



At Claremont United Methodist Church
215 W. Foothill Blvd. ■ Claremont, CA 91711
(909) 624-8223

ENROLLMENT PACKET

On behalf of the staff I'd like to welcome you to The Preschool at Claremont United Methodist Church also known as CUMNS! We are thrilled you have chosen our preschool and look forward to a wonderful year.

The attached forms should be returned to the school office by Friday, May 28 for summer enrollment and by Friday, July 9 for fall enrollment. Please make sure all of the forms are included when you return the packet.

Incomplete packets cannot be accepted.

- Physician's Report
- Immunization Record: Including current TB test (*we will gladly make a copy of your child's card*)
- Consent for Medical Treatment
- Identification and Emergency Information: *NOTE: Only the individuals authorized on this form will be allowed to pick up your child.*
- Emergency Information for Disasters
- Health History, Parents Report: *Remember to include any allergies*
- Allergy Form
- Personal Rights: Your child's rights guaranteed by the State
- Parent's Rights
- Family Questionnaire
- Financial Agreement
- Enrollment Admission Agreement
- Student Directory Form *whatever you put on this form will be printed in the student directory*
- Volunteer Health Report *this is a self reporting document*
- Participating Adult TB Test Results (*current within 2 year*) as well as proof of Tdap, MMR, and current Flu vaccination
- Parent Participation Availability
- Effects of Lead Exposure (Required by California State Law AB-2370)

What to bring on the first day of school:

- Pictures of your family and a face picture of your child
- A complete extra change of clothing either in a labeled Ziploc baggie or a backpack
- Please label everything you bring to school.

We look forward to working together with you to ensure a successful school experience for you and your child. Please contact me if you have any question

Jeri Bollman, Director

Jeri.thepreschool@gmail.com

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
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
()

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

The Preschool at Claremont United Methodist Church

215 W. Foothill Blvd. * Claremont, CA 91711 * (909) 624-8223

EMERGENCY INFORMATION FOR DISASTERS

Child's Name: _____

Health Information

Allergies: _____

Identifying Marks: _____

Glasses: _____ Contact Lenses: _____

Other local friends/relations that may take your child:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Persons not authorized to take child from facility:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Mother's Signature

Date

Father's Signature

Date

SIGN OUT FROM EVACUATION SITE

Person taking child from facility:

Signature: _____ ID: _____ Date: _____ Time: _____

Address: _____ Route Planned: _____

Mode of Transportation: _____

Condition of child: _____ Child released by: _____

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

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

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

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

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

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

(SIGNATURE OF PARENT, 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/DaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

___ Communicable TB disease not present.

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

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.

PRE-KINDERGARTEN



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
 Hib = [Haemophilus influenzae, type B](#) vaccine
 Hep B = [hepatitis B](#) vaccine
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine
 Varicella = [chickenpox](#) vaccine

INSTRUCTIONS:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

UNCONDITIONALLY ADMIT a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed prior to 2016).[†]

CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

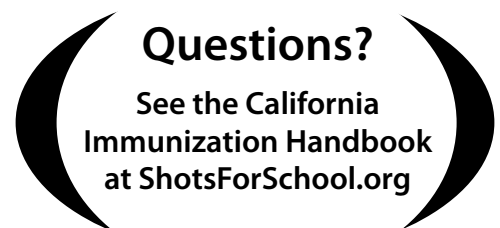
CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil's parent or guardian of the date by which the pupil must complete all remaining doses.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.



The Preschool at Claremont United Methodist Church
ALLERGY/SPECIAL DIETARY NEEDS FORM

Food allergies are posted in the kitchen and in each classroom for teacher and parent reference. This list is helpful when planning snacks and cooking activities. Please list any allergies for your child.

