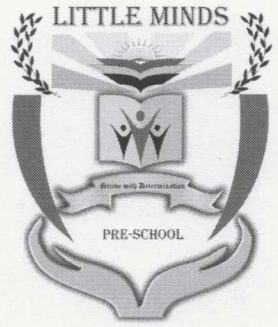


# LITTLE MINDS PRESCHOOL ENROLLMENT PACKAGE



Student's Name: \_\_\_\_\_

The package contains the following documents:  
Please initial each line to acknowledge receipt of each document

- \_\_\_\_\_ Admission Policy (2 pages)
- \_\_\_\_\_ Agreement for Educational Services (2 pages)
- \_\_\_\_\_ Application for Enrollment – Tuition & Fees (1 page)
- \_\_\_\_\_ School Policies & Procedures (3 pages)
- \_\_\_\_\_ School Program Guidelines (1 page)
- \_\_\_\_\_ Parent Checklist for Child's Enrollment (1 page)
- \_\_\_\_\_ Personal Rights – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Notification of Parent's Rights – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Identification and Emergency Information – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Child's Pre Admission Health History – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Consent for Emergency Medical Treatment – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Caregiver Background Check – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Physicians Report – *California Department of Social Services* (1 page)
- \_\_\_\_\_ Copies of Child's Immunization Record,
- \_\_\_\_\_ Copy of CA Identification Card/Driver's License and Social Security Card (Parent)
- \_\_\_\_\_ Reservation of Rights to Change Policies and Written Notices (1 page)
- \_\_\_\_\_ Permission to use Sunscreen (1 page)
- \_\_\_\_\_ Authorization for use of Photographs on School's Webpage (1 page)

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

# ADMISSION POLICY



Please initial each line

Student's Name: \_\_\_\_\_

I (We), the undersigned do hereby accept the following terms and conditions.

- \_\_\_\_\_ Tuition fee for my (our) child is \$\_\_\_\_\_ due in advance on Monday of each beginning week.
- \_\_\_\_\_ Tuition is subject to change on the condition that I (we) receive 30 days prior written notice.
- \_\_\_\_\_ There is a non-refundable registration fee of \$150.00. Continuing student annual registration fee is \$75.00 (non refundable).
- \_\_\_\_\_ There is a non-refundable materials fee of \$150.00 for kindergarten children and/or \$100 for preschool children due at enrollment. Continuing student annual materials fee is \$75.00 (non refundable).
- \_\_\_\_\_ **Tuition is due on Monday of the current week of service. If tuition is not received by Wednesday of the current week, the account will be charged a late payment fee of \$30.00. Each additional week or part thereof after the first week, a weekly late fee of \$50.00 will be charged until all delinquent tuition is paid in full. The Director is required to discontinue your child's attendance if tuition payments are 2 weeks behind schedule. Remaining balances will be handles by our Collections Agency**
- \_\_\_\_\_ There is a \$35.00 fee for returned checks.
- \_\_\_\_\_ **I (We) agree to give two weeks written notice prior to the date of terminating enrollment. If not, I (we) agree to pay two weeks tuition fees for failure to give proper notice.**
- \_\_\_\_\_ My (Our) child may be entitled to a vacation of one week ("Residence Vacation Week") without having to pay tuition if he/she has been continuously enrolled for more than one-year.
- \_\_\_\_\_ My (Our) child is entitled to a vacation of one week ("Summer Vacation Week") during Summer (June, July, or August) without having to pay tuition.
- \_\_\_\_\_ **No refund or adjustments for holidays, withdrawals or absent days.**
- \_\_\_\_\_ I (We) agree to pay for all damages caused by my (our) child to LMP property. Prior to doing so, I (we) will be given the opportunity to either replace or repair the damaged item.
- \_\_\_\_\_ **My (Our) child's enrollment may be terminated at any time, if in the opinion of the LMP administration, it is deemed to be in the best interests of the school and other children attending the school.**
- \_\_\_\_\_ A half day is considered as 5 hours and a full day is considered as 9 hours. Any late pick-ups will be charged (per child) an additional \$15.00 per hour or part thereof which must be paid at the time of pick up.

