

# Turlock Christidn Preschool

Finding Faith 🤗 Firm Foundation 🤗 Forever Family

East Campus 2006 E Tuolumne Rd Turlock, (A 95382 At The Compass Point Church Elementary (ampus

2323 (olorado Ave Turlock, (A 95382 At Our Elementary (ampus

www.turlockchristian.com preschool@turlockchristian.com

## 209.669.2192

## Turlock Christian Preschool

- Provides a safe climate for children to develop spiritually, socially, emotionally, physically, and intellectually.
- Is accredited by WASC (Western Association of Schools and Colleges) & ACSI (Association of Christian Schools International).
- Uses Frog Street curriculum, as well as ACSI curriculum for Bible Time & Christian Character Development.
- Plays with a Purpose. Our fun, planned activities promote learning.





- ♥ Is open from 7 am until 6 pm, most days of the year.
- Provides flexible options for parents' schedules.
- ♥ Is licensed. (#503810068, 500312457 & 503602251).
- Has two campuses (Johnson/Tuolumne & Colorado/Tuolumne).
- Provides a family atmosphere and loving environment.
- Employs quality, committed, Christian teachers.

 Provides classrooms with a variety of manipulatives and resources.

- Offers bi-monthly chapels that are child friendly and focus on Christian Character Development (kindness, honesty, sharing, etc), as well as Bible stories.
- Offers enrichment opportunities, such as a dance, music, and soccer class or Kids Night Out.
- Has fun evening family events, such as Family Movie Night and Trunk or Treat.



- Uses a special app to keep parents connected to their child's day through reporting and photos, as well as electronic check outs requiring a personal code, for safety.
- Offers a summer program with many fun experiences, such as animal assemblies, magic shows and water days.
- ♥ Hosts great events such as Grandparents' Day, a Christmas program, and holiday parties.
- Helps children develop a healthy, positive self-image, recognizing themselves as a unique child of God.
- ♥ Teaches children to share, make good choices, and learn to be concerned for others.
- Prepares children for kindergarten.
- Is the winner of Best Preschool in Best of 209 for Eight Call and schedule a campus tour of the last ten years!
- ESUS Loves

Is a great place to be!



For Beginning Preschool through EK

| and the second |                  |  |
|--|------------------|--|
|  | 7:00 am          | Combined Morning Groups • Table Activities   |
|  | 8:00 am          | Arrival in Own Classrooms • Centers          |
| Best of Best of  | 8:30 am          | Morning Session Begins                       |
|  | 8:50 am          | Opening Circle Time                          |
| 2022<br>2023<br>209  | 9:05 am          | Bible Time • Christian Character Development |
|  | 9:30 am          | Outdoor Play                                 |
|  | 9:50 am          | Snack  |
| 209  | 10:10 am         | Circle Time • Songs • Movement • Themes      |
| BEST#209   | 10:50 am         | Art/Science/Small Group Activities           |
|  | 11:30 pm         | Outdoor Play                                 |
|  | 12:00 pm         | Morning Session Ends • Lunch                 |
|  | 12:30 pm         | Nap Prep • Half Day Ends                     |
| -BEST/209  | 12:45 pm         | Nap  |
| BEST/209   | 2:30 pm          | Waking Up/Table Activities                   |
|  | 3:00 pm          | Snack  |
|  | 3:30 pm          | Outdoor Play                                 |
|  | 4∶45 pm          | Outdoor Clean-Up                             |
| TTATA AND A STATE  | 5:00 pm          | Music/Stories                                |
|  | 5:30 pm          | Centers                                      |
| BEST/209   | <b>K</b> 5:45 pm | Clean-Up                                     |
|  | 6:00 pm          | Preschool Closes                             |

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 award winning (Best of 209, eight of the last ten years), 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,

Jennífer Rentería, Preschool Director

Danielle Lopez, Assistant 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

**Waitlist**: If the age group you are seeking is full, you can join our waitlist by completing our online waitlist application, which can be found at turlockchristian.com. Click the admissions tab at the top and click "Preschool Waitlist" from the drop down menu. Nothing below is needed until we have a space for your child.



**Application**: Once we have a space for your child, please complete the online application, which can be found at turlockchristian.com/admissions. At this time, a one time non-refundable application fee of \$20 is due, along with our annual non-refundable registration fee of \$100.

