



**2017/2018  
APPLICATION FOR ENROLLMENT**

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number \_\_\_\_\_ Current Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Work/Cell Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Work/Cell Telephone \_\_\_\_\_ email address: \_\_\_\_\_

Main Contact Email address \_\_\_\_\_

Preferred Contact Phone Number \_\_\_\_\_

Child living with both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other \_\_\_\_\_

Other children in family and ages: \_\_\_\_\_

Present church membership: \_\_\_\_\_

Active in church? Yes \_\_\_\_\_ No \_\_\_\_\_ Is child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your child's medical history and all health considerations (i.e. food allergies, bee sting allergy, epilepsy, etc.). If your child is currently being treated by a physician or psychologist/counselor, please indicate the nature of the treatment – including medication. If there are any psychological or educational evaluations in the past, please include copies of those assessments.

\_\_\_\_\_  
\_\_\_\_\_

## Class Sessions and Tuition Fees

Please check the session being applied for:

\_\_\_\_\_ T/Th                    8:30 – 11:30 a.m.            \$325/month

\_\_\_\_\_ MWF                    8:30 – 11:30 a.m.            \$425/month

\_\_\_\_\_ M-F                    8:30 – 11:30 a.m.            \$550/month

\_\_\_\_\_ T/Th (only)\*        8:30 a.m. – 3:00 p.m.        \$521/month

\***pending enrollment of 4 or more** -- Includes time for lunch and PM Project Focus Program

\_\_\_\_\_ Extended daycare M-F        8:00 am to 1:00 pm at \$8/hr.

\_\_\_\_\_ Registration Fee (new student): \$100 (non-refundable to hold your child's place in the class.

\_\_\_\_\_ Returning Student Registration Fee: \$75

**Children must be 2 ½ years old and potty trained.**

### **Potty training is required.**

Staff will assist the child with toileting needs the first two weeks if needed. If the child is still not ready (three accidents per week) he or she will be placed at the top of the enrollment waiting list until successfully potty trained. **No Pull Ups**

### Medical Release

I, the undersigned, hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_, in the event of accident, injury, sickness, etc., incurred while attending St. Stephen's in-the-Field Parish Preschool events or activities, under the direction of the employees, agents, and /or assigns of St. Stephen's in-the-Field Parish Preschool until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of August 1, 2017 through July 31, 2018.

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_ YES, I give permission as described above.        \_\_\_\_\_ NO, I do not give permission as described above.

### Permission to use Photograph

St. Stephen's in-the-Field Parish Preschool periodically takes photos of our students in action. They may be in and out of the classroom, on the playground, and at school functions. These pictures may be used in pamphlets, flyers, and on our website and may be circulated around the community. **If you do not want a picture of your child to be used in these circumstances, please indicate below.**

\_\_\_\_\_ YES, St. Stephen's in-the-Field Parish Preschool may use my child's photo.

\_\_\_\_\_ NO, St. Stephen's in-the-Field Parish Preschool may not use my child's photo.

## **Confirmation of Enrollment**

\$100 Non-refundable registration fee due with application.

**The first month's tuition is payable by August 15<sup>th</sup>, 2017 and covers the first and last partial months. Thereafter, monthly tuition is due the 1<sup>st</sup> of every month beginning September 1st. Checks should be made payable to: St. Stephen's Parish Preschool.**

A non-refundable enrollment fee is due with this enrollment confirmation. Classes are subject to change or are canceled depending on enrollment numbers. A registration refund will be given if this happens. There may be occasional special activities (such as field trips) for which there will be an additional charge.

By signing below, I acknowledge that I have carefully reviewed the information contained herein and that the above information is true and accurate. Furthermore, by signing below, I confirm my child's enrollment at St. Stephen's in-the-Field Parish Preschool for the 2017-2018 school year and signify a willingness to abide by the school's standards.

We as parents understand that quality education requires the joint effort of home and school. As a result, we will be supportive of the programs and policies of the preschool in order to strengthen our child's Christian education.

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Parent/guardian signatures

Date

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Parent/guardian signatures

Date

### **I heard about St. Stephen's in-the-Field Parish Preschool in the following way:**

Website \_\_\_\_\_  
Local signage \_\_\_\_\_  
Word of Mouth \_\_\_\_\_  
Other \_\_\_\_\_

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### **For Office Use Only:**

Date received: \_\_\_\_\_ Registration fee received: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Class Placement: \_\_\_\_\_

#### **Preschool Forms Completed:**

##### **New Student:**

\_\_\_\_\_ Admission Agreement  
\_\_\_\_\_ Lic 613A Personal Rights  
\_\_\_\_\_ Lic 627 Consent for Medical Treatment  
\_\_\_\_\_ Lic 702 Child's Health History  
\_\_\_\_\_ Lic 701 Child's Physician's report,  
including immunization information  
\_\_\_\_\_ Lic 700 Identification & Emergency Information  
\_\_\_\_\_ Lic 995 Notification of Parents Rights  
\_\_\_\_\_ Parent Handbook Acknowledgement

