

FOR OFFICE USE ONLY	
<input type="checkbox"/>	PP
<input type="checkbox"/>	Shelby
<input type="checkbox"/>	TouchPoint

Small Wonders

LICENSED PRESCHOOL
APPLICATION

FOR OFFICE USE ONLY	
PT/NPT	_____
Prorated	_____
Reg. Fee	_____
Meal Plan	_____
Classroom	_____

ADMISSION INFORMATION

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: M F Birthplace: _____

Starting Date: _____ Days Attending: M TU W TH F

Full day schedule between 7:00 a.m. – 5:30 p.m.

Are there any physical or emotional concerns that *Small Wonders Preschool* should know about?

List medications used, if any: _____

Allergies: _____

MOTHER

Name: _____

Mailing Address: _____ Zip: _____

Employer: _____

Cell Phone #: _____ Check box to opt in for text notifications ☐

Work Phone #: _____ Home Phone #: _____

Emergency Phone #: _____ Driver's License/ID #: _____

Email Address: _____

FATHER

Name: _____

Mailing Address: _____ Zip: _____

Employer: _____

Cell Phone #: _____ Check box to opt in for text notifications ☐

Work Phone #: _____ Home Phone #: _____

Emergency Phone #: _____ Driver's License/ID #: _____

Email Address: _____

Are both parents living? _____ If not, name the surviving parent/guardian _____

If parents are divorced, with which is the child living? _____

If parents are divorced, who is legally & financially responsible for the child? _____

Referred by: _____

Authorization for Child Pick-Up
at *Small Wonders Preschool*

Your child will not be allowed to leave with any other person without written authorization from the parent or guardian. All persons picking up your child/children must be prepared to show photo ID. These names should correspond with the names on the emergency card.

Please list the persons authorized to pick up your child/children from *Small Wonders Preschool*:

_____	Driver's License #:	_____	Phone #:	_____
_____	Driver's License #:	_____	Phone #:	_____
_____	Driver's License #:	_____	Phone #:	_____
_____	Driver's License #:	_____	Phone #:	_____
_____	Driver's License #:	_____	Phone #:	_____

Parents and all authorized adults who are signing in and signing out their child **MUST SIGN FULL LEGAL SIGNATURE**. Parents or guardians not following this policy are responsible for a \$50 fine for each signature that is not in compliance with the State of California.

Licensing

The Department or Licensing Agency shall have the authority to interview children or staff and to inspect and audit this childcare facility without prior consent.

1. The licensee shall make provision for private interviews with any child or children or any staff member.
2. The licensee shall make provision for the examination of all records relating to the operation of the facility.
3. The Department of Social Services Licensing Agency shall have the authority to observe the physical condition of the child/childcare including conditions which could indicate abuse, neglect, or inappropriate placement.

Modification Conditions

1. Modifications to the original admission agreement shall be made whenever circumstances covered in the agreement change and shall be dated and signed by the persons specified below.
2. Changes in Title 22
3. Administrative changes

I have read and I understand the above statements:

Date: _____ Parent Signature : _____

Date: _____ Parent Signature : _____

Tuition & Financial Information

Registration Fees: When enrolling between September 1 and April 30, there will be a registration fee of \$100. When enrolling between May 1 and July 31, there will be a registration fee of \$45. Continuing students will be billed a \$100 registration fee each September 1.

Tuition: If my child is accepted and enrolled, I agree to assume all financial obligations each month with the understanding that NO deduction will be made for days missed from school for any reason. I also understand that there is a two-week notice that must be given prior to withdrawal from the school. If no notice is given, the two weeks' tuition is still due and payable. We allow two weeks out of each year for each child for vacation time. (A year begins at the date of enrollment and must have been enrolled for at least 3 months to qualify). We leave this space open for your child with no charge, but we do ask that you let us know at least two weeks in advance before you are going to use this time. Modifications of conditions of payment or rate changes will be given at least 30 days prior with a written notice. Agreements on tuition and services involving children whose care is funded by the government's programs also need a two-week notice. Tuition must be paid in advance, monthly on the first of each month or bi-monthly on the first and fifteenth of each month. Payments not made on time will be subject to a late charge. If tuition is not paid within 30 days of the due date, late fees of \$5 per day will be assessed for each day the tuition goes unpaid. This penalty applies to each child attending our school. If tuition remains unpaid over 60 days past the due date, the child/children will be dismissed from our program unless approved otherwise by a senior pastor. Payments must be made via ACH unless prior arrangements have been made. Payments will be deducted from your account on the 5th of each month or the 5th and 20th if paying bi-monthly.