Child's Name _____ Best Contact Number _____

Food Allergies: YES No

If Yes, Food Allergy:

Reaction: _____

Plan of Action: (Epi Pen, Benadryl, etc.):

Special Dietary Needs: NONE

Vegetarian YES NO

Other _____

Environmental Allergies: _____

Reaction: _____

Severity: _____

Plan of Action:

Medical Allergies: _____

Reaction: _____

Severity: _____

Plan of Action:

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

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

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
--	------

The Preschool at Claremont United Methodist Church
FAMILY QUESTIONNAIRE

Getting to know your family and building a partnership is important to us. Please share with us any information you feel would be beneficial in helping us meet the needs of your family.

Child's Name: _____ Birth Date: _____ Age: _____

Family Structure

Parent/Legal Guardians

Name: _____ Phone: _____

Name: _____ Phone: _____

Adults with whom the child is living: _____

Siblings' names and ages:

Important family holiday's and traditions: _____

Pets in the home: _____

Language:

Languages spoken in the home: _____

When did your child begin talking? _____

Does your child speak more than one language? _____

Are there any important phrases or key words _____

About your Child:

Any sensitivities or fears? _____

What does your child do when he/she is upset? _____

How does your child comfort him/her self? _____

Describe your child's personality: _____

How does your child approach new situations? _____

Child's favorite interests: _____

What else would like us to know about your child? _____

Health:

Was your child full term? _____

Any illnesses, accidents or operations? _____

Is your child potty trained? _____ Word for urination: _____

Word for bowel movement: _____

Allergies? _____

Does your child have frequent colds _____, coughs _____, earaches _____,

stomachaches _____, nosebleeds _____, other _____

Goals:

What are you hoping your child will gain from school? _____

Would you like to share any other information regarding your cultural traditions with us?

Is there any other information that we should be aware of? _____

In what ways do you prefer to communicate: Newsletters, e-mails, notes, phone calls, in person?

The Preschool
Health Report for Adults and Volunteers

Adult Volunteer's Name _____

Phone number of nearest friend/relative in case of
emergency: _____

Evaluation of my health: _____

Evaluation of my physical ability to volunteer in the
classroom: _____

Do you have any health concerns that my affect your
volunteering? Yes No

If yes, please explain: _____

I understand that the negative results of a tuberculin test
(either the mantoux, PPD, or chest X-ray) must be on file as well
as proof of a MMR, Tdap, and Flu vaccine in order to participate
in the classroom. The TB test results must be dated no sooner
that one year prior to my child's enrollment.

Signature: _____ Date: _____

The Preschool
Health Report for Adults and Volunteers

Adult Volunteer's Name _____

Phone number of nearest friend/relative in case of
emergency: _____

Evaluation of my health: _____

Evaluation of my physical ability to volunteer in the
classroom: _____

Do you have any health concerns that my affect your
volunteering? Yes No

If yes, please explain: _____

I understand that the negative results of a tuberculin test
(either the mantoux, PPD, or chest X-ray) must be on file as well
as proof of a MMR, Tdap, and Flu vaccine in order to participate
in the classroom. The TB test results must be dated no sooner
that one year prior to my child's enrollment.

Signature: _____ Date: _____

PARENT PARTICIPATION SCHEDULING FOR THE CLASSROOM

Working in the classroom is optional. The parent participation coordinator uses this form to schedule parents who would like to spend time in their child's classroom. We know that some parents can participate regularly and others must plan around their work schedule. This form allows you to choose and helps us to make sure all families are included.

The parent participation calendar is completed 1 month in advance and sent out a few weeks ahead. You will only be scheduled on the days your child attends. Please remember that you must have a TB test on file (current within 2 years), proof of MMR, Tdap, and Flu vaccines in order to be scheduled in the classroom.

Child's Name _____

Participating Parent(s) Name _____

Phone number _____ Email Address _____

1. _____ Our family would like to participate in the classroom on a regular monthly basis. Please schedule us as indicated below.

Please circle your preferred days to participate:

M T W Th F

Comments:

2. _____ We would like to participate but are available only on specific days during the year. You can indicate those days here or email the coordinator at anytime during the year.

3. _____ We will not be able to participate in the classroom

BABY CARE: for younger siblings

_____ I will need baby care on the days I participate and I am also willing to be scheduled

Note: If you utilize the baby care program, you must also be willing to work in baby care. We use the room and yard in the church's nursery.

