



Registration Packet Must Be Turned In ONE WEEK Prior To Start Date

Return the Following Items Along with This Admission Packet

- o Copy of Birth Certificate (from County Clerk's Office)
- o TB Test (Physician may declare "No Risk" to opt out)
 - o Copy of Immunization Record (Yellow Card)
 - o Copy of Insurance Card
 - o \$150 Registration Fee

Cornerstone Christian Preschool

4105 Crowell Rd Turlock Lic # 503808835

700 E Monte Vista Ave Turlock Lic # 503810136

www.CCPTurlock.com

209-535-0136



ADMISSIONS AGREEMENT

INTRODUCTION

Welcome to Cornerstone Christian Preschool. We look forward to working alongside you and your child to grow and learn! Our mission is to exemplify Christ's love through speech, action and play to develop intellectual, spiritual, emotional and independent individuals, while exceeding state learning standards.

STATEMENT OF FAITH

At Cornerstone Christian Preschool we teach and believe in one God. We teach and believe that the Bible is the one and only truth. We teach and believe that Jesus Christ is God's one and only son and that He was born of the virgin Mary, lived a physical life, was crucified on a cross, died a physical death and rose from the dead three days later. We teach and believe that one must give their life to the Lord. We teach and believe that we are to love and obey His laws (The Bible). We teach and believe God's love is shared to others by the way we act, speak and live. We teach and believe in the importance of worship, prayer, and spreading the gospel of the Lord to all people.

NON-DISCRIMINATION STATEMENT

Cornerstone Christian Preschool does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status or disability. Cornerstone Christian Preschool is an equal opportunity employer. Cornerstone Christian Preschool prohibits harassment of and by its staff members on the basis of gender, race, age, color, national origin, religion, marital or sexual orientation, citizenship, disability, and other characteristics. Harassment includes, but is not limited to, making derogatory remarks about any of these characteristics, making jokes or stereotypical comments about ethnic or other groups, and engaging in verbal, physical, and visually offensive behavior.

BASIC SERVICES OFFERED

Cornerstone Christian Preschool is a high quality childcare center where students, ages two to five, will develop through lesson, play and exploration. Children will spend their time inside classrooms engaging in age appropriate activities and outside exploring the world around them under the supervision of qualified and trained staff.

OPTIONAL SERVICES OFFERED

I understand that field trips and optional programs may be offered, such as dance or Spanish class. These programs may require fees in addition to regular tuition. These fees are payable in advanced and depending on the program the fees may or may not be refundable.

TUITION

I understand that tuition is subject to change. If tuition rates change, there will be a one month notice given. I understand that tuition must be paid in full by the 1st of every month. I understand and agree to pay a \$25.00 late fee, if my tuition is not paid. I understand a non-sufficient funds fee of \$30.00 will be added to my account for any returned checks. Returned checks resulting in overdue tuition will be subject to a late fee plus the returned check fee. I understand that if more than four checks are returned within a calendar year, I will be required to pay with cash or money order for 90 days. I understand that if my tuition is continuously delinquent, I will be terminated from the program.

POTTY FEES

I understand that a Potty Fee is an additional charge for children who are not in underwear. This fee will be added to my monthly tuition. Once a child is fully potty trained and in underwear full time, the Potty Fee will be removed from my monthly charges. Additionally, all children must be full potty trained and in underwear by the time they turn three years of age. If my child is not fully potty trained by the age of three, I will be terminated from the program. I understand that staff will do all they can to work with the child and family to help get the child potty trained. I understand that "Full Potty Trained" is defined as

- Must be in underwear full time
- No accidents for two consecutive weeks
- Must be able to pull off clothing and on in order to go to the restroom independently
- Must be able to wipe properly
- Must be able to go in the toilet (urine and bowel movement)
- Must be able to vocalize to a staff member that they need to use the restroom

REGISTRATION FEE

I understand that a non-refundable registration fee of \$150 shall be paid for the first year of enrollment.

