Dear Parent,

Choosing a school is one of the most important decisions you will make in the life of your child. We are so glad to have the opportunity to share Turlock Christian Preschool with you. Your child will spend a lot of time under the influence and guidance of teachers and a program that will profoundly affect growth and development. Selecting a school that will reinforce your values about education, as well as life in this world and in eternity, is vital. Thank you for exploring how Turlock Christian could successfully partner with you, as we find faith, provide a firm foundation and a forever family, both here on earth and in heaven.

Like you, we care about the full development of your child. Our objective is to provide a high quality education in a loving, Christian environment. We guide students in all areas of development:

- Spiritual
- Cognitive
- Social
- Emotional
- Physical
- Work Habits
- Communication

God has created each child as a unique individual. We help students discover their own God-given talents, reach for their potential, and grow into confident and faithful members of God’s family.

At Turlock Christian Preschool, we offer:
- A Christ Centered Learning Community
- A Nurturing, Creative Environment
- Loving, Dedicated Christian Teachers
- A Solid Curriculum that Prepares Children for Kindergarten
- Full and Half Day Schedules with Many Learning Opportunities
- Christian Character Development

Your child is depending on you to provide the right environment in which they can grow. As an accredited preschool (WASC and ACSI), with highly qualified and certified Christian teachers, Turlock Christian can help you achieve that goal. The office is available for any questions that you may have about our school. If you haven’t already done so, we would value the opportunity to meet with you and see that you receive a tour of our campus.

Serving Him,

Heidi de la Motte, Preschool Director
TCP Admission Procedures

The following information is needed by Turlock Christian Preschool to process your application for admittance.

**PLEASE SUBMIT ALL REQUIRED ADMISSION ITEMS**

- **Application Form:** Complete and return the Application for Admission to the Turlock Christian office with the non-refundable Registration Fee of $100.

- **Financial & Partner Agreement:** Complete and return the Financial & Partner Agreement.

- **Completed Packet of State Paperwork:** These forms are required by the state. The Physician’s Report needs to be signed by your doctor and is due within 30 days of your start date. The other forms are due before you can attend.
  - Physician’s Report (white)
  - Identification and Emergency Information (pink)
  - Child’s Pre-admission Health History (yellow)
  - Consent for Emergency Medical Treatment (green)
  - Notification of Parents’ Rights (purple)
  - Personal Rights (blue)

- **Copy of Immunization Record:** This copy can be the yellow CA Immunization Card or a report from your doctor. All immunizations must be up-to-date before beginning school.

- **Infant Service Plan:** This form must be filled out for all students entering our Infant and Toddler Classes (under three years old).

As long as space is available, you can consider your spot reserved once the application and $100 have been submitted. If space is not available, you will be placed on a waitlist and will be contacted once a space has opened up.

**TCS admits students of any race, color, national, and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration or our educational policies.**
<table>
<thead>
<tr>
<th>CLASS OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants/Toddlers - 4 weeks - 18 months</td>
</tr>
<tr>
<td>Junior Preschool - 3 by September 1</td>
</tr>
<tr>
<td>Beginner Preschool - 18 months - 3</td>
</tr>
<tr>
<td>PK or EK - 4 by September 1</td>
</tr>
</tbody>
</table>

| TUITION PAYMENTS                                                                                           |
| Tuition is calculated on an annual basis, taking our holidays and other closures into account. It is then broken into equal monthly payments, with the exception of August being a half month. Your monthly amount is based on the annual calculation, not how many days are in each month. Monthly statements are sent by email from FACTS, at least 5 days prior to the due date. Whether or not you receive a statement, you are responsible for paying your account balance in a timely manner. |

| PAYMENTS                                                                                                   |
| Payments are due the 1st and are late after the 5th of the month. Payments are collected through FACTS, our online billing system. Payments may no longer be made in the preschool office. If you wish to pay in person rather than through FACTS, you will need to pay at the business office (1619 E Monte Vista). |

| ENROLLMENT FEES                                                                                           |
| A non-refundable annual Registration Fee of $100 is due for each child with a completed enrollment packet, once a space is available. There is no cost to be on the waitlist, simply return your application. |

| DISCOUNTS                                                                                                  |
| Families with multiple children enrolled in preschool will receive a 10% discount after the highest priced tuition is paid in full. |

| ABSENCES & HOLIDAYS                                                                                        |
| We do not make allowances for illness, holidays, emergency closures or other absences. Our budgets are created on the anticipation of the student’s daily attendance. Days may not be exchanged. |
FLEX DAYS & FLEX HOURS
Days can be added IF SPACE PERMITS
- Infants thru Beginners - Full Day = $56, Half Day = $45, Morning = $37
- Juniors thru TK - Full Day = $48, Half Day = $36, Morning = $32