Returned Checks: Our service charge for returned checks or rejected ACH payments is \$25. When a check has been returned for the second time, an additional service charge of \$25 is due plus late tuition fees from your tuition due date.

Refund Policy: No refunds will be given unless it is agreed upon in writing.

Days/Hours of Operation and Fees: Our days of operation are Monday through Friday from 7:00 a.m. to 5:30 p.m. Childcare rates are as follows:

- Full time care for preschoolers \$43.00 per day
- Full time care for preschoolers not toilet trained \$47.00 per day

Infant Care (only available to Valley Baptist employees):

- ½ day morning infant rate (under 2 years of age) \$27.00 per day
- ½ day afternoon infant rate (under 2 years of age) \$24.00 per day
- Full time infant rate \$46.00 per day

Parents have the option to enroll their child for 2 through 5 days per week, but they must be set days. These rates apply for children from 0 to 6 years of age.

Tuition & Financial Agreement

My child, _____, will be a full time/part time student at *Small Wonders Preschool*. He/She will arrive by _____ and be picked up by _____. I understand that this time will be reserved for my child. I agree to pay \$_____ for tuition based on a monthly rate (deducted on the 5th of each month) or bi-monthly (deducted on the 5th and the 20th of each month). I understand tuition is paid regardless of the days attended. I understand payments not made within 30 days of the due date will be subject to late fees of \$5 per day for each day until the tuition is paid in full. If tuition remains unpaid over 60 days past the due date, the child/children will be dismissed from our program unless approved otherwise by a senior pastor. I have read and understand my financial obligations. Tuition rates charged for any subsidized childcare are equal to the rates charged for a non-subsidized child. Tuition for services rendered by *Small Wonders Preschool* will be paid by the following agency: Private Cal Works CCCC Grant

Date: _____ Signature: _____
Parent/Guardian

Date: _____ Signature: _____
Parent/Guardian

Date: _____ Signature: _____
Agency Representative

Date: _____ Signature: _____
Director

I understand that the center is open from 7:00 a.m. to 5:30 p.m. If I do not pick my child up or have arrangements for my child to be picked up, there is a fee of \$0.25 per minute from 5:31 p.m. to 5:35 p.m. After 5:35 p.m., the fee will be \$1.00 per minute until the child is picked up. I understand these late fees will be billed and payable within the week that the late pick-up occurred.

In the event that it becomes necessary to seek any legal action to recover past due tuition, I am aware that I will be responsible for reasonable attorney fees and court costs.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Date: _____ Agency Representative Signature: _____

Date: _____ Director Signature: _____

Meal Plan

You have the option of **enrolling in a voluntary meal plan at a cost of \$3 per day to feed your child lunch.**

If you do not wish to enroll in the meal plan, you are expected to pack a lunch for your child. The sack lunch food items cannot be heated or prepared in any way and cannot contain any nut products.

Small Wonders Preschool will provide both a morning and afternoon snack.

Should you fail to pack a lunch for your child, lunch will be served to your child at the cost of \$3, which will be charged on your next invoice. After the 3rd time of failing to pack a lunch, you will automatically be enrolled in the meal plan at a rate of \$3 for each day your child is scheduled to attend.

Please indicate your preference:

- ☐ I choose to enroll my child in the voluntary meal plan and agree to pay for this service.
- ☐ I do NOT wish to participate in the voluntary meal plan and will pack lunch for my child.

By signing below, I agree to the terms outlined above.

Date: _____ Parent/Guardian Signature: _____

Movies at *Small Wonders Preschool*

I give permission for my child to watch "**G**" movies at *Small Wonders Preschool*.

