

## **Admission process and Checklist**

- Please bring the Signed **Registration/Enrollment** form at your earliest along with the fees check. In absence of Registration /Enrollment form (one page form) and Fees check the admission is not confirmed. *Verbal or telephonic confirmation will not hold the seat.*
- Other forms are **due one week before your child's start date** in 3D Preschool:
  - ✓ Signed 3D Preschool Admission Contract and other licensing forms
  - ✓ Copy of immunization record
  - ✓ Physician's report signed by child's doctor
  - ✓ Extra set of cloths (labeled) and socks in a Ziploc bag
  - ✓ For Full Day OR Extended Day AM Program children - small pillow, blanket and cot sheet

# 3D Preschool Admission Agreement– Parent Copy

3D Preschool, Inc.  
5370 Snell Avenue  
San Jose, CA 95123  
Telephone: 408.227.2840  
E-mail: [admin@3dpreschool.org](mailto:admin@3dpreschool.org)

## **Child’s Name:**

First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ suffix: \_\_\_\_

Date of Birth: \_\_\_\_\_

## **PARENT(S) / GUARDIAN(S) INFORMATION**

Name of first parent or guardian: \_\_\_\_\_

Legal relationship, e.g., mother or father or legal guardian: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_, Phone 2: \_\_\_\_\_; e-mail: \_\_\_\_\_

Name of other parent or guardian: \_\_\_\_\_

Legal relationship, e.g., father or mother or legal guardian: \_\_\_\_\_

Adress: \_\_\_\_\_

Phone 1: \_\_\_\_\_, Phone 2: \_\_\_\_\_; e-mail: \_\_\_\_\_

The parent(s) or guardian(s) listed above are referred to in this Agreement as the “Authorized Representative(s)” of the child named above.

## **AGREEMENT**

**1. Parties:** This agreement is made by and between 3D Preschool, Inc. (hereafter referred to in this Agreement as the “Center”), and the person(s) named above as Parent/Guardian(s) of the child whose name is stated above.

**2. Agreement to Provide Day Care:** Center agrees to provide day care for the child named above (hereafter referred to in this agreement as the “Child”), on the terms and conditions specified in this Agreement.

**3. Parent/Guardian(s).** The Parent/Guardian(s) warrant(s) and represent(s) that his or her or their relationship to Child is correctly stated above, and that he or she is or they are the legal custodian(s) of Child. If more than one Parent/Guardian is listed above, either person named above as an Parent/Guardian may exercise any of the rights or duties of an Parent/Guardian as specified in this Agreement.

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**4. Licensing:** Center is a child-care center as defined in Health and Safety Code Section 1596.76 . Center is licensed under the California Department of Social Services to provide day care to children. For this purpose, “child-care” means nonmedical care for children who are in need of personal services, supervision, or assistance essential to sustain the activities during school hours.

**5. Basic Care:** Center agrees to provide the following child-care to Child: (1) continuous observation, care, and supervision, as required; (2) assistance with personal needs, as required; and (3) assistance, as needed.

3D emphasizes the development of children's thinking, language and communication, social/emotional development, practical life skills, reasoning, decision making, and problem-solving abilities. 3D strives to deliver the following three primary elements for your child's growth and development:

1. A happy environment where children can actively engage in activities which are essential to help them build their confidence and capability
2. A pro-active environment. Through daily routine and learning, children are encouraged to take initiatives and to explore, with their own sense of ownership.
3. Useful Tools. Using a combination of traditional and technology-based teaching tools, everything is done to make learning effective, sustainable, enjoyable, and to inspire confidence in your child about his/her personal learning ability and capacity.

**6. Disciplinary policy:** 3D strives to develop strong, motivated, and self-reliant children who are not prone to temper tantrums, aggressive behaviors, gruff or bullying tactics, anger, or other inappropriate behaviors. In this regard parents or legal guardians play a key developmental role, and their cooperation in promoting these values is required, if their child is to meet these standards of conduct. If, after a reasonable period, a child cannot develop good behavior, in the sole opinion of the Director of 3D, the child may be disenrolled. Center may also terminate this agreement at any time if the Center Director’s determines that center is unable to meet the needs of the child, or reasonably accommodate the needs of the child.

The determination may be based on both the child and the parents or legal guardians’ behavior.

**Termination Policy:** Parent/Guardian may terminate this Agreement at any time by giving 30 days advance written notice of termination to the Center Director and paying a termination fee equal to one additional month’s tuition. Center may terminate this Agreement at any time for nonpayment of any charges provided for in this Agreement, including any charges for regular childcare and charges for late pickup.

**Center may also terminate this agreement at any time if, in the Center Director’s sole discretion, if center determines, it is unable to meet the needs of the child and parents, or unable to accommodate the needs of the child, or the child presents a safety risk or danger to him/herself, other children, staff or others. This decision may be based on the behavior of the parents/guardian as well as the behavior of the child.**

**7. Hours and Days of Operation:** Parent/Guardian may deliver Child to Center no earlier than 7:30 AM, and pick Child up no later than 6:00 PM, Monday – Friday, for a child enrolled in a full day program.

