

Welcome to the Concordia family!

All people learn and grow in the context of relationships. This is especially true for young children. Here at Concordia we work to create a community that is the optimal learning environment for your child.

Concordia is a community where children:

- Are challenged intellectually in a nurturing atmosphere so that they are exceptionally well prepared for kindergarten.
- Learn to form relationships with other children and adults so that they can successfully navigate in a world that requires working with wonderfully diverse people.
- Discover that they are created with unique gifts so that they can develop those gifts in a way that makes family, community, and world a better place.
- Develop their body through activity, play, and nutritional snacks so that they will grow up strong and healthy.
- Grow in understanding that God made them, God loves them, and Jesus is their friend forever and that they are made not only for self, but also so that they can bless others in this world.

We are excited about contributing to your child's beautiful life, and we are happy to welcome your family to the Concordia family.

Sincerely,

Director Rexanna Blas

Director Michelle Schmidt

Pastor Richard Schmidt

**CONCORDIA PRESCHOOL AND CHILD CARE CENTER
State Requirements for Enrollment
License #376700616**

Check that all forms are completed and signed.

Completed	Description
	Application
	Electronic Payment Authorization
	Parents' Contract for Admission of Students
	Child's Preadmission Health History – Parent's Report (LIC 702)
	Consent for Emergency Medical Treatment (LIC 627)
	Identification and Emergency Information (LIC 700)
	Classroom Emergency Information
	Allergy/Dietary Restrictions
	Media Release
	Notification of Parents' Rights (LIC 995)
	Personal Rights for Children (LIC 613A)
	Physician's Report (LIC 701)

Check that you provided the following:

Provided	Description
	Copy of Child's Birth Certificate
	Copy of California Immunization Card
	Copies of Legal Documents (i.e. restraining orders)
	Recent Photo of your Child
	Application Fee, nonrefundable and nontransferable



1695 Discovery Falls Drive
Chula Vista, California 91915

619 656 8100 **tel**

619 656 8108 **fax**

www.concordiachurch.com

APPLICATION

Student Information

License #376700616

Child's Last Name	Child's First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	
Child's Address		City	State	Zip
Referred By				

Parent / Legal Guardian 1

Last Name	First Name	Middle Initial		
Address		City	State	Zip
Cell Phone Number	Home Phone Number	Email Address		
Employer		Work Phone Number		

Parent / Legal Guardian 2

Last Name	First Name	Middle Initial		
Address		City	State	Zip
Cell Phone Number	Home Phone Number	Email Address		
Employer		Work Phone Number		

Important information is sent via email/eblast. Please **mark box** indicating who should receive emails:

Parent/Legal Guardian 1, Parent/Legal Guardian 2, or both.

Family Information

Are you active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you regularly attend a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Pastor:

Preferred Start Date (mm/dd/yyyy):

APPLICATION

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A \$150 single child or \$225 multiple child nonrefundable, nontransferable application fee **must accompany this form.**

Please make check payable to Concordia Church and School.

After completing the enrollment packet, return it and the fee to the Preschool Office in person.

Preschool Fee Schedule
(Please check the program you are interested in)

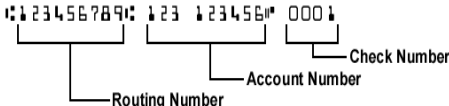
Full Day Schedule 6:30am – 5:30 pm	2 year old	3 year old or Pre-K
5 days	\$ 1320.00	\$ 1275.00
4 days	\$ 1250.00	\$ 1200.00
3 days (M, W, F)	\$ 930.00	\$ 900.00
2 days (T, TH)	\$ 660.00	\$ 640.00
Please indicate intended AM drop off time:		
Please indicate intended PM pick up time:		

Half Day Schedule 8:00 am – 1:00 pm	2 year old	3 year old or Pre-K
5 days	\$ 1020.00	\$ 985.00
4 days	\$ 965.00	\$ 915.00
3 days (M, W, F)	\$ 720.00	\$ 690.00
2 days (T, TH)	\$ 550.00	\$ 530.00