##### **Returning Student:**

\_\_\_\_\_ Admission Agreement  
\_\_\_\_\_ Lic 627 Consent for Medical Treatment  
\_\_\_\_\_ Lic 701 Updated immunization information  
\_\_\_\_\_ Lic 700 ID & Emergency Information  
\_\_\_\_\_ Parent Handbook acknowledgement

**St. Stephen's Parish Preschool does not discriminate against race, color, religion, national or ethnic origin**



2017/2018

**Admission Agreement**

St. Stephen's Parish Preschool offers a varied program for pre-kindergarten children 2 1/2 years to 5 years old. This program focuses on developing the whole child through art, music, creative play, math manipulatives, reading readiness and field trips.

Class sessions

\_\_\_\_\_ **T/Th 8:30 – 11:30 a.m. \$325/month**

\_\_\_\_\_ **MWF 8:30 – 11:30 a.m. \$425/month**

\_\_\_\_\_ **M-F 8:30 – 11:30 a.m. \$550/month**

\_\_\_\_\_ **T/Th (only)\* 8:30 a.m. – 3:00 p.m. \$521/month**

**\*pending enrollment of 4 or more** -- Includes time for lunch & PM Project Focus Program

\_\_\_\_\_ **Extended daycare M-F 8:00 am to 1:00 pm at \$8/hr.**

\_\_\_\_\_ **Registration Fee (new student): \$100 (non-refundable to hold your child's place in the class.**

\_\_\_\_\_ **Returning Student Registration Fee: \$75**

**Child must be 2 1/2 years old and potty trained.**

Staff will assist in the child with toileting needs the first two weeks if needed. If the child is still not ready (3 accidents per week), he or she will be placed at the top of the enrollment waiting list until successfully potty trained. **No Pull Ups.**

While your child is in our program he/she will have the opportunity to participate in a wide variety of activities. These activities will promote all aspects of development. Children will be offered choices whenever possible. Children will also have the experience of structure.

Extended Care is available as an optional service for all preschool enrolled children only. St. Stephen's Parish Preschool offers no other additional or optional services than the developmentally age-appropriate preschool education described above, and extended care.

## **PAYMENT OF TUITION**

The tuition for our program is due monthly. **Payments must be received by the first day of every month for that month.** Failure to pay will be cause for suspension of services until full payment is made. If the preschool should be closed on a day when tuition is due, then all tuitions shall be due the previous business day. If your child will be absent on a day tuition is due, you are still required to have your tuition payment submitted by 3:00 P.M.

- Tuition is not prorated for scheduled vacations, holidays, or partial months of school.
- There are no refunds in fees for absences of your child. This includes absences due to illness.
- **There will be a charge of \$10.00 per day for late payments (after the 15<sup>th</sup> of the month) unless other arrangements are agreed upon with the Preschool Director/Head of School.**
- There will be a charge of \$10.00 for any checks returned for N.S.F. plus any other charges from the bank. After two returned checks, parents will be required to pay tuition fees by cash or money order.

It is St. Stephen's Parish Preschool's intent that the monthly tuition as specified above will apply for the designated specified school year. However, if a change is deemed necessary to either the tuition or the program, a minimum 30-day notification of any changes will be provided.

## **EXTENDED DAY OPTION**

St. Stephen's Parish Preschool offers an extended care option for our registered families. Extended care hours are from 8:00 A.M. to 1:00 P.M. Monday through Friday, and are for those families whose children attend classes in the morning sessions. The cost is \$8.00 per hour. Parents can pay the same day their child is attending extended care, or you may opt to keep a monthly tab if you will be utilizing this service more often. Availability is based on our 10:1 student/teacher ratio. Please let your teacher know 24 hours in advance when your child will be attending Extended Day care. Parents will need to provide a "sack" lunch on days that their child will participate in Extended Day care (and anything else their child may need). Extended care activities are listed on our separate Extended Day Schedule.

## **ADJUSTMENT PERIOD**

St. Stephen's Parish Preschool recognizes that this might be the first preschool experience for many of the children. We intend for this to be a happy experience – experiencing the joy of learning with friends. However, if your child appears to be unhappy, or the arrangement is unsatisfactory for any reason, we will notify the parent. We ask that the parent(s) let us know if they see the same. We, or the parent(s), may terminate the contract any time during the first month's adjustment period.