**For the AM Session (snack included) the hours are 8:30AM to 12:00 PM, Monday - Friday.**

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For Extended AM Program (snack, lunch included) the hours are 8:30AM to 02:30 PM, Monday - Friday.

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**9. Tuition Payments:** Parent/Guardian shall pay Center in advance for regular child-care provided during the hours specified in your enrollment/registration form.

**Tuition payments are due on 1st of each month. For new admission, your child's admission is confirmed, once center receives the tuition for the month the child is starting, along with enrollment fee and other fee specified in the enrollment form at the time of admission.** Any return checks or declined payment due to insufficient funds, will be charged \$ 35 per occurrence. Tuition is based on 52 weeks per year. Families pay for all scheduled days including when 3D is closed for holidays and staff development days. Collected tuition fees are non-refundable. Due to any unforeseen circumstances, if the center must be closed, the tuition will not be refunded for those remaining days of that month.

**10. Late Pickup:** Parent/Guardian agrees to pay the charge of \$2.00 per minute, for care after 6:00 PM necessitated by the late pickup of Child. For this purpose, "late pickup" means any pickup after the end of the regular program day, (6PM for full day, 12:00 noon for AM and 2:30PM for Extended AM). Center will invoice Parent/Guardian for all late pickup charges, and any such charges shall be payable immediately after receipt of the invoice.

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**12. Supplies:** It is the responsibility of Parent/Guardian to provide the following items: disposable diapers, wipes, and change of clothing.

**13. Injury or Illness Policy:** Center will not accept any child who, by reason of illness or injury, cannot participate in day care activities, or who presents a danger to other children in the Center. This restriction includes children with fevers, severe colds, or other symptoms of illness. Center reserves the right to judge whether a child can participate in day care activities or presents a danger to other children. If Parent/Guardian has any question as to the health of Child, it is Parent/Guardian's responsibility to telephone Center before bringing Child to Center to discuss Child's condition.

**14. Notice to Parent/Guardian of Injury or Illness Occurring at Center:** If Child becomes ill or is injured after arriving at Center, Center will attempt to notify Parent/Guardian by telephone or text AND PARENTS OR LAGAL GUARDIAN ARE EXPECTED TO COME WITH A REASOABLE TIME OR MAXIMUM UPTO 30 MINS Simultaneously with execution of this Agreement, Parent/Guardian must execute and deliver an emergency information as required by California regulations. This information will include Child's full name, telephone number, and location of a parent and at least one other responsible adult who may be contacted in an

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emergency. The information will also include the name and telephone number of the child's physician and the authorization for 3D to consent to emergency medical care as authorized by regulations.

### **15. Health, Hygiene related policies- Symptoms of illness/sickness are:**

- Fever – 100 Degree or more
- Cough- A wet, cough with mucous
- Runny Nose – Yellow or green discharge
- Eye infection – Pink Eye
- Vomiting
- Diarrhea
- Ear Infection
- Strep Throat
- All other contagious diseases

**If the child is sick for any of the above sickness the child cannot attend the school atleast 48 hours free of symptoms. In case of any contagious disease center needs a clearance note from doctor**

### **Hygiene:**

- Children must arrive in school in **clean washed clothing's including jackets, sweaters, hats, caps, MASKS (until licensing requirements) and socks**
- Children must arrive in school well-groomed with **combed hair and clean, washed face**
- Children must have a clean, washed sleeping bag, blanket every week (on Monday)

### **COVID -19 related precautions:**

- COVID-19 symptoms are similar to flu symptoms. To be on a safer side, we will take any flu like symptoms seriously and will request parents to seek the medical advice and keep the child home till the child is free of symptoms and cleared by doctor.
- If your child or any family member living in the same house showing any COVID-19 symptoms, please don't bring your child to school and notify this to 3D Preschool director via phone and email.
- If your child or any member of your family is COVOD-19 positive you are required to report immediately to 3D Preschool Director and follow the Santa Clara public health department guidelines.

**16. Incidental Medical Services:** Center will not administer any over the counter medication to children. If a child need medication on a regular basis, or they may take medication "as needed" or for a temporary illness the Medication must be in its original box, with child's full name, DOB, expiration date and Physician's name mentioned clearly on the box. The rules and procedures for providing these Incidental Medical Services (IMS) in childcare and preschool settings are set forth in our written plan of operations. If your child needs Incidental Medical Services, you will be required to complete and comply with a formal written plan for the provision of these services.

**17. Absence Due to Vacation, Illness, Injury or Other Family Reasons:** Absence due to vacation, illness, injury, or other family reasons will not constitute grounds for a refund of

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any tuition.

**18. Holidays:** The Center will be closed, and no childcare will be provided, on certain days and times of the year set forth in the School Calendar published each year. Please refer to your annual calendar for dates and times of school closures.

**19. Rights of Community Care Licensing Division:** Parent/Guardian acknowledges that pursuant to California regulations, the California Department of Social Services, Community Care Licensing Division has authority to do the following: (1) interview Center children and staff without prior consent; (2) inspect, audit, and copy child or Center records on demand during normal business hours; (3) remove records from Center if necessary for copying; and (4) observe the physical condition of Center children, including conditions that could indicate abuse, neglect or inappropriate placement. Center will provide space for these private interviews and for examining records relating to Center operations.