RE-REGISTRATION FEE

I understand that a non-refundable re-registration fee of \$75 shall be paid every year in April for the following school year.

DISCOUNTS

Cornerstone Covenant Church and Calvary Church members will be offered a 5% member discount off of monthly tuition, not including Potty Fees. Sibling Discounts will be offered to families who enroll more than one sibling (at one time) from their immediate families.

Discounts are as followed: any additional sibling enrolled at the same time, will be eligible for a 5% Sibling Discount. The discount fees are applied to the least costly tuition. Discounts do not apply for Potty Fees, Registration Fees or any special programs.

LATE PICK UP

I understand that if my child is picked up later than the scheduled program, I will be charged and agree to pay an additional fee of \$1.00 per minute to the closing teacher in cash. Late Pick Up fees are to be paid before being allowed to return to school. I also agree that if I am late more than three times in calendar year, I will be terminated from the program.

REFUND POLICY

If tuition is paid in advanced and the child is withdrawn, the tuition will be refunded for the days unattended, after the required two week notice.

WITHDRAWAL NOTICE PAYMENT

I understand that Cornerstone Christian Preschool requires a two week Withdrawal Notice. I understand that tuition will be due for the given two weeks, whether or not the child attends. Tuition for the last two weeks will be due at the time of the two week notice given. Also, I understand that if the facility determines that it is unable to provide services to meet the needs of my child without jeopardizing the quality of care provided to other children, I may be asked to withdraw my child and I will be given no less than a 2-week notice. In the event that my child must be terminated from the program, I understand that there will be no refund of my tuition.

SCHEDULE CHANGES AND FEES

Cornerstone Christian Preschool requires a two week notice for a change in schedule. Any changes to a schedule must be done on a Schedule Change form. There will be a fee of \$25 to complete a change of schedule. This fee does not apply when submitting Summer and Fall Contracts.

DROP IN DAYS

Drop In Days are added days, outside of the contracted schedule. Children must be enrolled in the monthly program to qualify for Drop In Days. I understand that I cannot switch days outside of my contracted schedule. If I need a different or additional day, I must request a Drop In Day and must pay the additional fee. Drop In Days are not guaranteed and only subject to

availability. Once a Drop In Day is requested and approved, the fee must be paid whether or not the child is in attendance. The cost for a drop in half day is \$40 per day. The cost for a drop in full day is \$50 per day.

ABSENCE

I understand that I must notify the school of any absence. In the event of an absence, my tuition will still be due. Cornerstone Christian Preschool does NOT "hold" spots for an absence. If the school does not hear from the parent or guardian and the child does not attend school for three consecutive scheduled days, the child may be terminated from the program. If my child will not be attending school for more than a month, I may give a two week notice to Drop my child so that I will not be charged for that time. When a child is dropped, there is no guarantee that their spot will be available if/when you wish to re-enroll. The exception is for Summer Break. If you wish to keep your child home with you during summer (June, July, August) you may pay a Holding Fee of \$100 per month to hold your child's spot to start the following September. Holding Fees are non-refundable. Holding fees only pertain to the months: June, July and August. Holding Fees are not an option for months during the regular school year (September - May).

STAFF REQUIREMENTS AND SUBSTITUTES

I understand that Cornerstone Christian Preschool is licensed by the State of California and therefore all staff members meet child care center staff licensing requirements under Title 22 (including but not limited to required college units, specific college courses, mandated trainings, mandated vaccinations and ongoing professional development). In the event that a staff member is out, CCP will provide a qualified substitute. The substitute may not be an everyday staff member and may be called in from our emergency substitute list. All substitutes have been interviewed, trained and are familiar with CCP's program and have met all state requirements. I understand that in the event that a substitute is needed, I may or may not be notified.

FOOD SERVICES

I understand that I will supply a cold lunch for my child. Cornerstone Christian Preschool will provide a morning and afternoon snack at the scheduled time.

