

Application Forms and Policies

Please carefully read and sign the policies and forms in this packet. We must receive and approve your Forms Packet before we can officially enroll your child.

Questions: Contact Director Courtney Marquez at cmarquez@calelitekids.com



Cal Elite Kids
Preschool Academy
(License 304370485)



Paperwork Checklist

Cal Elite Forms

- ☐ Paperwork Checklist
- ☐ Tuition Calculator Form
- ☐ Student Application
- ☐ Admissions Agreement
- ☐ Important Daily Policies
- ☐ Sign On - Sign Out Policy
- ☐ Late Pick Up Policy/Early Drop Off Policy
- ☐ Drop In Policy
- ☐ Sick Policy
- ☐ Hold My Spot Policy
- ☐ Make Up Policy
- ☐ Student Behavior and Safety Policy
- ☐ Automatic Billing Authorization Form
- ☐ Please tell us about your child

State Forms

- ☐ LIC 613A Personal Rights
- ☐ LIC 627 Consent for Emergency
- ☐ LIC 700 Identification and Emergency Information
- ☐ LIC 701 Physicians 's Report - Students are required to be current with shots unless there is a medical exemption, cleared through a written statement by your doctor.
- ☐ LIC 702 Child Pre-admission Health History
- ☐ LIC 995 Child Care Center Notification of Parent Rights
- ☐ LIC 9221 Students who need medicine administered during school hours must provide written consent for Cal Elite to administer medicine through Form LIC 9221. This form is needed only if student needs medicine administered during school hours.
- ☐ Copy of Immunization Records
 - ☐ 3 Polio (OPV or IPV)
 - ☐ 4 DTaP
 - ☐ 3 Hep. B
 - ☐ 1 Varicella
 - ☐ 1 HIB (must be after 1st birthday regardless of previous HIBs)
 - ☐ 1 MMR (must be after 1st birthday)

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com

2023 Tuition Calculator Form Preschool *

Student Last Name

First Name

Birthdate

Mom/Legal Guardian Name

Mom/ Legal Guardian Phone

Mom/Legal Guardian Email

Dad/Legal Guardian Name

Dad/ Legal Guardian Phone

Dad/Legal Guardian Email

Check desired days and times

| | Early Care 7:45 - 8:45 | Half Day AM 8:45 - 11:45 | Half Day PM 12:00 - 3:00 | Full Day 8:45 - 3:00 | Ext Care 3:00 - 5:00 |
|-----------|---------------------------|-----------------------------|-----------------------------|-------------------------|-------------------------|
| Monday | _____ | _____ | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ | _____ | _____ |

Monthly Tuition

Please circle your selections below and total them below.

Half Days

| | |
|----------------|----------|
| 1 half day/wk | \$213/mo |
| 2 half days/wk | \$424/mp |
| 3 half days/wk | \$573/mo |
| 4 half days/wk | \$764/mo |
| 5 half days/wk | \$894/mo |

Full Days

| | |
|----------------|-----------|
| 1 full day /wk | \$442/mo |
| 2 full days/wk | \$797/mo |
| 3 full days/wk | \$1063/mo |
| 4 full days/wk | \$1241/mo |
| 5 full days/wk | \$1326/mo |

Early Care

| | |
|-----------------|----------|
| 1 early care/wk | \$29/mo |
| 2 early care/wk | \$59/mo |
| 3 early care/wk | \$88/mo |
| 4 early care/wk | \$118/mo |
| 5 early care/wK | \$147/mo |

Extended Care

| | |
|----------------|----------|
| 1 ext. care/wk | \$59/mo |
| 2 ext. care/wk | \$118/mo |
| 3 ext. care/wk | \$176/mo |
| 4 ext. care/wk | \$236/mo |
| 5 ext. care/wk | \$294/mo |

Total

| | |
|------------|----------|
| Early Care | \$ _____ |
| Half Day | \$ _____ |
| Full Day | \$ _____ |
| Ext. Care | \$ _____ |
| TOTAL | \$ _____ |

* This worksheet represents monthly tuition. It does not reflect the Cal Elite annual registration fee, annual learning resource fee, uniform costs, or show fees.

Student Application - Cal Elite Preschool Academy



Student Information

Preferred Start Date _____
First choice Second choice

| | | | | |
|-------------------------|---------------------|-----------------|------------------------|-----------------------|
| _____ Last Name | _____ First Name | _____ Middle | _____ Date of Birth | _____ M/F (circle) |
| _____ Street Address | | _____ City | _____ State | _____ Zip Code |

Family Information

| | | |
|------------------------|------------------------|-------------------------|
| _____ Mother's Name | _____ Mother's Cell | _____ Mother's Email |
|------------------------|------------------------|-------------------------|

Mother's Address if Different from Student's

| | | |
|------------------------|------------------------|-------------------------|
| _____ Father's Name | _____ Father's Cell | _____ Father's Email |
|------------------------|------------------------|-------------------------|

Father's Address if Different from Student's

Student Health History

Please describe any MEDICAL issues that might affect your child's daily activities or prevent him/her from participating in Cal Elite's active learning Educational Academy.

Please describe any BEHAVIORAL OR SOCIAL issues that might affect your child's daily activities or prevent him/her from safely interacting with students and teachers.

| | | |
|--------------------------------|--------------------|---------------|
| _____ Parent's Name (print) | _____ Signature | _____ Date |
|--------------------------------|--------------------|---------------|

2023 Admission Agreement

- ☐ I am requesting to enroll my child in Cal Elite Kids's licensed Preschool Academy. I have read and understand the program schedule, educational goals, tuition and fees and understand the following policies and terms:
- ☐ Cal Elite Kids is licensed to care for children ages 2.5 - 6 years (Facility # 304370485.) I understand that Cal Elite Kids embraces an active learning philosophy and that my child may come home happy and pooped. And sometimes with paint and glue and sparkles on his/her clothes.
- ☐ I understand that my child must be FULLY potty trained.
- ☐ I will drop off and pick up my child on time each day. I understand that being late negatively impacts our classroom, Cal Elite's staffing, our state mandated teaching ratios, required staff breaks and payroll, and causes teachers to be late to pick up their own children, etc. When I am late I am keeping a teacher from taking his/her lunch break or am keeping a teacher from leaving work on time. I understand these challenges and will promptly pick up my child each day.
- ☐ I will properly sign my child in and out each day. I will notify Cal Elite if I intend on having someone else pick up my child. I understand that Cal Elite will require identification before releasing my child to my authorized caretaker and I will notify my caretaker of this requirement.
- ☐ I understand that I will be enrolled in automatic billing (Visa or Mastercard) and that tuition is billed on the 1st of each month.
- ☐ Tuition is based on a flat monthly charge and has been determined with consideration to many factors including the fact that some months have extra days (5th weeks) and some months have holidays. Cal Elite does not charge for extra days in a month nor does it credit holidays. Cal Elite has the right to dismiss a student for lack of payment.
- ☐ Cal Elite is closed for the following holidays when they fall on a school day: Labor Day, Thanksgiving Day and the Friday following Thanksgiving Day, December 24-26, December 31, January 1, and Memorial Day and Independence Day.
- ☐ We understand that children have reasons to be absent. We do not issue refunds, credits, make ups, or other program credit for missed days. We are sorry. Our costs are based on our enrollment and your commitment to your school days. Issuing makeups results in disruption of class dynamics and student teacher-ratios. This is a fairly uniform policy in the industry and one that we have found necessary to follow.

Cal Elite Kids establishes this Admission Agreement before the school year each year and we do not anticipate changes. If we need to amend this agreement we will provide 30 days notice of such amendment(s).

The Department of Social Services oversees licensed childcare programs and reserves the right to visit and inspect licensed programs. The licensing agency has the right to interview students and staff and may do so without prior consent. The licensing agency may audit, inspect and copy any child's records and remove them from the premises for necessary copying reasons. Additionally, the licensing agency has the authority to observe the physical condition of any child that may be subject to neglect, abuse or inappropriate placement. You can find more information about Title 22 Regulations at www.cdss.ca.gov/ordPG587.htm

Cal Elite Kids sincerely adores all children. If a child, adorable as can be, presents behavioral issues that notably impact the progress and development of other students or in any way jeopardizes the safety of other students or staff; or if Cal Elite Kids determines that our program is not suited to provide the most appropriate care for a child, we have the right and obligation to dismiss the child from our program. Such dismissal may be immediate and without notice.

I have read and understand the Cal Elite Preschool Academy Handbook and agree to the guidelines set forth herein.

Parent/Legal Guardian (print name)

Parent Signature

Date

Important Daily Policies

Please initial each policy

- ☐ Please properly sign your child in and out each day. If someone else will be picking up your child, please ensure that this person is listed on your Authorized Pick Up Form and that s/he arrives with ID.
- ☐ Please send in an extra set of clothes in a ziplock bag. Extra clothes are needed for art that misses the paper, lunch mishaps, restroom mishaps and other events that are in the job description of a child.
- ☐ Check our calendar! We have lots of special days and we want each child to be ready to participate.
- ☐ Due to costs, learning time and goals, we cannot repeat holiday and special celebrations across multiple days of the week. We alternate the days of the week that we celebrate special events, however part time students, by virtue of their part time enrollment, will not be present for every special event. In order to maintain the teacher-student ratios required by the State of California, we cannot accommodate students seeking to "drop in" on days of the week for which they are not enrolled so that they can participate in a special party or celebration.
- ☐ Ensure that your child is wearing his or her complete school uniform. (Red Cal Elite shirt; solid black shorts, leggings or sweat pants; Cal Elite sock-shoes; and Cal Elite sweatshirt if needed.) Uniforms help us readily identify our preschool students. Do not cover your child's uniform with a non-uniform jacket. Uniforms are available in the Elite Boutique.
- ☐ Per licensing, full day preschool students must have their own fitted crib sheet with their name on it. We are bound by this requirement whether or not a student chooses to nap.
- ☐ Half Day students need 3-4 snacks. Full day students need 3-4 snacks and a lunch.
- ☐ We are a peanut free school. No peanut butter or peanut products.
- ☐ Students must have a (labeled) water bottle.
- ☐ School begins at 8:45 a.m. Cal Elite offers a free 15 minute free play session from 8:30 - 8:45 a.m. We cannot have students in the play areas before 8:30 a.m.
- ☐ Students must be picked up on time. Half Day pick up is 11:45 sharp. Full day pick up is 3:00 p.m. sharp. Extended Care pick up is 5:00 p.m. We maintain strict schedules and student-teacher ratios. When a child is not picked up on time, a teacher who is scheduled to be with his or her own class or scheduled to take lunch or scheduled to go home must instead stay with that child who has not been picked up. We insist upon mutual respect for our teachers' time and our school's payroll budget.
- ☐ A late pick up fee of \$1 per minute will be assessed, starting at 11:46 a.m., 3:01 p.m. and 5:01 p.m.
- ☐ Make ups and/or refunds will not be offered for absences, regardless of the reason for the absence.

Thanks for your understanding of and cooperation with these policies. These policies are designed to help us implement and maintain a professional, quality program that meets the important goals of our licensing agency, offers a safe environment for our students and facilitates the mutual respect of teachers, administrators, families and students.

Sign In - Sign Out Policy



The State of California requires that licensed child care centers have a written policy reflecting that parents must properly sign their child in and out each day. Pursuant to this mandate and in an effort to maintain practices that promote the safety and well being of our students, Cal Elite has implemented the following **Sign In - Sign Out Policy**:

I/We understand that the Child Care Licensing Division of the California Department of Social Services requires licensed child care centers to obtain the full signatures of parents when dropping their child off (sign in) and when picking their child up (sign out.)

I/We agree that I/We will sign my/our child in and out each day s/he attends school, using my/our full legal signature.

I/We also understand and agree that Cal Elite Kids will not release my child to anyone who is not on the Authorized Pick Up List and that anyone so authorized by me to pick up my child will be required to show a valid photo I.D. The Cal Elite Staff member overseeing drop off and pick up must also sign next to the Authorized Pick Up person's signature.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com

Late Pick Up Policy



We are appreciative of those parents who consistently pick their child up on time. When a child is not picked up on time, our business and educational operations are compromised. Unfortunately, after years of resisting, we have found it necessary to impose a Late Pick Up Policy.

When a child is not picked up on time we are forced to hold a teacher over to cover state mandated student-teacher ratios. The California Labor Code requires that employees be given a 30 minute lunch break. When students are not picked up on time, a teacher's lunch break is delayed and another teacher must cover for that teacher. This affects our student-teaching ratios and causes teachers to go into overtime. In addition, our teachers have their own personal obligations after work. When a child is picked up late our teachers are late to appointments, meetings and picking up their own children after school.

A late fee of \$1 per minute will be assessed when a child is not picked up on time. The late fee begins promptly at 11:46 a.m., 3:01 p.m. and 5:01 p.m. This fee will show up on the next billing statement.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Early Drop Off Policy



Students may not be dropped off before their scheduled drop off time. School begins at 8:45 a.m. Cal Elite offers a complimentary free play period from 8:30 - 8:45 a.m. in the Big Gym. The teachers will call the students out to the play area at 8:30 a.m. Students may not enter the play areas until they are called out to play by the teachers. Parents and siblings are welcome to visit and enjoy morning playtime from the benches but may not enter the play areas at any time

Early Care is offered from 7:45 - 8:45 a.m. Without exception, students must be enrolled in Early Care in order to be presented or dropped off at Early Care. This is a paid for feature and enrollment (and tuition) is required.

Our afternoon half day begins at 12:00 p.m. Students may not be dropped off before 12:00.

Thank you for helping us to ensure that students are properly supervised at all times and that we are able to meet our student-teacher ratios at all times.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com

Drop In Policy



Students thrive when their school environment is consistent. Similarly, our program thrives when we can accurately anticipate, plan for and staff properly for our daily enrollment. For these reasons and many others, we encourage families to choose a schedule that will offer the best and most consistent participation, capitalizing on familiar friendships, activities and expectations.

If you have a need to have care for your child on a day that your child is not enrolled, you can contact Ms. Marquez at least 24 hours in advance to see if we can accommodate your child. To be transparent, most often our class attendance is set and we cannot add extra students. However, there are times when we are aware of an absence and can adjust accordingly.

We are sorry, we cannot accommodate same day unscheduled, unapproved drop ins.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com



Cal Elite Sick Policy

General Protocol

Per California state licensing, a child who becomes ill with the following symptoms cannot return to school until the symptoms have been resolved for at least 24 hours.

- Green mucus
- A wet, coarse cough
- Diarrhea
- Vomit
- Low grade fever (99.2 and above)
- Fever

Thank you for your cooperation. It is imperative that we work together to stay well.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



Policy on “Holding My Spot”

Occasionally parents ask us to suspend their tuition payment and ‘hold their child’s spot” while the family goes on vacation or takes a break from school. We are sorry, we cannot do this. Our operating costs remain the same whether or not a child takes a break and our program very much relies upon a consistent source of tuition revenue.

A family who wants to go on vacation or take a break without paying their regular tuition can certainly drop. Unlike most schools, Cal Elite has an open drop policy that allows families to drop at any time. Please be advised that Cal Elite typically has 20-30 families on a wait list to enroll in our preschool program. When a spot becomes available, we immediately move a new family into the program.

