



Woodland Christian Preschool and Day Care Center
1616 West Street • Woodland CA 95695
530.662.0994
License #573615861

2017-2018 ADMISSION AGREEMENT

A. BASIC SERVICES

The Center shall provide the following basic services for

(Child's name, First, Middle, Last)

(date of birth)

(date enrolled)

Whose parent or guardian is:

(Name of person enrolling child, First, Middle, Last)

(relationship)

Program enrolling in: ☐ 3-4 Class ☐ Pre-Kindergarten Class

1. The child shall be furnished a midmorning snack. A snack shall be furnished mid afternoon for children who are at school after 3:00 p.m. A balanced lunch will be served at 11:30 a.m. to all Day Care children.
2. Children must be three years of age by December 2, of the year they are enrolled and not over six. They must be able to take care of themselves in the bathroom. We do not accept non-ambulatory students. The child shall be involved in a program of play and preschool learning experiences which are appropriate to the age of the children enrolled in the school.
3. The school shall assume responsibility for the child after the child has passed the legally required morning health inspection and has been signed in by a parent, guardian, or designated representative of the child's parent or guardian. The school shall retain responsibility until the child is signed out by a parent, guardian, or designated representative of the child's parent or guardian.
4. The child shall be administered medication only upon the written request of the child's parent or guardian. The school shall have no responsibility of any kind whatsoever for failure to provide the requested medications nor for any adverse reactions which are caused by the administration of such medication.
5. The school shall give appropriate first aid to an injured child, and the parent or guardian shall be contacted immediately if it is the judgment of the school staff that immediate medical or dental attention is necessary. If it is further the judgment of the school staff that the injury is of sufficient emergency, paramedics shall be called to the school and a parent or guardian notified. It is the responsibility of the parent or guardian to maintain emergency plans and emergency phone numbers with the school's office at all times.
6. It is also the responsibility of the parent or guardian that, should a child become ill at school and the parent or guardian be notified that the child needs to be picked up, the child will be picked up immediately.

7. The school shall notify the child's parents or guardian of a suspected exposure to a communicable disease.
8. The Director or any other staff members shall report to Children's Protective Services or the Police Department as required by the California Penal Code any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.
9. A school calendar listing events and holidays for the school year will be given to each family with a child enrolled.
10. Fifteen hours of volunteer service will be required of each full time day care family per school year; Tues-Thurs students 6 hours, and M-W-F students 9 hours. In lieu of the service hours you may pay \$15.00 per hour required for all students. You may combine hours served and dollars paid.

B. PAYMENT PROVISIONS

In accordance with the statement of fees in the parent's handbook:

1. A non-refundable registration fee of \$85.00 shall be paid upon enrollment.
2. This fee is due yearly for students who plan to continue in our program. It shall be applied to summer enrollment as well.
3. Tuition payments are paid monthly, with the first payment due the first day of September, as outlined in the Tuition Agreement. Services shall be denied if payment is not received by the end of the month.
4. Tuition paid monthly is due by the tenth of each month. Tuition is based on the school year. Credit shall not be given for days the school is officially closed, nor for days when the child is absent.
5. A completed and signed tuition agreement by the person or persons accepting financial responsibility for charges must be on file.

Tuition Price Guide

Day Care	5 Days \$690.00	5 Half Days \$630.00	4 Days \$630.00	3 Days \$485.00	2 Days \$360.00
Preschool	M-W-F \$265.00	Tues-Thurs \$240.00			

