



From the Preschool Director

It is my pleasure to welcome you to our Yorba Linda United Methodist Preschool (YLUMCPS) family. As the Preschool Director, it is my priority and privilege to establish a culture that fosters a love for learning, an environment that welcomes curiosity, and above all a team of educators and families who have accepted the responsibility of ensuring that our children grow and prosper emotionally, mentally, physically and spiritually. To achieve these goals, we are committed to the following core standards:

- Implement *Best Practice* founded in knowledge and research of how children learn and develop.
- Build a *community of learning* that promotes progress and achievement of goals.
- Acquire and retain strong *Christian Educators* who facilitate learning within a curriculum framework.
- Nurture and respect the *child and family relationship* as the first and most important doorway to learning.

The early childhood educational experience is critical to your child's perspective of how they will view school for the rest of their lives. As a team, we aspire to provide your child and family access to an extraordinary education and hope to have your child look forward to every day spent at YLUMCPS as they grow and develop into all God has them to be.

Our Preschool has operated as a ministry of the Yorba Linda United Methodist Church (YLUMC) since 1964 and has a Preschool Advisory Committee made up of school staff, school families, the church Pastor and church members that gives input, guidance and advice into the policies and procedures of the school. YLUMCPS is also mandated by Community Care Licensing and all our staff, including church staff associated with the school, are back ground checked and finger printed.

Enclosed in this packet you will find our Parent Handbook, please take some time to read this as we are hoping it will answer many questions you may have. There are also several forms required by Community Care Licensing for your child to participate in our program. Once you have completed this enrollment packet, please return it to the Preschool office.

Our Preschool Team values each family's cultural context and welcomes feedback that is in support of making our school a high-quality preschool and kindergarten experience for all children. We are thrilled you have chosen YLUMCPS for your child's early education experience and believe it will be one full of excitement, fun, and discovery!

In His Service,

Angie Gunter

Preschool Director



Dear Parents:

Raising children in the Christian faith, surrounded by solid values of love, care, and friendship is not an easy job as parents. Here at Yorba Linda United Methodist Preschool, we want to support your family in this task. Built on a desire to share God's love, we make your child's social, educational, and spiritual development a top priority. It is with a passion to serve in this ministry that influences all the experiences we provide here for your child.

To help strengthen your child's spiritual growth, we pray before snack, have a weekly age-appropriate Bible lesson in each class, as well as offer weekly Chapel. It is a great joy to experience children praying, singing and talking about God together. As I routinely walk through the school, it warms my heart to see the children learning to share, explore and develop through new and positive experiences over the course of the school year.

Our teachers will tell you, they love what they are doing because to care for and teach children is their call from God. To have such a dedicated staff and director, makes me a proud pastor. Also, I believe their dedication shows in the quality of education and development in every child.

It is our great joy to have you and your child be a part of Yorba Linda United Methodist Preschool. I also want to invite you to visit and to learn more about our church and its ministry.

My door is always open, so feel free, at any time to contact me or come by my office.

May God bless you and your family,



Pastor Brian K. Long
pastorbrian@ylumc.org



Hello Parents & Families,

I would like to share a special welcome to you and thank you for allowing us the privilege to share in the important task of raising a family. We here at Yorba Linda United Methodist Church believe that God's love is meant to be shared with everyone and our Preschool and Kindergarten have an important place in the ministry focus of our church. My role on staff here has recently changed to better meet the needs of our Preschool children and families. We will be doing some exciting things that to be quite honest most church preschools do not offer. I can say this because I have been working in church ministry and specifically with preschools for more than 30 years. I am so excited to be able to increase my involvement with YLUMCPS kids, families, and staff!!

You will be hearing about things like our **Family Connections**, monthly meetings to discuss real issues families face in a safe and informative environment, with a lot of laughter along the way. We are putting together a *Preschool Support Team* that will look at other areas of interest and needs for our families. Setting up fun social events for families, providing opportunities to serve others and finding new and creative ways to support our fantastic YLUMCPS staff, to name a few things. There is a little more info about this *Preschool Support Team* on the back of this letter.

One of my favorite times of the week is **Chapel Time** with the kids where we get to experience the love of God in a fun and meaningful way. My friends Freddie & Frankie the frogs help us understand in simple ways how much God loves us and how we can share that love and care with each other. We sing songs, say prayers together and share special object lessons and activities that our kids absolutely love!