ELECTRONIC PAYMENT AUTHORIZATION

FOR OFFICE USE ONLY		
Date	Child Number	Child Name

<input type="checkbox"/> Preschool and Child Care Center	<input type="checkbox"/> Before and After School Program	<input type="checkbox"/> Intersession Program
Effective date of authorization (mm/dd/yyyy)		
Type of authorization (check all that apply)		
<input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue payment		
Last Name		First Name
Address		
City		State Zip
Primary Phone		Email

OFFICE USE ONLY			
Date of first payment (mm/dd/yyyy)	Amount of first payment \$	Amount of ongoing payment \$	Date of last payment - optional (mm/dd/yyyy)
Please debit payments from my (check one)		Routing Number	Account Number
<input type="checkbox"/> Savings Account (contact financial institution for Routing #)			
<input type="checkbox"/> Checking Account (attach a voided check below)			
Check Routing Number Example A Valid Routing # must start with 0, 1, 2, or 3.			

Monthly payment will be deducted on the 3rd.

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature	Date
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Please attach a voided check at the bottom of this page.

What you need to know for the first day of school

- All children need to bring a change of clothing, including top, bottom, underwear, and socks. Place all items in a large Ziploc bag with the child's name clearly written on the outside and on every item in the bag. These items will be left at school in case of an emergency. When an emergency change of clothes is used, please launder and return them the following day or provide another change of clothing.
- All children need to bring a packed lunch with the child's name clearly written on the outside. Please pack a nutritious lunch from all the food groups, necessary utensils, napkin, drink, and an ice pack if needed. We do not heat lunches for the children, so feel free to use a small thermos for food you wish to be eaten warm. We are a **NUT FREE** school so please read all labels of pre-packaged food.
- Children here for a full day will need to bring bedding which consists of a lightweight, non-bulky blanket and a fitted crib sheet with the child's name clearly written on both. These will be sent home at the end of each week for laundering.
- If there are any other questions you have, please speak with the director on site.



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www.concordiachurch.com

**CONCORDIA PRESCHOOL AND CHILD CARE
PARENTS' CONTRACT FOR ADMISSION OF STUDENTS**

License #376700616

Parents/Legal Guardians with whom student lives

Father/Legal Guardian Last Name	Father/Legal Guardian First Name	Cell Phone		
Mother/Legal Guardian Last Name	Mother/Legal Guardian First Name	Cell Phone		
Address		City	State	Zip

Student Information

Last Name	First Name	Middle Initial	Date of Birth
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By my signature on this document, I acknowledge that I am the parent or legal guardian of the above student for whom I have requested admission into Preschool.

BY RESOLUTION OF THE BOARD OF EDUCATION FOR THE CONCORDIA PRESCHOOL (Preschool), THE FOLLOWING STATEMENTS ARE DESIGNED TO BE THE CONDITIONS FOR ADMISSION: In consideration of such admission, I agree to the conditions governing admission and attendance at the Preschool, as stated below.

I understand the annual application fee is to be paid in advance to secure my child's space for the schedule I need/desire and that this fee is nonrefundable, unless my child should not be accepted into the program.

I agree to make tuition and fee payments to the Preschool on or before the scheduled dates. Tuition is due and payable on the 3rd of the month by automatic electronic withdrawal from a checking or savings account. A \$30.00 insufficient funds fee will be assessed for each payment not honored by the bank. I acknowledge that the Preschool may enforce the following penalty: **The Preschool may, at its sole option, terminate the enrollment of any student when payment of fees is in arrears and has not been received by the Preschool within 30 days unless prior arrangements has been made with the Business Administrator.**

The administration reserves the right to adjust the prices of it programs at the beginning of each academic school year (or at any time deemed necessary); families will be informed of this change as students enroll for the upcoming school year or at least one month before the change takes effect.