Child's Name: _____

Parent's Signature: _____ Date: _____

Photograph Release

The undersigned hereby declares that he/she is the parent or legal guardian of _____, a minor born on _____.

The undersigned consents to the use of images taken at Valley Baptist Church and / or *Small Wonders Preschool* and their related activities or programs.

The undersigned hereby waives any right to inspect or approve of the photographs prior to their use, and further waives any right to any form of compensation for the use of the photographs.

Child's Name: _____

Parent's Signature: _____ Date: _____

Termination from *Small Wonders Preschool*

- Violation of personal rights
- Any type of physical or verbal abuse to other students or staff
- Uncontrolled behavior that has been discussed with parent but not resolved
- Destruction of property
- Situations which occur that could endanger himself or others

Parent's Signature: _____ Date: _____

Religious/Patriotic Beliefs

Small Wonders Preschool is a ministry of Valley Baptist Church. We are committed with you to help teach your children spiritual, moral, and patriotic values and to help lead them to make choices based on Biblical truth.

Do you object to prayer and discussions of God at *Small Wonders Preschool*? _____

Do you object to daily salute to the U.S. flag? _____

Medical or Dental Care

I understand if my child is injured at *Small Wonders Preschool* that I will be responsible for all medical and dental expenses.

Parent's Signature: _____ Date: _____

State Regulations for *Small Wonders* Preschool

In compliance with the State of California Department of Human Services, *Small Wonders Preschool* is required to obtain the following information at the time of registration and keep it in your child's file. It is necessary to have this information updated immediately if there are any changes, as well as annually. If you did not receive any of the following forms in your registration packet, please obtain them from the director's office.

- **Admission Information:** General information such as name, address, phone numbers for contact, billing information, family and medical information, services offered, tuition charged, authorization for child pick-up, licensing authorization, handbook availability, and termination of services information.
- **Tuition and Financial Agreement:** This form states annual tuition and method of payment information.
- **Consent for Medical Treatment:** In the event of a medical emergency, and we are unable to reach you or your designated representative, we have your permission to transport and authorize emergency medical services to your child.
- **Verification and Release:** A parent's or guardian's signed consent and/or verification that they have received, read, and agreed to abide by the practices as stated in *Small Wonders Preschool* enrollment packet.
- **Child's Health History – Parent's Statement:** This is a comprehensive health history filled out by the parent or guardian. The information will include developmental history, past illnesses, daily routines, and information that will enable us to attend to the health/developmental needs of your child.
- **Physician's Report:** A dated, written statement of the child's current health status, completed and signed by a physician, shall be obtained at the time of admission and updated when the director has reason to suspect that a child participating in the program may have a condition hazardous or potentially hazardous to others, or finds that the child's general condition indicates the need for such examination. The report must include general health information, identification of any infectious or contagious diseases that would preclude care of the child, identification of any special needs or allergies, and prescribed medications being taken by the child, as well as dated results of a TB test or a doctor's statement of "no TB risk factors present."
- **Immunization Record:** Information regarding all immunizations the child has had including month, day, and year each immunization was administered, must be recorded on a "Certificate of Immunization" form provided by the California Department of Health. Please bring in your child's current yellow immunization card updated by his/her physician prior to the first day of school. If you prefer, your child's physician may also include this information on the "Physician's Report". We must stay up to date with children's immunizations, so as shots are given we will need to see proof and add the dates to our records.

- **Emergency Information Authorization for Pick-up:** Information including parents' home and work emergency contact information, known allergies to food or medications, siblings attending Small Wonders Preschool, as well as all persons authorized to pick up your child from school, including parents' names, is included in your child's application.

State of California Original Forms

Parents'/Child's Rights: The **top portion of the attached form** explains the rights of parents, guardians, and children in a state licensed childcare facility. **Please sign and return the bottom portion** of the form and keep the top for your records.

