



Dear Parent,

Thank you for your interest in Family Learning Center. I trust that the information provided to you has been helpful.

The daily care and training of your child is very important to us as a staff. This early education program was established as a service to our community.

Please accept our open invitation to stop by for a tour of our facility. We have an open door policy, however, you will need to make an appointment so we are able to give you our full attention. This tour will give you a first-hand opportunity to experience our exciting programs in action. We offer a progressive and stimulating setting designed to suit your child's needs and developmental interests. Our center encourages children's discovery and growth through hands-on experience.

I know that you will be pleased with our warm and nurturing early education environment. I understand and appreciate what an overwhelming and challenging decision it is to select *QUALITY* care and development techniques for you child.

Sincerely,

Stacie Buckingham
Early Education Director



ENROLLMENT APPLICATION

Student's Full Legal Name _____ Male | Female

Nickname (or preferred) _____ Home Phone _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Live w/child? Yes | No

Occupation _____ Employer _____ Daytime phone _____

Mother's Name _____ Live w/child? Yes | No Occupation _____

Employer _____ Daytime phone _____

If divorced, name of person who has custody _____ Court Order? Yes | No

BILLING INFORMATION: SSN # _____ Race of Birth _____
(If different than above)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Names/ages of other children living at home:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Church Affiliation/Name and address of Church Your Family Attends: _____

Pastor _____ Phone _____ Are you a member Yes | No

Are you a Christian? Yes | No (Father) Yes | No (Mother)

I/We attend church... weekly | occasionally

Schools previously attended:

School Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Enrolling child for preschool program: M T W TH F

Half-Day Program Full Day Program

By my initial here, _____, I clearly understand that the \$100.00 enrollment fee and /or book fee is non-refundable.

Arrival Time _____ Departure Time _____

First Day of Attendance: _____

**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
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 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 Facilities

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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 WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (ENG/SP) (501) (CONFIDENTIAL)

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

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CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (ENG/SP) (501) (CONFIDENTIAL)

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/medicines: _____
Vision: _____ insect stings: _____
Developmental: _____ food: _____
Language/Speech: _____ asthma: _____
other: _____

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)	/ /	/ /			
HB 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

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

WALKED AT ^a	BEGAN TALKING AT ^a	TOILET TRAINING STARTED AT ^a
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
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DAILY ROUTINES *(^aFor infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP? ^a	WHAT TIME DOES CHILD GO TO BED? ^a	DOES CHILD SLEEP WELL? ^a
DOES CHILD SLEEP DURING THE DAY? ^a	WHEN? ^a	HOW LONG? ^a
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? ^a	IF YES, AT WHAT STAGE? ^a	ARE BOWEL MOVEMENTS REGULAR? ^a	WHAT IS USUAL TIME? ^a
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT" ^a	WORD USED FOR URINATION ^a		

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/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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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.

LIC 995 (ENG/SP) (3/02)

(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.

CONTAGIOUS AND COMMUNICABLE DISEASE

No child who arrives noticeably ill, with a rash, or fever shall be admitted for that day. Please do not send your child to school, if he or she has an illness of any nature. If the child has a contagious disease, notify the Preschool Office.

If your child becomes ILL WHILE AT SCHOOL:

- The parent (or other individual authorized on Emergency Data Card) will be notified to pick up the child. In such an event, your child will be isolated from other children until you arrive.
- For health and safety the Preschool has the responsibility for seeing that children with obvious symptoms of illness, including the common cold, do not infect others. In the event a child contracts a communicable disease and exposes the other children, notice of such exposure will be posted on the classroom door.
- Parents, or authorized representative, MUST pick up the child within ONE (1) hour of notification. It is our policy to require parents to pick up their child when their temperature reaches/exceeds 100, the child is vomiting, has diarrhea, and/or is unable to function normally at school.

Contagious Illnesses

If your child is sent home from Preschool, you should keep them home for 24 hours after being picked up. If a doctor has seen your child, keep your child at home for 24 hours after medication has been dispensed. This protects the class and teachers from catching anything and allows for recovery time for your child.

Description of Communicable Diseases

Chicken Pox - Incubation period is 14-21 days, usually 16-18 days. Symptoms - small water blisters on back or chest, slight head cold, may or may not have a fever. Exclusion from school - seven days after spots appear and until all crusts are dry.

Colds and Influenza - Incubation period is 1-3 days. Symptoms - fever, chills, aches and pains in back and limbs, sore throat and cough. Exclusion from school for three days. Return to school depends upon recovery. Child must be free from heavy cough and throat and nose discharge. NO FEVER FOR 24 HOURS PRECEDING RETURN TO SCHOOL.