**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. These items are in our enrollment folder, or can be found online at turlockchristian.com/resources.

- O Physician's Report (white)
- O Identification and Emergency Information (pink)
- O Child's Pre-admission Health History (yellow)
- O Consent for Emergency Medical Treatment (green)
- O Notification of Parents' Rights (purple)
- O 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. A list of required immunizations can be found further in this packet.

**Service Plan**: This form must be filled out for all students entering our Infant, Toddler or Beginner Classes (under three years old). It is not needed for juniors and up. Service plans will be provided when you are starting.

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.

# 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 | paint | 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.
- st 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.
- to use more complex language patterns in my own speech.

#### 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.
- \* to solve problems.







#### 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 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.



#### 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.



#### 2025-2026 Tuition\*\*

| PRESCHOOL SCHEDULES<br>AND MONTHLY TUITION                      |                    |       | 3 days<br>a week | 4 days<br>a week | 5 days<br>a week |
|---|--------------------|-------|------------------|------------------|------------------|
| JUNIOR PRESCHOOL THRU EARLY KINDERGARTEN (3 & 4 by September 1) |                    |       |                  |                  |                  |
| FULL DAY  | 7:00 AM - 6:00 PM  | \$440 | \$635            | \$805            | \$970            |
| HALF DAY  | 7:00 AM - 12:30 PM | \$340 | \$480            | \$605            | \$730            |
| MORNING SESSION   | 8:30 AM - 12:00 PM | \$296 | \$4 15           | \$525            | \$630            |
| AFTERNOON CHILDCARE   | 12:30 PM - 6:00 PM | \$340 | \$480            | \$605            | \$730            |
| INFANTS THRU BEGINNING PRESCHOOL (0 thru 2 by September 1)      |                    |       |                  |                  |                  |
| FULL DAY  | 7:00 AM - 6:00 PM  | \$550 | \$799            | \$1,025          | \$1,250          |
| HALF DAY  | 7:00 AM - 12:30 PM | \$455 | \$660            | \$835            | \$995            |
| MORNING SESSION   | 8:30 AM - 12:00 PM | \$390 | \$560            | \$710            | \$850            |
| AFTERNOON CHILDCARE   | 12:30 PM - 6:00 PM | \$455 | \$660            | \$835            | \$995            |

\*\*At this time(Feb. 1, 2025) there is no increase in tuition for 2025-2026, but may increase at a later date due to rising costs

#### CLASS OPTIONS

Infants/Toddlers - 4weeks - 23 months Junior Preschool - 3 by September 1

- Beginner Preschool 2 by September 1
- PK or EK 4 by September 1

#### 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 partial 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.

#### COUNTY PAYMENT PROGRAMS

Any amount not covered by the county programs will be the responsibility of the parent. The parent agrees to pay any outstanding amount.

#### PAYMENTS

Payments are due the 1<sup>st</sup> and are late after the 5<sup>th</sup> of the month. Payments are collected through FACTS, our online billing system. 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 application, once a space is available for your child, and thereafter in February during our re-enrollment process. Additionally, there is a **one time non-refundable application fee of \$20** for new students to set up your FACTS account and submit your application. This fee is charged from FACTS.

#### WAITLIST

There is no charge to be placed on our waitlist. To join our waitlist, please complete the google waitlist application, which can be found online at TurlockChristian.com under our Admissions tab called Preschool Waitlist Application. Enrollment fees are not due until we have a space available for your child.

#### ABSENCES & HOLIDAYS

We do not make allowances for illness, holidays, emergency closures, or other absences. Our budgets are created in anticipation of the student's daily attendance. Days may not be exchanged.

#### DISCOUNTS

Families with multiple children enrolled in Turlock Christian will receive a 5% discount for the second child after the highest priced tuition is paid. The third child will receive a 15% discount and the fourth child will receive a 25% discount.

#### FLEX DAYS & FLEX HOURS

Days can be added IF SPACE PERMITS.

Infants thru Beginners - Full Day = \$71, Half Day = \$60, Morning = \$51

Juniors thru TK - Full Day = \$56, Half Day = \$45, Morning = \$40

Hours can be added to half and morning programs for \$20 (infants-beginners) or \$18 (juniors-EK) an hour.