Consent for Medical Treatment (2 copies)

Parent's Report of Child's Health History

Physician's Report of Child's Health with Immunization Record

Caregiver Background Check Information

Identification and Emergency Information

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

Department of Social Services / Community Care Licensing

ADDRESS

1310 East Shaw Avenue, MS 29-01

CITY

Fresno, CA

ZIP CODE

93710

AREA CODE/TELEPHONE NUMBER

(559) 243-4588

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)

Small Wonders Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

4800 Fruitvale Avenue, Bakersfield, CA 93308

(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: Department of Social Services / Community Care Licensing

Licensing Office Address: 1310 East Shaw Avenue, MS 29-01, Fresno, CA 93710

Licensing Office Telephone #: (559) 243-4588

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Small Wonders 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

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

COPY #1
PLEASE COMPLETE
BOTH TOP & BOTTOM

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

Small Wonders 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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (9/08) (CONFIDENTIAL)

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

COPY #2

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

Small Wonders 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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (9/08) (CONFIDENTIAL)

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:

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

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)

Small Wonders Preschool

(NAME OF CHILD CARE CENTER/SCHOOL)

_____ . This Child Care Center/School provides a program which extends from 7 : 00

☒ a.m. to 5:30 a.m. ☒ p.m., five (5) 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

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>.

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. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* 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.

Identification & Emergency Information

(To be completed by parent or guardian)

Child's Name _____ Birthdate _____ Sex: M or F

Full-time student _____ Part-time student _____

Today's Date _____

Mother's Name _____ Address _____

Phone # (home) _____ Cell # _____

- Is mother authorized to remove/pick up child from center? YES or NO (circle one)
 - If "NO", is court order on file? YES or NO (circle one)

Father's Name _____ Address _____

Phone # (home) _____ Cell # _____

- Is father authorized to remove/pick up child from center? YES or NO (circle one)
 - If "NO", is court order on file? YES or NO (circle one)

Mother – Employer's Name _____

Address _____ Phone # _____

Father – Employer's Name _____

Address _____ Phone # _____

Authorization of consent for treatment of minor: YES or NO (circle one)

Physician's Name _____

Address _____ Phone # _____

Child's Health Insurance/Plan _____

ID # _____ Subscriber's Name (on insurance card) _____

Dentist Name _____ Phone # _____

Special conditions, disabilities, allergies, or medical emergency information:

Names of persons authorized to take child from center (do not include parents – indicate above)

Child will not be allowed to leave with any other person without written authorization from parent or guardian. All persons picking up child must be prepared to show photo ID.

Name, Address & Telephone # _____

- Relationship to child _____ Driver's Lic. # _____

Name, Address & Telephone # _____

- Relationship to child _____ Driver's Lic. # _____

Name, Address & Telephone # _____

- Relationship to child _____ Driver's Lic. # _____

Parent's Signature _____ Date _____

Authorized Signature _____ Date _____

NEW POLICIES & PROCEDURES AS OF FEBRUARY 2019

Loaner Clothes:

If your child is sent home in loaner clothes, please return the item(s) laundered within 1 week of use. If the item(s) are not returned within this time frame, a charge will be added to your next monthly invoice.

Shirt: \$5.00	Shorts: \$5.00	Pants: \$5.00
Socks: \$2.00	Underwear: \$2.50	Jacket: \$10.00

Child Returning after an illness:

When your child is picked up due to an illness, the classroom teacher will sign your child out the time they are picked up and will let you know the earliest time the child can return the next day. A child cannot return sooner than a 24 hour time frame.

- *Example:* Johnny is picked up at 1:20 pm, Wednesday afternoon. The earliest Johnny can come back to school if he is feeling better and no longer has any symptoms or has been cleared by a doctor is Thursday at 1:20 pm.

Prescription Medications/Epi Pens:

Prescription medications must be checked in and picked up at the Small Wonders office each day, with the exception of medications which must remain on site at all times for emergency purposes; i.e. EpiPen, nebulizer, inhaler. A written prescription from the doctor's office, written instructions on how to administer, and instructions on what to look for before administering must be on file with Small Wonders for these emergency medications. Any daily medications and/or sunscreen not picked up by the end of the day will be discarded.