Hours can be added to half and morning programs for $12 (infants-beginners) or $10 (juniors-TK) an hour.

DELINQUENT ACCOUNTS
Tuition & Fees
A charge of $20 will be added to accounts with unpaid charges. Payments are considered late if not received by the Business Office by the 5th day of the month.

Non-Sufficient Funds
An additional charge will be added to accounts for all returned payments. Any occurrence of a returned payment may require future payments in cash or by bank check.

ARRIVAL/DISMISSAL TIMES
Morning Schedule begins at 8:30 AM and ends at 12 PM / Afternoon Session begins at 12:30 PM and ends at 4 PM
Half Day Schedule begins at 7 AM and ends at 12:30 PM / Afternoon Care begins at 12:30 PM and ends at 6 PM
Full Day Schedule begins at 7 AM and ends at 6:00 PM

There is a late fee for those dropped off early or not picked up on time for any program. These late fees will be added to your account. Morning and half day programs can request flex hours for earlier drop offs or later pick-ups if needed and if space is available. Full day students are charged $1 a minute for pick-ups after 6 pm.

SCHEDULE CHANGES & WITHDRAWALS
If a schedule change is needed, discuss the desired change with the office prior to changing your child’s schedule to be sure there is space available. A 30-day written notice is required to drop days or withdraw from the program. To withdraw from the program, a withdrawal form is needed with the 30-day notice. Forms are available in the office.

SCHOOL CLOSURES
Tuition is calculated on an annual schedule and is then divided into equal monthly payments. Our tuition does not include our closures.
- We close for the following holiday: Labor Day, Veteran’s Day, Thanksgiving & the Friday after, Christmas Eve, Christmas Day, the day after Christmas, New Year’s Eve, New Year’s Day, Martin Luther King, Jr. Day, Presidents’ Day, Good Friday, Memorial Day, & Fourth of July
- We will close one to two days before our summer program begins and three days before the fall program begins for maintenance and teacher inservices. These closures allow us to transition into the next session appropriately.
- We will close for 2 days each year for parent teacher conferences. Childcare will be available for a fee.

BREAKFAST, SNACKS & LUNCH
- Students may bring breakfast to eat at school if arrival is before 7:45 AM
- Morning and afternoon snacks are provided for our Beginner programs and up. A calendar is posted in each classroom letting you know the planned snacks (occasionally, changes are inevitable) Infants and toddlers provide all their own food.
- Lunches are brought from home. Students do not have use of refrigerators or microwaves, except in our Infant and Toddler rooms. Please use thermoses and ice packs to keep food hot and cold.

SUMMER PROGRAM
June, July and the first part of August bring tons of summer fun. Each week, we will bring fun programs and assemblies to our campus. Our program is more of a summer camp, with water days and lots of outdoor play, while also continuing to work on math and reading readiness to keep our skills sharp. There will be a Summer Fun Fee each year to cover the cost of the on campus programs, and information will go home in April. You will be able to sign up for summer camp by the week, allowing flexibility for vacations. We will only offer summer camp on one or two of our campuses, but not all three. The decision depends on how many are interested in summer camp and students from the campus we close will be welcomed at our other campuses.
TCP Plays with a Purpose

Child development specialists know the importance of play, because children discover and learn about their world through play. Play promotes the total development of the child. It enhances a child’s self-esteem, because he/she can succeed in play. TC balances these play activities with curriculum activities that will leave children fully prepared for kindergarten!

When children are playing in the following areas at Turlock Christian Preschool, they are forming a solid foundation for a life of learning.

