

# BELVEDERE TIBURON CHILD CARE CENTER

## EMERGENCY CARD

**CHILD'S NAME**

Last

First

Middle

Sex

Date of Birth

**ADDRESS**

Number

Street

City

State

Zip

Telephone

**FATHER'S NAME**

Last

First

Middle

**CONTACT #**

Home

**ADDRESS**

Number

Street

City

State

Zip

Work

Father's Occupation

Employer

E-mail

Cellular

**MOTHER'S NAME**

Last

First

Middle

**CONTACT #**

Home

**ADDRESS**

Number

Street

City

State

Zip

Work

Mother's Occupation

Employer

E-mail

Cellular

**NAMES OF OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**

Name

Address

Relationship

Telephone No.

**CONSENT FOR MEDICAL TREATMENT**

As the parent, agency representative or legal guardian, I hereby give consent to **Belvedere Tiburon Child Care Center (BTCCC)** to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for

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

This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

**CHILD HAS THE FOLLOWING ALLERGIES AND MEDICATION ALLERGIES****PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Plan &amp; Number: \_\_\_\_\_

Medical Plan &amp; Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Agency Representative/ Guardian Signature\_\_\_\_\_  
Date**OFFICE USE ONLY:**Authorization to reapply sunscreen: ☐ YES☐ NOAuthorization to use photo: ☐ YES☐ NO



**Belvedere Tiburon Child Care Center**  
1185 Tiburon Blvd. Tiburon, CA 94920  
Office/ Reed Site: (415) 435-4366 FAX: (415) 435-0943  
Bel Aire Site: (415) 381-2243  
btccc@btccc.org

## **ENROLLMENT AGREEMENT (REGULAR SCHEDULE)**

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

Program:           Preschool           T.K.           Kindergarten           After School           Bel Aire

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

### **A. DAILY SCHEDULE – DAYS AND HOURS**

- ☐ No, my child will not be returning in the Fall of \_\_\_\_\_  
☐ Yes, my child will be returning in the Fall of \_\_\_\_\_

The deadline to register for Fall \_\_\_\_\_ is \_\_\_\_\_. Space will not be guaranteed after this date. Changes in this schedule will be allowed only if the BTCCC is informed in writing 30 days before the start date and if space is available. ***Preregistration is valid only if your child remains enrolled with a regular schedule at the BTCCC until the end of the school year and if your child's account is current.***

**Start date:** \_\_\_\_\_

### **INDICATE DAYS AND HOURS**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

No refunds, credits or substitutions of days and hours will be given for early pick ups, illness, vacation days, stay days and afternoon academic classes. *Preschool children who are signed up for an 8-12 schedule are not guaranteed space during sign up days and weeks.*

### **B. ENROLLMENT FEE**

A non-refundable \$ 100 enrollment fee is required to reserve a slot in the program. **A 30 day written notice is required to make any changes in schedule or to withdraw from the program..**

### **C. REGISTRATION**

A non-refundable registration fee of \$ 50 is charged annually.

### **D. MONTHLY TUITION**

I agree to pay \$ \_\_\_\_\_ as a regular monthly tuition. Tuition fees are subject to change as approved by the board of directors. The full tuition and additional charges are due and payable on the first of each month. **There is a \$25 late charge for tuition that is not paid in full by the 10<sup>th</sup> of each month. Failure to pay by the 20<sup>th</sup> of the month will result in the dismissal from the program. 3 late payments will result in dismissal from the program.**

### **E. PERSON RESPONSIBLE FOR MONTHLY TUITION**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

The individual whose signature appears above is responsible for the full payment of the monthly tuition and other fees.

### **F. LATE PICK UPS AND ABSENTEEISM**

Children should be picked up promptly at the appointed time. The fee for all late pick ups is \$1.00 per minute. The center must be informed of a child's absence or tardiness. **If your child will be absent, please call the BTCCC office by 12:00 noon. A \$ 10.00 non-cancellation will be charged for failure to do so.**

I have read, fully understand and agree to abide by the provisions of this agreement.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Date

By signing here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.