Conjunctivitis (Pink Eye) - Any inflamed or discharging eye is considered to be contagious and the child will be excluded from school until fully recovered or until released by a doctor.

German Measles - Incubation period is 14-21 days, usually 16 days. Symptoms - mild fever, rash, enlargement of glands behind ears and in back of neck at hairline. Exclusion from school until fully recovered.

Head Lice - Small egg-like modules accompanied by small lice in hair. Itchiness occurs. Prescribed head treatment is necessary initially with home/school areas treated (such as bed linens, desk area). A repeated treatment for the larvae is required in approximately two weeks.

Hepatitis - Incubation period is 10-40 days, usually 25 days. Symptoms - fever, headache, nausea, loss of appetite, fatigue, abdominal discomfort. Later, there may be jaundice. Exclusion from school until fully recovered. Permission to return to school must be signed by family doctor or the Health Department.

Impetigo - Incubation period within five days. Symptoms - crusted, moist sores, usually on face and hands. Exclusion from school - may attend school if under a doctor's treatment and sores are covered.

Measles - Incubation period is 9-11 days. Symptoms - rash on 13-15th day, cold with watery eyes, cough and fever, rash on face which spreads down body. Exclusion from school for seven days after appearance of rash and the absence of fever or other symptoms.

Mumps - Incubation period of 12-26 days. Symptoms - fever, swelling of one or both glands in front of ears (occasionally glands under jaw swell). Exclusion from school until all swelling is gone, usually about 10 days.

Ringworm - Incubation period is 10-14 days. Symptoms - flat, spreading ring-shaped areas. Edges are reddish, may be dry and scaly. Exclusion from school; may attend if under treatment and sores can be covered.

Ringworm of the Scalp - Incubation period is 10-14 days. Symptoms - scaly, bald patches on the scalp. Exclusion from school - special regulations are made by the County Health Department. Student may not return to school until released by the County Health Officer.

Scarlet Fever, Strep Throat - Incubation period is 2-7 days. Exclusion from school - may return to school after recovery, but must have permit to return from a doctor. Other children in home may attend school if they have been immunized. Call your family doctor regarding school attendance.

Is your student currently infected with live (active) virus from an illness of a communicable nature? Yes No

Child's Name _____

Father Signature _____ Date _____

Mother Signature _____ Date _____



TUITION CONTRACT

Facility #343607751

Tuition:

1. Tuition is due on the first day of your child's week. Your tuition each week is \$_____. Parent/guardian initial ____
2. Tuition is considered late Tuesday at 12:00pm. Initial ____
3. A late charge of \$25.00 is assessed on all payments received after Tuesday 12:00pm. Initial____
4. A penalty fee of \$25.00 is assessed on all checks returned by the bank, plus late fees. Cash, cashier's check, or money order must make re-payment of the dishonored check. Initial____
5. If payment is not brought current by the 20th day of the month you will be given one or more of the following options: (1) bring the account current; (2) any exception must be approved by the School office before the end of that month; or (3) withdraw child(ren). If these options are not taken, your child (ren) will not be allowed to continue until payment is made in full. It would be our hope, at this point, that action to pay this bill would keep us from having to take any further steps to collect. Initial ____
6. In the event that an account should remain delinquent, the School reserves the right to turn the account over to a professional agency for collection. Initial ____
7. Reenrollment will not be permitted under any circumstances if account is not paid in full. Registration/Activity fees are non-refundable. Initial____
8. FLC requires a two-week notice for withdrawing from the Preschool. Full tuition payment is required at time of notice. Initial ____

Basic Services:

1. We provide mid-morning/afternoon snacks and lunch. You may provide breakfast before 7:30 a.m.
2. Giving medication is an optional service. If a child needs medication to be given at school, the parent must fill out the medication form (located on the front desk, in the medical log).

Medication will be administered only if it is in its original container and has been signed into the medical log. Prescription medication that will be given longer than two weeks requires a physician's signature, on the medical release form. We may not keep medication on hand if they are not needed or if they are not signed in.

Non-prescription medications may not be administered without approval or instructions from the child's physician. The medication, however, must be in the original container, with the

child's name on it and labeled directions. Zip locked bags or Tupperware containers will not be accepted as packaging. All medication must be signed in and taken home when it is no longer needed.

Inhalers may be administered as long as we have physician approval and it has been signed into the medical log. There must be specific written instructions from the child's physician or health care provider. It may be administered to the child both on a scheduled or "as needed" basis if that is prescribed by physician.

Parent/Guardian Signature: _____ Date: __/__/__

Parent/Guardian Signature: _____ Date: __/__/__

Print Name: _____

Print Name: _____

Address: _____

School Representative: _____

A few things about your child . . .