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: CCL Community Care Licensing

Licensing Office Address: 1000 Corporate Center Dr., Suite 200B, Monterey Park, CA 91754

Licensing Office Telephone #: (323)981-3350

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.

Preschool at Claremont United Methodist Church
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

Los Angeles Child Care East

ADDRESS

1000 Corporate Center Drive, Suite 200B

CITY

Monterey Park

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323)981-3350

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)

The Preschool at Claremont United Methodist Church

(PRINT THE ADDRESS OF THE FACILITY)

215 W. Foothill Blvd., Claremont, CA 91711

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Jeri.thepreschool@gmail.com.
Please send Jeri an email to get on her
distribution list.

The Preschool at Claremont United Methodist Church

ENROLLMENT ADMISSION AGREEMENT

The undersigned, a parent in The Preschool at Claremont United Methodist Church, has read the Parent Handbook and the Financial Agreement and agrees to the terms therein.

Parent Expectation as outlined in the Parent Handbook:

- To maintain a positive attitude toward the school, staff, policies, and procedures.
- To support the goals of the school.
- To resolve grievances in a positive manner, which includes following the appropriate steps as outlined in the Parent Handbook.
- To support fundraisers and special events with your time, energy, and resources.
- To maintain the overall health of the children by keeping sick children at home.
- To attend school meetings, orientations, and maintenance days.
- To attend Parent-Teacher Conferences.
- To fulfill the parent participation requirement.
- To follow the guidelines of the “participating parent” outlined in the Parent Participation Handbook, specifically, **no cell phones**, food or drink (except water), or excessive talking with other parents while working in the classroom.

Name of Child in Program: _____

Parent/Legal Guardian Signatures _____ Date: _____

_____ Date: _____

THE PRESCHOOL at CUMC FINANCIAL AGREEMENT

Name of child(ren) in program: _____

Person(s) financially responsible for account: _____

Driver's License: _____ Phone number: _____

DUE TO THE CURRENT COVID-19 CHILDCARE RESTRICTIONS, WE ARE UNABLE TO ACCOMMODATE ANY TIME CHANGES TO YOUR CHILD'S SCHEDULE DURING THE 2021-2022 SCHOOL YEAR.

Initial

Please note due to COVID, not all classes are available for drop in lunch bunch. Please indicate on your registration form if you will be using lunch bunch as arrangements need to be made in advance for the school year.

Initial

Scheduled days may be increased if space becomes available. Changes in scheduling may occur if guidelines for childcare are lifted.

Initial

The Annual tuition for the August 30, 2021 – June 15, 2022 school year is divided into 10 equal payments. September's tuition and this signed Financial Agreement are due on or before Tuesday, June 1, 2021, and are required to hold your child's space in the program. September's tuition is nonrefundable.

Initial

June's (2022) payment is paid in advance and is due by August 15, 2021, and is non-refundable.

Initial

Please read the following agreement and have both parents/guardians sign it. Your signature indicates that you understand and accept the terms and obligations listed and throughout your child's attendance in the program.

Please Note: This agreement must be signed and received by the preschool office on or before Tuesday, June 1, 2021, along with September's tuition payment in order to maintain your child's space in the program.

Initial

TERMS OF AGREEMENT

TUITION

1. Annual tuition is divided into 10 equal payments which can be paid upfront in full.
2. There are no reductions in tuition for absences due to illnesses, holidays, or vacations.
3. Tuition is pre-paid monthly and is due on the 1st of each month. If tuition is not received by the 10th a \$10.00 late fee will be charged. The late fee will be added each billing cycle until the account is current, and may result in termination of enrollment. Payments may be made in advance and post-dated.
4. In the event of a school closure due to any emergency or disaster, June's 2022 prepaid tuition is nonrefundable. In addition, one half of your current tuition is required during the closure to hold your child's space in the program. Failure to pay will result in a loss of your child's space and priority enrollment for the following school year.