Our Senior Pastor, Brian Long and I really want to be a support system for you; to chat, pray, suggest ideas, or whatever else! My office is next to the gate of the preschool and when I am here my door is always open for you and your children to pop in for a sticker or take a look at some of the Chapel Time props we have used. I really don't mind interruptions and cherish those special conversations.

Our church has much to offer families in other ways as well as I also oversee our children's ministries and Kids Kingdom Sunday School along with our established scouting programs. We have additional staff for youth, family, women's and men's ministries too. I look forward to experiencing with your family the blessings God has in store for this year at YLUMCPS!

In His Love,

Pastor Greg Robbins, Director of Christian Education pastorgreg@ylumc.org

19002 Yorba Linda Blvd

Yorba Linda, CA 92886

714-777-1551

www.yorbalindaumc.org



YORBA LINDA UNITED METHODIST PRESCHOOL

19002 Yorba Linda Blvd., Yorba Linda, CA 92886 714-777-2384 www.ylumcps.com

2018-2019 APPLICATION

Child's Name: First: _____ Last: _____ DOB: ____ / ____ / ____

Name child likes to be called: _____ Male Female

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Email address: _____

Child Resides with: Both Parents Father Mother Shared Custody Other

If there are any custody issues we need to know about please attach court documentation regarding custody.

Language spoken at home: _____ Church Affiliation: _____

FATHER
Name: _____
Address (if different from child): _____ _____
Cell Phone: () _____
Work Phone: () _____
Employer: _____
Occupation: _____

MOTHER
Name: _____
Address (if different from child): _____ _____
Cell Phone: () _____
Work Phone: () _____
Employer: _____
Occupation: _____

- Please indicate if your child has/or is currently receiving services or evaluations from the following:
Occupational Therapist Physical Therapist Speech Therapist
Behavioral Therapist IEP/Regional Center Program
- Are there any special, language, hearing, visual, or behavioral concerns we should know about? Yes No
- If yes, please explain: _____
- Does your child need an Epi-Pen and/or inhaler? YES ____ NO ____ If yes, the Epi-pen or inhaler must be clearly labeled in the original package with the prescription label attached. YLUMCPS will provide an additional authorization form for you to sign upon receiving the Epi-Pen or Inhaler.



YORBA LINDA UNITED METHODIST PRESCHOOL
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2018-2019 PROGRAM SELECTOR

Child's Name: _____ DOB: ____/____/____

Program Dates: August 28, 2018 – June 12, 2019

Please check the desired program below:

Gymnastics & Music education classes included for all enrolled students

		PRE-K <small>(4 years as of Sept 5th, 2018)</small>	3YRS-4YRS	18MOS-2YRS
		2-Day Program (Tues/Thurs)	(3 Yrs. Only)	
Program Only	8:30 – 12:00	N/A	<input type="checkbox"/> \$2950/yr.	<input type="checkbox"/> \$3060/yr.
Program + Lunch Hour	8:30 – 1:00	N/A	<input type="checkbox"/> \$3350/yr.	<input type="checkbox"/> \$3460/yr.
Program, Lunch + Stay & Play	8:30 – 3:30	N/A	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4350/yr.
Full Day	8:30 – 5:00	N/A	<input type="checkbox"/> \$4700/yr.	<input type="checkbox"/> \$4810/yr.
		3-day Program (Mon/Wed/Fri)		
Program Only	8:30 – 12:00	<input type="checkbox"/> \$3680/yr.	<input type="checkbox"/> \$3830/yr.	<input type="checkbox"/> \$3990/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$4240/yr.	<input type="checkbox"/> \$4390/yr.	<input type="checkbox"/> \$4550/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$5480/yr.	<input type="checkbox"/> \$5630/yr.	<input type="checkbox"/> \$5790/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$6130/yr.	<input type="checkbox"/> \$6280/yr.	<input type="checkbox"/> \$6440/yr.
		4-day Program (Any 4 days Mon-Fri)		
Program Only	8:30 – 12:00	<input type="checkbox"/> \$4700/yr.	<input type="checkbox"/> \$4910/yr.	<input type="checkbox"/> \$5130/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$5470/yr.	<input type="checkbox"/> \$5680/yr.	<input type="checkbox"/> \$5900/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$7180/yr.	<input type="checkbox"/> \$7390/yr.	<input type="checkbox"/> \$7610/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8290/yr.	<input type="checkbox"/> \$8510/yr.
		5-Day Program (Mon-Fri)		
Program Only	8:30 – 12:00	<input type="checkbox"/> \$5360/yr.	<input type="checkbox"/> \$5620/yr.	<input type="checkbox"/> \$5890/yr.
Program + Lunch Hour	8:30 – 1:00	<input type="checkbox"/> \$6210/yr.	<input type="checkbox"/> \$6470/yr.	<input type="checkbox"/> \$6740/yr.
Program + Lunch + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8080/yr.	<input type="checkbox"/> \$8340/yr.	<input type="checkbox"/> \$8610/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9040/yr.	<input type="checkbox"/> \$9100/yr.	<input type="checkbox"/> \$9570/yr.

