



Teachable Moments



NAME: _____ CHILD'S DOB: _____

ENROLLMENT PACKAGE CHECKLIST:

- __ ADMISSION / PARENT HANDBOOK / TUITION AGREEMENT
- __ PHOTO / FILM CONSENT FORMS
- __ CONSENT FOR SUNSCREEN
- __ LIC 613A: PERSONAL RIGHTS
- __ LIC 627: CONSENT FOR EMERGENCY MEDICAL TREATMENT
- __ LIC 700: IDENTIFICATION AND EMERGENCY INFORMATION
- __ LIC 701: PHYSICIAN'S REPORT (COMPLETE BY DOCTOR OR PHYSICIAN)
- __ LIC 702: CHILD'S PREADMISSION HEALTH HISTORY (COMPLETE BY PARENT)
- __ LIC 995A: NOTIFICATION OF PARENT'S RIGHTS
- __ PLEASE ATTACH A COPY OF IMMUNIZATION RECORD

DATE OF ENTRY: _____

DIRECTOR SIGNATURE: _____



TEACHABLE MOMENTS CHILDREN'S CENTER PARENT HANDBOOK

Statement of Philosophy

Welcome to Teachable Moments Children's Center! Our center believes each child is a unique individual who has the potential to bring something special to this world. We believe the children are our future. Our purpose is to provide a safe and enriching environment which allows children to grow and learn at their fullest potential. It is also our goal to make each child feel secure and loved at Teachable Moments.

Program

Our program focuses on the full range of child needs in support of school readiness. The children will be provided a variety of activities to help develop their beginning writing, reading, and mathematical skills.

Category and Age of Children

Children from 2 to 6 years of age will be able to enroll in our school program.

Days and Hours of Operation

Our program is open year-round Monday through Friday from 7:00 am to 6:00 pm.

School will be closed for the following public holidays and are not prorated:

Holidays/School Closures

Labor Day

Veteran's Day

Thanksgiving Day

Thanksgiving Holiday (Closed for the Week of Thanksgiving)

Christmas Day

Christmas Holiday (Closed for the Week of Christmas- EFFECTIVE 2024 YEAR)

New Years Day (January 1st)

Martin Luther King Jr. Day

Presidents' Day

Good Friday/Spring Break (Closed for 2 days)

Memorial Day

Fourth of July

*** IF HOLIDAYS FALL ON A WEEKEND IT WILL BE OBSERVED THE DAY PRIOR OR THE DAY AFTER (I.E. A HOLIDAY FALLING ON A SATURDAY WILL BE OBSERVED FRIDAY, AND A HOLIDAY FALLING ON A SUNDAY WILL BE OBSERVED THE FOLLOWING MONDAY) ***

No deduction or refund for the days and hours your child is absent.

Termination Conditions

Our center reserves the right to terminate the services from the family for the following reasons:

- Non-payment of tuition fees
- Child continuously abusing other children and staff verbally or physically
- Non-compliance with program policies
- Program is no longer meeting the child's needs
- Parent exhibits aggressive or abusive behavior towards other children and staff
- Child is in possession of weapons or illegal substances

Food Service Provisions

Teachable Moments Children's Center will provide lunch and two snacks to the enrolled children.

Shoe Policy

If your child does not know how to tie their own shoes, please do not bring your child in shoes with laces. Please have them wear slip on or Velcro shoes. This is a safety precaution for children who do not know how to tie their own shoes as they are at risk to playing and untying their laces during play time, which may result in tripping over their shoelaces and getting hurt. Failure to abide by this policy will result in a call home to pick up your child or to replace your child's shoes at the center.

Naptime

Children will be napping from 1-3 pm daily. Cots are provided. You will be required to provide a pillowcase, small blanket, and cot sheet that must be taken home every Friday to be washed/laundered and brought back the following Monday: or there will be a charge of \$5 for not bringing required bedding material. According to licensing requirements under Personal Right, we cannot force any child to stay awake or sleep if they do not want to.

Criteria for Determining Appropriate Placement

Upon agreement by both the authorized representative and Teachable Moments Children's Center, newly enrolled children will be admitted on a one-week trial basis to determine whether the school is able to meet the child's needs. If it is determined that the school is not able to meet the child's needs, it may be required that the child leaves the program without refund or enrollment, or tuition already paid.