**'OFFICE ONLY:** Conf. \_\_\_\_\_ Forms Given \_\_\_\_\_ Forms Received \_\_\_\_\_ Bookkeeper \_\_\_\_\_ Daily List \_\_\_\_\_ File Maker \_\_\_\_\_ Gmail \_\_\_\_\_



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## **BELVEDERE TIBURON CHILD CARE CENTER**

### **CARE POLICY AGREEMENT**

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

Please initial each item:

- \_\_\_\_\_ 1. A 30 day written notice is required to change a child's schedule including withdrawal from the program. Only 2 schedule changes are allowed per school year.
- \_\_\_\_\_ 2. A 30 day written notice is required to withdraw from the program. Failure to give a 30 day written notice will require the payment of another enrollment fee to sign up with BTCCC again at a later date.
- \_\_\_\_\_ 3. The annual enrollment fee and registration fee are non-refundable.
- \_\_\_\_\_ 4. The late pick up fee is \$1 .00/min. This applies to all pick up times at 12 PM PM, 1:30 or 2:30PM, and 6 PM.
- \_\_\_\_\_ 5. The non-sign in/out fee is \$1.00 each occurrence. Please use full signature and write the accurate time clearly.
- \_\_\_\_\_ 6. The full tuition must be paid by the 10th of each month. Payments received after the 10th of each month will incur a \$15 late payment fee.
- \_\_\_\_\_ 7. \$15 plus a late fee will be charged for returned checks.
- \_\_\_\_\_ 8. For preschool children, the applicable toilet training fee is added to the monthly bill. The BTCCC staff will make the determination of whether or not a child is toilet trained.
- \_\_\_\_\_ 9. I am allowing the BTCCC to reapply sunscreen in the afternoon on my child. Parents will be responsible to apply sunscreen before dropping him/her off in the morning. Please bring a bottle of spray sunscreen labeled with your child's name.
- \_\_\_\_\_ 10. If someone not listed on the emergency form will be picking up your child , please call the center or put it in writing. The pick up person should be prepared to show proper identification.
- \_\_\_\_\_ 11. Please inform the BTCCC office by 12 PM on regular days and 24 hours in advance for sign up days and weeks if your child will not be attending the program. Otherwise, a \$10 non-cancellation fee will be charged.

PLEASE FILL OUT BOTH SIDES OF THIS FORM. SEE NEXT PAGE --->



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Please initial each item:

- \_\_\_\_\_ 12. Monthly invoices and newsletters are sent out via email. Please read all communications from the BTCCC. It's the parents' responsibility to inform BTCCC if they have not received their invoice.
- \_\_\_\_\_ 13. Parent contracts must be submitted 10 business days after starting in the program. Tasks must be completed by April 15. Otherwise, the cash contribution will apply and be added to your invoice.
- \_\_\_\_\_ 14. Parents are responsible to sign up for childcare by the deadline for sign up days and weeks. This applies to both the school age and preschool programs. Space is not guaranteed for your child after the deadline. Preschool children with a 8am- 12pm schedule are not guaranteed space on sign up days and \_\_\_\_\_ weeks.
- \_\_\_\_\_ 15. Academy release forms must be submitted by the deadline for your child to attend classes given by the Ranch. Children will go directly to their class.
- \_\_\_\_\_ 16. Please do not use the BTCCC e-mail address to cancel for the same day. Instead, Call 435.4366 for preschool and Reed and 381.2243 for BelAire.
- \_\_\_\_\_ 17. The BTCCC office number is 415.435.4366. Please call this number for any questions \_\_\_\_\_ about the program.

18. Please choose one:

Yes, I am allowing the BTCCC to use my child's picture on its website and other brochures. I understand my child's name will not be posted.

No, I am not allowing the BTCCC to use my child's picture on its website and other brochures.

19. Please e-mail my child's invoice to \_\_\_\_\_  
( one e-mail only)

I FULLY UNDERSTAND THE CARE PROGRAM POLICIES LISTED ABOVE.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

*By signing here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.*

## **FACING THE FACTS:**

### **A Parent's Guide to the Understanding of Child Sexual Abuse**

*Sometimes parents have to face issues they would rather avoid.*

#### **What is Sexual Abuse?**

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such "nontouching" behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (*fondling*), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, 'Doesn't that look like fun?' I didn't think so, but I said 'Yes!'"

#### **Who Gets Sexually Abused?**

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind. . .

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one out of every ten boys become victims of sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

*"When Mommy goes to work, I stay at Mrs. Jenkin's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkin's son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he puts his finger in my 'privates.' He said 'You better not tell!'"*

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. *The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.*

#### **How Can You Determine If Sexual Abuse Has Taken Place?**

First and foremost, if your children confide that they have been sexually assaulted, **believe them!** Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease.