## **CHILD MANAGEMENT**

In dealing with children who have difficulty conforming to school rules and getting along with classmates, we look for the opportunity to teach positive alternative behavior. Children are directly involved in exploring their behavior, how it affects others, and what they can do to solve problems in appropriate ways.

While your child is in our care, he/she will only receive positive encouragement. Children will not be subject to any corporal or physical punishment of any kind. We believe the most effective way to enforce positive behavior is through praise, respect, re-direction, and positive reinforcement. We also teach children problem solving during conflicts with other children.

## **ADMISSION REQUIREMENTS**

St. Stephen's Parish Preschool admits preschool children (ages 2 1/2 years through 5 years old) of any race, color, religion, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, religion or national and ethnic origin in administration of our educational policies.

**All forms must be completed before your child can enter the preschool program. There are no exceptions.** All forms must be updated yearly or as needed. The following forms are due into the school office by August 15 along with the first month's tuition.

- Copy of signed Admission Agreement
- Personal Rights form (LIC 613A)
- Consent for Emergency Medical Treatment form (LIC 627)
- Identification and Emergency Information (LIC 700)
- Physician's Report (LIC 701), including Immunization requirements
- Child's Preadmission Health History – Parent's Report (LIC 702)
- Notification of Parents Rights form (LIC 995)
- Any other miscellaneous forms

## **TERMINATION**

St. Stephen's Parish Pre-school requires a 30-day written notice to terminate the contract by either party. Tuition will still be due if a child is removed without proper notice. Parents may pay one month's fee in lieu of the 30-day notice.\*

**\*If a child displays difficulty in following rules, and respecting adults or other children, the school reserves the right to ask the parents to make other arrangements.**

**REASONS FOR TERMINATION BY PRESCHOOL** (but not limited to):

- Failure to comply with policies and contract
- Destructive or hurtful behavior by child that persists despite parents cooperation in stopping behavior
- Hurtful or confrontational behavior by parents/guardians towards St. Stephen’s Parish Preschool staff or other parents.
- Non-payment of fees or and/or recurring late payment of fees.

**St. Stephen’s Parish Preschool reserves the right to change, combine, or cancel class sessions if there is not adequate enrollment. St. Stephen’s Parish Preschool will notify its students and families as early as possible if there are any changes made to the sessions.**

If St. Stephen’s Parish Preschool cancels a class session, you may choose one of the following options:

- Enroll in a different class session that has openings.
- Refund or full credit of monies submitted to St. Stephen’s Parish Preschool, including the registration fee.

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING AGENCY RIGHTS**

The Department of Social Services has the authority to interview children or staff, and to inspect and audit child or childcare center records, without prior consent. The Department of Social Services has the authority to observe the physical condition of the children including conditions that could indicate abuse, neglect or inappropriate placement.

***Please return this signed page to the preschool along with all forms required to enroll your child at St. Stephen’s Parish Preschool.***

The Parent Handbook and Admission Agreement have been designed to help build a good working relationship with you. Please ask us if anything is unclear.

I hereby acknowledge that I am aware of the conditions stated in the policies and procedures of the ***Parent Handbook*** and the above ***Admission Agreement***, and I agree to abide by these requirements.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**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:

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**Department of Social Services**

NAME

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**Child Care San Jose Regional Office**

ADDRESS

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**2580 N. First Street, Suite 300, MS 29-08**

CITY

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**San Jose**

ZIP CODE

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**CA**

AREA CODE/TELEPHONE NUMBER

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**408.324.2148**


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


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**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:

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 (PRINT THE NAME OF THE FACILITY)

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 (PRINT THE ADDRESS OF THE FACILITY)

---

 (PRINT THE NAME OF THE CHILD)

---

 (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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 (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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 (DATE)



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

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

St Stephen's in-the-Field Parish Preschool 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, DOMESTIC PARTNER, 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, Domestic Partner or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL     OTHER    EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER 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)

St Stephen's in-the-Field Parish Preschool. 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/DOMESTIC PARTNER, 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

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**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.

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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/DOMESTIC PARTNER'S NAME		DOES FATHER/DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/DOMESTIC PARTNER'S NAME		DOES MOTHER/DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	
<b>DEVELOPMENTAL HISTORY</b> (*For infants and preschool-age children only)			
WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*	
MONTHS	MONTHS	MONTHS	MONTHS
<b>PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:</b>			
<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Poliomyelitis		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	
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
<b>DAILY ROUTINES</b> (*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	WHAT ARE USUAL EATING HOURS?	
	LUNCH	BREAKFAST _____	
	DINNER	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/DOMESTIC PARTNER'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: Dept of Social Services, Community Child Care Licensing

Licensing Office Address: 2580 N. First Street, Suite 300, San Jose, CA 95131

Licensing Office Telephone #: 408-324-2148

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.

St. Stephen's in-the-Field Parish 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)*