



License #434408891

**First Discoveries
Christian Preschool**

Developing attitudes for success!™

REGISTRATION CHECK LIST

All paperwork has to be completed and turned in, and fees paid before your child attends school. Licensing requires that we have accurate records on each child enrolled. We appreciate your prompt attention to provide us with the required documents. Please read completely the Handbook for Parents before proceeding. The forms and handbook are available at www.fdcpr.org :o)

Before you start, pray that the Lord reveals His plan for your child. (Jeremiah 29:11)

First Discoveries Christian Preschool enrolls for one school year at a time. Returning students and their siblings have priority and registration is on a first come first serve basis. Each year a new Emergency Card and Agreement are required for returning students. State law requires that your child have a statement regarding his (her) health and an immunization record, signed by his physician, in the preschool file. Please call 408 625 3773 if you need assistance.

Submit the required documents found in our Enrollment Package. Please use the following checklist to ensure all documents are brought to our office in a timely manner. Students may start once all of the following items are received in our office.

- ☐ First Discoveries Christian Preschool Application for Admission (*Electronically on our website*)
- ☐ First Discoveries Christian Preschool Agreement
- ☐ First Discoveries Christian Preschool Consent & Liability Release and Assumption of Risk Agreements
- ☐ Personal Rights [LIC 613A]
- ☐ Notification of Parents' Rights [LIC 995]
- ☐ Child's Preadmission Health History [LIC 702]
- ☐ Physician's Report [LIC 701] (*Please have your child's Physician fill this out*)
- ☐ Identification and Emergency Information [LIC700]
- ☐ Consent for Emergency Medical Treatment [LIC 627]
- ☐ Original immunization card (*print out is acceptable if accompanied by Physician's Report*)
- ☐ \$25 fee for emergency kit
- ☐ Non-refundable Registration Fee
- ☐ Annual Tuition in full <= OR => ☐ FACTS Agreement created on our "Registration" page online.
Total: _____ Agreement #_____ Please note in Application too.
Check # _____ Last Month's Tuition Deposit is generally applied to June.



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AGREEMENT *Child's Name _____*

The purpose of this agreement is to nurture mutual accountability between the parents and the school. Many of these policies are listed in detail in our Handbook for Parents. Please read each item carefully, and sign to indicate your understanding and agreement. FDCP may replace First Discoveries Christian Preschool in this agreement. Please request a paper copy by email if you don't have access to a printer, we are happy to help!

