



REGISTRATION CHECK SHEET

The following items have been completed and submitted to Community Lutheran Preschool:

- Registration Information -----
- Statement of Consent/Acknowledgement -----
- Admission Agreement -----
- Emergency Information -----
- Medical Emergency/Field Trip Permission -----
- Physician's Report -----
- Child's Preadmission Health History -----
- Copy of CA. Immunization Record -----
- Personal Rights Statement -----
- Parent's Rights -----
- Permission to Apply Sunscreen -----
- Registration Fee of \_\_\_\_\_ Paid \_\_\_\_\_ Date

Date of Admission \_\_\_\_\_  
 Approved: \_\_\_\_\_  
 \_\_\_\_\_  
 Community Lutheran Preschool



Has your child ever had a serious illness? \_\_\_\_\_ What? \_\_\_\_\_

Serious accident? \_\_\_\_\_ Hospitalization? \_\_\_\_\_

What is your child's previous school experience?  
\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Has your child established a hand preference? \_\_\_ Right \_\_\_ left \_\_\_

Has your child expressed any fears? \_\_\_\_\_ What? \_\_\_\_\_

Is there any reason your child can not participate in normal preschool activities? \_\_\_\_\_  
\_\_\_\_\_

Please share with us any other information that you feel is pertinent to the staff providing the most appropriate program and guidance for your child. \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Community Lutheran Preschool  
Statement of Consent/Acknowledgement**

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

I hereby grant permission for my child to participate in field trips planned by Community Lutheran Preschool Staff. I will be notified in advance of trips off the school site.

I hereby grant permission for my child to be included in evaluation and pictures connected with Community Lutheran Preschool. The staff will 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 the child's doctor/dentist
3. Attempt to contact you through any of the persons listed on the emergency information form.
4. If we cannot contact you or your child's physician, we will do any and all of the following:
  - a. call another physician or paramedics
  - b. call an ambulance
  - c. have the child taken to an emergency hospital
5. Any expense incurred under 4 above, will be borne by the child's family.

Community Lutheran Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Community Lutheran Preschool will not assume responsibility for any child who has not been signed in when he arrives for the day.

I understand that Community Lutheran Preschool's liability for my child ends when he has been signed out from the preschool.

**Community Lutheran Preschool  
Statement of Consent/Acknowledgement**

I acknowledge that I have received and read Community Lutheran Preschool's "Statement of Parents' Rights".

I acknowledge that I have received, read, and agree to comply with all conditions and procedures as set forth in the Parent Handbook.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(Mother/Legal Guardian)

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
(Father/Legal Guardian)

Community Lutheran Preschool  
Admission Agreement

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

1. Will be attending the preschool on the following days and times:

M T W Th F

FROM \_\_\_\_\_ TO \_\_\_\_\_

2. Payment schedule:

-----MONTHLY - I Agree to pay \$ \_\_\_\_\_ on or before the first day of each month.

-----OR BI-MONTHLY - I agree to pay on or before the 1st and the 15th of each month.

3. Fees paid after the 4th day/bi-monthly after the 4th day and the 19th day of the month will incur a late charge of \$5.00.

4. No refunds are given. Families leaving the Preschool before the end of a month will not receive a refund. The Preschool must be notified in sufficient time to apply any credit to the upcoming month's tuition.

5. All fees must be paid by check or money order as NO CASH WILL BE ACCEPTED.

6. Checks returned by the bank for insufficient funds will be subject to a charge of \$10.00.

7. Accounts which are not paid within 6 school days may result in the child being dropped immediately from the program: If space is available, the child may be reinstated upon payment of all tuition fees and a registration fee. No child will be permitted to continue in the Preschool unless all fees from the previous month are paid.

8. Fees are based on enrollment and not attendance. Absences of less than 5 consecutive days due to illness will not result in tuition credit or make-up time. Absences of 2 consecutive weeks, without prior written notice will result in the child being dropped from the program. In the case of illness that exceeds 5 days, credit will be given for days after the first 5 consecutive days of illness. The credit adjustment will be applied to your next month's bill.

Community Lutheran Preschool  
Emergency Information

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk. # \_\_\_\_\_ Hm. # \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk. # \_\_\_\_\_ Hm. # \_\_\_\_\_

Persons (other than parents) who are allowed to pick up this child and will assume temporary care of the child if you cannot be reached:

Name	Phone	Relationship
------	-------	--------------

--	--	--

--	--	--

--	--	--

--	--	--

Person(s) who may **NEVER** pick up this child:

Name	Relationship
------	--------------

--	--

HEALTH CONDITIONS: Allergies, food sensitivities, physical limitations, others

Medications: \_\_\_\_\_

Out of state contact:

Name	Area Code	Phone
------	-----------	-------

Health Insurance Carrier\_\_\_\_\_

Policy Number\_\_\_\_\_

Physician\_\_\_\_\_ Phone\_\_\_\_\_

Dentist\_\_\_\_\_ Phone\_\_\_\_\_

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Community Lutheran Preschool Staff to act in my behalf in granting permission for my child to receive emergency treatment.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
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)

\_\_\_\_\_. 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, DOMESTIC PARTNER, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

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

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

**PERSONAL RIGHTS****Child Care Facilities**

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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

ADDRESS

DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing

CITY

7575 Metropolitan Drive, Suite 110

San Diego, CA 92108

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

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

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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 (12/06)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE:** This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

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

LIC 995 (12/06)

Dear Parents,

Because of the known dangers of intense sun exposure to children, we ask that you fill in and sign the following release so that we may apply sunscreen to your child in the afternoon and during water play.

**Please put sunscreen on your child before leaving him/her at school. We will reapply it in the afternoon.**

**\*\*IF YOU ANTICIPATE ANY ALLERGIC REACTIONS, PLEASE PROVIDE YOUR OWN SUNSCREEN. BE SURE TO LABEL THE SUNSCREEN BOTTLE WITH YOUR CHILD'S NAME.**

\*\*\*\*\*

I request that the Community Lutheran Preschool staff apply sunscreen to my child for protection during outside preschool time.

I recognize the fact that this is a service or accommodation which the preschool is not legally required to perform. I agree to save and hold the preschool, its officers, employees or agents, harmless from all liability, suits or claims, of whatever nature or kind, which might arise as a result of applying the sunscreen in accord with this request.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date