**20. Modification of Agreement:** On any change in the fees and any other modification of the terms and conditions provided for in this agreement, center agrees to notify Parent/Guardian, in writing or by e-mail, at least 30 calendar days before the change takes effect.

**21. Notice of Withdrawal/Schedule Change:** Parents must give **30 days' notice prior to withdrawal or schedule changes**. For schedule changes even if you give us a written notice does not guarantee that we can always change the current schedule, so please be patient and we will do our best to meet your needs. If the proper notice is not given, full tuition may be charged. (Please request a withdrawal/change of schedule form or send an email). **There will be a \$100 processing fees charged for any schedule change during the current school year.**

**22. Sign-in and Sign-out your child:** Don't forget to sign-in and sign-out your child every day. **It's the law.** The Center can be cited and even lose its license if this protocol is not strictly adhered to. Therefore, for every missing sign-in or sign-out signature 3D will charge \$15.

**23. Diaper Policy: If your child is not taking initiative to go to restroom by herself/himself he/she is not potty trained and has to be in pull-up / diapers. The status of being potty-trained will be determined by 3D staff based on how child functions on a consistent basis at preschool.**

If your child is in diaper/pull-ups please check his/her cubby time to time to ensure that your child has sufficient stock of Diaper/ pull ups and wipes with us. If we don't find diaper/ pull-up at diaper changing time we may have to call you or we may have to use our stock of diaper and charge you \$2/diaper.

**24. Pictures:** 3D Preschool may take pictures of your child to display in the classroom, on our school website and brochure/handouts. If you do not want us to display your child's photographs, you must submit a request in writing.

**25. Covenant Not to Hire Center Employees:** Parent/Guardian agrees that during the term of this contract and for a period of three years after termination of this agreement, Parent/Guardian shall not directly or indirectly solicit, hire, recruit, or encourage any employee of Center to leave Center. **This includes babysitting.**

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**26. FORCE MAJEURE.** Neither Center nor Parent/Guardian will be deemed to be in default if performance of the obligations required by this agreement is delayed or becomes impossible because of any natural disaster, war, terrorist act, earthquake, fire, strike, sickness, accident, civil commotion, epidemic, pandemic, virus, bacterium or other microorganism that induces or is capable of inducing physical distress, illness or disease, act of government, its agencies or officers, or any other legitimate cause beyond the control of the parties. On the occurrence of any such event, or if the Parent/ Guardian fails to perform any of the conditions of this agreement because of circumstances beyond the control of Center and not induced or brought about by the unreasonable acts of Center, then Center, in addition to any other rights and remedies it may have, may elect, by giving notice to Parent/Guardian, to extend the term of this agreement for a period equivalent to all or any part of the period that any such conditions will prevail or that Parent/Guardian will be in default. In the event of any such extension, specific dates, periods, and time requirements referred to in this agreement will be postponed or extended accordingly.

**28. Governing Law:** This agreement will be governed by and construed in accordance with the laws of the State of California.

**29. Entire Agreement of the Parties:** This agreement supersedes any and all agreements, either oral or written, between the parties with respect to the rendering of services by Center for Parent/Guardian and contains all of the representations, covenants, and agreements between the parties with respect to the rendering of those services. Each party to this agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, which are not contained in this agreement, and that no other agreement, statement, or promise not contained in this agreement will be valid or binding. Any modification of this agreement will be effective only if it is in a writing signed by the party to be charged.

**30. Assignment.** Neither this agreement nor any duties or obligations under this agreement may be assigned by Parent/Guardian without the prior written consent of Center.

**31: Immunizations:** Center will not admit any student who does not comply with the current laws regarding immunizations.

**Each Parent/Guardian named at the beginning of this Agreement hereby acknowledges that he or she has read this Agreement and agrees to its terms and conditions.**

**PARENT/GUARDIAN(S)**

**Signature \_\_\_\_\_ Date: \_\_\_\_\_**

**3D PRESCHOOL INC.**

**Signature \_\_\_\_\_ Date: \_\_\_\_\_**

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## **Child’s Name:**

First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ suffix: \_\_\_\_

Date of Birth: \_\_\_\_\_

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Name of first parent or guardian: \_\_\_\_\_

Legal relationship, e.g., mother or father or legal guardian: \_\_\_\_\_

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

Phone 1: \_\_\_\_\_, Phone 2: \_\_\_\_\_; e-mail: \_\_\_\_\_

Name of other parent or guardian: \_\_\_\_\_

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**Each Parent/Guardian named at the beginning of this Agreement hereby acknowledges that he or she has read this Agreement and agrees to its terms and conditions.**

**PARENT/GUARDIAN(S)**

**Signature \_\_\_\_\_ Date:\_\_\_\_\_**

**3D PRESCHOOL INC.**

**Signature \_\_\_\_\_ Date:\_\_\_\_\_**

# 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)

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

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

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
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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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

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

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

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

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

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

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

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

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

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

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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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.

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

**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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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)

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### 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)*

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