When I paint I learn:
- to develop my imagination and creativity
- hand-eye coordination
- to distinguish and purposely create shapes.
- to express my feelings and ideas.
- that my ideas have value.
- concepts of shape, size, color, and location.
- concepts of symmetry, balance, and design.
- about how colors mix to make new colors (science).

When I play with blocks, cars, and trucks I learn:
- concepts of shape, size, length, and location (reading and math skills).
- to create and repeat patterns.
- to exercise my imagination.
- to express ideas.
- to cooperate with others.
- to solve problems.
- about the properties of wood.
- to see myself from a different perspective, that of a giant.

When I look at books and listen to stories I learn:
- that learning to read is important and enjoyable.
- that letters on a page represent words.
- to express my own thoughts, feelings and ideas better.
- to exercise my imagination.
- to interpret pictures to represent words and ideas.
- to listen well to spoken language.
- to make up my own stories.
- to handle books with care.
- to recognize certain words when I see them in print.
- to follow the development of thoughts and ideas in the plot of a story.

When I play on playground equipment, a bike, or with a ball I learn:
- strength, balance, and coordination.
- to use my energy in a constructive way.
- to use my imagination.
- concepts of speed, direction, and location.
- to cooperate with others when involved in a group.

When I do a cooking project I learn:
- about nutrition, tastes, and food groups.
- how heat and cold change things.
- concepts of volume and measure.
- new vocabulary.
- whole-part relationships (math).
- awareness of my own and other cultures.
When I play in the housekeeping corner I learn:
✴ to be flexible in my thinking and to make decisions.
✴ to express myself with words.
✴ to try on different adult roles.
✴ to sort and organize play things.
✴ to solve social problems through negotiation with friends.
✴ to exercise my imagination and creativity.
✴ to carry out my ideas with the cooperation of others.
✴ to improvise and use things in a symbolic way to represent something else (abstract thinking).

When I play with playdough I learn:
✴ to see the shape against the background of the table (a reading skill).
✴ concepts of shape, size, length, and height.
✴ to see negative space when cookie cutters shapes are taken away.
✴ to express feelings with squeezing and pounding.
✴ to exercise my imagination and creativity.
✴ that the amount of a substance remains the same, even when the shape changes.

When I participate in circle time activities I learn:
✴ to listen, sit still, and understand spoken words.
✴ the names of others in the group.
✴ to wait when others are talking.
✴ new vocabulary words.
✴ to remember the words of songs and poems.
✴ that my ideas added to the discussion have value.
✴ to cooperate and be considerate of the needs of others.
✴ to help plan what we will do and what we will need to do it.

When I sing songs and play instruments I learn:
✴ principles of music and rhythm.
✴ concepts of fast, slow, loud, and soft.
✴ memory skills and sequencing.
✴ to express myself in new and different ways.
✴ listening skills.
✴ auditory discrimination (recognizing differences in sounds – necessary for learning to read).
✴ to interpret and understand signals and cues.
✴ awareness and identification with my culture and other cultures.

When I play with sand or water I learn:
✴ to exercise my imagination.
✴ concepts of size, shape, volume, empty, and full.
✴ how to use tools.
✴ to solve problems.
✴ concepts of warm, cool, wet, damp, dry, heavy, and light.
✴ how to play socially with others.

When I participate in curriculum activities I learn:
✴ letter names, sounds & blends, and putting them together to make words.
✴ writing letters, numbers, names, and words.
✴ mathematical and numerical concepts.
✴ kindergarten readiness skills.
### Turlock Christian Preschool Application for Admission

<table>
<thead>
<tr>
<th>Date:__________________</th>
<th>Office Use: Date received__________________</th>
<th>Time received__________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee $100</td>
<td>Fees Paid__________________</td>
<td>Check #__________________</td>
</tr>
<tr>
<td>(annual fee)</td>
<td>Notification Date__________________</td>
<td>Verbal__________________</td>
</tr>
</tbody>
</table>

#### STUDENT’S Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Likes to be Called</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>---------------</td>
</tr>
</tbody>
</table>

**Gender: M  F**

**Home Address:**

- Street
- City
- State
- Zip

Please send official school communications (via email) to: [ ] Mother  [ ] Father  [ ] Both  [ ] Other__________________

