**FOURSQUARE CHRISTIAN EARLY LEARNING CENTER**

ENROLLMENT CHECKLIST

Student’s Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ Appointment with Administrator/Director

\_\_\_\_\_\_\_\_\_\_ Student & Family Information

\_\_\_\_\_\_\_\_\_\_ Identification and Emergency Information

\_\_\_\_\_\_\_\_\_\_ Consent for Medical Treatment

\_\_\_\_\_\_\_\_\_\_ Child’s Preadmission Health History – Parent’s Report

\_\_\_\_\_\_\_\_\_\_ Child’s Preadmission Health History – Physician’s Report

\_\_\_\_\_\_\_\_\_\_ Immunization Records\*

\_\_\_\_\_\_\_\_\_\_\_Travel and Activity Authorization / Picture Release

\_\_\_\_\_\_\_\_\_\_ Notification of Parent’s Rights

\_\_\_\_\_\_\_\_\_\_ Notification of Personal Rights

\_\_\_\_\_\_\_\_\_\_ Admission Agreement

\_\_\_\_\_\_\_\_\_\_ Tuition Worksheet /Registration Form

\_\_\_\_\_\_\_\_\_\_ Tuition Agreement (Sign-up with Brightwheel)

**FOURSQUARE CHRISTIAN EARLY LEARNING CENTER**

Student & Family Information Form

Child Name: M/ F / / \_\_\_\_\_\_

First Middle Last City of Birth DOB Grade Entering

Address: /

Street City State Zip Home Phone

Parents (check): 🞏Married 🞏Separated 🞏Divorced 🞏Single 🞏Mother deceased 🞏Father deceased

Parent Remarried: Stepmother name Stepfather name

Children live with (name & relationship):

Children in legal custody of: 🞏Both Parents 🞏Mother 🞏Father 🞏Other:

**Primary Contact - Parent/Guardian (1) Information**

Full Name:

Relationship to student: \_\_\_\_\_\_\_\_

Home Address (If different than child’s above):

Home/Cell Phone:

Email:

Work Phone:

Employer:

**Parent/Guardian (2) Information**

Full Name:

Relationship to student: \_\_\_\_\_\_\_\_

Home Address (If different than child’s above):

Home/Cell Phone:

Email:

Work Phone:

Employer:

What is the primary language spoken in your home?

Has your child ever been enrolled in a Special Education Program (i.e. IEP, 504 etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any recent changes in your family (i.e. new siblings, divorce, new marriage, death, loss of pet, etc.)?

Describe your method and/or philosophy concerning discipline. \_\_\_\_\_\_\_\_

What led you to consider Foursquare Christian Early Learning Center for your child’s education?

What is it about Foursquare Christian Early Learning Center that appeals to you? Why do you think this is a good school for your child?

How did you hear about Foursquare Christian Early Learning Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the goal of Foursquare Christian Early Learning Center to involve the entire family. Please describe your talents, interests, or resources you might share to enhance our school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What church does your family attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child ever made a profession of faith in Jesus Christ? Yes:\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

Father a Christian? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_ Mother a Christian? Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

STATE OF CALIFORNIA CALIFORNIA DEPARTEMT OF SOCIAL SERVICES

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY CARE LICENSING DIVISION

**IDENTIFICATION AND EMERGENCY INFORMATION**

**CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

**To Be Completed by Parent of Authorized Representative**

CHILD’S NAME LAST MIDDLE FIRST SEX HOME TELEPHONE

( )

HOME ADDRESS NUMBER STREET CITY STATE ZIP BIRTHDATE

FATHER’S/LEGAL GUARDIAN’S NAME LAST MIDDLE FIRST BUSINESS TELEPHONE

( )

HOME ADDRESS NUMBER STREET CITY STATE ZIP HOME TELEPHONE

( )

MOTHER’S/LEGAL GUARDIAN’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 PERSONS 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

LIC700 (8/08)(CONFIDENTIAL)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**FOURSQUARE CHRISTIAN EARLY LEARNING CENTER**

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**Child Care Centers Or Family Child Care Homes**

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

CHRISTIAN PRESCHOOL 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 AND FOOD ALLERGIES:

DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

( ) ( ) ­­­­

HOME PHONE WORK PHONE

LIC 627 (9/08)(CONFIDENTIAL)

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTEMT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING

**CHILD’S PREADMISSION HEALTH HISTORY – PARENT’S REPORT**

CHILD’S NAME SEX BIRTHDATE

FATHER’S/LEGAL GUARDIAN’S NAME DOES FATHER/LEGAL GUARDIAN LIVE IN HOME WITH CHILD?

MOTHER’S/LEGAL GUARDIAN’S NAME DOES MOTHER/LEGAL GUARDIAN 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

□ Chicken Pox □ Diabetes □ Poliomyelitis

□ Asthma □ Epilepsy □ Ten-Day Measles

(Rubeola)

□ Rheumatic Fever □ Whooping Cough □ Three-Day Measles

(Rubella)

□ Hay Fever □ Mumps

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? □ YES □ NO HOW MANY IN LAST YEAR? LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

**DAILY ROUTINES** (\*For infants and preschool–age children only)

WHAT TIME DOES CHILD GET UP?\* WHAT TIME DOES CHILD GO TO BED?\* DOES CHILD SLEEP WELL?\*

DOES CHILD SLEEP DURING THE DAY?\* WHEN?\* HOW LONG?\*

DIET PATTERN: BREAKFAST WHAT ARE USUAL EATING HOURS?

(What does child usually \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREAKFAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eat for these meals?) LUNCH LUNCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DINNER

DINNER

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?\* IF YES, AT WHAT STAGE:\* ARE BOWEL MOVEMENTS REGULAR?\* WHAT IS USUAL TIME?\*

□ YES □ NO □ YES □ NO

WORD USED FOR “BOWEL MOVEMENT”\* WORD USED FOR URINATION\*

PARENT’S EVALUATION OF CHILDS 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:

□ YES □ NO □ YES □ 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?

□ YES □ NO □ YES □ 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

STATE OF CALIFORNIA CALIFORNIA DEPARTEMT OF SOCIAL SERVICESHEALTH AND HUEMAN SERVICES AGENCY COMMUNITY CARE LICENSING

**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)

**FOURSQUARE CHRISTIAN PRESCHOOL** This Child Care Center/School provides a program which extends from

7:45 a.m. to 12:00 p.m., 5 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 FO 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:

Other (include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THE 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/** (DIPHTHERIA, TETANUS AND  [ACELLULAR] PERTUSSIS OR TETANUS  **DT/Td** AND DIPHTHERIA ONLY) | / / | / / | / / | / / | / / |
| **MMR** (MEASLES, MUMPS, AND RUBELLA) | / / | / / |
| **(REQUIRED FOR CHILD CARE ONLY)**  **HIB MENINGITIS** (HEAMOPHISUS B) | / / | / / | / / | / / |
| **HEPATITIS B** | / / | / / | / / |
| **VARICELLA**  (CHICKENPOX) | / / | / / |

**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.

**SCREENING OF TB RISK FACTORS** (listing to the right)

* 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

LIC 701 (8/08) (Confidential) LIC 702 (8/08) (CONFIDENTIAL)STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

**FOURSQUARE CHRISTIAN EARLY LEARNING CENTER**

TRAVEL AND ACTIVITY AUTHORIZATION

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to attend activities held at

(child’s name)

Foursquare property, ie: sanctuary, gym, blacktop, fireside room and the school playground.

Restriction(s) on such trips:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

*Field trip forms will be sent home at least one week in advance for field trips not held at our location.*

PICTURE RELEASE

**Please check one:**

* Yes, I hereby give my consent to let my child to be photographed for/by Foursquare Christian Early Learning Center to be displayed in the classroom, yearbook, newspaper, school website or other media.
* Please limit use of my child’s photograph to the classroom and yearbook.
* Please do not publish my child’s photo in any form.

Signature;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.

1. Review, at the child care center, reports of licensing visits and substantiated complaints against the

licensee made during the last three years.

1. Complain to the licensing office and inspect the child care center without discrimination or retaliation

against you or your child.

1. 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.

1. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 520 Cohasset Rd., Suite 170 Chico, Ca 95926

Licensing Office Telephone #: (530) 895-5033

1. 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.

1. 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)

**A C K N O W L E D G E M E N T O F N O T I F I C A T I O N O F P A R E N T S ‘ R I G H T S**

***(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.

**Foursquare Christian Early Learning Center**

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***

LIC 995 (9/08)

LIC 995E (10/09)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**PERSONAL RIGHTS**

**Child Care Centers**

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

1. 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:

**Department of Social Services / Community Care Licensing**

**NAME**

**Community Care Licensing**

**520 Cohasset Rd., Suite 170**

**ADDRESS**

**TELEPHONE NUMBER**

**ZIP CODE**

**CITY**

**95926**

**Chico, CA**

**(530)895-5033**

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:

**ACKNOWLEDGEMENT:** 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)

**Foursquare Christian Early Learning Center 144 Butte St. Crescent City, CA 95531**

(PRINT THE NAME OF THE CHILD)

(SIGNATURE FO THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

LIC 613A (8/08)

**FOURSQUARE CHRISTIAN EARLY LEARNING CENTER**

ADMISSION AGREEMENT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) the parents of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby verify that I (we) have read and discussed with the administrator or director of Foursquare Christian Early Learning Center the Parent Handbook and agree to the terms therein.

(Child’s name)

Mother’s/Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator or Director’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5 Days a Week  Annual Tuition  $4700.00 | Activity Fee  $200.00 | Registration  $100.00 | Total Tuition  $4800.00 | 9 monthy Pay-ments  **□** $555.56 | 10 monthy Pay-ments  **□** $500.00 |
| 3 Days a Week  Annual Tuition  M/W/F  $3700.00 | Activity Fee  $200.00 | Registration  $100.00 | Total Tuition  $3800.00 | 9 monthy Pay-ments  **□** $444.44 | 10 monthy Pay-ments  **□** $400.00 |
| 2 Days a Week  Annual Tuition  T/TH  $3200.00 | Activity Fee  $200.00 | Registration  $100.00 | Total Tuition  $3300.00 | 9 monthy Pay-ments  **□** $388.89 | 10 monthy Pay-ments  **□** $350.00 |

For your convenience tuition can be divided into monthly payments the final monthly payment must be paid by June 15th.

***Tuition is based on enrollment, not on attendance***.

*FCELC has taken holidays and vacations into consideration when establishing rates; no additional adjustment will be made for months with holidays.*

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**IMPORTANT INFORMATION FOR PARENTS**

**CAREGIVER BACKGROUND CHECK PROCESS**

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other that a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given and exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

**How the Exemption Request is reviewed**

We request information from police departments, the FBI and the courts about the person’s record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

* The crime
* What they have done to change their life and obey the law
* Whether they are working, going to school, or receiving training
* Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren’t related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

**How to Obtain More Information**

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person’s name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person’s name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccld.ca.gov/contact/htm**

LIC 995E (10/09)

A screenshot of a cell phone

Description automatically generated

Office Use Only

Date Registration is received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount received\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_

2023-2024

Preschool &Prekindergarten

Registration Form

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_F\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_

Classes are 8:00 am – 12:00 pm M-F

Please circle the number of days desired:

5 Days: $4500.00

3 Days: $3500.00

2 Days : $3000.00

\*Annual Tuition Rates

Additional Fees:

Annual Registration Fee (Non- Refundable): $100.00 to secure space

Annual Activity Fee: $200.00 for each child to provide additional services and curriculum