- ~ First Discoveries Christian Preschool, is a hands-on Preschool for children ages 2.5 to 6 years old.
- ~ Our program blends Bible based Christian principles, developmentally appropriate academics and phonics, hands on activities and exploration, physical movement, nutrition education, social and emotional skills and character development. We offer a Bilingual morning program for preschoolers and a Spanish Immersion program 3-6 pm for children 2.5 to 1st grade.
- ~ FDCP enrolls for one school year at a time. Returning students and their siblings have priority, and registration is on a first come-first served basis. As a Christian school, we pray daily that the Lord will show us and guide us as we nurture our students.
- ~ Calendar is set for the following school year at Priority Enrollment, and is subject to change. Changes will be sent by email. Parents are encouraged to make alternate arrangements in advance for the days that we are closed if needed. Tuition already has taken into account holidays, minimum and teacher in service days or school breaks. There are no make up days for scheduled closed days. Child Care will be available when 5 children sign up. Since we determine availability of Child Care based on sign-ups, once parents sign up for Child Care they agree to pay Child Care fees, even if they don't need the service later.
- ~ Registration & Deposit: A registration fee plus a deposit for the last month's tuition are payable at the time of registration. If a student needs to be moved from one program to another, the deposit difference (if there is one) is due at time of the change. The deposit will not be refunded for a lower tuition program. Changes are contingent upon space availability.
- ~ Tuition Fees: cover the basic services offered at FDCP. Current tuition, extended care, additional days or child care are listed on our Handbook for Parents. I agree that I've reviewed and agree to them.
- ~ Monthly plan is only available through automatic draft with agreement with FACTS Management Co.
- ~ Parents will be given a 30-day notice if any fee increase is instituted.
- ~ The optional Breakfast is served from 8:30 to 8:45 am. A separate fee will be added to the tuition of a child enrolled in breakfast. Children who arrive at 8:30 are not subject to Extended Care fees.
- ~ Children 5 and older by the following September 1st, may enroll in our Exemplary PreKindergarten Program. Includes 3 workbooks, handouts, class skills, group/individual activities and diploma (added cost).
- ~ Graduation: Celebrate with your graduate and their families their achievement with a Graduation ceremony and family reception in June. Cap & Gown, snacks, cake, goody bags are included (added cost).
- ~ Payment Methods: One annual payment may be made payable by check to FDCP. If a Monthly Payment Plan is chosen, tuition is automatically withdrawn on the 5th of the month by FACTS Tuition Management Co. I agree to pay FACTS their enrollment fee for the service they provide, and I understand that there are convenience fees associated with their credit card or debit card option, if I choose it.
- ~ Late/Missed Payment: FACTS will assess a \$35 Returned Payment fee and a \$25 late fee each time a payment is not available from your account unless a prior written arrangement is received from the director 10 days before tuition is due.
- ~ Returned Check Fee: there is a \$50.00 fee for every check that is returned to our bank. After 2 returned checks, only cash-based payments will be accepted.
- ~ If your Payment attempt is returned to FACTS, we must receive payment within 5 calendar days of the due date to maintain enrollment. The privilege of attending FDCP may be denied to any student whose parents or guardians fail in their financial obligations. FDCP reserves the right to deny attendance to students whose accounts have overdue balances.
- ~ If the school decides to seek collection of any past due amount, the parent agrees to pay, to the extent permitted by law, FDCP's expenses of enforcement and collection of the tuition, fees and related expenses, including, without limitation, attorney's fees and costs.
- ~ Extended Care automatically starts when you drop off early or pick up late. I understand that when my child is at school beyond the program I chose, FDCP will extend their care and I am responsible to pay for the extended care at the rate of \$2/minute during business hours and \$3.5 after hours; and with a cap of \$20/hour with advance notice and \$30/hour without advance notice. I authorize FDCP to schedule and collect payment through my FACTS agreement from any Extended Care and Additional Day approved for my child by signing-in/out through their digital system. I understand that anyone authorized in my child's profile will extended care if they drop off early or pick up late.
- ~ I authorize FDCP to collect, via my FACTS agreement, any additional fees approved by me while signing-in/out through their digital system. If I don't have a FACTS account, I will bring payment the day of the service. I understand that my sign-in/out electronic or hand signature is sufficient notice for me. I agree to have sufficient funds for all Extended Care and Additional Day fees when they are automatically collected through my FACTS agreement.
- ~ I understand that certain Emergencies are an exception, and I may request a waiver of that day's late pick-up fee, provided I call the school before pick-up time to make arrangements and email a reason for my request to waive the fees within 48 hours
- ~ We agree to the financial contractual terms stated here and promise to pay accordingly.
- ~ Early Withdrawal: Deposit is non-refundable and ONLY applicable to the last month contracted. Written notice is required for children who are intending to withdraw and change their last contracted month. When the school receives written notice 2 weeks prior to the 1st day of the last month your child will attend, we will cancel your FACTS agreement and deposit will be applied to their last month. If your written notice is received late you have 3 options: 1/Delay your child's last day and apply the deposit to the following month. 2/Withdraw your child and release your claim to the deposit. No refunds. 3/Request a partial refund at the same time you submit your late written notice if you feel you have special circumstances that prevented you from submitting your notice in time. Your request must include the reason your written notice is late and why you feel you should receive an exception. We will review your request and determine if it qualifies for an exemption that is fair to other families who have turned their notice in time. We will notify you if you qualify and how much you qualify to receive in a few days. If you've paid in full you'll be refunded for the first full month starting 2 weeks after we receive your notice. We secure our staff a month in advance; no refunds will be given if your notice is received less than 7 days before their last month starts.