Thank you for your understanding.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



Make Up, Refund/Credit Policy

We understand that there are times when a child is not able to attend school. **We are sorry, there are no make ups, refunds or credits given for absences. We also cannot offer attendance in another program to make up for an absence incurred in preschool.** This is standard protocol in the preschool education industry. Our staffing and operations are based on our enrollment agreements with our families. Unfortunately, our operating costs do not decrease because a child is absent.

I understand that there are no make ups, program trades, refunds or credit offered or given for absences, regardless of the reason for the absence.

Name (print)

Signature

Date

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com



Cal Elite Student Behavior and Safety Policy

Cal Elite is a privately owned and operated preschool.

Cal Elite is responsible for the safety and well being of its students, teachers and staff as well as the security of its facility, equipment and learning resources. Providing a safe and secure environment is tantamount to our operation.

Cal Elite understands that young children can make less than ideal choices and that their actions can lead to uncomfortable or hurtful consequences. The vast majority of such situations provide important learning opportunities for our students with respect to how to behave and how to treat their friends and teachers. These situations also provide experiences for children to learn how to apologize, forgive and also how to insist on respect.

There are times, however, when a child presents behaviors that prevent us from being able to assure a safe environment for that child and/or others.

If a child presents behavioral issues that notably impact the progress and development of other students or in any way jeopardize the mental, physical or social well being or safety of the child, other students or staff; or if Cal Elite Kids determines that our program is not equipped to provide the most appropriate care for a child, we have the right and obligation to dismiss the child from our program. Such a determination may be made through a series of behavioral challenges or may be made as a result of just one incident.

Examples of behavioral challenges that may be cause for dismissal include but are not limited to physical harm such as hitting, striking, biting, pushing, kicking or punching; emotional/social harm such as threatening, bullying, ostracizing or demonstrating discriminatory behaviors toward others; unusual destructive behaviors toward Cal Elite's property, the student's property or the property of other students; and any other behavior that jeopardizes the well being of the student, other students, teachers, staff, or property.

Such dismissal may be immediate and without notice.

Name (print)

Signature

Date



Automatic Billing Authorization Form

Cal Elite accepts Direct Banking, Visa and Mastercard.
We do not accept American Express.

Cal Elite Account Name

Name on Credit Card

Billing Address for Credit Card

Visa or Mastercard Credit Card Number

3 Digit Security Code

Expiration Date

Monthly Tuition to be Billed

Tuition is billed on the 1st of each month.

I agree to the above billing terms and authorize that my credit card be automatically billed each month as outlined above.

Name (print)

Signature

Date

Questions? Contact Director Courtney Marquez at Cmarquez@calelitekids.com

Please tell us about your child.



1. What are some of your child's favorite things to do?
2. What are a few special talents that your child has?
3. Does your child have a favorite character - from a book, movie, show or cartoon?
4. Does your child take a nap during the day?
5. Is there anything your child is afraid of?
6. What is something that is challenging or frustrating for your child?
7. Would you say that your child is more of an introvert or extrovert?
8. With respect to relationships with friends and teachers, would you say that your child is resilient, somewhat sensitive or ultra sensitive? Please explain.
9. Has your child participated in a formal preschool setting before? ____ If so, how would you describe that experience for your child?
10. What are your main goals and hopes for your child during his/her time in our school?

How did you learn about Cal Elite's Preschool program?

**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) | / / | / / | / / | / / | / / |
| (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.

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

| | | |
|----------------------------|-----------------------------------|---|
| 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 |
|--|-------|---|-------|--|-------|
| <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 / 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: Community Care Licensing

Licensing Office Address: 250 The City Dr. Suite 2100, Orange, CA 92868

Licensing Office Telephone #: 714-703-2800

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.

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

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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 or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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://cclid.ca.gov/contact.htm>