#### DELINQUENT ACCOUNTS

#### Tuition & Fees

A charge of \$25 will be added to accounts with unpaid charges. Payments are considered late if not received by the Business Office by the 5<sup>th</sup> day of the month.

#### Non-Sufficient Funds

A charge of \$35 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 / PM PK 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 per minute for pick-ups after 6:00 PM, along with a one-time fee of \$25 for each late pickup. Other programs are charged our flex hour rate, billed to the half hour, after a 4 minute grace period.

#### 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 or can be emailed upon request.

#### 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 holidays: Labor Day, Columbus Day, Veteran's Day, Thanksgiving & the Friday after, Martin Luther King, Jr. Day, Presidents' Day, Good Friday, Easter break (April 6-10), Memorial Day, & Fourth of July.
- ▶ We close for a Christmas break starting Dec 24th to Jan 2nd 2025. Will return on Jan 5th.
- ♦ We will close 1-2 days before our summer program begins and one week before the fall program begins for maintenance and teacher inservices. These closures allow us to transition into the next session appropriately.
- We will close the Friday before President's Day for parent teacher conferences. Childcare will be available for a fee.
- ♦ We will also close at 12:30 for Open House on February 26th.

#### BREAKFAST, SNACKS & LUNCH

- ◆ Students may bring breakfast to eat at school if arrival is before 8:00 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 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. After the deadline to sign up has passed, students may sign up only as space permits.

#### PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

| P/   | ART A - PARENT'S COM          | <b>ISENT</b> (TO BE COMPLE        | TED BY PARENT)                                 |
|--|-------------------------------|-----------------------------------|--|
| (NAME OF CHILD)  | , born                        | (BIRTH DATE)                      | is being studied for readiness to enter        |
| (NAME OF CHILD CARE CENTER                                       | . This Child                  | d Care Center/School provi        | des a program which extends from:              |
| a.m./p.m. to a.m./p.m. ,   | days a week.                  |                                   |  |
| Please provide a report on above report to the above-named Child | 0                             | elow. I hereby authorize re       | lease of medical information contained in this |
|  | (SIGNATURE OF PARENT          | T, GUARDIAN, OR CHILD'S AUTHORIZE | ED REPRESENTATIVE) (TODAY'S DATE)              |
| PAF  | T B – PHYSICIAN'S RE          | PORT (TO BE COMPLET               | TED 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 R                                  | OUTINES/RESTRICTIONS FOR THIS | S CHILD:                          |  |
|  | /Fill out or opologo Co       | lifornia Immunization             | Popord PM 208 )                                |
| IMMUNIZATION HISTORY:  |                               | unornia minumzation               | necord, rim-290.)                              |
| VACCINE  |                               | DATE EACH DOS                     | SE WAS GIVEN                                   |

|   | 1st   | 2nd | 3rd | 4th | 5th |
|---|-------|-----|-----|-----|-----|
| POLIO (OPV OR IPV)  | / /   | / / | / / | / / | / / |
| DTP/DTaP/ (DIPHTHERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANU:<br>DT/Td AND DIPHTHERIA ONLY)  | s / / |     |     | / / | / / |
| MMR (MEASLES, MUMPS, AND RUBELLA)   | / /   | / / |     |     |     |
| (REQUIRED FOR CHILD CARE ONLY)<br>HIB MENINGITIS (HAEMOPHILUS B)  | / /   |     | / / | / / |     |
| HEPATITIS B   | / /   | / / |     |     |     |
| ARICELLA (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   |       |     |     |     |     |

#### CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

| CHILD'S NAME   |                                       |   |        | SE   | X BIRTH C  | ATE             |                   |                                       |
|--|---------------------------------------|---|--------|--|--|-----------------|-------------------|---------------------------------------|
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME  |                                       |   |        | DOES F   | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |                 |                   |                                       |
| IOTHER'S MOTHER'S DOMESTIC PARTNER'S NAME DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |                                       |   |        |  |  |                 |                   |                                       |
| IS /HAS CHILD BEEN UNDER REGULAR SUPE  | RVISION OF PHYSICIAN?                 |   |        |  | DATE O   | LAST PHYSICA    | L/MEDICAL EXAMINA | TION                                  |
| DEVELOPMENTAL HISTORY (  | For infants and presch                | nool-age children only)                     |        | 24   |  |                 |                   |                                       |
| WALKED AT*   | MONTHS                                | BEGAN TALKING AT*                           |        | MONTHS   | T  | DILET TRAINING  | STARTED AT*       | MONTHS                                |
| PAST ILLNESSES - Check illne   |                                       | s had and specify approxi                   | mate d |  | sses:  | <u>.</u>        |                   |                                       |
|  | DATES                                 |   |        | DATES  |  |                 |                   | DATES                                 |
| Chicken Pox  |                                       | Diabetes                                    |        |  |  | Polior          | nyelitis          |                                       |
| Asthma   |                                       | Epilepsy                                    |        |  |  | Ten-Da<br>(Rube | ay Measles        |                                       |
| Rheumatic Fever  |                                       | U Whooping cough                            |        |  |  |                 | -Day Measles      |                                       |
| Hay Fever  |                                       | Mumps                                       |        |  |  | (Rube           |                   |                                       |
| SPECIFY ANY OTHER SERIOUS OR SEVERE  | ILLNESSES OR ACCIDENT                 | S   |        |  |  |                 |                   |                                       |
|  |                                       | HOW MANY IN LAST YEAR?                      |        | LIST ANY ALLER   | GIES STAFF   | SHOULD BE AWA   | ARE OF            |                                       |
| DAILY ROUTINES (*For infants a<br>WHAT TIME DOES CHILD GET UP?*  | nd preschool-age child                | Iren only)<br>WHAT TIME DOES CHILD GO TO BE | :D?*   |  |  | DOES CHILD      | SLEEP WELL?*      |                                       |
| DOES CHILD SLEEP DURING THE DAY?*  | <u>.</u>                              | WHEN?*                                      |        | <u> </u>   |  | HOW LONG?       | *                 |                                       |
|  | 407                                   |   |        |  |  |                 |                   | 20                                    |
| (What does child usually   |                                       |   |        |  |  | BREAKFAST       | SUAL EATING HOURS |                                       |
|  |                                       |   |        |  |  | LUNCH<br>DINNER |                   |                                       |
| DINNER   |                                       |   |        |  | •  |                 |                   |                                       |
| ANY FOOD DISLIKES?   |                                       |   |        | ANY EATING   | PROBLEMS   | 17              |                   |                                       |
| IS CHILD TOILET TRAINED?*  | IF YES, AT WHAT                       | T STAGE:*                                   |        | WEL MOVEMENT   |  | ?*              | WHAT IS USUAL TIN | ΛE? <sup>★</sup>                      |
|  |                                       |   | YES U  |  |  |                 |                   |                                       |
| PARENT'S EVALUATION OF CHILD'S HEALTH  |                                       |   |        |  |  |                 |                   |                                       |
|  |                                       |   |        | ·  |  |                 |                   |                                       |
| IS CHILD PRESENTLY UNDER A DOCTOR'S  | CARE? IF YES, NAME O                  | F DOCTOR:                                   | DOES C | HILD TAKE PRES   | CRIBED ME  | DIGATION(S)?    |                   | AND ANY SIDE EFFECTS:                 |
| YES NO   |                                       |   |        | YES  | NO   | bioration(o):   |                   | AND ANT ODE EN LOTO.                  |
| DOES CHILD USE ANY SPECIAL DEVICE(S):  | IF YES, WHAT KI                       | ND:   |        | HILD USE ANY SPECIAL DEVICE(S) AT HOME? IF YES, WHAT KIND: . |  | D; .            |                   |                                       |
| PARENT'S EVALUATION OF CHILD'S PERSON  | NALITY                                |   |        | YES L  | NO   |                 |                   |                                       |
|  | · · · · · · · · · · · · · · · · · · · |   |        |  |  |                 |                   | · · · · · · · · · · · · · · · · · · · |
| HOW DOES CHILD GET ALONG WITH PAREN  |                                       |   |        |  |  |                 |                   |                                       |
|  |                                       |   |        |  |  |                 | <u>.</u>          |                                       |
|  |                                       |   |        |  |  | <u> </u>        |                   |                                       |
| HAS THE CHILD HAD GROUP PLAY EXPERIE   |                                       |   |        |  |  |                 |                   |                                       |
| DOES THE CHILD HAVE ANY SPECIAL PROP   | BLEMS/FEARS/NEEDS? (E)                | (PLAIN.)                                    |        |  |  |                 |                   |                                       |
|  |                                       | -   |        |  |  |                 |                   |                                       |
| WHAT IS THE PLAN FOR CARE WHEN THE   | CHILD IS ILL?                         |   |        |  |  |                 |                   |                                       |
|  |                                       |   |        |  |  |                 |                   |                                       |
| REASON FOR REQUESTING DAY CARE PLACEMENT   |                                       |   |        |  |  |                 |                   |                                       |
|  |                                       |   |        |  |  |                 |                   |                                       |
| PARENT'S SIGNATURE   |                                       |   |        |  |  |                 |                   | DATE                                  |
| LIC 702 (8/08) (CONFIDENTIAL)  |                                       |   |        |  |  |                 |                   |                                       |

#### IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

|                     | and the second |                              |   |              |               |             |  |
|---------------------|--|------------------------------|---|--------------|---------------|-------------|--|
| CHILD'S NAME        | LAST   | MIDDLE                       | F   | IRST         | SEX           | TELEPH      | ONE  |
| ADDRESS             | NUMBER   | STREET                       | CITY  | STATE        | ZIP           | BIRTHD      | )<br>ATE   |
|                     |  |                              |   |              | A Added       |             |  |
| FATHER'S/GUARDIAN'  | S/FATHER'S DOMESTIC  | C PARTNER'S NAME LAST        | MIDDLE  | FIRST        |               | BUSINE      | SS TELEPHONE   |
| HOME ADDRESS        | NUMBER   | STREET                       | CITY  | STATE        | ZIP           | (<br>HOME T |  |
|                     |  |                              |   | 0            |               | (           | )  |
| MOTHER'S/GUARDIAN   | 'S/MOTHER'S DOMES  | TIC PARTNER'S NAME LAST MI   | DDLE  | FIRST        |               | BUSINE      | SS TELEPHONE   |
| HOME ADDRESS        | NUMBER   | STREET                       | CITY  | STATE        | ZIP           | (           |  |
|                     | HUNDER   | onicei                       |   |              |               | (           | )  |
| PERSON RESPONSIB    | LE FOR CHILD   | LAST NAME MI                 | DDLE FIRST  | HOME TEL     | EPHONE        | BUSINE      | SS TELEPHONE   |
|                     |  |                              |   | (            | )             | (           | )  |
|                     |  | ADDITIONAL PERSO             | ONS WHO MAY BE CALLE                                  |              |               |             | r  |
|                     | NAME   |                              | ADDRESS   |              | TELEPHO       | NE          | RELATIONSHIP   |
|                     |  |                              |   |              |               | 4           |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   | *            |               |             | Provide States and Sta |
|                     |  |                              |   |              | •             |             |  |
|                     |  |                              | DENTIST TO BE CALLED II                               |              |               |             |  |
| PHYSICIAN           |  | ADDRESS                      |   | MEDICAL PL/  | AN AND NUMBER | TELEP       | HONE   |
| DENTIST             | and the second second  | ADDRESS                      | the second second second                              | MEDICAL PL   | AN AND NUMBER | TELEPI      | HONE   |
| -                   |  |                              |   |              |               | ( ·         | )  |
| _                   |  | T ACTION SHOULD BE TAKEN?    |   |              |               |             |  |
|                     | GENCY HOSPITAL   | OTHER EXPLAIN:               |   |              |               |             |  |
| (CHIL               | D WILL NOT BE ALL  | OWED TO LEAVE WITH ANY OTHER | AUTHORIZED TO TAKE CH<br>PERSON WITHOUT WRITTEN AUTHO |              |               | ZED REPF    | RESENTATIVE)   |
|                     |  | ·                            |   |              |               |             |  |
|                     |  | NAME                         |   |              |               | ATIONS      |  |
|                     |  |                              |   |              |               |             |  |
| The second          |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             |  |
|                     |  |                              |   |              |               |             | <u></u>  |
|                     |  |                              |   |              |               |             |  |
| TIME CHILD WILL BE  | CALLED FOR   |                              |   |              |               |             |  |
| SIGNATURE OF PAR    | ENT/GUARDIAN OR AL   | ITHORIZED REPRESENTATIVE     |   |              |               | DATE        |  |
| Signations of PAN   |  |                              |   |              |               | DATE        |  |
|                     | TO BE CON  | PLETED BY FACILITY DIF       | ECTOR/ADMINISTRATOR                                   | FAMILY CHILD | CARE HOME     | SLICE       | NSEE   |
| DATE OF ADMISSION   | N  |                              | DATE LEFT   |              |               |             |  |
| LIC 700 (8/08)(CONF | FIDENTIAL)   |                              |   |              |               |             |  |
| ,,                  |  |                              |   |              |               |             |  |

#### 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

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                                    |
| <u>( )</u>                    |   |
| LIC 627 (9/08) (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.
- 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

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.