~ I accept that I am aware of the refund/early withdraw policy which requires 2 week written notice, and **I understand that VERBAL NOTICES ARE NOT SUFFICIENT.**

- ~ Proof of payment for tax purposes from FACTS are reflected in your bank statements and in FACTS online account information. School statements must be requested by email.
- ~ Absences: No discounts will be given for holidays, minimum days, teacher in service days or school breaks. Scheduled closed days are already factored into the annual tuition.
- ~ Vacation Credit: Each child is entitled to a week vacation after being enrolled for six months. Vacation credit is not cumulative and starts over each school year in July; and days must be taken in the same week; and requested by email 2 weeks before it starts. If the vacation is longer than 1 week, you have the option of withdrawing the child and re-enrolling if there space available or pay tuition to save your space.
- ~ Your child will continue to be enrolled and your tuition will continue to be withdrawn from your account until written notice is received. If you need help complying with this requirement contact the Director by email and request an appointment.
- ~ If you need to change programs mid year, the deposit difference is due at time of the change to reflect the new program. The deposit will not be refunded for a lower tuition program. Changes are contingent upon space availability.
- ~ All students must participate independently during group activities to attend, including nap time and toilet training. Constant one-to-one supervision for one particular student is not available at FDCP.
- ~ If at any time we feel that our school cannot meet the needs of a child or family, there will be a 2 week notice to the family to find a new facility that may be more suitable to their needs or wants and continued enrollment will be denied.
- ~ We reserve the right to decline continued enrollment to a child at any time for any reason not prohibited by law, if in the sole judgment of FDCP such student's parents or guardians are uncooperative, dishonest, abusive to the staff, or who in our sole opinion will not be satisfied with the school's best efforts.
- ~ Parents agree to cooperate with teachers and support the school in it's efforts to help a child learn to modify any behavior that is considered by the director as aggressive, constantly disruptive or unsafe. They shall partner in a plan of action mutually agreed upon by parents and teachers for 2-4 weeks. If no plan or time frame can be agreed upon, or reasonable efforts do not significantly reduce the undesirable behavior, the child will be withdrawn immediately.
- ~ Purposely omitting or minimizing any student needs, that impact health or safety, at time of enrollment will cause their enrollment to become invalid and the child will be withdrawn immediately.
- ~ In the event that your child needs special accommodations to independently participate in our program, parents agree that before reasonable accommodations can be considered or the child is permitted to attend our school, their doctor or specialist must create a Plan of Management and/or a Plan of Action in an emergency. Reasonable documentation might be required to establish the need for reasonable accommodations. Parents are responsible for providing all appropriate equipment, training (for staff and their child), and special food (must be peanut and tree nut free), if applicable
- ~ Our school is licensed and regulated by the California Department of Social Services, and we are allowed to provide non-medical care and supervision to our students under California Law. Under our license and the applicable regulations we can only provide services for children we are qualified and capable of caring for. We are committed to explore all options presented to us and make an individualized assessment about whether we can meet student's needs, and determine if we can provide reasonable accommodations. We shall accept new students provided their presence does not pose a direct threat to the health or safety of others or require a fundamental alteration of our program and the child and parents follow school policy.
- ~ Car seats or overnight bags are NOT storable at FDCP.
- ~ Parents agree to inform FDCP in writing if their child is not to be photographed or videotaped.
- ~ Parents shall provide medical insurance for their children.
- ~ To best serve our students, we nurture a healthy and honest relationship with all our families. School policies are clearly explained in our Handbook for Parents to avoid unpleasant surprises. We agree that in fairness to all families there are no exceptions to school policies.
- ~ We understand that, by law, the Licensing Department of Social Services has the authority to interview children or staff and to inspect and audit child or child care records without prior consent. The licensed shall make provisions for private interviews with any child(ren) or staff member and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child(ren) including conditions that could indicate abuse, neglect or inappropriate placement.
- ~ We've read the Handbook for Parents and agree to all it's contents and have reviewed the Caregiver Background Check Process [LIC 995E].
- ~ We understand and agree that this agreement shall not be modified except by a new written agreement between the parties. When each parent or guardian signs this agreement, and will be jointly and severally responsible for the obligations contained herein. This agreement shall be deemed to have been entered into in the State of California as a contract; its validity, effect and operation shall be determined in accordance with the provisions of California law. By checking the box and digitally signing below you enter into this contract with First Discoveries Christian Preschool.

Father's Name: _____

Signature

Date

Mother's Name: _____

Signature

Date

Please bring this agreement signed to your appointment.



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AGREEMENTS *Child's Name* _____

At First Discoveries Christian Preschool the health and safety of your little one is our top priority. Our dedicated staff puts all their efforts every day to ensure our facility and program is safe and healthy for your little one. We also aim to have added staff so that our teacher/student ratio is low for the best quality care. Young children are curious and unpredictable, so even with the highest standards, accidents can still happen. Please sign the consent and release below to enroll.