## ADMISSION POLICY Continued



\_\_\_\_\_ I (We) hereby understand and agree that LMP retains the right to change these policies and written notices given to us by giving us written or verbal notice prior to changing such policies and/or written notices.

\_\_\_\_\_ I (We) have read, understood and initialed the foregoing information and fully agree to the terms thereof.

\_\_\_\_\_  
Father's/Legal Guardians SSN

\_\_\_\_\_  
Mother's/Legal Guardians SSN

\_\_\_\_\_  
Father's/Legal Guardians Drivers License No.

\_\_\_\_\_  
Mother's/Legal Guardians Drivers License No.

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

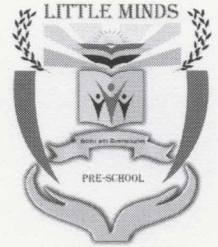
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized School Representative      Date

**Attach copies of Drivers License and Social Security**

# AGREEMENT FOR EDUCATIONAL SERVICES



I (We) the undersigned, as parent(s)/Legal guardian(s) of: \_\_\_\_\_  
Do hereby agree to the following terms and conditions:

I (We) have received the "Admission Policy", "Agreement for Educational Services", "Application for Enrollment-Tuition and Fees", "School Policies and Procedures", "School Program Guidelines", "Parent Checklist for Child's Enrollment", "Reservation of Rights to Change Policies and Written Notices", "Permission to use Sunscreen", and "Authorization for use of Photographs on School's Webpage" and hereby agree to be governed by them and documents 1 through 7 listed below, in their entirety.

In accordance with the requirements of the California Department of Social Services,  
I (We) acknowledge receiving copies of the following:

1. Personal Rights.
2. Notification of Parent's Rights.
3. Identification and Emergency Information.
4. Child's Pre Admission Health History.
5. Consent for Emergency Medical Treatment.
6. Caregiver Background Check
7. Physicians Report.

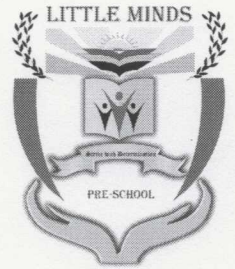
I (We) understand that the Department of Social Services or agencies authorized by state or federal laws have the right to observe, interview and examine my (our) child and to inspect and audit all records maintained by the school without securing prior consent.

I (We) hereby give consent to have my/our child treated by a physician for medical or surgical care should an emergency arise. I (We) understand that every effort will be made to contact me or my spouse or guardian before such action is taken.

I (We) hereby agree to be bound by the applicable tuition rates as given to me (us) in the school's notices.  
I (We) agree to pay the applicable late fees if I (We) do not pay the tuition as due. I (We) understand that I (We) may withdraw my/our child at any time by giving the school a two week written notice prior to the date of withdrawal. In the event that I (we) fail to provide a two week written notice, I (we) agree to pay two weeks tuition fees for failure to give proper notice.

# AGREEMENT FOR EDUCATIONAL SERVICES

## Continued



I (We) hereby grant permission for my child to participate in all supervised field trips that might be scheduled during the school day.

**I (We) hereby understand and agree that LMP retains the right to change these policies and written notices given to us by giving us written or verbal notice prior to changing such policies and/or written notices.**

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Father's/Legal Guardians Driver's License

\_\_\_\_\_  
Mother's/Legal Guardians Driver's License

Father's/Legal Guardians Employer

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Mother's/Legal Guardians Employer

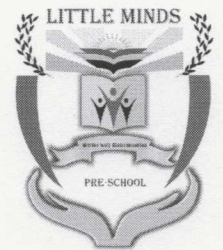
\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Authorized School Representative      Date