One week prior to enrollment, parent(s) and child(ren) must meet the Center Director to discuss and complete the following forms:

- Identification and Emergency Information
- Admission Agreement
- Parent Handbook
- Child's Personal Rights
- Parent's Rights
- Consent for Medical Treatment
- Child's Preadmission Health History- Parents Report
- Physician's Report
- Immunization Record

Medication Policy

Allow administration of inhaled medications that are prescribed to the child to control lung-related illnesses, including but not limited to local held nebulizers. We also allow administration of EpiPen Jr. and EpiPen, however, it must be prescribed by a physician and used in allergic emergencies only. The parent is in charge of training the staff on how to administer the child's medication. If the medication is used, the parent or legal guardian will be called immediately and 911 if needed. We do not offer services for Blood-Glucose Tests for Diabetic Children, Glucagon Administration, Gastronomy Tube Care, Nasogastric or Nasoentric Feeding Tubes, and the administration of crushed medications are prohibited. You, as the child's authorized representative, authorize Teachable Moments Children's Center and its staff to cleanse your child's cuts and abrasions with soap and water.

Personal Items

Please do not bring any of your child's personal toys or items from home to school.

Teachable Moments Children's Center is not responsible for lost or damaged personal items brought from home.

Allergy

Please notify staff if your child has an allergy. Parents must provide substitute food if your child is allergic to the food provided at school.

Health/Illness Policy

Your child learns best when he/she is feeling well. Please keep your child home if he/she is ill. We cannot accept your child if he/she is ill. If your child has a contagious disease(s), please notify the director so we can alert parents of other children in our program. Examples of contagious diseases include: Chicken Pox, Measles, Conjunctivitis (pinkeye), Hand and Foot Mouth Disease, and Diarrhea. If determined by the director that your child is ill, he or she cannot attend school on that day. Depending upon the type of illnesses we may require a written doctor's permission before your child can be returned to school. Your child must be healthy and fever free for 48 hours prior to returning to school and they must undergo a health check before the parent can leave.

Please review the following guidelines when deciding if your child is well enough to attend school:

SYMPTOMS

KEEP CHILD HOME UNTIL

Fever

Fever registers below 100 degrees for a 48 hour period

Running Nose

Thick or green discharge clears up. Clear discharge is OK

Earache, Rash

A doctor examines the child and recommend the child's return (with doctor's note)

Sore Throat

A doctor determines that no strep infection exists and the throat is healed

Cough

A doctor's determination that the cough is not contagious

Upset Stomach/Diarrhea

24 or fewer hours prior to departure for school

No temperature: bowel movements have returned to normal, and the child is eating normally without feeling upset

If your child becomes ill while at the center, we will notify you immediately so your child can be picked up from school as soon as possible. Please always have a person of contact to be available to pick up your child when they are sick.

Sign In/ Out Procedure

All children must be signed in and signed out every day. Child authorized representatives must sign the child in/out with full legal signature along with times dropped off and picked up, this is a requirement by law and will result in a fine if audited. Those who do not follow this legal procedure will be charged the fine issued by state licensing if the child is not signed in and signed out of school. We will not release a child to any person unless such person has been authorized by your or child's authorized representative in writing, and such authority along with proof of identity must be provided to us.

Early/Late Pick Up

If you pick up your child due to any reason, tuition refund or deduction will not be given or accepted. School closes promptly at 6:00 pm. If you are running late, please contact our center and notify us at (714) 895-3984. Even after notifying us, you will still be charged \$5.00 for every minute before 7:00 am or after 6:00 pm. If your child is picked up late more than three times in one calendar month, your child may be terminated from our program.

Extra Clothes

Please label all your child's belongings. We also ask if you could please bring two sets of outfits including socks and leave it at the center in the event your child should require a change of clothes. Please bring an extra pair of shoes labeled with your child's name to leave at the center in case of any accidents or emergencies along with the two sets of outfits.

Absences

You are responsible to pay for the full monthly tuition each month once your child is enrolled in Teachable Moments Children's Center even if your child is absent due to illness or other causes. You must notify the school by 10:00 am on the day your child is absent from school. Attendance is required by 10:00 am. If your child is absent for two consecutive weeks without notifying the center, your child will be terminated from the program.