TRANSITIONAL K/KINDERGARTEN OPTION (5-DAYS)

5 YEARS OR OLDER AS OF Sept 5th, 2018

Program	8:30 – 1:00	<input type="checkbox"/> \$5600/yr.
Program + Stay & Play	8:30 – 3:30	<input type="checkbox"/> \$8080/yr.
Full Day	8:30 – 5:00	<input type="checkbox"/> \$9040/yr.
Book/Material Fee		<input type="checkbox"/> \$100.00

Space permitting, a child can attend on a non-enrolled day, the charges are:

Program Only:	\$45.00/day
Program + Lunch Hour:	\$50.00/day
Program + Lunch Hour + Stay & Play:	\$57.00/day
Full Day:	\$65.00/day

ADDITIONAL PROGRAM OFFERINGS

Can be added to any available program

EARLY CARE 7:00-8:30am

2-Day Program	<input type="checkbox"/> \$80/mo.
3-Day Program	<input type="checkbox"/> \$120/mo.
4-Day Program	<input type="checkbox"/> \$160/mo.
5-Day Program	<input type="checkbox"/> \$190/mo.

Lunch, Stay & Play and Full Afternoon Sign-Ups can be made on an as needed basis:

Lunch Hour (12-1)	\$10.00/day
Lunch Hour + Stay & Play (12-3:30)	\$35.00/day
Full Afternoon (12-5)	\$50.00/day

2 Day program available for 18Mos -3Yrs only

OFFICE USE ONLY

Date Enrolled: _____ Amount Received: _____ Staff initials: _____ Cash _____ Check # _____ Rm# _____



YORBA LINDA UNITED METHODIST PRESCHOOL

3002 Yorba Linda Blvd., Yorba Linda, CA 92886 714-777-2384 www.ylumcps.com

FINANCIAL COMMITMENT

Based on the program selected, my child's annual tuition is \$ _____
Checks payable to YLUMCPS

Please select a payment plan:

- 1 Payment (Annual) – Full payment by August 1, 2018. Qualifies for a 3% discount
- 2 Payments (Bi-Annual) – 1st half payment by August 1, 2018. 2nd half payment by January 1, 2019. Qualifies for a 2% discount.
- 10 Payments – Payments due on the 1st of every month, beginning August 1, 2018 and ending May 1, 2019.

The following discount(s) apply to me:

- Sibling Discount (10% off the lowest tuition rate)
- Church Member Discount (10%)

Other Fees:

- Registration Fee (non-refundable/non-transferrable): \$150 per family due at time of enrollment
- Kindergarten Book/Materials Fee: \$100 per child due at time of enrollment
- Program Change Fee: One change can be made to a child's schedule at no charge, thereafter; there will be a \$25 fee per change.

