



San Anselmo Preschool Center
121 Ross Avenue, San Anselmo, CA 94960
Telephone (415) 453-3181

Parent Copy – DO NOT turn in with forms. Please keep for reference.

The San Anselmo Preschool Center will offer preschool education and extended care to the undersigned upon the following terms and conditions:

Section 1. Tuition/Payment Policy: Tuition is charged based upon the schedule that you have selected. Returning families must notify the Center by July 31 if you are not planning to return for the fall term. If you do not let us know by July 31 you will be responsible for one month's tuition. All families will be billed on August 1 and tuition will be due by August 20. Children registered for our nursery-scheduled program do not attend school during the Winter recess and Spring recess but are billed for the full months. Nursery scheduled children do not get billed for the regular school year portion of June. **There are no refunds given for either days missed or holidays nor can we trade days.** However, by notifying the Director in writing at least two weeks in advance about two week vacations your child's space can be reserved and tuition reduced by ½ for the two-week period the child is out. Because of the difficulty filling vacancies near the end of the school year, **any withdrawals during the last six weeks of school will be billed for in full for the remainder of the school year. At other times of the year two weeks written notice must be given for withdrawals** from the center, or a full month's tuition will be charged. **Financial Aid is available on a limited basis.** Applications for Financial Aid are available upon request from the Director. There will be a \$20 returned check fee on all returned checks.

Section 2. Registration: There is an annual \$125 registration fee per family, which must accompany the registration application.

Section 3. Materials and Maintenance Fee: There is an annual \$200 materials and maintenance fee per child, which will be charged to your October bill.

Section 4. Late Pick Up: The Preschool Center closes at 6:00 PM. **If a child is left longer, there is a \$2.00 fee for each minute that you are late.** You are responsible for notifying the Director or the Head Teacher if you are not able to pick up your child at your allotted time.

Section 5. SCRIP: Families of San Anselmo Preschool are required to either participate in eScrip or purchase paper scrip. Contributions accrued must equal at least \$10/month or \$100/year. You may choose not to participate and pay an additional \$100/year.

Section 6. Parent Participation: Parents with children participating in San Anselmo Preschool are required to complete 20 Parent Participation Hours. Included in the 20 hours, all families must commit to work one Wednesday Parent Aide during the school year. If all hours have not been fulfilled the remaining hours will be billed at the end of the school year at \$20/hour.

Section 7. Emergency Closure: During the school year and especially during the winter months there is always the possibility that heavy rains and flooding, electrical failure or another emergency may force us to close the school for an entire day or part of a day. In such circumstances it is impossible for us to provide you with advance warning. As soon as the emergency closure has been determined we will leave a message on our voicemail and we will activate our emergency phone tree. In cases where we need to close the school during the school day it is imperative that you

provide us with two emergency contacts on your Identification and Emergency Information form. It is impossible to refund tuition for emergency closure days and we cannot trade days.

Section 8. Medication: The staff can only dispense medication of **any type** after the parent has filled out a medication permission slip. Permission slips must be filled out and signed on a daily basis, and medication must be stored in the kitchen area. When you bring your child's medication to school, it must be in its original bottle. Medication must be taken home at the end of each day.

Section 9. Illness: The preschool is not equipped to care for sick children. If a child is unable to participate in the normal routine the parent will be called and asked to take the child home. **Before returning to school, the child should remain at home fever-free for twenty-four hours.**

Section 10. Parents are required to notify the Preschool of any infectious and communicable diseases in your family.

Section 11. California law requires that each child must have a medical examination form filled out by a physician before he/she begins school. **New Law (SB 277) Effective in 2016** Parents or guardians of students in any school or child-care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption to a currently-required vaccine.

Section 12. The Preschool Staff offers one formal conference and one informal conference with each child's parents during the year. The staff is available to discuss your concerns at other times. However, we do not discuss a parent's concerns within the child's hearing range.