Desired Start Date: ____________  Interested in a summer start if space is available? ____________  City of Birth: ____________

**Applying For** (circle one):

- Infant/Toddler (0-17 mo)
- Beginners (18 mo-3)
- Juniors (3 by Sep 1)
- PK/EK (4 by Sep 1)

---

### Program Type

| 8:30 AM - 12:00 PM - Morning |
| 7:00 AM - 12:30 PM - Half Day |
| 7:00 AM - 6:00 PM - Full Day |
| 12:30 PM - 6 PM - Afternoon Childcare |
| 12:30 PM - 4:00 PM - PM PK or Juniors |

(This option will only be available if enough interest. Please check if this option could work for you, along with a selection above. Day can be extended to 6 PM if needed.)

### Day of Week

- [ ] Monday-Friday
- [ ] Monday, Wednesday, Friday
- [ ] Tuesday, Thursday
- [ ] Other (if available) ____________

- [ ] My days of the week are flexible
- [ ] If full, I can take some days, while remaining waitlisted for what I need.

### Campus Choice

- [ ] East Campus (2006 E Tuolumne)
  - Infant - PK
- [ ] North Campus (700 E Monte Vista)
  - Beginners (2 by August 15) - PK
- [ ] EK Campus (2323 Colorado)
  - Beginners (2 by August 15) - EK

- [ ] My child is eligible for EK.
- [ ] My child is potty trained.
- [ ] My child will attend all 5 days/week
- [ ] My campus selection is flexible

---

Father’s Name ____________________________

Home Address (if different from above) ________

Home Phone ____________________________  Cell Phone ____________________________

Email Address ____________________________  Work Phone ____________________________

Occupation ____________________________  Employer ____________________________

Mother’s Name ____________________________

Home Address (if different from above) ________

Home Phone ____________________________  Cell Phone ____________________________

Email Address ____________________________  Work Phone ____________________________

Occupation ____________________________  Employer ____________________________

Parent’s Status  [ ] Married  [ ] Separated  [ ] Divorced  [ ] Single Parent  [ ] Parent & Step Parent  [ ] Guardian  [ ] Other ____________

Describe custody arrangements (if applicable) ____________

What adults does the student live with? ____________

Please list the names and ages of any other children living in the home ____________

---

### School History

Other schools or childcares your child has attended ____________________________________________

Why are you choosing Turlock Christian Preschool? ____________________________________________

Are you planning to stay at TC through kindergarten and beyond? ____________________________________________

Did someone refer you to Turlock Christian Preschool? [ ] Yes  [ ] No  Whom may we thank? ____________________________________________

Continued on Back
Family Worship Information

Is your family active in your church?  □ Yes  □ Sometimes  □ No  □ We have no church home at this time
Name of church your family attends: ___________________________  Pastor’s Name ___________________________

Medical and Emergency Information

ALLERGIC to

FOODS ___________________________________________  MEDICATIONS: ________________________________________________

Please explain any treatment necessary for accidental ingestion of an allergy food: _______________________________________

Please explain or list any special information emergency caregivers should know: _______________________________________

Please list all current medications your child is taking and for what purpose: _______________________________________

Has your child ever had any serious illness?  Yes  No  If yes, explain fully: _______________________________________

Does your child have any physical or emotional difficulties?  Yes  No  If yes, explain fully: __________________________

Ethnicity of child (used only for statistical reporting):
□ American Indian or Alaska Native  □ Asian  □ Black or African American  □ White  □ Hispanic or Latino
□ Middle Eastern/Semitic  □ Hawaiian or Pacific Islander  □ Two or more Races  □ Other: __________________________

Grandparents Names/Addresses/Emails: __________________________________________________________

Authorized Emergency Pick-Up People  *If Parents Cannot be Reached
Approved Pick-Up People (both emergency and regular pick-up) must be entered in Brightwheel, and each person must have their own code. The names below are for illness/emergency pick-ups if parents cannot be reached. Other pick-up authorizations must be entered in Brightwheel.

