



# 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.*  
**Handbook for Parents and Enrollment Forms are available at [www.fdcps.org](http://www.fdcps.org)**

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

First Discoveries Christian Preschool (FDCP) 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.

- [ ] Carefully Read our **Handbook for Parents** ~ Download from our Register page online ~ By enrolling, you AGREE to honor all school policies. Questions or concerns must be brought up during Enrollment appointment BEFORE we save a space for your child.
- [ ] FDCP Application for Admission ~ This must be submitted on line by clicking on the blue “*schedule*” link in the payment email.
- [ ] FDCP Agreement ~ Signed by both parents.
- [ ] FDCP 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] ~ Must be completed by your child’s Physician.
- [ ] Identification and Emergency Information [LIC700]
- [ ] Consent for Emergency Medical Treatment [LIC 627]
- [ ] Immunization card (print out is acceptable when accompanied by Physician’s Report. Children on a “catch up schedule” or missing vaccinations require a Medical Exemption, dated and stating permanent or temporary, signed by their Doctor)
- [ ] Action & Maintenance Plan, when applicable. (Children with allergies, asthma, medication or any condition that might affect their school experience must request state required Incidental Medical Services. Forms be downloaded from our Register page.
- [ ] Trial Day scheduled, when applicable. (Students under 2.5 yrs. old must attend a trial day before assigning their space, usually at 2 years 2 months approximately. Schedule on our Register page online.
- [ ] Non-refundable Registration Fee
- [ ] \$25 fee for Emergency Kit
- [ ] Annual Tuition in full      <= OR =>      [ ] FACTS Agreement (create at our Register page at [www.fdcps.org](http://www.fdcps.org))

Total: \_\_\_\_\_ Agreement # \_\_\_\_\_

Check # \_\_\_\_\_ Last Month’s Tuition Deposit is due at enrollment.



License #434408891

**First Discoveries  
Christian Preschool***Developing attitudes for success!***2019-20****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 email requesting a paper copy if you don't have access to a printer, we're 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, phonics, hands on activities and exploration, physical movement, nutrition education, social and emotional skills and character development. As a Christian school, we pray daily that the Lord will show us and guide us as we nurture our students. We offer a Bilingual morning program for preschoolers and a Spanish Immersion program 3-6 pm for children 2.5 to 1st grade. Returning students and their siblings have priority.
- ~ **A Trial day is required for children under 2.5 years old.** A recommendation is provided within a week.
- ~ FDCP enrolls for one school year at a time. Registration is on a first come-first served basis.
- ~ Calendar is subject to change. **Parents aren't notified by email and are responsible for alternate arrangements for scheduled holidays, minimum and teacher-in-service days or breaks.**
- ~ **Absences:** We do not offer discounts or make up days for missed days. Scheduled closed days are already factored into the annual tuition so there are no discounts or make up days for holidays or breaks.
- ~ Child Care may be available when 5 children sign up during Winter and Easter break. **By signing below, you agree that cancellations for Child Care must be received by the cut off date to avoid paying; or parents will be financially responsible to pay the child care cost even if the child doesn't attend.**
- ~ **Registration Fees are non refundable** and applicable to one summer camp season/school year only.
- ~ Tuition Fees: cover the basic services offered at FDCP and are listed on our Handbook for Parents.
- ~ To increase program, the Deposit difference is due at time of the change.
- ~ Parents will be given a 30-day notice if any fee increase is instituted.
- ~ Breakfast option is served from 8:30 to 8:45 am. Fees are listed on our Handbook for Parents.
- ~ Exemplary PreKindergarten Program: Includes 3 workbooks, handouts, class skills, activities. Teacher evaluates readiness in September. Fee listed on our Handbook for Parents.
- ~ Graduation: Cap/Gown ceremony and family reception in June. Fee listed on our Handbook for Parents.
- ~ **Early Drop off or Late Pick up automatically enrolls students in Extended Care, and our Kiosk keeps track of Extended Care and Additional days. Parents approve fees on the Kiosk. Parents agree to bring payment within a week and authorize FDCP to schedule the cost in your FACTS agreement.** Certain Emergencies are an exception, and the school may consider a request to waive the late fee by email within 48 hours listing the special circumstances that caused the late pick up.
- ~ Parents accept that when their child is at school beyond their program FDCP will extend their care and **Parents are responsible to pay for Extended Care fees listed on our Handbook for Parents;** and anyone allowed to pick up their child may accept extended care fees if they drop off early or pick up late.
- ~ Payment Methods: **One annual payment** may be made payable by check to FDCP. Alternatively, a **Monthly Payment Plan** is available as an automatic draft on the 5th each month with FACTS Management Co. **Parents agree to pay FACTS own enrollment fee for the service they provide, and accept convenience fees associated with credit or debit card option, if chosen.**
- ~ Late/Missed Payment: FACTS will assess a \$35 Returned Payment fee and a \$25 late fee for each payment returned by your bank unless there is a written agreement with the director before tuition is due.
- ~ Returned Checks: \$50.00 fee each returned check. After 2 returned checks, only cash will be accepted.
- ~ Payment Attempt Returned to FACTS, payment must be made within 5 calendar days of the due date.
- ~ 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, parents agree 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.

