

# Mary Immaculate Queen Pre-Kindergarten

Mary Immaculate Queen Pre-Kindergarten is a Catholic, non-profit Pre-K and Day Care that serves the community. Our goal is to provide a quality school with the best possible staff available to our families.

MIQ Pre-Kindergarten follows the existing K-8<sup>th</sup> Grade School calendar regarding Holidays and school closure.

## **Tuition Rates and Services**

**2017-2018 School Year**

**August 14, 2017 – May 25<sup>th</sup>, 2018**

### **Full Time 7a.m. – 6p.m.**

Includes a.m./ p.m. snack

Parents provide lunch

5 Days M-F	\$525.00
3 Days M-W-F	\$320.00
2 Days T-Th	\$240.00

### **Part Time 7a.m. – 12p.m.**

Includes a.m. snack

5 Days M-F	\$425.00
3 Days M-W-F	\$260.00
2 Days T-TH	\$195.00

Non Refundable Registration Fee: \$150.00

Payments due on the 5<sup>th</sup> of the month

Late Fee: \$30.00

# Admissions Agreement

Child's Name: \_\_\_\_\_

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

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

Days to Attend: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

1. **Services:** Pre-K/ Extended Childcare
2. **Registration Fee:** \$150.00 (non-refundable)
3. **Tuition Rates:** Rates are contracted for the 2017-2018 school year.
4. **Tuition Payment:** All families must be enrolled in Smart Tuition.
  - **Full Time Monthly Payment:** \$ \_\_\_\_\_ by the 5<sup>th</sup> of the month. Late Fee of \$30.00 after the 5<sup>th</sup> of the month.
  - **Part Time Monthly Payment:** \$ \_\_\_\_\_ by the 5<sup>th</sup> of the month. Late Fee of \$30.00 after the 5<sup>th</sup> of the month.
5. **Late Fee/ Returned Checks:** There is a \$30.00 charge for any late payments. Payments made by check which is returned for insufficient funds will be charged a \$25.00 fee for each occurrence. After two returned checks, families must pay tuition and fees by money order or cash for the remainder of the school year.
6. **Refund Policies:** Registration is non-refundable. Tuition paid in advance will be prorated if a two week notice was given.
7. **Rights of Licensing Agency:**
  - Community Care Licensing Division Child Care shall have the authority to interview children or staff; and to inspect and audit child or facility records without prior consent.
  - Community Care Licensing Division Child Care shall make provisions for private interviews with any child(ren) or any staff member and for the examination of all records relating to the operation of the facility.
  - Community Care Licensing Division Child Care shall have the authority to observe the physical condition of the child(ren) including condition which could indicate abuse, neglect, or inappropriate placement.
8. **Termination of the Agreement:** This agreement may be terminated with a two week written notice.

\_\_\_\_\_  
Parent's Signature                      Date

\_\_\_\_\_  
Director's Signature or                      Date  
Principal's Signature

\_\_\_\_\_  
Parent's Signature                      Date

# Parent Contract

This will acknowledge that I/We the parents, guardians of \_\_\_\_\_ have received a copy of the Parent Handbook from the authorized representative of Mary Immaculate Queen School Pre-Kindergarten/ Childcare.

I have read and understand the School's philosophy, information and policies. I agree to the terms set forth in the admissions statement below.

1. I have met all requirements and submitted all completed forms necessary for enrollment in the Pre-Kindergarten/ Childcare program.
2. I understand it is my responsibility to notify the Pre-Kindergarten/ Childcare program in advance of my monthly schedule and submit changes accordingly.
3. I understand that I am financially responsible for the tuition billed. In a divorced family, either or both parents are responsible for the tuition.
4. I understand it is my responsibility to sign my child in and out each day.
5. I understand it is my responsibility to notify the Pre-Kindergarten/ Childcare program in advance if someone other than the approved person is picking my child up.
6. I understand that attending the MIQ School Pre-Kindergarten/ Childcare program is not a guarantee that my child will be granted automatic admission to MIQ Kindergarten. Testing is required of all students in order to determine their readiness. The Brigance Pre-School test is administered to incoming MIQ Kindergarten students. Parents will be informed later of results and consequent placement. A non-refundable testing fee will be required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Mother's/Guardian's Signature

**Please print the following information**

\_\_\_\_\_  
Father's/Guardian's Name

\_\_\_\_\_  
Mother's/Guardian's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (if different)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP (if different)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Director's or Principals Signature

# Mary Immaculate Queen School

## Release of Limited Pupil Information

### Blanket Release

MIQ School does not release information or records concerning your child to non-educational organizations or individuals without your consent. The release of certain information would benefit your child, such as information concerning participation in athletics, or other school activities, winning scholastic or other honors and awards. Students work, pictures, special events held at the school and field trips are other areas of information that may be released. Your consent is required, so please sign where indicated and return it to the school. If you have more than one child at this school, please list all students and sign where indicated.