Name(s)  Relationship to Student  Phone Number/Type
1. ________________________________________________
2. ________________________________________________

TCS admits students of any race, color, national, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national, or ethnic origin in the administration of our educational policies.

The Department of Social Services has the authority to interview children, and/or observe the physical condition of children, including conditions that could indicate abuse, neglect, or inappropriate placement, without prior parental consent.

I understand that my child needs to be signed in and out every day with a code and full legal signature on Brightwheel: ________ (Parent’s Initials)

Consent is given to apply sunscreen to my child (that I provide) in warm months: ____________ (Parent’s Initials)

I understand that my child must be free of illness for 24 hours before returning to school: ________ (Parent’s Initials)

I understand the tuition is calculated on an annual basis and some months will have three and a half weeks, some four, and some five. The same monthly fee applies, as it is an annual amount divided by 9.5 months. There is no credit or exchange of days for absences, vacations, holidays, emergency closures, etc: __________________________ (Parent’s Initials)

Consent is given to TC to connect with the CA Immunization Registry to share immunization records online. (This is just a record keeping process. Reports are given to the state regardless of online consent.) ____________ (Parent’s Initials)

Names and grades of siblings attending TC: __________________________________________________________

My child’s typical arrival time will be ____________ AM and typical pick-up time will be ____________ PM.

Parent Signature: ___________________________  Date: ___________________________
TCP Financial & Partner Agreement

PAYMENT TERMS

A non-refundable annual Registration Fee of $100 is due for each student with completion of a new student application or to process re-enrollment. This fee is due for every school year.

Payments are due the 1st and are late after the 5th of the month. TCS uses a third party administrator, FACTS, to collect payment on accounts. Payments may be set up online and made through FACTS. Cash or check payments are no longer accepted in the preschool office. You may make check or cash payments in our business office (1619 E Monte Vista). If your payment is more than 30 days delinquent, your child may not attend class and may be withdrawn from the program.

ADDITIONAL EXPENSES

Additional account items, such as flex days/hours or late fees will be billed to your FACTS account. Statements will be emailed through FACTS at the end of each month, but you are able to log in and view your account activity at any time.

EARLY WITHDRAWAL POLICY

To be effective, a withdrawal form must be completed and submitted to the school office 30 days in advance.

The individual signed on the reverse agrees to assume all personal and financial responsibilities stated or implied in this agreement. If withdrawal for any reason (including medical) is necessary, or if a student is dismissed from TC for any reason, financial adjustment shall be made according to the following method:

- Families are required to give a 30-day notice to withdraw, drop days, or drop a program and will be billed accordingly.
- Brand new students are also required to give a 30-day notice if withdrawing before the first day of school.
- Tuition will be prorated by calculating the number of days attended for the month (or the 30-day required notice) multiplied by the daily tuition rate.
- The Registration Fee is non-refundable, regardless of any early withdrawal.

FINANCIAL AGREEMENT

- Turlock Christian School (TCS) is a private Christian school. In order to insure that TCS has the necessary resources to deliver effective instruction, it is imperative that the tuition and fees for each student be paid in full and on time when due.
- Both the registration fee and all tuition billed must be paid when they are due to gain clearance for the student(s) to attend class the first day of school. Registration fees are non-refundable.
- A charge of $20 will be added to accounts with unpaid charges. Payments are considered late if not received by the Business Office on the 5th day of the month.
- An additional charge will be added to accounts for all returned payments. Any occurrence of a returned payment may require future payments in cash or by bank check.
- Statements are emailed at the end of each month through FACTS. Whether or not you receive a statement, you are responsible for paying your account balance in a timely manner.
- If paying by check, please list the student(s) name(s) on the memo line of the check.
- Tuition reductions and/or refunds are not made for absences, illnesses, vacations, holidays, or school closures, both planned and emergency. There is no exchange of days. Summer enrollment is optional and available by the week.
- Parents/Guardians are financially responsible for any damage done by their student(s)/family members to TCS property, whether the damage was done intentionally or not. This can include buildings, equipment and books, etc.
- Any student with an account 30 days (or more) past due may be removed from school enrollment.
- Only students with accounts paid in full will be permitted to participate in special year end events or graduation ceremonies.
- All students not picked up on time will incur $1 per minute late fee.