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (*such as a day care center or friend*)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (such as an older child sucking his or her thumb)
- Unexplained changes in behavior at school, day care, or in relations with peers
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse should not be ruled out as a possibility.

#### **What Can You Do To Prevent Sexual Abuse?**

You teach your children many safety rules. You teach them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers, and so on. Discussions relating to sexual abuser prevention can be included in this normal teaching process. Your children need not be made afraid of suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you

don't want to. Simply make your children aware that if someone touches them or does anything that makes them uncomfortable, then should report it to you or another adult they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about anything that's upsetting to them. Answer any questions your children may have, and be calm and matter-of-fact.

#### Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

*"Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his 'thing.' I want to tell my mom, but I'm scared she'd get mad."*

#### What If You Discover Your Child Has Been Sexually Abused?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offender's relationship to the child and adult reactions to the discovery of the abuse. Sometimes children do not appear overly upset by the abuse; often, they are confused or frightened by what they have encountered. You, as a parent, play an important part in how the abuse will affect your child both in the short and long term.

The following are some suggestions if you discover your child has been sexually abused:

- Believe your child; reinforce the fact he or she is not to blame for what happened.
- Immediately report the abuse to the proper authorities (See "Contacts and Services")
- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your first concern.
- Seek medical care if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sexual offenders, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

#### Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (*This can be done in a casual manner while dressing or bathing.*) Question any unusual marks, bruises, burns, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons must report suspected abuse to the proper authorities. The mandated reporters include:







Any Child Care Custodian (*teachers, licensing day care workers, foster parents, social workers*)

Medical Practitioners (*physicians, dentists, psychologists, nurses*)

Nonmedical Practitioners (*public health employees, counselors, religious practitioners who treat children*)

Employees of a child protective agency (*sheriff, probation officers, county welfare department employees*)

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by up to 6 months in county jail, a fine of not more than \$1,000 or both.

| CONTACTS AND SERVICES<br>FOR YOUR INFORMATION, THE FOLLOWING CHART<br>SHOWS WHAT AGENCIES MAY ASSIST YOU IN SPECIFIC<br>AREAS AS LISTED BELOW                 | POLICE OR<br>SHERIFF  | COUNTY<br>DEPARTMENT OF<br>CHILDREN'S OR<br>SOCIAL SERVICES                         | STATE OR<br>LOCAL DIVISION<br>OF COMMUNITY<br>CARE LICENSING                        |
|---|---|---|---|
| *If you believe a child is being (or has been) abused by an individual (relative, friend)   |  |  |   |
| *If you believe a child has been assaulted by a stranger  |  |   |   |
| *If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home) |  |   |  |
| *If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting                        |   |   |  |

### 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, 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 cannot by law be given an exemption that would allow them to own, live in or work in 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 <http://cclid.ca.gov/docs/maps/state.htm>

### INFORMACION IMPORTANTE PARA PADRES

#### PROCESO PARA LA REVISIÓN DE LOS ANTECEDENTES DE LOS PROVEEDORES DE CUIDADO DEPARTAMENTO DE SERVICIOS SOCIALES DE CALIFORNIA

El Departamento de Servicios Sociales de California trabaja para proteger la seguridad de los niños bajo cuidado, proporcionando licencias a guarderías infantiles y hogares que proporcionan cuidado de niños. Nuestra mayor prioridad es asegurar que los niños estén en un ambiente de cuidado de niños que sea seguro y saludable. Las leyes de California requieren que se lleve a cabo una revisión de antecedentes para cualquier adulto que sea dueño de o que viva o trabaje en un hogar con licencia que proporcione cuidado de niños o en una guardería infantil con licencia. Cada uno de estos adultos tiene que presentar sus huellas digitales para que se lleve a cabo una revisión de antecedentes para ver si tiene algún historial penal. Si determinamos que una persona ha sido condenada por un delito, que no sea una infracción menor de las reglas de tráfico, esa persona no podrá trabajar ni vivir en un hogar con licencia que proporcione cuidado de niños ni en una guardería infantil con licencia, a menos que lo apruebe el Departamento. A esta aprobación se la llama una exención.