Financially Responsible Party: _____ Date: _____

Home Phone: _____ Cell Phone: _____

C. OBLIGATIONS OF PARENTS OR GUARDIANS

1. All paperwork must be completed before the child may start school. The parent or guardian shall furnish all medical information required for enrollment.
2. Upon arrival at school, the parent, guardian, or designated representative of the child's parent or guardian shall bring the child to the teacher with the class roll, wait for a health inspection by the receiving teacher, and then sign in on the appropriate register using both the child's and the adult's first and last name and the time of arrival.
3. A parent, guardian, or designated representative of the child's parent or guardian shall sign the child out on the appropriate register using both the child's and adult's first and last names and time of departure before taking the child from the premises.
4. A parent, guardian, or designated person shall pick up the child from the Center promptly at the end of each class session. Morning preschool at 11:30 a.m. and afternoon preschool at 3:00 p.m. Our Center closes at 6:00 p.m. Monday through Friday, and all day care children must be picked up prior to that time. Late pickups will be charged \$5.00 for every 5 minutes .
5. The parent or guardian shall notify the school when someone other than those named on the emergency information form will be coming for the child.
6. The parent or guardian shall notify the school of the child's possible exposure to a communicable disease.
7. The parent or guardian shall notify the school when the child is absent.
8. The parent or guardian shall give two weeks' notice or forfeit two weeks' tuition, in case of withdrawal from the program.
9. The parent or guardian shall come to school for conferences when asked to do so by a member of the school's staff.

D. TERMINATION OF THE AGREEMENT

This Agreement shall be terminated if any one of the following occurs:

1. The school year has come to an end.
2. Serious and/or prolonged illness has prevented the child from attending.
3. The agreed-upon tuition has not been paid.
4. Failure of the parent or guardian to honor the obligations listed in this Agreement or in any rules, regulations, or manuals provided by the school, after the school written notice.
5. Children with physical or emotional impairment may require special consideration before they can be admitted into any of our program. We are not staffed for a child who requires one-on-one teacher supervision nor can we accommodate children in wheelchairs.
6. A child will be dismissed from the program for continuous misconduct, incompatibility with group activities, or interference with the educational opportunities of the other children, if a satisfactory resolution of the problem cannot be achieved upon consultation with parents or guardian. An appropriate refund of remaining fees will be made.

E. RIGHTS OF THE LICENSING AGENCY

The Department of Social Services licensing department has the authority to inspect as specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535. They have the right to interview children attending preschool or staff without prior consent. This authority includes the right to inspect, audit, or copy the child's records upon demand during normal business hours.

SIGNATURES TO AGREEMENT

I agree to cooperate with the policies of the Center, to perform the obligations of parent or guardian set forth in this Agreement, and to abide by the rules, regulations, and manuals provided by the Center. I further indicate that I have had this material explained to my satisfaction and that all of my questions have been satisfactorily answered.

I further agree to pay the non-refundable registration fee of \$85.00 upon enrollment of my child.

For services listed in Agreement, and in accordance with the terms of this agreement, I agree to pay Woodland Christian Preschool and Day Care Center the Monthly sum of:

Tuition: \$ _____

You will be given at least 30 days notice before any changes are made to this agreement.

Date

Date

Print Parent or Guardian Name

Signature of Director

Signature of Parent or Guardian

OFFICE USE ONLY

Date Received: ____/____/____

Fee: \$ ____ ☐ Cash ☐ CC ☐ Ck # ____

Testing/Interview Date: ____/____/____

Received by: ____ ☐ Cum Requested**OFFICE USE ONLY**

____ RenWeb ____ Google Doc

____ Excel ____ QB

PRESCHOOL
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Fax: 530-406-0900

ELEMENTARY SCHOOL
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WWW.WOODLANDCHRISTIAN.ORG**2017-2018 PRESCHOOL ENROLLMENT APPLICATION****STUDENT INFORMATION****Applying for:**☐ **3 & 4 YEAR OLDS PROGRAM** (beginning social skills, introduction to letters and numbers)☐ **PRE-KINDERGARTEN PROGRAM** (Preparation for Kindergarten, pre-reading skills, phonics)☐ Preschool and Day Care 7:00 AM—6:00 PM:☐ 5 Days ☐ 4 Days ☐ 3 Days ☐ 2 Days☐ Morning Preschool Session 9:00 AM—11:30 AM:☐ 3 Days, M-W-F ☐ 2 Days, T-Th☐ Afternoon Preschool Session 12:30 PM—3:00 PM (Pre-K Only):☐ 3 Days, M-W-F ☐ 2 Days, T-ThFull Legal Name ____/____/____
Last First Middle Preferred First NameDate of Birth: ____/____/____ Age: ____ Gender: ☐ M ☐ F