PERSON(S) FINANCIALLY RESPONSIBLE FOR ACCOUNT

Name __________________________ Phone __________________________ Email __________________________

Address __________________________ City __________________________ Zip __________________________

Continue on back
• If there is a balance on the account for a previous school year, students will not be able to return to TCS without payment in full. This includes summer camp.

• TCS reserves the right, at its option and sole discretion, to require the responsible party to provide adequate assurances that the tuition and fees will be paid when due. TCS shall determine appropriate assurances at its sole and absolute discretion which may include, but not limited to, completion of a credit application, delivery of personal credit reports, execution of a payment agreement and requiring a third party personal guarantee for payment on the account. Accounts that exhibit a pattern of delinquency may be required to pay the remaining balance of tuition or set up automatic payments. These arrangements will be made at the discretion of the Business Office.

• Students may be requested to be withdrawn from school by either TCS or their parent/guardian. In either case, the responsible party will continue to be held responsible for any fees and costs incurred prior to termination of enrollment.

• TCS collects and uses personal information to operate TCS and deliver the services enrolled families have requested. TCS does not sell, rent, or lease its customer lists to third parties. In addition, TCS may share data with trusted partners to help provide these services. All such third parties are prohibited from using personal information except to provide these services to TCS. These companies are required to maintain the confidentiality of the information. TCS secures personal information from unauthorized access, use or disclosure. TCS secures the personal information provided on computer servers in a controlled, secure environment, protected from unauthorized access, use or disclosure.

PARTNER AGREEMENT

• We consider it a privilege to have the opportunity to send our child(ren) to TCS and we desire to partner with TCS in the total education of our child(ren), including the spiritual emphasis.

• We support the Christian educational philosophy of TCS Colossians 3:23, “Do all things for the glory of God.” We agree to uphold the high standards of TCS. We pledge to support the policies, principals, practices, and procedures of TCS, including, but not limited to, the Parent Handbook, which is subject to change.

• We agree to support our child’s education by volunteering our time, participating in fundraisers, and attending school and parent events.

• We agree to stay informed by regularly reading the newsletter, website, emails, and papers sent home.

• We recognize, that for our child(ren) to make good progress in his/her work, it is essential that he/she has confidence in his/her teacher and the school. Therefore, we pledge our cooperation and support to the staff and administration of TCS in the training and disciplining of our child(ren).

• In the spirit of unity, we agree to take questions, criticisms, and grievances to the proper school authority. We will avoid taking concerns to other parents and strive to resolve all conflicts through the principles of peace making (Matt 18:15-17)

• We agree that any unresolved disputes, including statutory claims, shall be settled by biblically based arbitration. We understand that TCS’s complete policy on arbitration is kept on file in the Business Office and we can request a copy of it at any time during regular business hours.

• We agree that TCS may use our child(ren)’s name(s) portrait, likeness, artwork, spoken or written endorsement, and written work that he/she develops in connection with TCS classes or activities in order to publicize or highlight TCS, and that except as prohibited by law, TCS may use our child(ren)’s information and records at their discretion. We understand that if we do not agree with this policy, we will be required to write a letter to the school office prior to the first day of the school year.

• We give permission to have our family name, address and phone number included in the TCS student directory. Directory information will be used for TCS purposes. We understand that if we do not agree with this policy, we will be required to write a letter to the school office prior to the first day of the school year.

• We understand that the administration and the Board of Directors of TCS reserves the right to dismiss any student who does not honor the standards of the school, or does not cooperate for the general welfare of the student body.

• Students must submit all the required state paperwork prior to the first day of attendance, with an up-to-date immunization record.

• Students must submit a Physician’s Report, signed by your doctor, within 30 days of enrollment.

• We will not hold TCS liable for any accident, sickness, or emergency treatment given while our child is in the care, custody, or control of TCS that is made in good faith.

Please read the Financial & Partner Agreement carefully before signing. It is printed in the Parent Handbook for future reference.