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

## **IMPORTANT INFORMATION FOR PARENTS**

#### CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and S afty Code sections 11361.5 and 11361.7, 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 <u>cannot by law be given an exemption that would allow them to own</u>, <u>live in or work in</u> 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 <u>http://ccld.ca.gov/contact.htm</u>.

#### PERSONAL RIGHTS

#### **Child Care Centers**

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

- Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
  - To be accorded dignity in his/her personal relationships with staff and other persons. (1)
  - To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her (2)needs.
  - To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, (3)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.
  - To be informed, and to have his/her authorized representative, if any, informed by the licensee of the (4) 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.
  - To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor (5)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.
  - Not to be locked in any room, building, or facility premises by day or night. (6)
  - Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing (7)agency.

#### THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

| Fresno Childcare Regional Office   |   |                          |   |  |
|--|---|--------------------------|---|--|
| ADDRESS<br>1310 E Shaw Ave   |   |                          |   |  |
| Fresno   | ZIP COD<br>937                                  |                          | AREA CODE/TELEPHONE NUMBER  |  |
| TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED  | DETACH HERE                                     | Pi                       | LACE IN CHILD'S FILE  |  |
| Upon satisfactory and full disclosure of the personal ri   |   | Constant Street of State | A CONTRACTOR OF |  |
| ACKNOWLEDGMENT: I/We have been personally California Code of Regulations, Title 22, at the time of | / advised of, and have received f admission to: | a copy of the pe         | ersonal rights contained in the   |  |
| (PRINT THE NAME OF THE FACILITY)<br>Turlock Christian Preschool                                    | (PRINT THE ADDRESS O<br>2006 E Tuolu            |                          | 00 E Monte Vista Ave  |  |
| (PRINT THE NAME OF THE CHILD)  |   |                          |   |  |
| (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)  |   |                          |   |  |
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)  |   |                          | (DATE)  |  |
|  |   |                          |   |  |

## Parents' Guide to Immunizations Required for Pre-Kindergarten (Child Care)



Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

| Age at Entry/checkpoint | Required Doses   |
|-------------------------|--|
| 2–3 Months              | 1 Polio<br>1 DTaP<br>1 Hep B<br>1 Hib  |
| 4-5 Months              | 2 Polio<br>2 DTaP<br>2 Hep B<br>2 Hib  |
| 6-14 Months             | 2 Polio<br>3 DTaP<br>2 Hep B<br>2 Hib  |
| 15-17 Months            | 3 Polio<br>3 DTaP<br>2 Hep B<br>1 Hib* (on or after 1st birthday)<br>1 Varicella<br>1 MMR (on or after 1st birthday) |
| 18 Months–5 Years       | 3 Polio<br>4 DTaP<br>3 Hep B<br>1 Hib* (on or after 1st birthday)<br>1 Varicella<br>1 MMR (on or after 1st birthday) |

\* One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, $and acellular_pertussis vaccine$ Hep B = hepatitis B vaccineVaricella = chickenpox vaccine Hib = <u>Haemophilus influenzae, type B</u> vaccine MMR = <u>measles</u>, <u>mumps</u>, and <u>rubella</u> vaccine

# Deet brightwheel Meet brightwheel, a window into your child's day

Our center has partnered with brightwheel, the leading early education app, to help us deliver an enriching childcare experience for your family!

## What you can expect from brightwheel

- Greater visibility into your child's day with photos, videos, and progress updates
- An easier way to stay connected to your child's learning and development
- A safer environment for your child through contactless check-in/check-out and health screens

### What's next

Be on the lookout for an invitation to join our center on brightwheel! The invitation will include a link for you to set up your account. See you there!



## $\star$ $\star$ $\star$ $\star$

"My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message them back gives me peace of mind. I love it!"