Initial

FEES

1. All fees are non-refundable.
Regular fees include tuition, yearly registration, yearly material fee, and a one-time emergency supplies fee.
Other fees that may occur include early care, late fees, NSF, parent workday buyout/fee, and Lunch Bunch if applicable.
2. An annual material fee of \$100.00 is due by September 15, 2021.

Initial

4. Each family is responsible for 4 hours during 1 of the Saturday workdays. There are 2 Saturday workdays (one in the fall and one in the spring) from 8 am to 12:30 pm to choose from. If COVID restrictions apply, special projects that arise throughout the year can be substituted. Special arrangements must be made with the director. A payment of \$25.00 is assessed for each unmet hour. Please see the director if you have a special skill or concern. See Parent Handbook page 9.

OTHER RESPONSIBILITIES PER FAMILY

Initial

1. Late Charge Penalties:
 - Children picked up after their scheduled time will incur a late fee of \$6.00 per half hour and any portion of, until the child is picked up.
 - Children picked up after 4:30 pm will be charged \$25.00, which is paid in cash.
2. There is a \$35.00 penalty charge for any returned check. After 2 NSF, subsequent payments must be made by money order.
3. If a family withdraws their child from school, a 30-day written notice is required. Regular tuition rates continue for 30 days.
4. Families are allowed one schedule change per year without a fee assessed with a 30-day notice. Any changes after that incur a \$25.00 change of schedule fee. Changes are subject to availability.
5. If changes occur in a child’s schedule, billing will reflect the change and the terms of this agreement remain binding. Initial payment of the new tuition rate will signify agreement to the changes in financial responsibility. Requests to change a child’s schedule are given to the director in writing and supersede the schedule requested on the original enrollment form. A 30-day written notice is required for a reduction of days attended. If a reduction in days is requested after the first day of school begins, June’s prepaid tuition will not be refunded or prorated.

If any changes are made in this agreement, parents will be notified with 30 days written notice.

This requires both parent/guardian signatures and initials.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
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Print Parent/Guardian Name	Parent/Guardian Signature	Date
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Disaster Preparedness

In case of an emergency we want to be prepared!

Dear Parents,

Please send a few of your child's favorite non-perishable food items to school by September 15 inside a one gallon ziplock bag with your child's name clearly written on the front. This will be stored in our shed for the school year. **NO PEANUTS**. Cans are preferred as juice boxes, Jell-O plastic containers, and applesauce plastic containers tend to leak. We have water on hand, but an additional supply of your child's favorite food provides comfort. There is limited space so please use and label a one gallon ziplock. **Please note that packets will not be returned.**

Thank you

Some examples/suggestions are as follows

Snack bar

Snack size bags of dried fruit, crackers, Chees-Its

Drink

Picture of your family



Student Information Form

*Please sign and return to office with your enrollment package.
(One form per family, listing all children is fine.)*

Preschool Directory

A Student Directory is made each year for the convenience and private use of parents and students at CUMNS.

All students' names, teacher, and classroom will be listed. Please fill in or leave blank the information below that you give your consent to be listed.

Last Name: _____

Child 1: _____

Child 2: _____

Parent/Legal Guardian's Name(s): _____

Address: _____

City, State, Zip: _____

Phone #: _____

E-mail: _____

I give approval to list the above information in The Preschool at Claremont United Methodist Church's Student Directory.

Parent/Legal Guardian Signature: _____ Date _____

Please note any changes to your listing must be received in writing. Your listing will remain the same each school year your child attends unless a new form is completed.

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

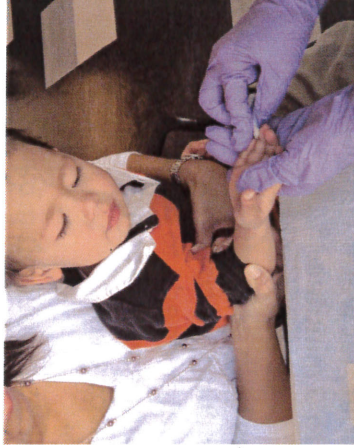
SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick.

Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clpppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;

- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

