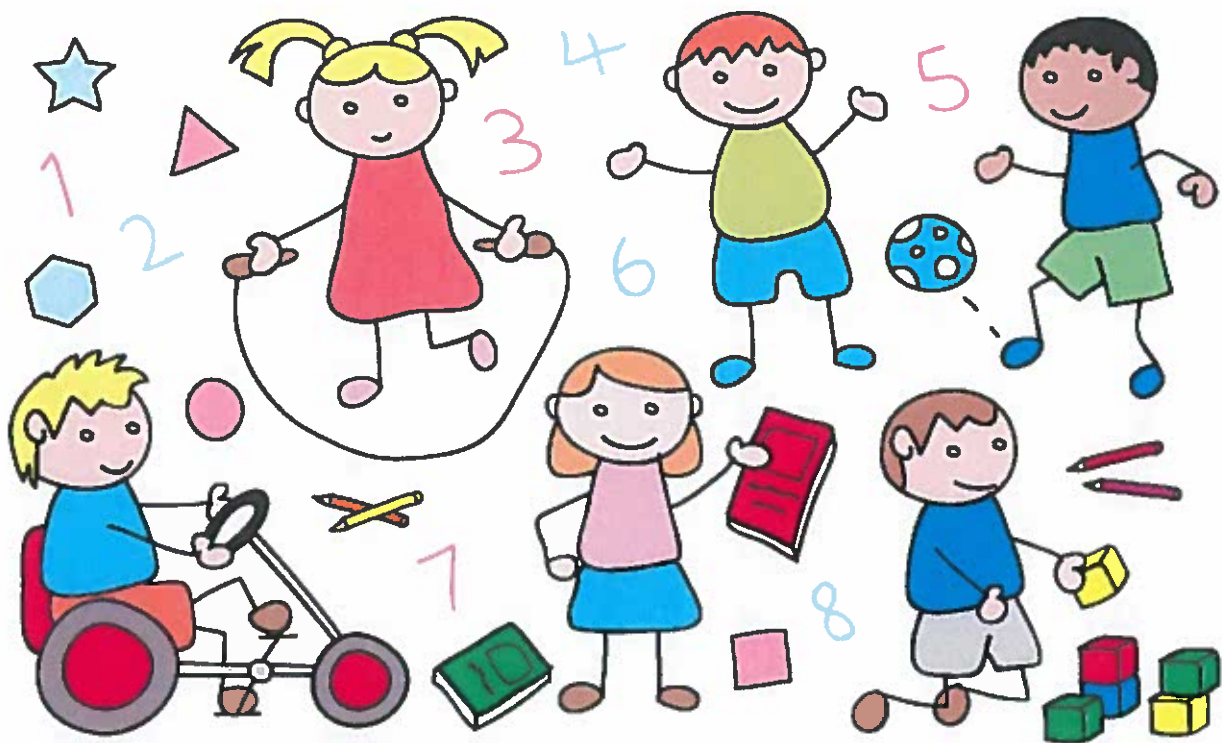


# Lakeport Christian Center Preschool

**2018-2019**  
**School Year**



**NEW STUDENT**

**ENROLLMENT CONTRACT**

Dear Parents,

Welcome to Lakeport Christian Center Preschool!

Lakeport Christian Center Preschool is a ministry of Lakeport Christian Center, an Assembly of God Church. All classroom and chapel lesson are strictly non-denominational. We are interdenominational in embracing, welcoming and ministering to all who find it's atmosphere their desire.

Our curriculum is Bible- based and teaches the basic Christian principles and the Love of Jesus Christ. Lakeport Christian Center Preschool encourages lifelong learning, decision making and problem loving while motivating each child to reach their full individual potential. At Lakeport Christian Center Preschool student gain experiences that focus on the growth of the whole child.

Faith Development... Students develop their faith while learning and practicing prayers.

Fine and gross motor skills: Opportunities abound to develop and explore new skills including writing, cutting, coloring, play and so much more....

Pre-reading and reading skills.. Counting, letter recognition and sounds are all learned while students take turns, listen, and share..

