



REGISTRATION REQUIREMENTS

First Discoveries Christian Preschool enrolls for one school year at a time. Returning students and their siblings have priority and registration is on a first come first serve basis. Each year a new Emergency Card and Registration Form are required for returning students. State law requires that your child have a statement regarding his (her) health and an immunization record, signed by his physician, in the preschool file.

All paperwork has to be completed and turned in, and fees paid before your child attends school. Licensing requires that we have accurate records on each child enrolled. We appreciate your prompt attention to provide us with the required documents. The forms are available on our web site www.firstdiscoveries.org. Please call if you need assistance: 408 625 3773.

Before you start, pray that the Lord reveals His plan for your child. (Jeremiah 29:11) Please read completely the Handbook for Parents (also available on our web site under "register now") before proceeding.

Submit the required documents found in our Enrollment Package. Please use the following checklist to ensure all documents are sent to our office in a timely manner. No child is allowed to start until all of the following items are received in our office.

- First Discoveries Christian Preschool Application for Admission
- First Discoveries Christian Preschool Agreement
- First Discoveries Christian Preschool Liability Release and Assumption of Risk Agreement
- First Discoveries Christian Preschool Consent Form
- First Discoveries Christian Preschool Food/Insect Allergy Action Plan *(If Applicable)*
- Personal Rights [LIC 613A]
- Notification of Parents' Rights [LIC 995]
- Child's Preadmission Health History [LIC 702]
- Physician's Report [LIC 701] *(Please have your child's Physician fill this out)*
- Identification and Emergency Information [LIC700]
- Consent for Emergency Medical Treatment [LIC 627]
- Parent Consent For Administration Of Medications And Medication Chart [LIC 9221] *(If Applicable)*
- Review Caregiver Background Check Process [LIC 995E] *We are required by law to present this to you, please acknowledge receipt in paragraph (Z) of our Agreement. No other action is required other than initialing that box.*
- What Does Your Child Eat? [DHS4035A]
- Copy of student's birth certificate
- Original immunization card *(We must see actual card or a copy must be provided by child's legal guardian)*
- \$25 fee for emergency kit
- Non-refundable Registration Fee: \$100 Summer, \$200 Fall, or \$280 Summer & Fall together
- Annual Tuition in full <= OR => FACTS tuition account set up at <http://bit.ly/RB2Pjq>
- Total: _____ Agreement # _____ Please note in Application too.
- Check # _____ One Month's Tuition Deposit for last month => June 2013



**First Discoveries
Christian Preschool**

Developing attitudes for success!™

APPLICATION FOR ADMISSION

(To be completed by parent or legal guardian)

CHILD'S INFORMATION

I hereby apply for admission to First Discoveries Christian Preschool for (Choose program, months and days service is needed):

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Basic Discovery Program (9 am - 1 pm) | <input type="checkbox"/> Fall (Sep.-June) | <input type="checkbox"/> 5 Days |
| <input type="checkbox"/> Full Discovery Program (9 am - 6 pm) | <input type="checkbox"/> Summer (July-Aug.) | <input type="checkbox"/> 3 Days |
| <input type="checkbox"/> Extended Discovery Program (7:30 - 6 pm - Incl. Breakfast) | <input type="checkbox"/> Summer & Fall (July-June) | <input type="checkbox"/> 2 Days |
| <input type="checkbox"/> Spanish Immersion Program (3 am - 6 pm) | <input type="checkbox"/> Optional Pre-K Homework Program (separate cost) | |
| * Note: Children enrolled at 9 am may arrive at 8:45 at no extra charge. | <input type="checkbox"/> Optional Breakfast (Served 8:30-8:45 am - separate cost) | |

Child's Full Name _____ Preferred Name _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ **Does your child have any allergies?** yes no

If yes, you must attach "Food/Insect Allergy Action Plan Form"

Birth Date _____ Birthplace _____ Sex F M

FAMILY INFORMATION Child lives with: Mother Father Legal Guardian

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Address if other than applicant: _____ Address if other than applicant: _____

If monthly payment plan was chosen please set up your tuition account at <http://bit.ly/RB2Pjq> and provide the agreement number you were assigned _____ *Please call 408.886.1002 if you need help setting up your account.*

Church your family attends _____

Please Note: First Discoveries Christian Preschool admits students of all faiths. However, by enrolling your child at First Discoveries Christian Preschool, you are agreeing that your child will respect Christian teaching and practices without disruption in a spirit of unity, harmony and love.

How did you hear about First Discoveries Christian Preschool?