Student Social Security Number (Entering grades 11 & 12 only)

Primary Address (All school mailings will be sent to this address) City State Zip

Student E-mail Address Student Home Phone Student Cell Phone

Ethnicity (Optional): ☐ American Indian ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic or Latino ☐ Pacific Islander ☐ Other ____**PARENT INFORMATION****PARENTS' MARITAL STATUS:** ☐ Married ☐ Divorced ☐ Remarried ☐ Single ☐ Deceased (☐ Father ☐ Mother) ☐ Other ____**STUDENT LIVES WITH:** ☐ Father ☐ Step-father ☐ Guardian ☐ Shared Custody

Spouse Name, if different than Mother: ____

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Mailing list only <input type="checkbox"/> NO contact	Father or Guardian: _____	Work Phone: (____) _____ Cell Phone: (____) _____ Home Phone: (____) _____ <input type="checkbox"/> Unlisted
	Mailing Address: _____ (if different than student)	
	Occupation: _____	
	Place of Employment: _____	
	Does employer have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E-mail Address: _____ ☐ Home ☐ Work**STUDENT LIVES WITH:** ☐ Mother ☐ Step-mother ☐ Guardian ☐ Shared Custody

Spouse Name, if different than Father: ____

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Mailing list only <input type="checkbox"/> NO contact	Mother or Guardian: _____	Work Phone: (____) _____ Cell Phone: (____) _____ Home Phone: (____) _____ <input type="checkbox"/> Unlisted
	Mailing Address: _____ (if different than student)	
	Occupation: _____	
	Place of Employment: _____	
	Does employer have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

E-mail Address: _____ ☐ Home ☐ Work**NEWSLETTERS & ANNOUNCEMENTS BY E-MAIL:** Newsletters and announcements will be sent via the e-mail addresses provided. Please send communications to the e-mail address provided for:☐ Father ☐ Mother ☐ Both ☐ I do not have an e-mail address and will need all communication mailed or sent home with my child.

2017-2018 ENROLLMENT APPLICATION CONTINUED

EDUCATIONAL BACKGROUND

List the schools student has attended in the past, beginning with the most recent.

School _____	Grade(s) Attended _____	Phone _____
Address _____		City _____ State _____ Zip _____
Reason for leaving: _____		

School _____	Grade(s) Attended _____	Phone _____
Address _____		City _____ State _____ Zip _____
Reason for leaving: _____		

PURPOSE OF ENROLLMENT

How did you hear about WCS?

☐ Woodland Christian Preschool
 ☐ Website
 ☐ Family/Friend
 ☐ Parent is Alum of WCS
 ☐ Continuing WCS Family
☐ Phone Book
☐ Advertising (please specify): _____
☐ Referred by current WCS family. Name of person who referred you to WCS: _____

Please rank the following reasons for enrollment, with 1 being the most important:

_____ Christian Emphasis
 _____ Quality Academics
 _____ Safety
 _____ Location
 _____ Other _____

What do you expect to find at WCS that you would not find in another school? _____

FAMILY INFORMATION: Please list all children under the age of 18 living with the family.

Name	Date of Birth	2017-2018 Grade Level	School Attending in 2016-2017

CHURCH INFORMATION:

Does family attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month
Pastor Name: _____	Name of Church: _____

PHOTOGRAPHY USE AGREEMENT: Woodland Christian School has permission to use any photo in which my child is pictured for use in school newsletters, web pages, promotions, etc. ☐ Yes ☐ No ☐ Conditional yes. Photo only, please do not publish name.