Language Skills: Student learn in a variety of ways including books, speakers, field trips, technology, show-n-tell and imaginative play.

Music, art Students have daily opportunities to build their skills in all areas..

We are so excited for our 2018-2019 school year and can't wait to learn, explore and grow with your child..

**Lakeport Christian Center Preschool  
Parent Admission Agreement**

**Billing:**

Responsible Party Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Payment Policy:**

Tuition/Daycare payments are due the 1<sup>st</sup> of each month and will be delinquent after the 15<sup>th</sup> of each month. A \$25 late fee will be charged if tuition/Daycare are not paid in full by the 10<sup>th</sup> of each month. A \$25 fee will be charged against any returned checks.

**Family Discount:**

First Child: Full Price

Second Child: 10% Family Discount

Third/Fourth Child: 15% Family Discount

**The Following Agreement is Made Between:**

\_\_\_\_\_ (mother) and/or \_\_\_\_\_ (father) and  
Lakeport Christian Center Preschool. The Tuition/Daycare fee is \$\_\_\_\_\_ per month. The Early  
Morning Hours per month \$\_\_\_\_\_. The Pre-K fee per month \$\_\_\_\_\_.  
Family Discount \$\_\_\_\_\_. Total Fees per month \$\_\_\_\_\_.

Signature (Father) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Mother) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Director) \_\_\_\_\_ Date: \_\_\_\_\_

---

**Office Use Only**

Date Started \_\_\_\_\_ Registration \_\_\_\_\_ Prorate \_\_\_\_\_ Mo. \_\_\_\_\_

Tuition/Daycare \_\_\_\_\_ Early Drop-In Hours \_\_\_\_\_ Pre-K \_\_\_\_\_

Family Discount \$ \_\_\_\_\_ Daily Rate \$ \_\_\_\_\_

**LAKEPORT CHRISTIAN CENTER PRESCHOOL**  
**Admissions Agreement**

Lakeport Christian Center Preschool is a licensed non-profit school open to all children ages 2 to 6 years of age and toilet trained, regardless of race, color, creed, or national origin.

Our purpose at Lakeport Christian Center Preschool is to help the preschool child develop socially, physically, cognitively, emotionally, spiritually, and creatively.

**Registration Fee:** \$95 new student/\$90.00 returning student

**PRESCHOOL & DAYCARE MONTHLY TUITION RATES**

Program	5 Days (M-F)	4 Days	3 Days	2 Days
½ Day (8:30-12:00)	\$440.00	\$380.00	\$300.00	\$200.00
A-Full Day (8:30-3:00)	\$540.00	\$440.00	\$340.00	\$275.00
B-Full Day (8:30-4:00)	\$590.00	\$480.00	\$365.00	\$315.00
C-Full Day (8:30-5:30)	\$660.00	\$570.00	\$435.00	\$380.00
Early Drop-in (7:30-8:30)	\$100.00	\$80.00	\$60.00	\$40.00
Pre-K (M-Th)	\$20 per month			

**Tuition:** Tuition payments are due on the first day of the month for our 10-week program beginning June 18<sup>th</sup> and ending August 24<sup>th</sup>. A \$25 late fee will be charged on all late payments unless prior arrangements have been made. A \$25 charge will be applied on all returned checks, cash payment will be necessary in order to keep the student in the program. Lakeport Christian Center Preschool may drop a student from the program if payment becomes one-month delinquent. Drop-ins welcome (contingent on staffing) with 24-hour notice and an additional \$5 extra fee per hour.

**Absence/Vacation :** There are no automatic reduction of fees when student is absent, unless prior arrangements have been made with the Director. Make-up days will be provided at the Director's discretion and available space. Vacation credit will be given with a 2 week notice prior to your vacation time. LCC preschool will credit your account at ½ of the daily rate for one week only per school year.

**Changes/Withdrawal from Program:** When personal information changes, parent agrees to inform school at once of the changes to the information contained on the forms completed prior to admission. A written notice of withdrawal from program needs to be given to Director 2 weeks in advance prior to withdraw of program or pay in full the amount for the time not given notice for.