Pictures

Your child's pictures will be taken throughout the year and posted in the classroom and on school social media platforms to promote positive self-esteem and share the activities and fun the children participate in at the center. If you do not want your child's picture to be taken or posted, please notify us in writing immediately and fill out the photo consent form accordingly.

Withdrawal/Termination

If you do not wish to continue childcare services at Teachable Moments Children's Center, you must notify us in writing one month prior to your child's last day of attendance. Those with an enrollment deposit will be reimbursed if complying with the withdrawal policy. The enrollment deposit will be forfeited if the center is notified less than a month ahead of withdrawal from our program.

Discipline Policies/Code of Conduct

A goal of guidance in the school is to help the child become a happy, fully functioning human being who can make decisions and direct his/her own behavior into appropriate channels. Guidance is all that we do or say directly or indirectly to influence a child's behavior. Teachable Moments Children's Center will make every effort to guide the child and to communicate with the parents when issues arise. However, the following behaviors are unacceptable and will not be tolerated under any circumstances. They are grounds for suspension and/or dismissal.

- Physically harming another (i.e. hitting, punching, kicking, biting, pinching, scratching)
- Stealing
- Inappropriate, unacceptable language (curse words, verbal abuse)
- Defacing or destroying school property
- Misuse/abuse of school materials and equipment
- Continued willful disobedience
- Open persistent defiance
- Leaving classrooms without authorization

Consequences for violating rules of conduct:

- First offense- Warning
- Second offense- Child will meet with director
- Third offense- Director will schedule a conference with parents to discuss plan of correction
- Fourth offense- Temporary suspension from Teachable Moments Children's Center (3 days)
- Fifth offense- Permanent dismissal from Teachable Moments Children's Center

Teachable Moments Children's Center reserves the right to refuse or terminate services to anyone at time with or without notice. Circumstances permitting, we will give as much notice as possible if we are not able to meet your or your child's needs.

ADMISSION AGREEMENT

I, _____ (Parent/Guardian's Name) agree to pay Teachable Moments Children's Center the monthly tuition fee of \$____. All monthly tuition fee payments shall be due and payable to Teachable Moments Children's Center in advance on the first day of the calendar month. I understand that tuition payments are due regardless of illness, vacation times, or holidays. A space for my child has been reserved and my tuition is based on space assignment. This assignment is based on space reserved for my child, not the attendance of my child. Payments must be kept current and paid in full. I agree to pay the \$100 non-refundable registration and the \$300 annual non-refundable material and supply fee. I agree to pay the enrollment deposit of \$____ when registering my child at the center. I understand that this deposit will be reimbursed only if I notify the center of my withdrawal from the program a month in advance or prior to a month, if it is less than a month my deposit will be forfeited.

Tuition, registration, and material fees are non-refundable. I understand that monthly tuition will increase annually by 5% every 1st of January.

Late Payment: All Payments must be made by the 1st day of the month. If Teachable Moments Children's Center does not receive the monthly payment by the 5th day of the month, a 10% late fee will be applied to the monthly tuition and your child will not be admitted to the program until full payment is received. If monthly tuition is not received by the 5th day of the month, your child will be terminated from the program.

In the event the parent/guardian fails to pay any sum payable under this agreement when due, or there is any dispute between parent/guardian and Teachable Moments Children's Center, parent/guardian agrees to pay all Teachable Moments Children's Center attorney fees and court costs, whether action is filed or not.

Rights of Licensing Agency: Licensing Agency has the right to interview a child in care at Teachable Moments Children's Center without parental consent.

I hereby acknowledge and confirm that I have read and received the Teachable Moments Children's Center Enrollment agreement. I understand that if I have any questions about the program policy, I should immediately consult the director, as any of the policies in this agreement may result in in termination.

In signing this agreement, I Certify That I am the legal guardian of this child.

Child's Name: _____

Parent's Signature: _____ Date: _____

Print Name: _____

Date Updated:

09/01/2024

TEACHABLE MOMENTS

CHILDREN'S CENTER

6900 Garden Grove Blvd.
Westminster, CA 92683
teachablemomentsoc.com

teachablemomentsoc@gmail.com

714 - 895 - 3984

Enrollment & Tuition Agreement

Child's Name: _____

Date of Enrollment: _____

Address: _____ City & Zip Code: _____

Email Address: _____ Phone Number: _____

Days of Attendance: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

I, _____ (Parent/Guardian's Name) agree to pay Teachable

Moments Children's Center the monthly tuition fee of \$_____. All monthly tuition fee payments shall be due and payable to Teachable Moments Children's Center in advance on the first day of the calendar month.

I understand that tuition payments are due regardless of illness, vacation times, or holidays. A space for my child has been reserved and that my tuition is based on space assignment. This assignment is based on space reserved for my child, not the attendance of my child. Payments must be kept current and paid in full.

I agree to pay the \$100 non-refundable registration fee and the \$300 annual non-refundable material and supply fee. I agree to pay the enrollment deposit of \$_____ when registering my child at the center. I understand that this deposit will be reimbursed only if I notify the center of my withdrawal from the program a month in advance or prior to a month, if it is less than a month my deposit will be forfeited. I understand that monthly tuition will be increased 5% annually every 1st of January.

Tuition, registration, and material fees are non-refundable.

Parent's Signature: x _____

Late Payment: All payments must be made by the 1st day of the month. If Teachable Moments Children's Center does not receive the monthly payment by the 5th day of the month, a 10% late fee will be applied to the monthly tuition and your child will not be admitted to the program until full payment is received. If monthly tuition is not received by the 5th of the month, your child will be terminated from the program.

TUITION PROGRAMS:

Full Day Program 7:00am to 6:00pm (10 hour maximum)

2- Years Old and/or Potty Training

May request any days (subject to availability)

5 Full days/ week \$____/month

4 Full days/ week \$____/month

3 Full days/ week \$____/month

3- Years Old and Up and Potty Trained

May request any days (subject to availability)

5 Full days/ week \$____/month

4 Full days/week \$____/month

3 Full days/week \$____/month

-Monthly tuition will increase 5% annually-

Enrollment Deposit: _____

One-Time Registration Fee: \$100.00

Annual Material/Supply/Disaster Kit:

\$300.00

-prices subject to change-

Daily drop-in rate

Per child per day: \$70

In the event the parent/guardian fails to pay any sum payable under this agreement when due, or there is any dispute between parent/guardian and Teachable Moments Children's Center, parent/guardian agrees to pay all Teachable Moments Children's Center attorney fees and court costs, whether action is filed or not.

Rights of Licensing Agency: Licensing agency has the right to interview any child in care at Teachable Moments Children's Center without parental consent.

I hereby acknowledge and confirm that I have read and received the Teachable Moments Children's Center enrollment agreement. I understand that if I have any questions about the program policy, I should immediately consult the director, as any of the policies in this agreement may result in termination. In signing this agreement, I certify that I am the legal guardian of this child.

Parent's Signature: x _____

**Please initial after reading each statement and return
ASAP to the center, thank you:**

___ I have received, read, and understand the preschool policies. I will abide by days, times, and tuition costs which represent my child's enrollment at Teachable Moments Children's Center. I understand that my child may be dismissed from the preschool if I fail to abide by all regulations and policies of Teachable Moments Children's Center.

___ I understand that tuition payments are due regardless of illness, holidays, or vacation. I understand that a space assigned for my child has been reserved and that my tuition is based on space assignment. This assignment is based on space, not the attendance of my child. I agree to keep my payments current and full.

___ I understand that monthly tuition costs will increase 5% annually, effective on every 1st of January.

___ I understand that the contracted days of attendance are listed above and to permanently change or add a date must be submitted to the director in writing for approval.

___ I understand that the material/supply fee, the registration fee, and enrollment deposit are due at the beginning of enrollment for my child.

___ I understand that I must call the school at 714-895-3984 in advance if I will be running late after 10:00 AM or my child will be absent. Attendance is required by 10:00 am.

___ I understand that my child can remain at daycare/school for a maximum of 10 hours
A child cannot be left in a childcare setting for no more than 10 hours a day.