I CERTIFY THAT THE INFORMATION SUPPLIED ON ALL DOCUMENTS IS TRUE AND COMPLETE:

Parent Signature _____ Printed Parent Name _____ Date ____/____/____



WOODLAND CHRISTIAN PRESCHOOL & DAY CARE
1616 WEST STREET • WOODLAND CA 95695 • 530.662.0994

2017-2018 TUITION INFORMATION

License #573615861

Open week days from 7:00 am to 6:00 pm

Bible stories, songs, verses and prayer are a part of our day

Yearly non-refundable application and registration fee is \$85.00

These are all monthly fees due by the 1st of each month

Preschool	9:00 - 11:30	3 Day MWF 2 Day T TH	\$265.00 \$240.00
Afternoon * Advanced Pre-K only *	12:30 - 3:00	3 Day MWF 2 Day T TH	\$265.00 \$240.00
Preschool Early Arrival	8:00 - 11:30	3 Day MWF 2 Day T TH	\$290.00 \$260.00

DAY CARE OPTIONS

Full days include academic program, lunch, 2 or more snacks, nap time and day care.

5 Full Days	Preschool and Day Care	\$690.00
4 Full Days		\$630.00
3 Full Days		\$485.00
2 Full Days		\$360.00
5 Half Days	7:00 - 12:00 lunch M-F	\$630.00
3 Half Days	7:00 - 12:00 lunch M-W-F	\$410.00
2 Half Days	7:00 - 12:00 lunch T-Th	\$325.00

EXTRA CHARGES

Early Arrival	\$ 5.00 per day	Lunch	\$ 5.00 per day
Half Day (7:00-12:00)	\$20.00 lunch included	Late Fee	\$25.00 after the 10th
Half Day (7:00-11:30)	\$15.00 no lunch	Returned Check	\$25.00 per check
Hourly	\$5.00 (7:00-8:00 am or after 3:00)	Late pick-up	\$5.00 per 5-minute interval
Daily	\$35.00 per day	* After two returned check, "Cash Only" Status *	

New Student Application & Registration Fee: This fee is \$85 per new student and submitted at the time of initial application. This fee is non-refundable.

Payments: Payments are made to the school and due on the first of each month. School payments are established by choices made on the tuition agreement. **The first payment is due September 1, 2017. This payment is non-refundable.**

Payment Plans: There are three payment plans available for monthly payments, made by check, ACH Direct Debit or Credit Card Auto Debit.

The first payment is due September 1, 2017. All accounts must be paid in full by May 31 of each year.

Billing: The accounts receivable policy for all families is as follows:

- All accounts are charged a \$25.00 late fee per family if payment is received later than the tenth of the month.
- Accounts with returned checks are charged a \$25.00 fee, which is over and above the late fee.

Parent Service Hours: Each full time preschool family is required to serve 15 hours per year (hours for part-time preschool families will be pro-rated). Hours can be fulfilled in many ways, including but not limited to: serving on a committee, helping with school activities or serving on a beautification day. Grandparents, adult aunts and uncles can also serve the hours. Hours served during the summer will count toward for the upcoming year.

In lieu of fulfilling the service hours, families may opt to pay \$15 per each hour of the requirement (\$225) or opt to serve a portion of the hours and pay \$15 per hour for any unserved hours. At the end of the year, hours will be tallied and a bill will be sent out for any unserved hours.

WOODLAND CHRISTIAN PRESCHOOL

2017-2018 TUITION AGREEMENT

Please read and sign

FOR OFFICE USE ONLY

_____ Annual Amount

_____ Monthly

FOR OFFICE USE ONLY

_____ Excel _____ Invoice

_____ Mem _____ Reg

Financial Responsibility: This agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed on the Enrollment Application or Re-Enrollment Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory, and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the bookkeeper at WCS to make payment-plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student's enrollment.

Tuition Agreement: *This Tuition Agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for Person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-Enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

Delinquent Accounts: Students whose accounts become 30 days delinquent may not be allowed to attend class until the account is paid in full or arrangements have been made with the bookkeeper.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last months tuition prior to readmission for the following year.

Early Withdrawals: If a family withdraws their student(s) during the school year, the family is responsible for tuition through the end of the month.

STUDENT INFORMATION

Last	First	2017-2018 Program/Grade	Last	First	2017-2018 Program/Grade

FINANCIAL RESPONSIBILITY INFORMATION

PRINT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1.	2.
HOME ADDRESS(S):	1.	2.
MAILING ADDRESS(S):	1.	2.
E-mail Address(s):	1.	2.