**Enrollment:** I request enrollment of my child, \_\_\_\_\_, in Lakeport Christian Center Preschool for the following program(s):

<input type="checkbox"/> ½ Day Preschool <input type="checkbox"/> Full Day Preschool A__ B__ C__ <input type="checkbox"/> Early Drop-In Hours <input type="checkbox"/> Pre-K (Students who will be 4 on or after September 2 <sup>nd</sup> ) <input type="checkbox"/> Days of Attendance	<input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/> (M-W) <input type="checkbox"/> (T-TH) <input type="checkbox"/> M__ T__ W__ TH__ F
--	--

- I have read, understand, and agree with all policies outlined in Lakeport Christian Center Preschool Parent Handbook.
- I do  do not  give my permission to Lakeport Christian Preschool to place possible pictures of my child(ren) on the schools website, in school publications, or in local newspapers
- I agree to cooperate with and support the philosophy, mission statement, statement of faith, programs and standards of Lakeport Christian Center Preschool.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorization

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

I hereby grant permission for my child to watch movies as deemed appropriate by the center.

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

I hereby grant permission for the Director or Teacher 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 parent or guardian;
2. Attempt to contact the child's physician;
3. Attempt to contact you through any of the persons listed on the emergency information form you completed.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - a) Call another physician or paramedics;
  - b) Call an ambulance;
  - c) Have the child taken to the hospital in the care of a staff member.
5. Any expenses incurred under number 4 will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Field Trip Permission Slip

To Whom It May Concern:

This is to certify that I give my permission for my son/daughter, \_\_\_\_\_, to participate in field trips planned by the staff of LAKEPORT CHRISTIAN CENTER PRESCHOOL/DAYCARE of Lakeport, California. I furthermore release the staff of the above mentioned school and the pastor, staff, and members of LAKEPORT CHRISTIAN CENTER from liability resulting from any injury while my child is being transported to or from or during a field trip. I understand that the persons in authority will provide the best supervision they are capable of. This permission slip will be considered valid until I personally revoke it.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

### 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 WHATEVER  
NAME  
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

( )

LIC 827 (ENCL/SP) (5/01) (CONFIDENTIAL)

### 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 WHATEVER  
NAME  
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

( )

## CHILD ABUSE REPORTING

The staff is obligated to report to the Licensing Agency any case of child abuse. The Licensing Agency has the authority to interview clients, including children of staff and to inspect and audit client of facility records with prior consent.

This Admission Agreement has been reviewed by both parties and provides a basic outline for the care of \_\_\_\_\_ (child).

This is in effect until a change is mutually agreed upon in writing or termination of case.

Father's Signature: \_\_\_\_\_ date \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ date \_\_\_\_\_

Director's Signature: \_\_\_\_\_ date \_\_\_\_\_



Father/Guardian's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Living with child:  Yes  No

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

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Living with child:  Yes  No

Marital Status of Parents (state time Period)

Married  Divorced  Single  Widowed  Separated  Stepparent

If adopted: Age at adoption: \_\_\_\_\_ does child know he/she is adopted?  Yes  No

Custody/visiting arrangements: \_\_\_\_\_

First/Last Name	Age	<u>Siblings</u> Date of Birth	Grade	Birth/Adoption/Stepchild
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list other members of household (including relationship and age: \_\_\_\_\_

How did you hear about Lakeport Christian Center Preschool: \_\_\_\_\_  
Church or Denominational Affiliation \_\_\_\_\_

LAKEPORT CHRISTIAN CENTER  
PRESCHOOL/DAY CARE

(707) 262-5520

STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone (Father): \_\_\_\_\_ Work Phone (Mother): \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Medications child is taking: \_\_\_\_\_

Has the student had any disciplinary difficulty in school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorization

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

I hereby grant permission for my child to watch movies as deemed appropriate by the center.