I understand that only one discount per qualifying family may be applied to my child's tuition rate.

I understand there is NO deduction in fees and "make-up" days are not allowed when my child is absent due to Preschool closures, holidays, family vacations, or illness.

Preschool hours are from 6:30 am to 5:30 pm for full day students, 8:00 am to 1:00 pm for half day students. I understand it is my responsibility to ensure my child is picked up every day by his/her assigned departure time. If not, I understand that I will be billed a late fee of \$1.00 per child, per minute or fraction thereof.

PARENTS' CONTRACT FOR ADMISSION OF STUDENTS

I understand that I must give TWO (2) WEEKS WRITTEN NOTICE if my child will be leaving. No adjustment or refund will be granted if the departure occurs before the end of a paid month.

Requests for schedule changes will be made in writing and are subject to space availability in the child's classroom. Schedule changes will take effect only at the beginning of a month.

I agree to read and adhere to the policies, procedures, rules, and regulations communicated by the Preschool. Violations of the stated rules and regulations may result in expulsion from the Preschool.

I agree to allow my child to participate in all Preschool functions, including those that are worship related.

I understand that from time to time my child's class may walk along the school/church property or to the park bordering the school during school hours. I give permission for my child to participate with his/her class on such walks outside the classroom.

I understand that if my child's behavior is disruptive to the learning of other students or endangers the safety of other students, and attempts to correct the behavior have been unsuccessful, my child may be removed from the Preschool program.

RIGHTS OF CHILD CARE LICENSING:

- a. The Department has inspection authority to enter and inspect a facility without advance notice.
- b. The Department has the authority to interview children or staff, and to inspect and audit child or Child Care Center records without prior consent.

I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES OR LICENSING AGENCY HAS THE AUTHORITY TO OBSERVE, INTERVIEW, AND HAVE MY CHILD(REN) PHYSICALLY EXAMINED AT ANY TIME WITHOUT PRIOR CONSENT. AUTHORITY CITED: SECTION 1596.81, HEALTH & SAFETY CODE.

THE LICENSEE SHALL MAKE PROVISIONS FOR PRIVATE INTERVIEWS WITH ANY CHILD(REN) OR ANY STAFF MEMBER AND FOR THE EXAMINATION OF ALL RECORDS RELATING TO THE OPERATION OF THE FACILITY.

THE DEPARTMENT OF LICENSING AGENCY SHALL HAVE THE AUTHORITY TO OBSERVE THE PHYSICAL CONDITION OF MY CHILD(REN), INCLUDING CONDITIONS WHICH COULD INDICATE ABUSE, NEGLECT OR INAPPROPRIATE PLACEMENT AND TO HAVE A LICENSED MEDICAL PROFESSIONAL PHYSICALLY EXAMINE MY CHILD(REN).

My signature below indicates that I fully understand and will abide by the conditions and terms of this contract.

Parent/Legal Guardian Signature

Sign Full Name	Print Full Name	Date
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Parent/Legal Guardian Signature

Sign Full Name	Print Full Name	Date
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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?
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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*
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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

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

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

Concordia Preschool and Child Care

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

_____ . THIS CARE MAY BE GIVEN UNDER

NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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

DATE OF ADMISSION	DATE LEFT
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CLASSROOM EMERGENCY INFORMATION

Student Information

Today's Date: _____

Child's Last Name	Child's First Name	Date of Birth (mm/dd/yyyy)	Age
Does your child take any medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list medication.			
List any allergies or special needs your child has.			
Is there anything else we should know about child?			

Father / Legal Guardian 1

Last Name	First Name	Middle Initial	
Address		City	State Zip
Cell Phone Number	Home Phone Number	Email Address	
Employer/Occupation		Work Phone Number	

Mother / Legal Guardian 2

Last Name	First Name	Middle Initial	
Address		City	State Zip
Cell Phone Number	Home Phone Number	Email Address	
Employer/Occupation		Work Phone Number	

All People Who Are Authorized to Pick Up Other than Parents

Last Name	First Name	Phone	Relationship

Photo Release (check all that apply)

I give permission to use my child's photo for the following purpose:		
<input type="checkbox"/> Promotional Materials	<input type="checkbox"/> Classroom Use (art projects, to hang in the classroom and the hall)	<input type="checkbox"/> None at this time

Official use only.