As evidenced by my signature as the Parent/Guardian, I acknowledge that I have read, understand, and agree to the following conditions for enrollment of the above-named student:

- I understand that the registration fee is non-refundable/non-transferable and due at the time of enrollment to ensure student placement.
- I understand tuition is due on the 1st of the month and any payment received after the 10th will result in a \$10 per day late fee with a maximum of \$50 per month. If an account becomes thirty (30) days overdue, the Preschool Support team may consider dismissing the student(s).
- I understand there will be a \$25 charge on all returned checks. After the first instance of an NSF check, your account will automatically convert to "cash, money order or credit card only" status.
- 30 days written notice is required from a parent/guardian when requesting a change to a child's schedule. One change can be made to a child's schedule at no charge, thereafter; there will be a \$25 fee per change.
- 30 days written notice is required from a parent/guardian when withdrawing from the program. Upon providing notice, the annual tuition will be recalculated based on the number of days the child attended and must be paid in full. Any notice given after March 31, 2019 is responsible for the full year's tuition.
- Tuition balances must be paid in full by May 1, 2019 and any additional charges incurred after that must be paid by June 25, 2019.
- I understand I will be charged according to the late pick-up fee guidelines, stated in the preschool handbook, if I pick-up my child after their scheduled end of day. All late pick-up fees must be paid within two (2) weeks of being assessed.
- There is no credit given, reduction in tuition or make-up days offered for holidays, school closures, illness or vacation.
- I have received and agree to read and abide by the preschool handbook.

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____



YORBA LINDA UNITED METHODIST PRESCHOOL Registration Checklist

The following forms need to be completed and returned to the Preschool office in order for your child to participate in our program:

- _____ Registration Application
- _____ Program Selector / Financial Commitment Form
- _____ Identification and Emergency Information (LIC 700)
- _____ Child's Preadmission Health History (LIC 702)
- _____ Consent for Emergency Medical Treatment (LIC 627)
- _____ Physician's Report (LIC 701)
- _____ Proof of Immunizations
- _____ Personal Rights (LIC 613A)
- _____ Parent's Rights (LIC 995)
- _____ YLUMC Preschool Consent Form

19002 Yorba Linda Blvd
Yorba Linda, CA 92886
714-777-2384 or ylmpreschool@ylumc.org

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL, OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

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

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES 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

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Adult and Elderly Residential Facilities

AS THE CLIENT, AUTHORIZED REPRESENTATIVE OR CONSERVATOR, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE 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 WHATEVER
NAME
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE INDIVIDUAL NAMED
ABOVE.

CLIENT HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

CLIENT/AUTHORIZED REPRESENTATIVE/CONSERVATOR SIGNATURE
(CIRCLE APPROPRIATE TITLE)

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (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.

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) filed at a prior California child-care facility for missing shot(s) and immunization records with dates for all required shots not exempted. The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten. For complete details, see ShotsForSchool.org.
- Submits a licensed physician's written statement of a permanent medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Community Care Licensing

Licensing Office Address: 750 The City Drive, Ste 250 Orange, CA 92868

Licensing Office Telephone #: 714-703-2800

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

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

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

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

LIC 995 (9/08)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
 - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

750 The City Drive, Ste 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2800

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)

(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)



YORBA LINDA UNITED METHODIST PRESCHOOL CONSENT FORM

Receipt of School Handbook

I have received a copy, read, understand and agree to abide by the contents of the YLUMC Preschool Parent Handbook.

Parent Signature

Date

School Directory Consent

The Department of Social Services requires us to print a school directory for parents whose children are 2-6 years old. All children will be listed in the directory. *Please initial and provide us with the information you would like included with your child's name.*

Initial Here

Information to be included in the directory

____ Parent Name(s): _____

____ Home Address: _____

____ Email Address: _____

____ Phone Number: _____

I understand that the information given above will not be duplicated or sold by YLUMC Preschool, but is intended to fulfill licensing roster requirements.

Upon receipt of the completed School Directory, I agree to use the directory only for the intended purpose. I will not use the list for business purposes, distribute or sell the contact information contained within the directory.

Parent Signature

Date

Email Communication

I understand YLUMC Preschool's primary method for written communications are through email. I authorize YLUMC Preschool and my child's teacher to use the following email address for communications including but not limited to newsletters and important reminders.

Email Address(es): _____

Parent Signature

Date

Photo Release

I give permission for YLUMC Preschool to use images of my child, _____ taken at school or school-related events in any YLUMC Publications and promotional materials. This may include use in print materials, presentations, Facebook, Instagram and on the YLUMC Preschool website. I understand that these photos will be used for the sole purpose of promoting or reporting on the Preschool, and my child's name will not be printed or attached to any image.

Parent Signature

Date