The following information will help our staff to interact more effectively with your child and to understand his/her needs more clearly. We also ask that you keep us aware of any changes in your child's life that may affect his/her behavior. This information is kept confidential and will only be shared with the child's teacher and the centers Director.

What are your expectations of our center and our program? _____

Are there any special family circumstances that we should be aware of? _____

Please note any custody specifications? _____

What are your child's favorite activities? _____

Is your child attached to any special toys or objects? _____

Does your child have any fears or apprehensions? _____

Does your child have any dietary restrictions or allergies? _____

Does your child have any known sight, hearing or speech problems? _____

What is the usual way your child is disciplined and by whom? _____

GOALS

Goals are easily accomplished with the help of others. Please take a moment to list a few things that you would like to see your child accomplish this school year. We as staff will review these occasionally to see how much progress we are making.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Every effort will be made to help your child accomplish these goals. Remember to keep things simple and short. Time spent in preparation is never wasted. We are preparing our children everyday for their future. I encourage you to take a few moments and write down some of your own goals individually and as a family. You'll be amazed at what a difference it will make. Remember to look at them often and see how many you have accomplished.

WELCOME TO OUR PRESCHOOL.

As parents of the children who attend our preschool it is important that you know what is in the Preschool Parent handbook. Please take the time to read it.

Listed below are only a few of the things you need to know. The rest of what you need to know is in the Preschool Parent Handbook.

1. NAP THINGS:

- Small blanket
- Please bring nap things in a backpack.
- LABEL all of the above items, please.

2. CHANGE OF CLOTHES:

- Bring in a re-sealable baggie.
- Complete change of clothes – socks, underwear, shirt & pants (or a dress if it is a girl and she prefers dresses).

3. TIME OF ARRIVAL:

- Ideally children should be here by 8:30am.
- It is necessary to notify the office by 9:00am if you are going to be late and want hot lunch for your child. Otherwise, please make one or purchase one on your way here.

4. FOOTWEAR:

- Shoes and socks are to be worn every day.
- NO sandals or jellies

5. PHONE CALLS:

- You may call and leave messages for the teachers. They will pick up messages on their breaks and call you back. Please allow time for them to respond.
- Urgent calls will be put through as soon as possible.

6. MEDICINE:

- Only medicine prescribed by a doctor may be administered at preschool.
- When your child has been sent home sick they are to stay home for at least 24 hours before returning back.
- Please read the Preschool Parent Handbook.



TUITION SCHEDULE

For ages 2-5 years

Enrollment Fees:

	New Student	Continuing Student
Annual Registration Fee	\$125.00	\$75.00
Field Trip/ Activity Fee	\$50.00	Due Every August

*Fees are Non-refundable

For all schedules lunch is provided. There is also a morning and afternoon snack provided. For children with allergies parents need to provide a substitution. Family Learning Center hours of operation M-F 6:30-6:00.

Tuition Rates and Schedules*

Hours available	Full Day 6:30-6:00			Half day 6:30-12:30/12:30-6:00		
	M-F	M/W/F	T/TH	M-F	M/W/F	T/TH
Days						
18-30 mos.	\$225	\$200	\$160	\$200	\$160	\$125
2-3 years old	\$185	\$160	\$135	\$160	\$135	\$115
3-6 years old	\$175	\$150	\$125	\$150	\$125	\$105

*Tuition is due on the first day of your child's schedule for the week. a \$25 late charge is assessed on Tuesday at 12:00. Returned checks are assessed a \$25.00 service charge.

Parent/child Information:

Parent's Name	Signature/Date
Street Address	City State Zip
Phone Number	Email Address
Child's Name	Child's Date of Birth
Childs Start Date	Childs Schedule

IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclid.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.



DAILY SCHEDULE

6:30–8:30 - Family Learning Center opens with supervised indoor/outdoor activities

8:30–9:00 - Bathroom/children directed to classes

9:00–9:30 - Circle time; greeting, story, calender, flag salute, prayer

9:30–9:45 - Bathroom/snack time

9:45–11:45- Center time. Weekly themes implemented

*Skill building: introduction to shapes, colors, numbers, and the alphabet.

*Art: painting, cutting, and gluing.

*Music: Songs, finger plays, rhythms for fun and language development

*Manipulative: Small motor skills and concentration development.

*Blocks: building and concentration

*Dramatic Play: Socializing, dramatic interaction and pretend play

*Puzzles: Small motor development and reading readiness

*Library: Books and listening skills

11:45–12:15 - Bathroom and outside time

12:15–12:45 -Wash hands and lunch time

12:45–2:45 - Rest time

2:45–3:15- Snack time

3:15–3:30- Circle time

3:30–4:30- Outside time

4:30–6:00- Directed indoor activities. Supervised free time until parents arrive