TUITION PLAN:

I (we) choose the following tuition schedule: (please check one):

- ☐ **Plan A:** 9 monthly payments by check or cash due on the first of each month. (September 1, 2017 to May 1, 2018)
- ☐ **Plan B:** 9 monthly ACH Direct Debit payments (September 5, 2017 to May 5, 2018) (*complete attached form, Plan "B"*)
- ☐ **Plan C:** 9 monthly Credit Card Automatic Debit payments (September 5, 2017 to May 5, 2018) (*complete attached form, Plan "C"*)

PLEASE NOTE: A \$25.00 late fee will be added if payment is not received by the 10th of the month. There will be a \$25.00 charge on any returned item (check or ACH). Accounts with multiple returned checks/debits may be required to make all payments with a Cashier's Check or Cash.

SIGNATURE(S)	1.	2.
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Return this signed agreement along with your registration fees

Woodland Christian School

PLAN "B"

PRESCHOOL

1616 West Street
Woodland, CA 95695
Phone: 530.662.0994
Fax: 530.406.0900
License #573615861

ELEMENTARY SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530.666.6615
Fax: 530.406.0900

MIDDLE SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530.406.8800
Fax: 530.406.0900

HIGH SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530.406.8800
Fax: 530.406.0900

ACH Debit Authorization Agreement

PLEASE CHECK ONE:

☐ Enroll

☐ Withdraw

☐ Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (we) hereby authorize WCS to initiate debit entries to my (our):

_____ Checking Account

_____ Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2018**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title
(as it appears on your bank account): _____

Print Name _____

Joint Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Account holder is required to verify bank account data and attach a voided check here.

-Attach voided check here-

VOID

ABC BUSINESS
1234 Park Avenue
Anytown, CA

PAY TO THE ORDER OF _____ \$ XXX.XX
DOLLARS

Anywhere Bank
U.S.A.
MEMO _____ Not Negotiable

1 133404567 2 1234561304 3 1044

1 Routing Number (requires 9 digits)
2 Bank Account Number (not to exceed 17 digits)
3 Check Number

Woodland Christian School

PLAN "C"

PRESCHOOL

1616 West Street
Woodland, CA 95695
Phone: 530.662.0994
Fax: 530.406.0900
License #573615861

ELEMENTARY SCHOOL

1787 Matmor Road
Woodland, CA 95776
Phone: 530.666.6615
Fax: 530.406.0900

MIDDLE SCHOOL

1787 Matmor Road
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Fax: 530.406.0900

HIGH SCHOOL

1787 Matmor Road
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Phone: 530.406.8800
Fax: 530.406.0900

Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:

☐ Enroll

☐ Withdraw

☐ Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2018**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my (our) account must comply with the provisions of US law.

Payment/Authorization Information:

Accepted Payment Methods: MasterCard, Visa

Card Number _____ (enter number without spaces)

Expiration Date (MM / YY) _____ Security Code # _____ (3-digit code on back of card)

Amount Each Month: \$ _____

Customer Billing Information:

Last Name _____ First Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____

E-mail: _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print
Name _____

Joint
Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY
NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?			
CALL EMERGENCY HOSPITAL	OTHER	EXPLAIN: _____	

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Woodland Christian Preschool _____ . This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Community Care Licensing, River City Regional Office

Licensing Office Address: 2525 Natomas Park Drive Suite #250, Sacramento, CA 95834

Licensing Office Telephone #: (916) 263-5744

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.

Woodland 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.

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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:

Community Care Licensing

NAME

River City Regional Office

ADDRESS

2525 Natomas Park Drive Suite #250

CITY

Sacramento, CA

ZIP CODE

95834

AREA CODE/TELEPHONE NUMBER

(916) 263-5744

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)

Woodland Christian Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1616 West Street, Woodland, CA 95695

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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 - (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.
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Woodland Christian Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1616 West Street, Woodland, CA 95695

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Woodland Christian Preschool _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()