Una persona que ha sido condenada por un delito como asesinato, violación, tortura, secuestro, delito de violencia sexual, o abuso sexual en contra de un niño, por ley, no podrá recibir una exención que le permita ser dueño de o vivir o trabajar en un hogar con licencia que proporcione cuidado de niños o en una guardería infantil con licencia. Si el delito fue un delito mayor (felony) o un delito menor grave, la persona tendrá que salir del establecimiento mientras que se revisa la petición para una exención. Si el delito es menos grave, es posible que se le permita quedarse en el hogar con licencia que proporcione cuidado de niños o en una guardería infantil con licencia mientras que se revisa la petición.

#### Cómo se revisa una petición para una exención

Nosotros solicitamos información sobre los antecedentes de la persona que tengan los departamentos de policía, la Oficina Federal de Investigaciones (FBI), y las cortes. Tomamos en consideración la clase de delito, cuántos delitos se han cometido, cuánto tiempo ha pasado desde que sucedió el delito, y si la persona ha sido honesta en lo que nos ha dicho.

La persona que necesita la exención tiene que proporcionar información sobre lo siguiente:

- el delito
- lo que ha hecho para cambiar su vida y obedecer la ley
- si está trabajando, asistiendo a la escuela, o recibiendo entrenamiento
- si ha completado de una manera satisfactoria algún programa de orientación o rehabilitación.

La persona también nos da cartas de referencia de otras personas que no tienen parentesco con ella y que tienen conocimiento del historial de esa persona y cómo es su vida ahora.

Nosotros revisamos todas estas cosas muy cuidadosamente al tomar una decisión sobre las exenciones. Por ley, no se puede compartir esta información con el público.

#### Cómo obtener más información

Como padre o representante autorizado de un niño bajo cuidado con licencia, usted tiene el derecho de preguntarle al hogar con licencia que proporcione cuidado de niños o a la guardería infantil con licencia si alguien que está trabajando o viviendo allí tiene una exención. Si usted pide esta información y hay una persona con una exención, dicho hogar o guardería infantil tiene que decirle el nombre de la persona y la manera en que tal persona está involucrada en el hogar o guardería infantil. Además, tiene que darle el nombre, dirección, y número de teléfono de la oficina local de licenciamiento. Usted también puede obtener el nombre de la persona comunicándose con la oficina local de licenciamiento. Puede encontrar la dirección y el número de teléfono en nuestro sitio web. La dirección del sitio web es <http://cclid.ca.gov/docs/maps/state.htm>

DO 6292 (0-0)

DO 6292 (SF) (0-0)

(Detach Here)

## CHILD ABUSE PREVENTION PAMPHLET RECEIPT

This will acknowledge that I/WE, the parent(s) of \_\_\_\_\_, have received a copy of \_\_\_\_\_  
(Name of Child)

"Facing The Facts: A Parent's Guide to the Understanding of Child Sexual Abuse"

from the licensee or authorized representative BELVEDERE TIBURON CHILD CARE CENTER

(Signature of Parent(s)/Guardian(s))

Date

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:

|  |       |   |       |  |       |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox     | DATES | <input type="checkbox"/> Diabetes       | DATES | <input type="checkbox"/> Poliomyelitis               | DATES |
| <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 |
|---------------------------------|--|------------------------|---|

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:<br>(What does child usually eat for these meals?) | BREAKFAST<br>LUNCH<br>DINNER     | WHAT ARE USUAL EATING HOURS?<br>BREAKFAST _____<br>LUNCH _____<br>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<br>(     )          |
| ADDRESS  | NUMBER    | STREET | CITY  | STATE                         | ZIP                           |
|  |           |        |       |                               | BIRTHDATE                     |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>(     ) |                               |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                         | ZIP                           |
|  |           |        |       |                               | HOME TELEPHONE<br>(     )     |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>(     ) |                               |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                         | ZIP                           |
|  |           |        |       |                               | HOME TELEPHONE<br>(     )     |
| PERSON RESPONSIBLE FOR CHILD                         | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE<br>(     )     | BUSINESS TELEPHONE<br>(     ) |

**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<br>(     ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>(     ) |

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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

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

Licensing Office Name: \_\_\_\_\_

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

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

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

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

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

LIC 995 (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.

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

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

\_\_\_\_\_  
Date

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

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

# 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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

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

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**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/DTaP/<br>DT/Td             | (DIPHTHERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANUS<br>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

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**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.