Some examples of organizations to which said information may be released include: the press, television and any other new organization as well as the MIQ School web page and the Elks Visions Screening (annually).

Please note that checking the "NO" box may result in your child not being able to participate in special events held at the school or Church. If you have not done so already, please check out the school web page at [www.miqschool.com](http://www.miqschool.com)

YES, Limited information about my child may be released.

SOME, Limited information about my child may be released but exclude the web page

NO, I do not want any information about my child to be released.

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

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

Signature of Parent/ Guardian: \_\_\_\_\_

# Mary Immaculate Queen Pre-K

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Student's Name to be used on class list

\_\_\_\_\_  
Address

\_\_\_\_\_  
Father's/Guardian's Name

\_\_\_\_\_  
Mother's/Guardian's Name

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
CellPhone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

Student's Ethnic Origin: \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

Age \_\_\_\_\_

Student: Catholic \_\_\_\_\_

Parish \_\_\_\_\_

Non-Catholic \_\_\_\_\_

How did you hear about Mary Immaculate Queen School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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)	/ /	/ /	/ /	/ /	/ /
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

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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/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? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ 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 SIGNATURE 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

( )

# Community Care Licensing



## CHILD CARE CENTER



### NOTIFICATION OF PARENTS' RIGHTS

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY ACCESSIBLE AREA OF THE CHILD CARE CENTER

#### AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A RIGHT

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.
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.

<http://www.cclcd.ca.gov>

For the Department of Justice  
"Registered Sex Offender" database, go to  
[www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

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.

Licensing Office Name: Community Care Licensing Division Child Care  
Licensing Office Address: 1310 East Shaw Ave  
Fresno, CA 93710  
Licensing Office Telephone Number: 559-243-4588



## 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 Divison Child Care

Licensing Office Address: 1310 East Shaw Ave

Licensing Office Telephone #: 559-243-4588

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

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

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](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)*

## 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:

### Community Care Licensing Division Child Care

NAME

1310 East Shaw Ave.

ADDRESS

CITY

Fresno

ZIP CODE

CA93710

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)

## IMPORTANT INFORMATION FOR PARENTS

### CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

#### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

#### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is [http://ccl.dss.cahwnet.gov/RegionalOf\\_1829.htm](http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm)



5186 N. Blythe, Suite 101, Fresno, CA 93722  
 Phone: (559) 276-5621 · (800) 854-6951 Fax: (559) 276-5603  
 order online [www.dennisuniform.com](http://www.dennisuniform.com)  
 National Customer Service 800.854.6951

**WELCOME TO DENNIS**

We look forward to working with you this year! Since 1920, DENNIS has sewn the best uniforms available in our Portland, Oregon factory. We are a family-owned business committed to quality, customer service, and education. Our goal is to have every student in uniform by the first day of school. If you need any help, please do not hesitate to contact our National Customer Service Department 800.854.6951.

**PRICES WILL VARY FROM YEAR TO YEAR**

**Girls, grades: PK POLO**



Youth 2XS-XL \$20.85  
 Adult S-3XL \$22.85

Item #: 08300A-FE1  
 Navy Jersey S/S w/Mary Immaculate Screen (067)  
 PK only

**Girls, grades: PK POLO**



Youth 2XS-XL \$23.15  
 Adult S-3XL \$25.15

Item #: 08300C-FE1  
 Navy Jersey L/S w/Mary Immaculate Screen (067)  
 PK only

**Girls, grades: PK-8 POLO**



Youth 2XS-XL \$20.85  
 Adult XS-2XL \$22.85

Item #: 08200A-FEM  
 GIRLS Lt. Blue S/S w/Mary Immaculate Screen (055)

**Girls, grades: PK-8 POLO**



Youth 2XS-XL \$23.15  
 Adult S-3XL \$25.15

Item #: 08300C-FEM  
 Lt Blue Jersey L/S w/Mary Immaculate Screen (055)

**Girls, grades: PK-8 POLO**



Youth 2XS-XL \$20.85  
 Adult S-3XL \$22.85

Item #: 08300A-FEM  
 Lt Blue Jersey S/S w/Mary Immaculate Screen (055)

**Girls, grades: PK-8 SWEATSHIRT 9oz**



Youth 2XS-XL \$22.40  
 Adult S-2XL \$25.40

Item #: 090000-FE1  
 Navy Crew Neck w/Mary Immac Queen Screen (067)  
 A sweater or sweatshirt is required for formal uniform.

**Boys, grades: PK-8 POLO**



Youth 2XS-XL \$20.85  
 Adult S-3XL \$22.85

Item #: 08300A-FEM  
 Lt Blue Jersey S/S w/Mary Immaculate Screen (055)

**Boys, grades: PK POLO**



Youth 2XS-XL \$20.85  
 Adult S-3XL \$22.85

Item #: 08300A-FE1  
 Navy Jersey S/S w/Mary Immaculate Screen (067)  
 PK only

**Girls, grades: PK SWEATPANT 9oz**



Youth 3XS-XL \$22.40  
 Adult S-2XL \$25.40

Item #: 090410-FE1  
 Navy w/Mary Immaculate Screen (067)  
 Only PK with logo

**Boys, grades: PK-8 POLO**



Youth 2XS-XL \$23.15  
 Adult S-3XL \$25.15

Item #: 08300C-FEM  
 Lt Blue Jersey L/S w/Mary Immaculate Screen (055)

**Boys, grades: PK POLO**



Youth 2XS-XL \$23.15  
 Adult S-3XL \$25.15

Item #: 08300C-FE1  
 Navy Jersey L/S w/Mary Immaculate Screen (067)  
 PK only

**Girls, grades: PK-8 WALK SHORTS**



Toddler 3-4 \$17.50  
 Youth 2XS-S \$23.00  
 Youth M-XL \$25.00  
 Adult 2XS-3XL \$30.00

Item #: 044450-965  
 Pull on-Navy Twill (069)

**Boys, grades: PK-8 SWEATSHIRT 9oz**



Youth 2XS-XL \$22.40  
 Adult S-2XL \$25.40

Item #: 090000-FE1  
 Navy Crew Neck w/Mary Immac Queen Screen (067)  
 A sweater or sweatshirt is required for formal uniform.

**Boys, grades: PK-8 WALK SHORTS**



Toddler 3-4 \$17.50  
 Youth 2XS-S \$23.00  
 Youth M-XL \$25.00  
 Adult 2XS-3XL \$30.00

Item #: 044450-965  
 Pull on-Navy Twill (069)

**Boys, grades: PK-8 PANTS**



Toddler 3-4 \$19.50  
 Youth 2XS-S \$25.00  
 Youth M-XL \$28.00  
 Adult 2XS-3XL \$33.50

Item #: 044110-965  
 Pull on-Navy Twill (069)

**Boys, grades: PK SWEATPANT 9oz**



Youth 3XS-XL \$22.40  
 Adult S-2XL \$25.40

Item #: 090410-FE1  
 Navy w/Mary Immaculate Screen (067)  
 Only PK with logo

**Girls, grades: PK-8 PANTS**



Toddler 3-4 \$19.50  
 Youth 2XS-S \$25.00  
 Youth M-XL \$28.00  
 Adult 2XS-3XL \$33.50

Item #: 044110-965  
 Pull on-Navy Twill (069)



# EVENT - YOUTH AUTHORIZATION

R20

## Diocese of Fresno and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in this specific event, activity , or sport listed on this form you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

<b>NAME OF PARISH OR SCHOOL</b>	<b>NAME OF GROUP</b>
<b>NAME OF EVENT</b>	<b>DATE OF EVENT</b>

### OFF CAMPUS FIELD TRIP INFORMATION

<b>DESTINATION OF FIELD TRIP</b>	<b>CITY / STATE LOCATION</b>	
<b>MODE OF TRANSPORTATION</b>	<b>FEE (IF APPLICABLE)</b>	<b>FORM MUST BE RETURNED BY</b>
<b>DEPARTURE DATE AND TIME</b>	<b>ESTIMATED RETURN DATE AND TIME</b>	

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines, and instructions of the DOF Entity and its personnel, as well as the adult leadership of this activity. I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of this activity and any transportation involved with this activity.

This permission, waiver, release, and consent applies to the named DOF entity, including, but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and schools; affiliated organizations and officers; clergy; agents; and employees.

### PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency and if the DOF entity is unable to contact me, I authorize the DOF personal or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

<b>PRINT NAME OF PARTICIPANT</b>	
<b>PRINT NAME OF PARENT / GUARDIAN</b>	
<b>SIGNATURE OF PARENT / GUARDIAN</b>	<b>DATE</b>
<b>HOME PHONE NUMBER</b>	
<b>CELLULAR NUMBER</b>	
<b>OTHER</b>	

<b>MEDICAL INFORMATION</b>
<b>DOCTOR'S NAME OR MEDICAL GROUP</b>
<b>DOCTOR'S TELEPHONE</b>
<b>INSURANCE COMPANY</b>
<b>INS. POLICY NUMBER</b>
<input type="checkbox"/> No Family Physician Listed
<b>DATE RECEIVED AND BY</b>