# SCHOOL POLICIES AND PROCEDURES

1. **REGISTRATION & MATERIALS FEE:** For new students a non-refundable registration and materials fee is due on or before the first day of attendance. These fees are due and payable for each student enrolled. Continuing students will be assessed these annual registration and materials fee during September of each year.
2. **WEEKLY TUITION:** Tuition is due on Monday of the current week of service. If tuition is not received by Wednesday of the current week, the account will be charged a late payment fee of \$30.00. Each additional week or part thereof after the first week a weekly late fee of \$50.00 will be charged until all delinquent tuition is paid in full. The Director is required to discontinue your child's attendance if tuition payments are 2 weeks behind schedule.
3. **ATTENDANCE:** Your child's teacher prepares the curriculum in advance for each week. You are required to pay for your program of choice on a weekly basis regardless of occasional absence or extenuating circumstances.
4. **SICKNESS:** If your child is sick for a prolonged period, full price will be charged for the first two weeks of absence and half price thereafter. After two weeks, the tuition charges can be suspended if a valid doctor's note is provided.
5. **MAKE-UP ATTENDANCE:** Because classes have maximum enrollment, make-up days for occasional absence or holidays cannot be offered.
6. **HOLIDAY SCHEDULE:** The school is open year-round with the following holidays observed:

MARTIN LUTHER KING DAY, PRESIDENT'S DAY, GOOD FRIDAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING THURSDAY AND FRIDAY, CHRISTMAS EVE AND CHRISTMAS DAY, NEW YEARS EVE and NEW YEARS DAY. In addition to these holidays, we will close early on Halloween.

**If the holiday falls on a Saturday, the school will closed on the preceding Friday and if the holiday falls on a Sunday, the school will closed on the following Monday.**

No tuition allowance will be made for holidays falling within a given tuition period. These days are taken into consideration at the time prices are established.

7. **CHANGE IN PROGRAM:** A written notice, presented one week in advance, is required for changes in your child's attendance schedule.
8. **TERMINATION:** Two weeks written notice must be given to the Director before service is terminated. If the Director does not receive two weeks notice, payment for the two week's tuition will be required.
9. **VACATION:**

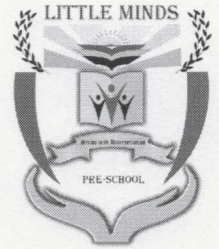
#### "Residence Vacation Week"

After one CONTINUOUS YEAR of attendance, one week vacation without tuition charges is allowed. This allowance applies only when your child is not present at school. It does not apply as credit when your child is withdrawn, and is non-cumulative from year to year.

When taking the "Residence Vacation Week" the whole week has to be taken at once. Intermittent vacation scheduling is not allowed.

# SCHOOL POLICIES AND PROCEDURES

## Continued



### "Summer Vacation Week"

The School has a 12 month academic program. Your child is eligible for one week of vacation during summer (June, July, or August). Tuition will not be charged for this week.

During the Summer months (June, July, August), if additional vacation time is required, then Little Minds Preschool has to be notified in writing two weeks in advance.

If additional summer vacation is taken, then upon returning your child is considered as a new enrollment and is required to pay all registration fees, material fees and the tuition rate which exists at the time of enrollment. Your child will not be eligible to receive any enrollment promotions that may be running at the time of enrollment. Little Minds Preschool does not guaranty the availability of a spot for your child.

During Summer, your child may combine the "Residence Vacation Week" (if entitled to) and the "Summer Vacation Week" for a total of two weeks vacation. Both weeks have to be taken back to back.