BRIGHTWHEEL APP

I understand that I am required to sign up for an account, and select a password and user name ("brightwheel user ID") Brightwheel will allow staff to stay connected. I understand that this is how I will receive pictures, messages and invoices. I agree to use the Brightwheel App. to sign in/out my child and make payments through Brightwheel App.

SIGN IN AND SIGN OUT

I agree to sign my child in and out on a daily basis via the Brightwheel App. My signature must be legible and include my first and last name. If I fail to abide by this requirement, it will result in an additional fee of \$25 for each forgotten or unsuitable signature. If this policy is continually violated I may be terminated from the program. I understand that I am required by the State of California to sign in and out each time my child enters or leaves the facility. I am aware that no one under the age of 18 may sign for my child.

DAYS AND HOURS OF OPERATION

Regular hours will be Monday through Friday, 7:00 AM to 6:00 PM. All children must be dropped off no later 9:30 AM. If I arrive later than 9:30 AM, I will not be permitted to leave my child. I understand that the facility is closed for the following breaks and holidays, and I agree that I am not entitled to any allowance for these days: New Year's Eve Day and New Year's Day, Martin Luther King Jr. Day, President's Day, Good Friday, Memorial Day, Juneteenth, one week in July (this week includes the 4th as well as Staff In Service and Training Days), Fourth of July, Labor Day, Veterans Day, Thanksgiving Day and The Day after Thanksgiving, one week in December for a Winter Break (this week includes Christmas Eve and Christmas Day observations), Christmas Eve's Day, Christmas Day. If a holiday falls on a weekend, it will be observed on the Friday before or Monday following. Holidays and days closed are subject to change and be added. A 30 - day notice will be given if changes occur.

FIELD TRIPS

Local field trips, nature walks, and water play are considered an integral part of our educational program. Periodically, children will be taken to nearby places such as local banks, stores, libraries, the fire department, etc. Your permission for your child to go on supervised trips is part of this agreement. Permission slips will be sent out to be signed for each specific field trip. Parent participation will be required for off campus trips.

ILLNESS/GOOD HEALTH

I understand that I will be notified should my child become ill during the day, and that it is my responsibility to make arrangements to have my child picked up as soon as possible. If my child has been exposed to any contagious disease, I agree to notify the facility staff immediately. My child will be sent home if they are experiencing any of the following conditions: Fever accompanied by behavior changes or other signs/symptoms of illness.

Signs/symptoms of severe illness include: Fever, Rash, lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, behavior change, difficulty breathing, and/or wheezing, diarrhea, vomiting, persistent abdominal pain or intermittent pain associated with

fever or other signs/symptoms of illness, pink eye (conjunctivitis) and head lice. When a child is sent home, they may return to the center after their symptoms have been gone for 24 hours or they have begun treatment.

Cornerstone Christian Preschool reserves the right to make the final determination of exclusion due to illness. Any exception to our illness policy will require a written note from a licensed health care professional stating that the child is not contagious. I understand that the facility staff cannot administer any medication (neither prescription nor "over the counter" remedies) without written instruction from my child's physician. I understand that I must authorize the facility staff to administer any medication on a daily basis by filling out additional forms located in the office.

I understand that if my child is sent home sick for any length of time, the client still must pay for their tuition. Refunds or credits are not given.

MEDICAL AND DENTAL EMERGENCY

In the event of a medical emergency or accident, I hereby authorize emergency medical personnel to treat my child. I understand that before any action will be taken a conscientious effort will be made to locate me, my spouse or the emergency contact person named on the form LIC 700.

RELEASE OF CHILD

I understand that my child has my permission to be released only to those persons whose names I have listed in the admission packet (LIC 700). I will advise the facility staff in writing, if any person other than those listed to pick up my child. The facility employees will require proof of identification from any persons arriving to pick up my child.

NAP/RESTING PERIOD

I understand that quiet period is between 12:30-2:30 pm daily. Mats and sheets will be provided and sanitized by the facility. I understand that I am required to bring a blanket for my child for rest time.

STATE DEPARTMENT OF SOCIAL SERVICES

I understand that the State Department of Social Services has the authority to interview my child and to inspect and audit child / facility records without prior consent and it is the facility's responsibility to make provisions for private interviews with my child and for examination of all records relating to the operation of the facility and to provide the State with the authority to

observe the physical condition of my child, including conditions which could indicate abuse, neglect, or inappropriate placement.

PHOTOGRAPH

Photographs and/or sound recordings of the children participating in this program may be used from time to time for advertising and publicity purposes. Your permission for your child's photographs and recordings, to be used without compensation, is part of this agreement. An additional form will also be sent out to be signed in this event. Pictures sent through Brightwheel App. are private and sent only to parents.

PERMISSION TO PHOTOGRAPH

I agree to give permission for Cornerstone Christian Preschool to photograph my child and post on school website and Cornerstone Christian's Facebook Page.

Agree

Disagree

Parent or Guardian name (print)

Child's name (print)

Date

TERMINATION POLICY

Following are causes for immediate termination:

- Failure to uphold or not cooperating with the preschool policies.
- Violent or abusive behavior by a child or parent/guardian.
- Use of obscenities by the parent/guardian.
- Rude or inappropriate conduct, behavior, or attitude directed at the preschool, staff, or other clients/children by a child or parent/guardian. (biting, spitting, hitting, profanity, threats and uncontrollable behavior)
- Failure to pay tuition within the required tuition due date and/or late tuition charges as per the preschool policy.
- When parent/guardian does not follow up on corrective action.
- Poses Health or Safety Concern to Self or Others.

**I UNDERSTAND THAT THIS AGREEMENT IS A LEGAL BINDING CONTRACT
BETWEEN THE UNDERSIGNED AND THE FACILITY.**

Mother/Guardian Signature	Name	Date
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Father/Guardian Signature	Name	Date
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**** ADMINISTRATIVE USE ONLY****

Admin Signature	Date Received
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Cornerstone Christian Preschool

Crowell Campus 4105 Crowell Rd Turlock CA 95382 Facility Number # 503808835

Monte Vista Campus 700 Monte Vista Ave Turlock CA 95382 Facility Number # 503810136

Half Day: 7am-12pm Full Day: 7am-6pm Office Hours: 9-3 Phone: (209) 535-0136

ADMISSION APPLICATION

DATE: _____

FOR OFFICE USE ONLY:

Enrolled: _____

Waitlist: _____

Start Date: _____

CHILD'S INFORMATION

Child's Full Name: _____ DOB: _____

Child's Address: _____ Phone Number: _____

Gender: _____

Please Circle: FT or PT M T W Th F

Desired Start Date: _____

Previous Child Care: YES or NO

If YES Explain: _____

PARENT'S/GUARDIAN'S INFORMATION

Parent/Guardian Full Name: _____ DOB: _____

Parent/Guardian Address (if different): _____ Phone Number: _____

Employer: _____

Work Address _____ Work Phone: _____

Parent/Guardian Full Name: _____ DOB: _____

Parent/Guardian Address (if different): _____ Phone Number: _____

Employer: _____

Work Address _____ Work Phone: _____

Registration Fee: \$150 Cash Checks made to CCP

Pre-School Programs

Tuition is Due 1st of Every Month

Via : Brightwheel App. Cash or Check

Full Day: 7am-6pm

- 5 Full Days: \$880
- 3 Full Days: \$615
- 2 Full Days: \$475

Half Day: 7am-12:00pm

- 5 Half Days: \$660
- 3 Half Days: \$460
- 2 Half Days: \$360

Extra Charges

Potty Training Half Day: Extra \$50/Month
Potty Training Full Day: Extra \$100/Month

Drop in Half Day: \$40

Drop in Full Day: \$50

Please Be Sure You Bring The Following On Your First Day

Cold Lunch

Change of Clothes

Blanket

Pull Ups & Wipes

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

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

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL
 OTHER
 EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

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.