Classroom: _____

Half Day / Full Day: M T W Th F

Allergy/Dietary Restrictions

Your child will be participating in daily snacks, parties, and cooking activities. We need to be informed of any allergies or dietary restrictions.

Child Information

Last Name	First Name	Date
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Parent / Legal Guardian 1

Last Name	First Name	
Cell Phone Number	Home Phone Number	Work Phone Number

Parent / Legal Guardian 2

Last Name	First Name	
Cell Phone Number	Home Phone Number	Work Phone Number

Allergy and Dietary Restriction Information

<input type="checkbox"/> My child DOES NOT have allergies. <input type="checkbox"/> My child DOES have allergies.
List any allergies. Please include food and nonfood items.
A typical allergic reaction has the following symptoms (please describe).
Follow the below procedures if my child experiences an allergic reaction.
Medications and instructions, provided by the parent, to be used in the event of an emergency are:
<input type="checkbox"/> My child DOES NOT have dietary restrictions. <input type="checkbox"/> My child DOES have dietary restrictions.
List any dietary restrictions.

MEDIA RELEASE

Student Last Name	Student First Name
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Throughout the school year, students participate in art shows, classroom projects, singing performances, and school productions.

Occasionally and with the Director's approval, staff, parents, family, other participants or attendees, and local media cover these events by taking photographs or recording audio and/or video or other media formats (hereinafter "Media"). This Media may be used in or by, but not limited to, Concordia Church & School (Concordia), newspapers, television, websites, or other media production. This specifically includes Concordia's website and other school-related materials, including but not limited to, online, print, and/or any other formats, existing or created in the future, of marketing materials.

By signing below, you agree that you have been notified of the possibility that your child may be included in such Media and authorize the use of such Media. In addition, by signing below you further authorize the use of these materials indefinitely without compensation to you or your child. All negatives, positives, prints, digital reproductions, and video or audio recordings created by Concordia or its designees shall be the property of Concordia.

You can choose to have your child not participate in these photographed or videotaped events. Please be aware, however, that this release is not intended to provide any guarantee that such Media will not be taken and Concordia does not agree to assume any liability for such Media taken by persons or companies that are not acting on behalf of Concordia. In addition, Concordia has no control over such Media taken in the public square or viewable from the public square and offers no guarantee or policing effort in this regard.

Please initial one box below.

Initials

I, the Parent/Legal Guardian of the student named above, **give** permission for my child's name or Media to be used as outlined herein.

Initials

I, the Parent/Legal Guardian of the student named above, **do not give** permission for my child's name or Media to be used for school-related materials, the school's website, or other online or marketing materials. The student will be excused from participation in the events that Concordia intends to photograph or tape, including school productions. I specifically acknowledge that Concordia does not guarantee that Media will not be taken and have no control over the actions of others or activities or otherwise that operate in the public square or are viewable from the public square and assume the risk that such Media may be taken.

Parent/Legal Guardian Signature

Sign Full Name	Print Full Name	Date
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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: Mission Valley District Office

Licensing Office Address: 7575 Metropolitan Drive, #110, San Diego, CA 92108

Licensing Office Telephone #: 619-767-2200

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.

Concordia Preschool and Child Care
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

Mission Valley District Office

ADDRESS

7575 Metropolitan Drive, #110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

619-767-2200

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)

Concordia Preschool and Child Care

(PRINT THE ADDRESS OF THE FACILITY)

1695 Discovery Falls Drive, Chula Vista, CA 91915

(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: _____

other: _____

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)	/ /	/ /	/ /	/ /	/ /
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.