Signature: ___________________________ Date: ____________

(Parent/Guardian and Individual financially responsible for student)

Signature: ___________________________ Date: ____________

(Second Parent/Guardian, if applicable)
PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT's CONSENT (TO BE COMPLETED BY PARENT)

NAME OF CHILD ____________________________ , born ____________________________ is being studied for readiness to enter Turlock Christian Preschool ____________________________. This Child Care Center/School provides a program which extends from 7:00 a.m. to 5:00 p.m., 5 days a week.

DATE: ____________________________

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.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV or IPV)</td>
<td>1st</td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td</td>
<td></td>
</tr>
<tr>
<td>MMR (MEASLES, MUMP'S, AND RUBELLA)</td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (HAEMOPHILUS B)</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________

Telephone: ____________________________ Date This Form Completed: ____________________________

Signature: ____________________________

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner
# IDENTIFICATION AND EMERGENCY INFORMATION

**CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
<tr>
<td>FATHER'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
</tr>
<tr>
<td>MOTHER'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>PERSON RESPONSIBLE FOR CHILD</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
</tbody>
</table>

## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>ADDRESS</th>
<th>MEDICAL PLAN AND NUMBER</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTIST</td>
<td>ADDRESS</td>
<td>MEDICAL PLAN AND NUMBER</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

If physician cannot be reached, what action should be taken?

- [ ] Call emergency hospital
- [ ] Other

## 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)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## TIME CHILD WILL BE CALLED FOR


## SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE


## TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

<table>
<thead>
<tr>
<th>DATE OF ADMISSION</th>
<th>DATE LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Child's Preadmission Health History—Parent's Report

## Child's Name

<table>
<thead>
<tr>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father/Father's Domestic Partner's Name</th>
<th>Does Father/Father's Domestic Partner Live in Home With Child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Mother's Domestic Partner's Name</th>
<th>Does Mother/Mother's Domestic Partner Live in Home With Child?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is 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

- [ ] Chicken Pox
- [ ] Asthma
- [ ] Rheumatic Fever
- [ ] Hay Fever
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Whooping Cough
- [ ] Mumps
- [ ] Poliomyelitis
- [ ] Ten-Day Measles (Rubella)
- [ ] Three-Day Measles (Rubella)

Specify any other serious or severe illnesses or accidents

Does child have frequent colds? [ ] Yes [ ] 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? [ ]

<table>
<thead>
<tr>
<th>Diet Pattern: (What does child usually eat for these meals?)</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
</table>

**What are usual eating hours?**

- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner

Any food dislikes? Any eating problems?

Is child toilet trained? [ ] Yes [ ] No

If yes, at what stage? Are bowel movements regular? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Word used for &quot;bowel movement&quot;*</th>
<th>What is usual time*</th>
</tr>
</thead>
</table>

Parent's evaluation of child's health

Is child presently under a doctor's care? [ ] Yes [ ] No

If yes, name of doctor:

<table>
<thead>
<tr>
<th>Does child take prescribed medication(s)?</th>
<th>If yes, what kind and any side effects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

Does child use any special device(s)? [ ] Yes [ ] No

If yes, what kind:

<table>
<thead>
<tr>
<th>Does child use any special device(s) at home?</th>
<th>If yes, what kind:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

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

**LIC 702 (6/06) (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

Turlock Christian Preschool

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

__________________________________________ . THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

________________________________________

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE (   )

WORK PHONE (   )

LIC 627 (9/95) (CONFIDENTIAL)
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: Fresno Childcare Regional Office
   Licensing Office Address: 1310 E Shaw Ave, Fresno, CA 93710
   Licensing Office Telephone #: 559-243-4588

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

8. Receive, from the licensee, the Caregiver Background Check Process form.

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

   For the Department of Justice “Registered Sex Offender” database go to www.meganslaw.ca.gov

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.

   Turlock 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
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:
Fresno Childcare Regional Office

ADDRESS:
1310 E Shaw Ave

CITY:
Fresno

ZIP CODE:
93710

AREA CODE/TELEPHONE NUMBER:
559-243-4588

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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:

(TITLE OF THE FACILITY)
Turlock Christian Preschool

(PRINT THE NAME OF THE FACILITY)
2006 E Tuolumne Rd or 700 E Monte Vista Ave

(PRINT THE ADDRESS OF THE FACILITY)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LIC 813A (8/08)