- Family or Friend (name) _____
- Christian Yellow Pages Internet
- Bay Area Parent Drove By
- Neighborhood Flyer Other _____

FOR OFFICE USE ONLY

Total to Start _____

Date _____

Registration _____ Paid by _____

Discount _____ deduct \$ _____

Emergency Kit _____ Paid by _____

Deposit (last month) _____ Paid by _____

Monthly Tuition: _____ + Breakfast = _____

Total Tuition _____ x _____ months = Balance _____

FACTS 5th Credit Card Agreement # _____

Last contracted month _____ Change Notice Date _____

Date of Admission _____ First Day _____

"YOUR WORD IS A LAMP TO MY FEET, AND A LIGHT TO MY PATH." —Psalm 119:105



First Discoveries Christian Preschool

Developing attitudes for success.™

AGREEMENT *Child's Name* _____

The purpose of this agreement is to nurture mutual accountability between the parents and the school. Please read each item carefully, and follow instructions below to indicate your understanding and agreement. FDCP may replace First Discoveries Christian Preschool in this agreement.

Initial each [] and sign on each yellow area to indicate your agreement.

- [] A. First Discoveries Christian Preschool, is a hands-on Preschool for children ages 2.5 to 6 years old. Our program blends Bible based Christian principles, developmentally appropriate academics and phonics, hands on activities and exploration, physical movement, nutrition education, social and emotional skills and character development.
- [] B. We offer a Bilingual morning program for preschoolers and a Spanish Immersion program 3-6 pm for children 2.5 to 1st grade.
- [] C. **Registration & Deposit:** A registration fee plus the a deposit for the last month's tuition are payable at the time of registration. If a student needs to be moved from one program to another, the deposit difference (if there is one) is due at time of the change. The deposit will not be refunded for a lower tuition program. Changes are contingent upon space availability. _____ I agree.
- [] D. **Tuition Fees:** The tuition fees cover the basic services offered at First Discoveries Christian Preschool. In the event of a change in fees, a 30 day notice will be given. The current schedule of fees is attached to this agreement. Current Fees are stapled to this form. Extended care, from 7:30 am to 8:45 am is \$10 an hour.
- [] E. Parents will be given a 30-day notice if any fee increase is instituted.
- [] F. The optional Breakfast is served from 8:30 to 8:45 am. A separate fee will be added to the tuition of a child enrolled in breakfast. Children who arrive at 8:30 are not subject to Extended Care fees.
- [] G. **Payment Methods:** One annual payment may be made payable by cash or check to First Discoveries Christian Preschool. If a Monthly Payment Plan is chosen, tuition is automatically withdrawn on the 5th of the month by FACTS Tuition Management Co. I agree to FACTS \$41 enrollment fee, and any fees associated with their credit card option, if I choose it..
- [] H. **Late/Missed Payment :** FACTS will assess a \$25 missed payment fee and a \$25 late fee each time a payment is not available from your account unless a prior written arrangement is received from the director 10 days before the tuition is due. Returned Check Fee: There is a \$45.00 fee for every check that is returned to our bank. After 2 returned checks, only cash-based payments will be accepted. _____ I agree.
- [] I. If your **Payment is Returned**, we must receive payment within 5 calendar days of the due date to maintain enrollment. The privilege of attending FDCP may be denied to any student whose parents or guardians fail in their financial obligations. FDCP reserves the right to deny attendance to students whose accounts have overdue balances.
- [] J. If the school decides to seek collection of any past due amount, the parent agrees to pay, to the extent permitted by law, FDCP's expenses of enforcement and collection of the tuition, fees and related expenses, including, without limitation, attorney's fees and costs.
- [] K. Proof of payment for tax purposes from FACTS are reflected in your bank statements and in FACTS online account information. Receipts are only generated after the first of each month for the prior month. Requests for invoices or statements must be sent by email.
- [] L. **Absences:** No discount will be given for scheduled holidays/breaks, or absences due to illness. They are already factored into the tuition.
- [] M. **Vacation Credit:** Each child is entitled to a week vacation after being enrolled for six months or two weeks after being enrolled for one year. These are not cumulative and will start over with the new school year. They must be taken in one or two week time frames and not a day or two at a time. We need a two weeks notice before the vacation starts. If the vacation is longer than 2 weeks, you have the option of withdrawing the child and re-enrolling. If this occurs, then the enrollment fee must be paid again and is on a space available basis.
- [] N. If a student needs to be moved from one program to another within the school, the deposit difference is due at time of the change to reflect that program. The deposit will not be refunded for a lower tuition program. Changes are contingent upon space availability.
- [] O. **Withdrawal:** Any portion of a month used is considered a full month. Deposit is non refundable and ONLY applicable to the last month contracted. A 2-week written notice is required for children who are intending to withdraw and change their last contracted month. Written notice must be received by the school 2 weeks prior to the 1st day of the last month to change your original contracted month. If notice is received 1 week late, there will be a charge for 1 week tuition, if it is received 2 weeks late, there will be a charge for 2 weeks tuition, if it received 3 weeks late there will be a charge of 3 weeks tuition, and if it is received 4 weeks late, there will be a full month charged of the actual last month in attendance. **VERBAL NOTICES ARE NOT SUFFICIENT. I understand and will not ask for a refund if I neglect to submit written notice.** _____ I agree.
- [] P. Your child will continue to be enrolled and your tuition will continue to be withdrawn from your account until written notice is received. If you need help complying with this requirement contact the Director.
- [] W. If at any time we feel that our school cannot meet the needs of any child or family, there will be a 2 week notice to the family to find a new facility that may be more suitable to their needs or wants and continued enrollment will be denied.
- [] Q. Parents agree to cooperate with teachers and support the school in it's efforts to help a child learn to modify any behavior that is considered by the director as aggressive or unsafe. They shall partner in a plan of action mutually agreed upon by parents and teachers for 2-4 weeks. If no plan or time frame can be agreed upon, the child will be withdrawn immediately.
- [] R. We reserve the right to decline continued enrollment to a child at any time for any reason not prohibited by law, if in the sole judgement of FDCP such student's parents or guardians are uncooperative, are abusive to the staff, or who in our sole opinion will not be satisfied with the school's best efforts.
- [] S. Parents agree to inform FDCP in writing if they do not want their child to be photographed or videotaped.
- [] T. **Late/Early Fees:** Extended care and Late fees (listed on the Handbook for Parents) are due at the time of service on any day a child is dropped off earlier or picked up later than contracted time. If payment is not brought on the day of service, I agree that my account will have enough funds to cover this fee and that the early/late fee receipt will serve as an official notice and agreement to collect such charges through FACTS. _____ I agree.
- [] U. We have read and agree to the Consent Form
- [] V. We have read and agree to the Liability Release and Assumption of Risk Agreement
- [] W. Parents shall provide medical insurance for their children
- [] X. We've read the Handbook for Parents and agree to all it's contents
- [] Y. We agree to the financial contractual terms stated above and promise to pay accordingly
- [] Z. We've reviewed the Caregiver Background Check Process [LIC 995E].
- We understand that, by law, the Licensing Department of Social Services has the authority to interview children or staff and to inspect and audit child or child care records without prior consent. The licensed shall make provisions for private interviews with any child(ren) or staff member and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child(ren) including conditions that could indicate abuse, neglect or inappropriate placement. We understand and agree that this agreement shall not be modified except by a new written agreement between the parties. If each parent or guardian shall sign this agreement, and will be jointly and severally responsible for the obligations contained herein. This agreement shall be deemed to have been entered into in the State of California as a contract; its validity, effect and operation shall be determined in accordance with the provisions of California law.
- Father's Name: _____
- _____
Signature Date
- Mother's Name: _____
- _____
Signature Date



LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

The undersigned, parent/legal guardian of _____ (“Minor”) on behalf of (“Minor”) and in consideration of participation in “FIRST DISCOVERIES CHRISTIAN PRESCHOOL”, agrees to:

1. Indemnify and hold FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, harmless and release them from any and all liability for any injury which may be suffered arising out of, or in any way connected with participation in these classes.

2. Prior to participating in the classes, I will inspect the facilities, equipment and areas to be used and, if I believe any of them are unsafe, I will immediately advise the person supervising the area.

3. Assume any risks of personal injuries, including medical or hospital bills, permanent or partial disability, and damage to property, caused by or arising from Minor’s participation in this activity.

4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against, FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, attributable to Minor’s participation in the classes.

5. Release, waive, discharge and relinquish FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to Minor’s participation in the classes, whether the same shall arise by their negligence or otherwise.

6. I authorize FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, or other representative of FIRST DISCOVERIES CHRISTIAN PRESCHOOL to use his (her) judgment in obtaining immediate Medical Care for Minor. These persons have my permission to take my son/daughter to the hospital or dentist for the treatment of injury. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible.)

I agree to assign all expenses to my own medical insurance first in the event of any injury sustained by Minor requiring medical attention while participating in FIRST DISCOVERIES CHRISTIAN PRESCHOOL.

