



Cross & Crown Lutheran School PRESCHOOL APPLICATION PACKET 2019/2020

Preschool/PreKindergarten: 2 Days 3 Days 4 Days 5 Days

Student's Full Name _____ Birth Date _____ Place of Birth _____

Home Address _____ Home Phone _____

Student lives with Father Mother Both Other _____

Names and ages of siblings _____

Mother/Guardian's Name _____ Occupation _____ Cell Phone _____

Mother/Guardian Employed at _____ Work/Daytime Phone _____

Work Address _____ Email Address _____

Father/Guardian's Name _____ Occupation _____ Cell Phone _____

Father/Guardian Employed at _____ Work/Daytime Phone _____

Work Address _____ Email Address _____

Student's ethnic background (Please complete for statistical purposes only.)

Caucasian Hispanic African American Asian Native American Middle Eastern Other _____

Yes This child was born outside of the United States in the country of: _____

Language spoken at home other than English _____

Family's religion preference _____ Student's date of baptism _____

We are members of _____ Church Do you attend regularly? Yes No

We plan to keep our child at Cross & Crown Lutheran School through:

Preschool/PreKindergarten Yes Jr. Kindergarten Yes Kindergarten Yes 1st – 6th grades Yes

Before or After Care for Preschool/PreKindergarten Students:

This student will regularly attend before or after school care. We will read and follow the program policies in the handbook.

Special Services

Please list special services that this child has received (speech & language, occupational therapy, etc...)

Signatures: A signature from at least one parent is required on all requested forms.

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

To Be Completed by Parent, Domestic Partner or Authorized Representative

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

DATE

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

DATE OF ADMISSION

DATE LEFT

**CROSS & CROWN LUTHERAN SCHOOL
PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE AND PERMISSION TO PARTICIPATE**

Child's Name: _____

Parents/guardian: (Print) _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

I hereby grant permission for the staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian or persons listed on the Emergency Information Form.
- Attempt to contact the child's physician as listed on the Emergency Information Form.
- Call another physician.
- Take the child to a physician's office, urgent care center or hospital.
- Call an ambulance to have the child taken to an emergency medical facility accompanied by a staff member.

I hereby give consent to Cross & Crown Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I agree to accept financial responsibility for any expenses incurred in such treatment.

- Does this child have a permanent medical condition/allergies? Yes _____ No _____
Condition _____
- Is this child currently taking a long term prescribed medication? Yes _____ No _____
Medication _____ Dosage _____
- This child has the following **life threatening** allergies: _____
- The school will not administer any medication except those for life threatening conditions (i.e. Epi-pens, inhalers).

The School will not be responsible for anything that may happen as a result of incorrect information given by the parent on this form.

I hereby grant permission for the above named child to:

- Use all of the play equipment and participate in all of the activities of the School. Yes _____ No _____
- Leave the School premises under the supervision of a staff member for neighborhood walks. Yes _____ No _____
- Attend field trips in an authorized vehicle when advance notice has been given. Yes _____ No _____
- Be included in evaluations. Yes _____ No _____
- Have his/her picture used in connection with the school program. Yes _____ No _____
- Include his/her address in a class list/school directory. Yes _____ No _____
- Include his/her telephone number in a class list/school directory. Yes _____ No _____

The School will not assume responsibility for a child who has not been registered for the current school year.

Signed by mother or legal guardian

Date

Signed by father or legal guardian

Date

PRESCHOOL/PRE-KINDERGARTEN PROGRAM
2019/2020 ADMISSION AGREEMENT
Facility Number: 490100475

ADMINISTRATION: Cross & Crown Lutheran School is sponsored by Cross & Crown Lutheran Church as a community service and is administered by a non-salaried School Board. The Preschool is a Christian, nonsectarian, nonprofit organization and welcomes children of all races, religious and ethnic origins. The Preschool was founded in September 1972 under the name of Little Friends Preschool.

PHILOSOPHY: Our Preschool's philosophy is based on the knowledge that children learn through experience, they learn by doing. We work towards enhancing the development of the "whole child." We provide a program to nurture their social, emotional, cognitive, physical and spiritual development.

We offer an integrated theme-based curriculum with daily learning stations in art, science, cognitive and motor skills or creative play.

We believe that every child goes through developmental stages of growth, and that it is the responsibility of our staff to foster that development and to consider each child's individual needs.

Our extended school day program's primary focus is on the social development of the child. We cater to a mixed age setting (2 -5 years) that gives children opportunities to develop relationships with children of different ages. We concentrate on activities that encourage problem solving, cooperation, and communication. We provide opportunities for creative, cognitive, and physical development by extending the concepts introduced in their morning programs.

STAFF: The School Board employs the Administrator, Director, and teachers of the Preschool. The Administrator and Director have certain delegated duties which include:

1. Responsibility for the daily program and operation of the School.
2. Supervision and evaluation of teaching staff.
3. Coordination of registration formalities and maintaining up-to-date files.
4. Ordering supplies.
5. Scheduling special events and parent conferences.
6. Responsibility for communication between the School Board and teaching staff and/or parents.