School Times:

Small Wonders asks that all children are checked into their assigned class by or before 8:30 am each morning. Your child's in slip can only be given to your child's assigned teacher/aide. If your child's class is out on the playground, you must make sure you give the slip to only the assigned teacher/aide. If the class is out on a walk/buggy ride, please see the front receptionist for directions.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



Small Wonders

Licensed Preschool

4800 Fruitvale Avenue

Bakersfield, CA 93308

661-387-6363

I have received, read, and understand the policies and procedures of *Small Wonders Preschool*.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people.

Small Wonders Preschool/The Rock ("the School") has put in place preventative measures to reduce the spread of COVID-19; however, the School cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the School or School-related activities could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the School or School-related activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School or School-related activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, School employees, volunteers, and School-related activity participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the School or participation in School-related activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any School-related activity.

I understand and agree that the law of the State of California will apply to this Waiver of Liability.

I am the parent or legal guardian of the minor named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver of Liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Name of Enrolled Minor (printed): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____

Date: _____

Parent Check List

Listed below are the forms that are required for your child's packet to be complete. Please initial and date that you have read and signed all forms that are necessary for enrollment.

	Page(s)	Initial/Date
Admission Information	1	_____
Authorization for Child Pick Up	2	_____
Licensing	2	_____
Modification Conditions	2	_____
Tuition & Financial Information	3	_____
Tuition & Financial Agreement	4	_____
Meal Plan	5	_____
Movies	6	_____
Photograph Release	6	_____
Termination from <i>Small Wonders Preschool</i>	6	_____
Religious & Patriotic Beliefs	6	_____
Medical or Dental Care	6	_____
State Regulations	7-8	_____
<u>State of California Original Forms</u>		
Personal Rights	9	_____
Parents' Rights	10	_____
Consent for Medical Treatment (2 copies)	11	_____
Parent's Report of Child's Health History	12	_____
Physician's Report of Child's Health with Immunization Record	13	_____
Caregiver Background Check Information	14-15	_____
Identification and Emergency Information	16	_____
New Policies & Procedures as of February 2019	17	_____
Policies and Procedures Acknowledgment	18	_____
COVID-19 Waiver	19	_____
Parent Check List	20	_____
Preschool Emergency Card	21	_____

Full Legal Signature: _____

Date: _____

PRESCHOOL EMERGENCY CARD

Last Name _____	First Name _____	MI _____
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Street Address _____	Zip Code _____
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Boy / Girl _____	Birth Date _____	Soc. Sec. # _____
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Medical Information: List any allergies: _____

Medications taken: _____

Names and phone numbers of all persons, INCLUDING PARENTS, permitted to remove this student from school. Please list the order you would like the staff to call (on the left side of the names), if an emergency should arise. This information will also be used for our Disaster Plan Calling. All persons picking up children must be prepared to show a photo ID and a Driver's License number.

# _____	Mother / Legal Guardian's Name _____	Cell Phone _____	Home Phone _____
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Work Phone _____	Driver's License Number _____
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# _____	Father / Legal Guardian's Name _____	Cell Phone _____	Home Phone _____
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Work Phone _____	Driver's License Number _____
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# _____	Name _____	Relationship _____	Cell Phone _____	Home Phone _____
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Work Phone _____	Driver's License Number _____
------------------	-------------------------------

# _____	Name _____	Relationship _____	Cell Phone _____	Home Phone _____
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Work Phone _____	Driver's License Number _____
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Siblings _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

In the event of an emergency, and I (we) cannot be reached in a reasonable amount of time, I (we), the undersigned parent(s) of, a minor, authorize Melanie Sanders, Co-Director, or Lori Rogowski, Director/Administrator, or a designated representative, to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, transport to hospital, and hospital care which is deemed advisable by, the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until revoked in writing delivered to said agent(s).

Father / Legal Guardian's Signature _____	Date _____
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Mother / Legal Guardian's Signature _____	Date _____
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Present Medical Doctor _____	Phone _____
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Present Dentist _____	Phone _____
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List Hospital preference in case of emergency _____

Insurance Group and Policy # _____