10. **PARENT VISITATION:** Parents are invited and encouraged to visit the school. The staff will be pleased to have parents observe classroom activity.
11. **SPECIAL INSTRUCTIONS:** Any special instructions should be written and given to the Preschool Director when your child is brought to school.
12. **RELEASE OF CHILDREN:** Upon arrival, children must be walked through the school door, signed in and turned over to the staff person in charge. Upon departure; children will be released only to those people whose names are listed on the Enrollment Form. Persons picking up a child are to sign their full name and time of day before leaving the facility. Identification will be required of persons picking up a child. Please advise the director in advance, in writing, if a person not listed on the form is to pick up your child.
13. **LATE PICK-UP:** There may be an occasion when you are delayed and arrive after the school's official closing time. A school employee will remain with your child until your arrival. Employees, who stay after closing, do so on their own time as a courtesy to you. Please be advised that you will be charged a fee for each child for being late, which is paid directly to the employee as compensation for personal service. The late fee begins at 6:31pm and is \$15 per every 15 minute increment, per child.
14. **MEDICAL HISTORY:** A physician's report is required for admission. It must include results of TB test plus verification of DPT, MMT, Polio, HIB, HEP B and Varicella immunizations.
15. **NON-DISCRIMINATION:** Little Minds Preschool does not discriminate against persons of any sex, race, or religious preference.
16. **DISMISSAL:** A child may be dis-enrolled from the school if, in the opinion of the Director, it is deemed to be in the best interest of the child, the school or the other children.
17. **RESERVATION OF RIGHTS:** LMP reserves the right to change foregoing policies by giving notice thereof to Parent(s) / Guardian(s).

# SCHOOL POLICIES AND PROCEDURES

## Continued



\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized School Representative      Date



# SCHOOL PROGRAM GUIDELINES



**CHILDREN'S CLOTHING:** All clothing brought to school is to be marked with your child's name. The school cannot be responsible for lost garments or personal articles. Because children often wear identical clothing, it is sometimes impossible for our staff to know to whom unmarked items belong.

Please dress your child in comfortable play clothes. With outside play, painting and many varied school projects, your child could accidentally get spots on clothes that might not come out, no matter how many times the article is washed. A simple test: Before leaving home ask yourself, "Will I be upset if my child comes home with dirt, paint, or chocolate pudding spots on this outfit?" If the answer is "yes" please change the child's clothes for the day. Please provide a change of clothes to be kept in your child's cubby in case of accidents or emergencies.

Clothing that is easy to manage encourages independence and self-help. Many toilet accidents are prevented if children can unbutton or unbuckle pants and belts without a struggle. Avoid sending your child in sandals or long dresses as they present safety hazards as children move about.

**TOYS:** Your child may bring a book, picture, nature item or something related to the weekly theme. On "share Day" he/she may also bring a favorite toy whether or not it is exactly related to the weekly curriculum theme. We discourage sending breakable or expensive objects. Toy guns or other weapon/war related toys, make-up and money are not permitted at school. Please label any item your child brings. The school cannot be responsible for lost articles.

**HEALTH:** Please make other arrangements for care when there are symptoms of illness or other indications that your child is not well enough for group activities. The school has no provisions for care of sick children. If your child becomes ill at school he/she will be isolated and you will be called to pick him/her up as soon as possible. These procedures are designed to protect the well-being of all children and to support you in getting prompt attention early in your child's illness. As a general rule, a child with a temperature of 100+ will be excluded from the school for a 24-hour period. Children taking antibiotics need a 48-hour period of medication before returning to school. The school will administer prescription medication upon written request from parents. However, no over-the-counter medication can be given without a doctor's prescription.

**DO NOT** leave any medicines in your child's bag or cubby during the school day. To do so would present a risk to your child and other children.

**MEDICATION** will be administered when a medication authorization form is completed by parent/guardian.

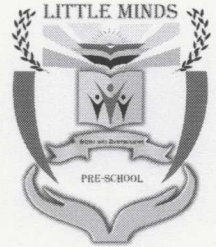
**BIRTHDAYS:** The school is delighted to acknowledge your child's birthday. If you would like to bring a special treat and/or have your child's party here with his/her classmates, please tell the Director so she may help with the necessary details.