All teachers are required to be qualified for teaching preschool education as determined by the State of California, Department of Social Services.

LICENSE: Cross & Crown Preschool/Junior Kindergarten is licensed by the State of California Department of Social Services. Our policies and procedures are in compliance with Child Care Center Regulations as set forth in the Community Care Licensing Division Manual of Policies and Procedures.

ADMISSION POLICY – PRESCHOOL

Our Preschool/Pre- Kindergarten is open year round and operates on a traditional school year calendar. Children must be 2 years of age to enter the preschool program.

Registration forms must be filled out and returned **before** a child can attend preschool. This includes all forms required by the State of California, as well as forms and information required by CCLS. State law requires the school to have documentation of immunizations for Diphtheria-Tetanus-Pertussis (DTP/DT), Polio (OPV/IPV), Measles, Mumps, Rubella (MMR), Hepatitis B, TB skin test, Hib Meningitis, and Varicella (Chicken Pox).

FACILITY OPERATION: Children are admitted to the classroom at the designated starting time for each class and must have an authorized adult pick them up at the end of class. Children must be signed-in upon arrival and signed-out upon departing the school by an authorized adult. Sign-in/sign-out must include your full signature and the time. This is California state law.

Cross & Crown makes every effort to work closely with parents to maintain a mutually supportive relationship. We will communicate with you regarding your child's developmental progress.

Cross and Crown reserves the right to engage the services of professional Early Childhood Specialists to assist our staff in handling certain behavioral, temperamental or developmental issues.

All students are accepted on a trial basis. The school reserves the right to dismiss children who, in the eyes of our staff, are not making a positive adjustment to our school environment. Children who exhibit patterns of behavior that endanger others may be dismissed.

Our facility is licensed to a capacity of 70 children. At all times, we maintain the student/teacher ratios required by the state of California.

PRESCHOOL PROGRAMS AND TUITION

**** NOTE: Tuition is for the 10-month academic school year, starting in August. The rates start at the listed pricing below, if you make your 1st tuition payment on August 1st, 2019. After this date, the rates are on an annual tuition, based on weekly rates for the remaining months of the school year. Please contact to the school office for the updated rates at (707) 795-7863, or school@crossandcrownschoolrp.org.**

SUMMER SESSION IS BILLED SEPARATELY.

	MONTHLY TUITION	10 MONTH TUITION (Aug 1 – May 1)
2 days a week		
Basic Program	\$265	\$2,650
Extended Day	\$373	\$3,730
Full Day	\$514	\$5,140
3 days a week		
Basic Program	\$347	\$3,470
Extended Day	\$514	\$5,140
Full Day	\$682	\$6,820
4 days a week		
Basic Program	\$436	\$4,360
Extended Day	\$655	\$6,550
Full Day	\$855	\$8,550
5 days a week		
Basic Program	\$524	\$5,240
Extended Day	\$795	\$7,950
Full Day	\$1,022	\$10,220

PRESCHOOL/PRE-KINDERGARTEN PROGRAM SESSIONS

Basic AM	8:00 a.m. – 11:30 a.m.
Extended Day	8:00 a.m. – 2:30 p.m.
Full Day	8:00 a.m. – 6:00 p.m.

The daily schedule includes small group sharing time, learning centers, circle time, snack time, and outside play.

ADDITIONAL CARE

Early Morning Care	Drop-in on day of registered session	7:00 a.m. – 8:00 a.m.	\$10 per morning
After Care (following Basic or Extended Program)	Drop-in when available day of registered session	Until 6:00 p.m.	\$10 per hour

Extended Day or Full Day Care includes lunch time, rest time, snack time, free choice play and teacher directed projects.

FINANCIAL OBLIGATIONS: There is an annual non-refundable registration fee of \$125.00 per family and a material fee of \$150.00 per student. Material fees for the coming academic school year are non-refundable after May 1, 2019.

Cross & Crown Lutheran School is a **non-profit** organization. Operating expenses of the School must be met each month from tuition fees. For convenience tuition is to be paid in 12 equal payments due by the 1st of each month (August 1, 2019 – July 1, 2020). Payments not received by the 10th of the month will be subject to a \$25.00 late fee. There is no tuition refund for illness, family vacation or suspension. Parents whose check is returned to the School by the bank will be assessed an additional return check fee of \$25.00. This will appear on their account.

For those wishing to pay for the complete 10-month academic year, the full amount must be paid to the school office by July 31, 2019, in order to receive the discount.

A one month **written** notice is to be presented to the school when withdrawing a child. Tuition is required during this notification time.

Children not picked up after 10 minutes past the ending of a class will be charged a late fee of \$10.00 for each additional 10 minutes or part thereof.

INSPECTION AUTHORITY: The State of California Department of Social Services shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent.

The Department of Social Services shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physician examine the client.

The staff is obligated under California State law to report any suspected child abuse to the authorities.

COMPLAINT PROCEDURE: Parents understand they have the right to call or write the licensing agency if fault is found in the operation of the facility or treatment of their child. Write or call:

Community Care Licensing
101 Golf Course Drive
Rohnert Park, California 94928
(707) 588-5026

PARENT'S RIGHTS: The parents understand that they have the right to visit and observe the school anytime their child is in care.