___ I understand that I must provide nap/bedding materials weekly or they will be provided for my child at Teachable Moments Children's Center at a fee of \$5.00 per day.

___ I understand that if my child is not toilet trained, I must provide adequate diapers/pull-ups, wipes, and change of clothes for my child.

___ I understand that my child must be healthy and fever free for 48 hours prior to returning to school and they must undergo a health check before I can leave or a doctor's note. I must have a doctor's note if my child has a rash before returning back to school. In example: Children sent home with lice must be checked by a teacher before they can return to school.

___ No child is to be brought to school before 7:00 am, nor picked up after 6:00 pm. If a child is left at school after 6:00 pm, a \$5.00 late pick-up fee per minute will be assessed to the current staff member on site. Beyond 15 minutes is considered excessive and will be brought to the attention of the director, CPS may be notified if we are unable to get ahold of the parent/guardian for the child. If a child cannot be picked up by 6:00 pm, alternative assignments will need to be made. The late charge fee must be paid as well as a signed receipt completed and signed by the parent upon arrival, directly to the center.

Parent/Guardian Signature: _____

Date: _____

PHOTO/FILM CONSENT FORMS

TEACHABLE MOMENTS CHILDREN'S CENTER

During the school term we will be having many fun and exciting learning activities and experiences. We would like to document these activities by photographing and/or filming the students. We would like your approval/agreement to allow us to capture these memories with your child. The pictures/filming will be done during classroom activities, field trips, etc. The pictures/filming may be posted around the school, used in the school newsletter, slide shows, and school social media/web community for school projects.



I give consent for photography/filming of my child for the purposes stated on this document.

No, I would like not my child to be photographed or filmed at your center.

If consenting to photography and filming:

Please initial the statements below to confirm your understanding of photography and film consent at our center.

____ I understand that the purpose of photography/filming at school is for educational purposes (i.e. capturing memories of new learning activities, sensory projects, classroom events or projects, and school events)

____ I understand that by consenting to film/photography at Teachable Moments Children's Center, my child may appear in Teachable Moments Children's Center posts on social media sites for others to see (i.e. Facebook, Instagram, class website).

____ I understand that other purposes of photography of my child may be to communicate that my child may be observing symptoms of illness or injury, which will only be sent to me (the parent/guardian) to be notified of said injury or illness.

____ I acknowledge that photos/videos of my child at Teachable Moments will become the property of the center, and that my child nor I are entitled to financial compensation for stated materials.

____ I understand that no personal information of my child will be released to the public when photographs are posted on social media and the school website.

Child's Name: _____

Parent/Guardian Signature: _____ Parent/Guardian Name (Print): _____

Date: _____

CONSENT FOR SUNSCREEN

TEACHABLE MOMENTS CHILDREN'S CENTER

As the parent/guardian of the above child. I recognize that too much sunlight exposure may increase my child's risk for skin cancer later in life. Therefore, I give my permission of the staff at Teachable Moments Children's Center to apply sunscreen to my child(ren). as specified below, when he or she will be playing outside during the months of April through October and between the hours of 8:00 am and 5:00 pm. I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ear, nose, bare shoulders, arms, legs. I have checked all applicable information regarding the type and use of sunscreen for my child.

Please check and read the statements below:

I do not know of any allergies or allergic reaction my child may have to sunscreen.

My child is allergic to _____ (sunscreen brand name)

I give permission for staff at Teachable Moments Children's Center to apply sunscreen to my child(ren).

I do not give permission for staff at Teachable Moments Children's Center to apply sunscreen to my child(ren) due to medical reasons.

Child's Name: _____

Parent/Guardian Signature: _____ Parent/Guardian Name (Print): _____

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

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
()

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

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

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.

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY <i>(*For infants and preschool-age children only)</i>		
WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		Ten-Day	
Rheumatic Fever		Whooping Cough		Measles (Rubeola)	
Hay Fever		Mumps		Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	
	LUNCH	
	DINNER	
WHAT ARE USUAL EATING HOURS?	BREAKFAST	
	LUNCH	
	DINNER	
ANY FOOD DISLIKES?	ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS WH
<input type="checkbox"/> YES <input type="checkbox"/> NO		REGULAR?*
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

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

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(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.

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