Section 13. Dress your child in old, comfortable clothing that will not restrict his/her play. We offer children messy play with water, sand, paint, etc. All removable clothing including shoes and boots must be marked with your child's name. All children should bring a complete change of clothes in a shoebox, each item marked with your child's name.

Section 14. The San Anselmo Preschool Center admits children regardless of race, creed or national origin. We reserve the right to exclude a child from attendance for any reason whatsoever including but not limited to health, lack of adjustment to the group situation, or delinquency of the tuition account. To qualify for admission to the Preschool a child must be 2 ½ years old.

Section 15. The Department or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. 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 or Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Section 16. The parent or guardian who signs the contract is responsible for payment of tuition.



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Section 16. The parent or guardian who signs the contract is responsible for payment of tuition.

Child's Name (Please Print) _____

Parent's Signature _____ Date _____

School Representative _____ Date _____

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	
					()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
					()
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
					()
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 NUMBER	ADDRESS	MEDICAL PLAN AND	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, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER 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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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:

Department of Social Services Community Care Licensing

NAME

Peninsula Regional Child Care Office

ADDRESS

801 Traeger Avenue #100

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Bruno	94066	650-266-8843

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:

San Anselmo Preschool & Afterschool Center

121 Ross Avenue, San Anselmo 94960

(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.
 - a. Licensing Office Name: **DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING**
 - b. Licensing Office Address: **PENINSULA REGIONAL CHILD CARE OFFICE – 801 TRAEGER AVE. #100**
 - c. Licensing Office Telephone #: **SAN BRUNO, 94066 (650) 266-8843**
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.

LIC 995 (12/06)

(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.

San Anselmo Preschool & Afterschool 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.

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

_____ 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, DOMESTIC PARTNER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____

(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at **San Anselmo Preschool Center** to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the childcare program's choice in brand/type and use of sunscreen for my child:

- ___ I do not know of any allergies my child has to sunscreen.
- ___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s) /type(s) of sunscreen:

- ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- ___ I have provided the following brand/type of sunscreen for use for my child:

- ___ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

Health Care Provider's Signature (*optional*): _____

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO
PROTECT CHILDREN FROM SKIN CANCER!**

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. " http://www.dhs.ca.gov/cpns/skin/skin_resources.html

California Childcare Health Program (CCHP) 07/03 www.ucsfchildcarehealth.org

Walking Field Trip Permission Form

TO WHOM IT MAY CONCERN:

My child, _____, has permission to participate in any walking trips planned throughout this school year at San Anselmo Preschool providing there is proper adult supervision.

Signature of Parent or Guardian

Date



Field Trip Driver's Form

Dear Parent:

Thank you for volunteering your services to assist us on a field trip. Prior to using a private automobile for an educational fieldtrip, the driver must complete this field trip driver form. This form must be completed every school year and when the information changes.

Car Capacity

The number of children carried in each vehicle must not exceed the legal limit for that specific vehicle. All persons in the car must use seat belts or car seats.

Insurance

Parent Liability Insurance covers children in case of an accident and/or injury.

As a driver of an automobile on a school sponsored activity, I certify that the following information is true:

1. The car is in safe driving condition
2. I have at least \$1,000 medical insurance per passenger with: _____

(Name of insurance company)

3. The California License number on the car to be used on this field trip is:
4. Make of Auto _____ Year: _____ Model: _____
5. My California Driver's License number is: _____ Expiration Date: _____

Child's Name: _____ (Please Print)

Signature of Parent or Guardian

Date

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER/DOMESTIC PARTNER NAME	DOES FATHER/DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER/DOMESTIC PARTNER NAME	DOES MOTHER/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:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
ANY FOOD DISLIKES?	ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
WORD USED FOR BOWEL MOVEMENT:*		WORD USED FOR URINATION*
PARENT'S EVALUATION OF CHILD'S HEALTH		

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD HAVE ANY SPECIAL DEVICE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD HAVE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:
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/DOMESTIC PARTNER SIGNATURE _____ DATE _____

Confidential Family and Developmental History

Information will be held in confidence and seen only by Preschool Staff.

