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
BIRTH DATE					
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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Students Last Name _____

PRESCHOOL

Initial

1. I/We understand that the \$50.00 preschool registration fee is not refundable. _____
2. I/We understand that withdrawal of a child for any reason requires a two week advance notice in writing. Tuition is required during the notification period whether or not the child attends school. Students who withdraw prior to the first day of school will be charged _____ for September.
3. I/We understand that preschool students not picked up after 10 minutes past the ending of class will be charged a late fee of \$5.50 for each additional 10 minutes.

Parent (Guardian) Signature

Date