We/I the undersigned, agree to the conditions of this "Admission Agreement" and to the admission of _____ to Cross & Crown Lutheran School Preschool Program.
Child's name

We/also agree to the additional policies as stated in the Preschool/Junior Kindergarten Parent Handbook for Cross & Crown Lutheran School.

Parent or Child's Representative Date

Parent or Child's Representative Date

Mandy McCarthy
Preschool Director, Cross & Crown Lutheran School

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

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

Cross & Crown Lutheran School 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
()

**Cross & Crown Lutheran School
Preschool/Pre-Kindergarten
Facility Number: 490100475**

Preschool/Pre-Kindergarten Parental Agreement

I/We hereby enroll my/our child _____, for the 2019/2020 school year with unreserved commitment to the policies and Admission Agreement described in this packet and have read, signed and submitted a completed copy of the following forms:

- Identification and Emergency Information (LIC 700)
- Permission to Receive Emergency Medical Care and Permission to Participate
- Admission Agreement
- Consent for Emergency Medical Treatment (LIC 627)
- Preschool Parental Agreement
- Child's Preadmission Health History (LIC 702)
- Personal Rights for Child Care Facilities (LIC 613A)
- Child Care Center Notification of Parent's Rights (LIC 995)
- Physician's Report – Child Care Centers (LIC 701)
- Parent Contract Summary (completed at registration)
- Current Immunization Record

I/we are aware that a copy of the Cross & Crown Lutheran School Handbook is available on the school website www.crossandcrownschoolrp.org and I/we should use it as a reference. Families without internet access are to request a copy of the handbook from the school office.

I/We the undersigned, agree to the policies stated in the Preschool/Pre-Kindergarten Parent Handbook for Cross & Crown Lutheran School.

I/we understand that the above forms and information must be submitted to the school **before** my child can attend class.

Signature of mother or guardian

date

Signature of father or guardian

date

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

CHILD'S NAME	SEX	BIRTHDATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER LIVE IN LHOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'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 illness:

	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 (Rubeola)	
<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?*	
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*
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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

CROSS AND CROWN LUTHERAN SCHOOL

5475 Snyder Lane
Rohnert Park, California 94929
(707) 795-7863

Minor Photo/Image Release Form

The Evangelical Lutheran Church in America – (ELEA)

____ **I DO** give the ELCA and Cross and Crown Lutheran School permission to publish in print, electronic or video format, including web use, a picture/video, the likeness or image of myself and/or my child. I release all claims against the ELCA or Cross and Crown Lutheran School with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

This release shall be effective from August 1, 2019, to July 31, 2020, or until revoked. All pictures, videos, likenesses, or images taken or created while this release is in effect shall remain released in the event this release is later revoked.

____ **I DO NOT** give the ELCA and Cross and Crown Lutheran School permission to publish in print, electronic or video format, including web use, a picture/video, the likeness or image of myself and/or my child.

Minor's Name

Date

Print Name of Parent or Guardian

Signature of Parent or Guardian

General guidelines:

- * A release is to be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient.
- * When images are published, the ELCA or Cross and Crown Lutheran School will take cautionary steps to provide no names of minors (under 18), minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers.
- * Signed release forms are needed when the subjects are in public places, such as fairgrounds or parks.
- * Photographs or videotaping in ELCA schools or ECE centers must be done only with ELCA school or ECE center permission and with signed release forms from a parent or guardian of each child.
- * Release forms should be included in ELCA school or ECE center registration materials. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records.
- * When used in ELCA publications or videos the school or ECE center will be contacted to provide a signed release form.

PERSONAL RIGHTS

Child Care Centers

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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

Community Care Licensing

ADDRESS

101 Golf Course Drive Suite A-230

CITY	ZIPCODE	AREA CODE/TELEPHONE NUMBER
Rohnert Park	94928	(707)-588-5026

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)

Cross & Crown Lutheran School

(PRINT THE ADDRESS OF THE FACILITY)

5475 Snyder Lane, Rohnert Park, CA 94928

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS**

PARENTS' RIGHTS

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

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

Licensing Office Name:	Community Care Licensing
Licensing Office Address:	101 Golf Course Drive, Rohnert Park, CA
Licensing Office Telephone #:	(707) 588-5026

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.

Cross & Crown Lutheran School

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

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)	/ /	/ /	/ /	/ /	/ /
(DIPHTHERIA, TETANUS AND DTP/DTaP/ [ACELLULAR] PERTUSSIS OR TETANUS DT/Td 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 (listings on reverse side)

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

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

Physician: _____ Date of Physical Exam: _____

Address: _____ Date This Form Completed: _____

Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend a child care, day nursery, nursery school, family day care home, or development center.

Diseases like measles spread quickly, so children need to be protected before they enter. Staff will check your child's Immunization Records before they start and later, at ages listed above.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend a child-care facility, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into child care; however a valid personal beliefs exemption filed with a child-care facility before January 1, 2016 is valid until entry into the next grade span (transitional kindergarten through 6th grade) and may be transferred between child-care facilities in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).