CONSENT AGREEMENT

The undersigned, parent/legal guardian of _____ ("Minor") on behalf of ("Minor") and in consideration of participation in "FIRST DISCOVERIES CHRISTIAN PRESCHOOL", understand that:

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that I will receive written notice prior to any field trip. Note: The only trip outside of the school planned is 2 days prior to graduation.

I hereby grant permission for my child to be included in evaluations and assessment connected with the school program.

I hereby grant permission for photographs of my child or myself to be used in educational publications and advertising.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact you through any of the persons listed on the emergency information form you completed for us, even the child's physician
3. If we cannot reach either parent or guardian we will call 911, follow EMS instructions and if necessary have your child taken to an emergency hospital. If 911 is called and EMS arrives, they will not release the child until parent arrives to discuss your child's health.

Any expenses incurred under #4, above, will be borne by the child's family

Please keep your contact information current. The school is not responsible for anything that may happen as a result of incorrect information given upon enrollment or any information that was not updated with our office by email.

The school will not assume responsibility for a child who is not signed in when he/she has arrived for the day.

LIABILITY RELEASE & ASSUMPTION OF RISK AGREEMENT

The undersigned, parent/legal guardian of _____ ("Minor") on behalf of ("Minor") and in consideration of participation in "FIRST DISCOVERIES CHRISTIAN PRESCHOOL", agrees to:

1. Indemnify and hold FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, harmless and release them from any and all liability for any injury which may be suffered arising out of, or in any way connected with participation in these classes.
2. Prior to participating in the classes, I will inspect the facilities, equipment and areas to be used and, if I believe any of them are unsafe, I will immediately advise the person supervising the area.
3. Assume any risks of personal injuries, including medical or hospital bills, permanent or partial disability, and damage to property, caused by or arising from Minor's participation in this activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against, FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, attributable to Minor's participation in the classes.
5. Release, waive, discharge and relinquish FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, from any liability, loss damage, claim, demand or cause of action against them arising from or attributable to Minor's participation in the classes, whether the same shall arise by their negligence or otherwise.
6. I authorize FIRST DISCOVERIES CHRISTIAN PRESCHOOL its agents and employees, or other representative of FIRST DISCOVERIES CHRISTIAN PRESCHOOL to use his (her) judgment in obtaining immediate Medical Care for Minor. These persons have my permission to take my son/daughter to the hospital or dentist for the treatment of injury. (Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this makes immediate treatment possible.)

I agree to assign all expenses to my own medical insurance first in the event of any injury sustained by Minor requiring medical attention while participating in FIRST DISCOVERIES CHRISTIAN PRESCHOOL.

7. I acknowledge that FIRST DISCOVERIES CHRISTIAN PRESCHOOL provides Preschool and Spanish Immersion Program and that this program is a licensed childcare program by the State of California in accordance with Department of Social Services Community Care Licensing. FIRST DISCOVERIES CHRISTIAN PRESCHOOL'S license number is 434408891.

THIS DOCUMENT RELIEVES FIRST DISCOVERIES CHRISTIAN PRESCHOOL, ITS AGENTS AND EMPLOYEES, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTOOD THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Parent/Legal Guardian's Name: _____ *By signing you agree to both sections in this page.*

Parent/Legal Guardian's Signature: _____ 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

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: 2580 North 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

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.

FIRST DISCOVERIES CHRISTIAN 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

LIC 995 (9/08)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

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
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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)

FIRST DISCOVERIES CHRISTIAN 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, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN									
		1st		2nd		3rd		4th		5th	
POLIO (OPV OR IPV)		/ /		/ /		/ /		/ /		/ /	
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)		/ /		/ /		/ /		/ /		/ /	
MMR (MEASLES, MUMPS, AND RUBELLA)		/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)		/ /		/ /		/ /		/ /			
HEPATITIS B		/ /		/ /		/ /					
VARICELLA (CHICKENPOX)		/ /		/ /							

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'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 OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

FIRST DISCOVERIES CHRISTIAN 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:

(PLEASE LIST ANY FOOD ALERGIES AS WELL.)

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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

2580 North First Street, Suite 300

CITY

San Jose

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

408 324 2148

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)

FIRST DISCOVERIES CHRISTIAN PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

2177 Cottle Ave., San Jose CA 95125

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)