7. I acknowledge that FIRST DISCOVERIES CHRISTIAN PRESCHOOL provides Preschool and Spanish Immersion Program and that this program is a licensed childcare program by the State of California in accordance with Department of Social Services Community Care Licensing. FIRST DISCOVERIES CHRISTIAN PRESCHOOL’S license number is 434408891.

THIS DOCUMENT RELIEVES FIRST DISCOVERIES CHRISTIAN PRESCHOOL, ITS AGENTS AND EMPLOYEES, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTOOD THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Child’s First and Last Name: _____

Parent/Legal Guardian’s Name: _____

Parent/Legal Guardian’s Signature: _____ Date: _____



CONSENT FORM

I hereby grant permission for my child to use all 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 or for field trips in an authorized vehicle. I understand that I will receive written notice prior to any field trip. Note: The only trip outside of the school planned is 2 days prior to graduation.

I hereby grant permission for my child to be included in evaluations and assessment connected with the school program.

I hereby grant permission for photographs of my child or myself to be used in educational publications and advertising.

I hereby grant permission for the Director or Acting Director 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
2. Attempt to contact the child's physician
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us
4. If we cannot contact you or your child's physician we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member

Any expenses incurred under #4, above, will be borne by the child's family

Please keep your contact information current. The school is not responsible for anything that may happen as a result of incorrect information given upon enrollment or any information that was not updated with our office by email.

The school will not assume responsibility for a child who is not signed in when he/she has arrived for the day.

Child's First and Last Name: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Community Care Licensing

Licensing Office Address: 2580 North First Street, Suite 300, San Jose, CA 95131

Licensing Office Telephone #: 408 324 2148

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.

FIRST DISCOVERIES CHRISTIAN PRESCHOOL

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

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES? _____ ANY EATING PROBLEMS? _____

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT":*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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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)

FIRST DISCOVERIES CHRISTIAN PRESCHOOL. 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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

**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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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 2580 North First Street, Suite 300		
CITY San Jose	ZIP CODE 95131	AREA CODE/TELEPHONE NUMBER 408 324 2148

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) FIRST DISCOVERIES CHRISTIAN PRESCHOOL	(PRINT THE ADDRESS OF THE FACILITY) 2177 Cottle Ave., San Jose CA 95125
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

What Does Your Child Eat?

Circle the foods your child *eats* every day or at least 3 times per week:

Baby Foods 		How does your child feel about mealtimes?
Breads, Grains, and Cereals 		
Fruits and Vegetables/Vitamin A, C, Folic Acid, and Fiber Rich Foods 		
Milk Products/Calcium Rich Foods 		Protein/Iron Rich Foods
Other Foods 		Circle if baby/child uses:
Circle activities your baby or child does every day. 		Circle if your baby or child receives food from: Food Stamps School Lunch Head Start WIC
		Drinks water?

Office Use Only
Feeding milestones to check/visit

Baby: Birth to 24 months

Yes / No

Breast-fed 8–12 times/24 hours during early weeks of lactation OR every 3–4 hours/day for older infants?

Formula-fed w/iron no less than 20 ounces/day? Correct dilution?

No honey/Karo Syrup until 1 year?

4–6 months: Start on baby cereal with iron?

5–7 months: Start on pureed vegetables and fruits?

6–7 months: Drink from a cup?

6–8 months: Start on pureed or ground meat, i.e., poultry, beef, pork, fish, egg yolk, beans, tofu?

7–9 months: Eats finger foods and mashed/chopped foods, NO grapes, nuts, popcorn, hotdogs, hard candy?

1 year: Drinks regular milk no less than 16 ounces/day?

9–12 months: Feeds self, joins family meal and snack times?

12–24 months: Eats variety of foods: small portions, i.e., 1–2 Tbsp., ½ c juice, ½ slice of bread.

Child: 2 to 8 years

Yes / No

Eats recommended variety and amounts of foods daily for age from the food guide pyramid?

Mealtime/Others:

Yes / No

Set meal and snack times?

Brush teeth by himself at 5 years?

Good food supply?

Takes vitamins, iron, or fluoride?

Growing normally according to his/her growth patterns?

Does child play with or eat dirt, plaster, clay, and paint chips?

Any food intolerances or allergies?

Referral for identified nutrition problem? Where? _____

Activity:

Actively plays everyday, i.e., running, biking, sports, 1 hour/day?

TV viewing: 2 hours or less/day?

Child's name: _____ Record #: _____

Age: _____ yrs. _____ mos. Wt: _____ lbs. Ht: _____ in. Date: ____/____/____