I (WE) HAVE READ, UNDERSTOOD AND AGREE TO THE SCHOOL PROGRAM GUIDELINES.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# RESERVATION OF RIGHTS TO CHANGE POLICIES AND WRITTEN NOTICES



I (We) hereby acknowledge that the Administration of Little Minds Preschool (*hereinafter* "LMP") reserves the right to change its policies and written notices given to me (us) during the registration of my (our) child and notices given to me (us) during my (our) child's attendance at LMP.

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized School Representative      Date

# Permission to use Sunscreen



I/We \_\_\_\_\_, being the parent(s) or legal guardian(s) of \_\_\_\_\_, give my/our **consent** to Little Minds Preschool to apply sunscreen to my/our child's exposed skin areas before going outside on warm, sunny days. I/We will provide a sunscreen with sun protection factor (SPF) of 15 or more (without Paba is recommended.) Paba gives some children blotchy rashes. I/We will write my child's full name on his/her sunscreen with a permanent marker.

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

# Authorization for use of Photographs on School's Webpage



\_\_\_ **Yes**, I/we hereby give permission to Little Minds Preschool ("LMP") to use photographs taken of my/our child/children, to be displayed on LMP's webpage and other social media. I/we understand that the identity of my/our child/children will not be published by LMP.

\_\_\_ **No**, I/we do not give permission to LMP to publish my/our child's/children's photographs on the LMP webpage.

\_\_\_ **Yes**, I/we hereby give permission to Little Minds Preschool ("LMP") to use photographs taken of us (parents/guardians) to be displayed on LMP's webpage and other social media. I/we understand that our identities will not be published by LMP.

\_\_\_ **No**, I/we do not give permission to LMP to publish my/our (parents/guardians) photographs on the LMP webpage.

\_\_\_\_\_  
Father's/Legal Guardians Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardians Signature      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

# 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 - Department of Social Services

ADDRESS

750 The City Drive

CITY

Orange, California

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

(714)703-2800

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)

Little Minds Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1340 W. La Palma Ave., Anaheim CA 92801

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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 - Department of Social Services

Licensing Office Address: 750 The City Drive, 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](http://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.

Little Minds 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](http://www.meganslaw.ca.gov)*

**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
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

**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?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES? HOW MANY 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



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

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

Little Minds Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT, DOMESTIC PARTNER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

## 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](http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm)

**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)  
Little Minds Preschool  
(NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
a.m./p.m. to 6:30 a.m./p.m., 6:30 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: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner



**4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE**

(**PENALTIES FOR MISREPRESENTATION:** I Certify that all of the above information is true and correct and that the CalFresh, CalWORKS, FDPIR, Kin-GAP, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the Meal Benefit Form and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.)

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

**PRIVACY ACT STATEMENT**

Unless you list the child's CalFresh, CalWORKs, FDPIR or Kin-GAP case number, Section 9 of the National School Lunch Act (NSLA) requires that you include the last four digits of the SSN for the household member signing the form, or indicate that the household member signing the form does not have a SSN. You do not have to list the last four digits of a SSN, but if they are not listed, or the "Check here if no SSN" is not marked, we cannot approve your child for free or reduced price meals. The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, FDPIR, or Kin-GAP office to determine current certification for CalFresh, CalWORKs, FDPIR, or Kin-GAP benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs

**5. RACIAL/ETHNIC IDENTITY**

You are not required to answer these questions.

If you choose to do so, please mark one or more of the following <b>racial</b> identities:		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White
Please mark one of the following <b>ethnic</b> identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	

**U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability

FOR AGENCY USE ONLY	
<b>CATEGORICAL ELIGIBILITY</b>	
CalFresh/CalWORKS/FDPIR/Kin-GAP household categorically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster child automatically eligible free? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>INCOME ELIGIBILITY</b> Annual Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Total Income:	Household Size:
Eligibility Classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Base	
Determining Official (Print Name):	
Determining Official Signature :	Certification Date: