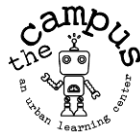


Preschool & Childcare Center



## Checklist for Parents

Please Read:

- ☐ All forms before signing
- ☐ Parent Handbook
- ☐ Important information for parents regarding caregiver criminal background check process (LIC 995E)

Forms to be signed and returned:

- ☐ Admission Application with \$100 non-refundable application fee
- ☐ Parent Handbook Acknowledgment & Receipt
- ☐ Identification and Emergency form (LIC 700)
- ☐ Child's Preadmission Health History-Parent's Report (LIC 702)
- ☐ Child's Physician's Report (LIC 701)
- ☐ Consent for Medical Treatment (LIC 627)
- ☐ Copy California School Immunization Record (PM 286)
- ☐ Parent's Rights (LIC 995)
- ☐ Toilet-training Plan (if applicable)
- ☐ Personal Rights (LIC 613A)
- ☐ Emergency Card
- ☐ Emergency Medical Transportation
- ☐ Food Allergy Form
- ☐ Consent for Photograph and Videos
- ☐ Copy of All Photo ID's for Authorized Pick ups

Please bring the following items:

- ☐ Two sets of clothes
- ☐ Crib size bed sheet and blanket (if your child takes nap)
- ☐ Diapers/Pull-ups and wipes (if your child is not potty trained)

All forms must be on file before a child can start at The Campus Downtown.

# The Campus Downtown, Inc.

Website: [www.thecampusdown.com](http://www.thecampusdown.com) Email: [info@thecampusdowntown.com](mailto:info@thecampusdowntown.com)

123 N Sutter St. Stockton, CA 95202 Phone: 209-954-1879

Hours of Operation is 7:00am to 6:00pm

Full Legal Name of Student:

First Name	Middle Name	Last Name	Date of Birth
------------	-------------	-----------	---------------

Is your child potty-trained? \_\_\_\_ Yes \_\_\_\_ No

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_ Drop-off & Pick-up Times \_\_\_\_\_

Enrollment Fee: \$100 non-refundable application and processing fee.

## Educational Programs 18 months-5 years

	Toddler		Introduction to Preschool		Preschool & Pre-k	
	Monthly (1 <sup>st</sup> )	Bi-Weekly (1 <sup>st</sup> & 15 <sup>th</sup> )	Monthly (1 <sup>st</sup> )	Bi-Weekly (1 <sup>st</sup> & 15 <sup>th</sup> )	Monthly (1 <sup>st</sup> )	Bi-Weekly (1 <sup>st</sup> & 15 <sup>th</sup> )
Full-Time	\$840	\$420	\$820	\$410	\$800	\$400
Part-Time	\$740	\$370	\$720	\$360	\$700	\$350
M/W/F	\$640	\$320	\$620	\$310	\$600	\$300
T/TH	\$520	\$260	\$500	\$250	\$480	\$480

Sibling Discount: \_\_\_\_ Yes \_\_\_\_ No Amount of Discount \$ \_\_\_\_\_ Tuition Total \$ \_\_\_\_\_

How did you hear about The Campus? \_\_\_\_\_

Referred by: \_\_\_\_\_

MOTHER OR GUARDIAN:

Name:		Cell Phone		Alternate Phone Number	
Home Address		City		Zip	
Email Address	Work Hours		Drop Off Time		Pick Up Time

FATHER OR GUARDIAN:

Name:		Cell Phone		Alternate Phone Number	
Home Address		City		Zip	
Email Address	Work Hours		Drop Off Time		Pick Up Time

**Toddler Option Statement**

\_\_\_\_\_The Campus Downtown, Inc. has been issued a Toddler Option component to their preschool license. This is a separate component from preschool with different ratios and requirements. The ages of children in a Toddler Option classroom are 18-30 months. Children will remain as part of the Toddler classroom until they reach 30 months. Exceptions may be granted on an individual basis depending on the child's development and readiness. The teacher: child ratio in the Toddler Option classroom is 1:6.

#### **Admission Policies**

\_\_\_\_\_The following forms must be completed and turned in to The Campus, Inc. before your child may be admitted into the program: Copy of Admission Agreement, Notification of Parents' Rights, Personal Right, Identification and Emergency Information, Consent for Emergency Medical Treatment, Child's Pre-Admission Health History (Parent's Report), Physician's Report, and Immunization Requirements. The Campus, Inc. will not formally enroll a child in our program until all required paper work is complete.

#### **Returned Checks**

\_\_\_\_\_Tuition checks returned by the bank are subject to \$25.00 return check charge. If two checks are returned within a three-month period, payment by cash or money order will be required.

#### **Late Pick-Up Charge**

\_\_\_\_\_It is imperative that all parents pick up their children on time. There will be a five-minute grace period, after that the charge is \$5.00 per minute and is due at time of pick-up. Continued late pick-ups will result in a termination of services.

#### **Tuition**

\_\_\_\_\_Tuition is all inclusive and payment will be required on a monthly (1<sup>st</sup>) or Bi-weekly (1<sup>st</sup>. & 15<sup>th</sup>.) basis each month. Parents will be charged a flat rate for each month. If your child attends any additional sessions, this amount will be added to your bill. If tuition isn't received by the 5<sup>th</sup> day after tuition is due a late fee will apply. If tuition is pass due by two weeks it will lead to dismissal from the school until account is paid in full. Re-entering the program will be based on "space available" opening after the account is paid in full.

\_\_\_\_\_Tuition is individualized to each child. The Campus Downtown Inc. has the right to discuss specialized tuition packages with each parent and customize a payment that works for each individual family.

\_\_\_\_\_A \$25.00 late fee will be charged if tuition is not paid by the 5<sup>th</sup> day after tuition is due. Chronic late payment will lead to dismissal. Tuition and programs are subject to change with 30 days' advance written notice.

#### **Absences**

\_\_\_\_\_No Credit, Refund, or make ups days is given for absence, illness, vacation or holidays. I understand that on a day that my child is unable to attend, it is my responsibility to notify The Campus, Inc. as soon as possible and that there will be no reduction in tuition fees for days missed.

#### **Holidays and Staff Development Days**

\_\_\_\_\_I understand that The Campus, Inc. will be closed on the following holidays mentioned in the Parent Handbook: Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, The Friday after Thanksgiving, Christmas Eve., Christmas Day, New Year's Day, Martin Luther King, Jr. Day, President's Day, Memorial Day, Independence Day, 2 days in August for Teacher Prep Day. Tuition will not be prorated.

#### **Conditions of Termination**

\_\_\_\_\_As mentioned above, The Campus, Inc. has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- The Child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation
- On-going late pick up
- Inappropriate parental behavior to children, teachers, or staff

Chronic lack or late payment

#### **Sign-In / Sign-Out**

\_\_\_\_\_ California Law requires Sign-In / Sign-Out sheets. The Campus, Inc. becomes responsible when you sign in your child and you resume responsibility when you sign out your child. **You, as the adult, must sign your child in and out. You must use your full signature and not just initials.**

**Chronic indifference to this responsibility jeopardizes your child's continued enrollment.** After signing out, your child should remain with you.

#### **Family Resource & Referral Families (FRR)**

\_\_\_\_\_ FRR Families are responsible to Sign-In / Sign-Out each day on their timesheet and on the Sign-In / Sign-out Sheet. At the end of the month you will also need to sign the bottom of the page and date. All timesheets need to be completely fill out by the last day of the month.

#### **Medical/Immunization Requirements**

\_\_\_\_\_ Up-to-date immunization and medical assessment records must be presented at the time of enrollment (see Child Care Center Immunization Requirements, Table 1 and consult licensed physician for age appropriate immunization requirements).

\_\_\_\_\_ After yearly physical exams I will provide The Campus, Inc. any additional shots that my child has received.

#### **Change of Information**

\_\_\_\_\_ I understand that it is my responsibility to inform The Campus, Inc. of any changes to the information on the Emergency Information Form as well as other forms in the registration packet including but not limited to: address, home phone number, parents' work numbers, medical conditions, and pick-up authorizations.

#### **Changes in Your Child's Set Schedule**

\_\_\_\_\_ Any changes that are made by the parents during the actual month will become effective on the first of the following month. If you wish for your child's schedule to change for the next month, make sure you notify us prior to the beginning of that month.

#### **Rights of the Licensing Agency**

\_\_\_\_\_ The Department of Social Services licensing department has the authority to inspect as specified in the Health and Safety Code Sections 1596.852, 1596.853. They have the right to interview children attending The Campus, LLC or The Campus, LLC staff without prior consent. This authority includes the right to inspect, audit, and copy the child's records upon demand during normal business hours.

#### **Transportation**

\_\_\_\_\_ Transportation to and from school is not provided by The Campus and is the responsibility of the Parent/Guardian.

\_\_\_\_\_ There will be no off-site field trip provided. All educational excursion and center sponsored activities will be on-site.

#### **Food Program**

\_\_\_\_\_ I understand that The Campus, Inc. will provide my child a nutritionally well-balanced breakfast as well as p.m. snacks in accordance with state nutritional guidelines. Food warming and refrigeration services are available for home prepared meals as well. Lunch is to be provided by the parents.

**I have read, understand, and will comply with the policies and procedures included in the Admission Agreement and in The Campus Parent Handbook. I establish myself as the responsible accountable party for all enclosed information and understanding including all financial responsibilities.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Handbook Acknowledgment and Receipt

We, the undersigned Parents/Legal Guardians of \_\_\_\_\_ have read and understand the obligations of the above terms and conditions of The Campus, Inc. Parent Handbook and agree to follow all policies stated within the Handbook. My signature represents my acknowledgement and acceptance of these terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

Child(first and last name)\_\_\_\_\_

I give my permission to The Campus Downtown to make whatever emergency measures are judged necessary for the care and protection of my child while in under the supervision of the school.

In case of an emergency, I understand that my child will be transported by the local emergency unit to the nearest hospital, or to the hospital of my choice with I have provided to the school, for treatment if the local emergency resources deem it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situation the staff will need to contact the local emergency resource before the parent, child's physical and or other adult acting on the parent's behalf.

I give the staff at The Campus Downtown permission to contact my child's physical if deemed necessary for emergency purposes.

Parent

Signature\_\_\_\_\_Date\_\_\_\_\_

Child(first and last name)\_\_\_\_\_

I give my permission to The Campus Downtown to make whatever emergency measures are judged necessary for the care and protection of my child while in under the supervision of the school.

In case of an emergency, I understand that my child will be transported by the local emergency unit to the nearest hospital, or to the hospital of my choice with I have provided to the school, for treatment if the local emergency resources deem it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situation the staff will need to contact the local emergency resource before the parent, child's physical and or other adult acting on the parent's behalf.

I give the staff at The Campus Downtown permission to contact my child's physical if deemed necessary for emergency purposes.

Parent

Signature\_\_\_\_\_Date\_\_\_\_\_

STUDENT EMERGENCY CARD CLASS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DOCTOR NAME/ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_ MEDICAL PROBLEMS/ALLERGIES \_\_\_\_\_

EMERGENCY CONTACT 1: NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY CONTACT 2: NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

PICK-UP AUTHORIZATION: NAME & PHONE# \_\_\_\_\_

---

STUDENT EMERGENCY CARD CLASS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DOCTOR NAME/ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_ MEDICAL PROBLEMS/ALLERGIES \_\_\_\_\_

EMERGENCY CONTACT 1: NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMERGENCY CONTACT 2: NAME \_\_\_\_\_

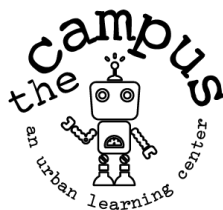
PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

PICK-UP AUTHORIZATION: NAME & PHONE# \_\_\_\_\_

---

Child \_\_\_\_\_





## Food Allergy Form

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Classroom \_\_\_\_\_

The Campus Downtown offers children breakfast and snacks. All food is ordered from Costco and prepared fresh at school. Please understand that some of the items that we order such as animal crackers, pretzels, tortillas, Hawaiian bread rolls, chex-mix, and raisin bread may be manufactured in factories where eggs and nuts are present. Please review menus carefully each month and ask us for the ingredients on the containers. If parents are bring food for other children for birthday celebrations and potlucks, the food must be store bought and pre-packaged along with the ingredient label. Thank you for your cooperation!

Any Food Allergies (please be specific) :

---

---

---

Please list below all foods that your child can NOT have (please note there will be no substitutions given):

_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_/\_\_\_\_\_

Parent's Signatures \_\_\_\_\_/\_\_\_\_\_

# 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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

---

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
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
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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

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

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT’S EVALUATION OF CHILD’S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
--------------------	------

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

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

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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

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

**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.

\_\_\_\_\_  
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)**



# 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://cclld.ca.gov/contact.htm>.

[illegible]

**INDICATION OF "NO INCOME:** Applicants without income are requested to write a **"zero" (\$0)** in the applicable field or mark **"no income."** The application must convey to the applicant that any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

#### 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

The Richard B. Russel National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, Kinship Guardian Assistance Payment Program (Kin-GAP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

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.

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: 202-690-7442; (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**

## 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	

## DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

### RACE:

**American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

**Black or African American**—A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

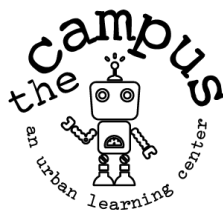
**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ETHNICITY:

**Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino**



## Pictures, Videos, and Facebook Consent Form

The Campus Downtown will be taking pictures and videos of your child during class time, outdoor play, special events, and performances. We share these pictures by displaying them inside the classroom, on school bulletin boards, newsletters, yearbook, school webpage, Facebook and similar websites.

Please initial next to one of the options below:

\_\_\_\_\_ I give authorization to The Campus Downtown to take pictures and videos of my child and display them inside the classroom, on school bulletin boards, newsletters, yearbook, school webpage, Facebook and similar websites.

\_\_\_\_\_ I do not give authorization to The Campus Downtown to take pictures and videos of my child.

---

Child's Name

Date

---

Parent's Name

Parent's Signature

---

Parent's Name

Parent's Signature