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

I hereby grant permission for the Director or Teacher 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 parent or guardian;
2. Attempt to contact the child's physician;
3. Attempt to contact you through any of the persons listed on the emergency information form you completed.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - a) Call another physician or paramedics;
  - b) Call an ambulance;
  - c) Have the child taken to the hospital in the care of a staff member.
5. Any expenses incurred under number 4 will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Field Trip Permission Slip

To Whom It May Concern:

This is to certify that I give my permission for my son/daughter, \_\_\_\_\_, to participate in field trips planned by the staff of LAKEPORT CHRISTIAN CENTER PRESCHOOL/DAYCARE of Lakeport, California. I furthermore release the staff of the above mentioned school and the pastor, staff, and members of LAKEPORT CHRISTIAN CENTER from liability resulting from any injury while my child is being transported to or from or during a field trip. I understand that the persons in authority will provide the best supervision they are capable of. This permission slip will be considered valid until I personally revoke it.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian'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)  
Lakeport Christian Center. This Child Care Center/School provides a program which extends from M : F  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to 7:30 a.m./p.m., 5:30, 5 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: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

**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
------------	--------	-------------------	--------	-----------------------------	--------

**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
--	------------------------	---

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

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

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

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

## 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

### 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 WHATEVER  
NAME  
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

( )

LIC 827 (ENG/SP) (5/01) (CONFIDENTIAL)

### 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 WHATEVER  
NAME  
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

( )

LIC 827 (ENG/SP) (5/01) (CONFIDENTIAL)



**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 Redwood Empire District Office		
ADDRESS 101 Golf Course Drive, Suite A-230		
CITY Rohnert Park, CA	ZIP CODE 94928	AREA CODE/TELEPHONE NUMBER (707) 588-5026

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) Lakeport Christian Center Preschool	(PRINT THE ADDRESS OF THE FACILITY) 455 S Forbes St, Lakeport, 95453
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

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

Licensing Office Name:

Community Care Licensing

Licensing Office Address:

101 Golf Course Dr. Suite A-230, Rohnert Park CA

Licensing Office Telephone #:

(707) 588-5026

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.

Lakeport Christian Center 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)*

## 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://cclid.ca.gov/docs/maps/state.htm>

## Statement of Faith

Christian Center School is a ministry of Lakeport Christian Center, an Assembly of God Church. All classroom and school chapel instruction, however, is strictly non-denominational. All parents, who enroll their children in Lakeport Christian Center School, must sign the form indicating they have read our Statement of Faith.

- We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God. (II Timothy 3:15 II Peter 1:21)
- We believe there is one God, eternally existent in three persons, Father, Son and Holy Spirit. (Genesis 1:1; Mathew 18:19; John 10:30)
- We believe in:
  - The deity of Christ (John 10:33)
  - His virgin birth (Isaiah 7:14; Mathew 1:23; Luke 1:35)
  - His sinless life (Hebrews 4:15; 7:26)
  - His miracles (John 2:11)
  - His vicarious and atoning death (I Corinthians 15:3; Ephesians 1:7; Hebrews 2:9)
  - His resurrection (John 11:12; I Corinthians 15:4)
  - His ascension to the right hand of the Father (Mark 16:19)
  - His personal return in power and glory (Acts 1:11; Revelations 19:11)
- We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature, and that men are justified on the single ground of faith in the shed blood of Christ and that only by God' grace and through faith alone we are saved. (John 3:15, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5)
- We believe in:
  - (a) Baptism in Water: The ordinance of baptism by immersion is commanded in the scriptures. All who repent and believe on Christ as Savior and Lord are to be baptized. Thus, they declare to the world that they have died with Christ and that they also have been raised with Him to walk in newness of life. (Mathew 28:19; Mark 16:16; Acts 10:47-48; Romans 6:4)
  - (b) Holy Communion: The Lord's Supper, consisting of the elements, bread and the fruit of the vine, is the symbol expressing our sharing the divine nature of our Lord Jesus Christ (II Peter 1), a memorial of His suffering and death (I Corinthians 11:26), and is enjoined on all believed, "Until He comes!"
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (John 5:28-29)
- We believe in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9; Corinthians 12:12-13; Galatians 3:26-28)

I have read and understand that this is Lakeport Christian Center School's Statement of Faith and practice. (For complete Tenets Faith, refer to the church office.)

Father's Signature: \_\_\_\_\_ date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ date \_\_\_\_\_