**~ Early Withdrawal/Refund Policy: Summer Camps can only be cancelled before May 1st. An Early Withdrawal Request form is required to cancel your FACTS payment plan starting with the first scheduled payment after 3 weeks from your notice to apply your deposit to that month; or to refund you, if you paid in full, starting with the first full month after 30 days from your notice. By signing below, parents accept that there are NO EXCEPTIONS and VERBAL NOTICES ARE INSUFFICIENT. Parents agree to honor the Early Withdrawal Request process if needed.**

**~ You're enrolling in a full term that guarantees your child's space. To cancel enrollment early, an Early Withdrawal Fee that equals any discount applied to Registration fees must be paid.**

**~ DEPOSIT IS NOT REFUNDABLE and CANNOT BE CANCELLED when scheduled in FACTS agreement. It can only be applied to the LAST MONTH ATTENDED.**

**~ In order to save your space in advance, if enrolling in a full school year you are committing to a 10 month payment plan or annual payment for 10 months. Your Deposit (1 month tuition) is due at time of enrollment, and can ONLY be applied to the last month contracted (mid May-mid June). If you cancel enrollment before it's paid, Deposit must be paid in order to terminate this agreement, possibly for no services rendered, if you cancel before the term you enrolled in starts. Deposit may be applied to Summer Camp if space is available. By signing you accept and agree to honor this policy.**

Sign to accept terms: \_\_\_\_\_ Date: \_\_\_\_\_

- ~ 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 credit 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 given that the school has already incurred costs when a late notice is sent. 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. 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.**
- ~ 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 request an appointment on our Parent's page online.

- ~ To change programs, the deposit difference is due at time of the change to reflect the new program.
- ~ **Parents sign in agreement** to the financial contractual terms stated here & promise to pay accordingly.
- ~ Vacation Credit: Is not cumulative and starts over every July; and days must be taken in the same week. Students may request a 25% tuition credit after being enrolled for 6 months. **Vacation Credit Request form should be submitted at least 2 weeks before it starts** on Parents page ([www.fdcg.org](http://www.fdcg.org))
- ~ **Car seats, back pack or large bags are NOT storable at FDCP.** Exceptions made in an emergency.
- ~ Parents agree to inform FDCP in writing if their child is not to be photographed or videotaped.
- ~ Proof of payment for tax purposes from FACTS are reflected in your bank statements and in FACTS online account information. Please request school tuition statements and allow a week for processing.
- ~ 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, an Accommodation Evaluation must be requested by appointment. A Plan of Management and/or a Plan of Action must be presented signed by their pediatrician. Parents are responsible for providing all appropriate equipment, training (for staff and their child), and special food (**must be cleared as peanut and tree nut free**), if applicable. For safety, attendance may be denied if the school cannot provide reasonable accommodations. See Parent Handbook for more details and options available.
- ~ Parents accept that **all students must participate independently during group activities to attend, including nap time and toilet training; and be willing to stay with the group and teachers.** Constant one-on-one supervision for one student is not available at FDCP.
- ~ If at any time we feel that our school cannot meet the needs of a child or family; if it's safe, 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.
- ~ If a child requires accommodations that were not requested on their application, for safety, attendance will immediately cease to allow for an Accommodations Evaluation. Parents are responsible for alternate care and to follow the process the school has in place for Evaluating Accommodation requests.
- ~ Parents agree to cooperate with teachers and support the school in its 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.
- ~ 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.
- ~ 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 individual needs, and determine if we can provide reasonable accommodations. We shall accept 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.
- ~ Parents shall provide medical insurance for their children.
- ~ **We nurture a healthy and honest relationship with all our families. All school policies are clearly explained in our Handbook for Parents before enrolling to avoid unpleasant surprises.**
- ~ **By signing below you confirm that you've reviewed and agree to honor them. You also agree that, in fairness, the school can make no exceptions to school policies.**
- ~ Parents 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 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 including conditions that could indicate abuse, neglect or inappropriate placement.
- ~ By signing below, you confirm to have reviewed the Caregiver Background Check Process [LIC 995E].
- ~ Parents understand and agree that this agreement shall not be modified except by a new written agreement between the parties. An email between parents with a new agreement shall be a valid amendment to this agreement. When each parent or guardian signs below, they 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. FDCP enters in this contract in good faith, based on currently agreed school policies. By 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.**



# 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 #3, 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](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](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.

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](http://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:**

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

**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/<br>DT/Td (DIPHTHERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANUS<br>AND DIPHTHERIA ONLY) | / /                      | / / | / / | / / | / / |
| MMR (MEASLES, MUMPS, AND RUBELLA)   | / /                      | / / |     |     |     |
| (REQUIRED FOR CHILD CARE ONLY)<br>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

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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.
- 

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

### 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<br>( ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>( ) |

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 |
|-------------------|-----------|

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

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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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

(PLEASE LIST ANY FOOD ALLERGIES AS WELL.)

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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)