Name of Child: Birth Date

Please answer fully:

1. Walked at _____ months. First recognizable words at _____ months.

2. Nickname: _____

3. Special family circumstances that might be a factor in child's adjustment such as divorce, second family, illness, new baby? _____

4. If divorced, does child see other parent? **Y N**

If yes, how often? _____

5. Other members of household, relationship, age of children:

6. Is your child adopted? **Y N**

If yes, at what age? _____

7. How does she/he act when tired? _____

8. Is there a bedtime ritual with parents? Please elaborate: _____

9. For what is she/he disciplined? _____

10. How is she/he disciplined and what is child's response? _____

11. Strong fears? _____

12. Which adults play with your child at home? _____

13. Is there a regular "special time" at home for parent/child interaction away from TV, other siblings, and distractions? ____

14. Peers to play with in neighborhood? **Y N**

15. Outdoor or indoor play space? **Y N**

16. Playthings she/he enjoys: _____

17. Do you have any special concerns about your child? _____

I understand that the family information I have offered will be regarded as confidential and used only to facilitate the teachers understanding of my child in assisting his/her social, emotional, and academic development. To this end, I have given all pertinent information.

Signature of Parent or 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/DOMESTIC PARTNER, 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				
	1 st	2 nd	3 rd	4 th	5 th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)
 Risk factors not present; TB skin test not required.
 Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
 ___ Communicable TB disease not present

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

Physician: _____ Date of Physical Exam: _____

Address: _____ Date This Form Completed: _____

Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

LIC 701 (1/08) (Confidential)

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.

LIC 701 (1/08) (Confidential)

San Anselmo Preschool and Afterschool Photograph Authorization and Waiver



With your authorization below, San Anselmo Preschool and Afterschool (SAPS/SAAS) may take photographs of your child for use in brochures and other promotional materials. In addition, staff members may take digital photographs and post them on a password-protected website accessible to SAPS and SAAS staff and parents of SAPS and SAAS children. Parents and staff members will be able to download the photographs and make copies for personal use and school activities and projects.

Please check the box below to indicate your authorization or instructions not to photograph your child, whichever you prefer. (Please check only ONE box.) Please understand that you are not in any way required to provide authorization, and we will fully respect whatever decision you make.

Full Authorization:

- I authorize SAPS/SAAS staff members to photograph my child and to post pictures of my child around the school and make copies for school related activities. I further authorize SAPS/SAAS to publish any photograph of my child in any SAPS/SAAS brochure or other promotional materials. I also give permission for my child's image to be shared on San Anselmo Preschool's private Facebook page.

Limited Authorization:

- I authorize SAPS/SAAS staff members to photograph my child and to post pictures of my child around the school and make copies for school related activities. I do NOT authorize SAPS/SAAS to publish any photograph of my child in any SAPS/SAAS brochure or other promotional materials.
- I give permission for my child's image to be shared on San Anselmo Preschool's private Facebook page.

No Authorization:

- I do NOT authorize SAPS/SAAS staff members to photograph my child for any purpose whatsoever.

To the extent I have authorized SAPS/SAAS staff members to take, post, publish and/or use my child's photograph, I hereby waive any rights of privacy and/or publicity I or my child may have in connection with such activities. (This waiver does not apply if I have not authorized SAPS/SAAS staff members to photograph my child.)

Please print clearly:

Child's Name: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____



Parents –

Please fill complete this form. If your child has any severe allergies or medical conditions that may induce a medical emergency at school, this form will be invaluable. If your child has no severe allergies or medical condition, please check the box at the bottom of this form.

Child's Name _____ Age _____ Birthday _____

Mother's Name _____ Cell Phone _____
Work Phone _____ Home Phone _____

Father's Name _____ Cell Phone _____
Work Phone _____ Home Phone _____

Please check all that are applicable to your child.

- ___ Severe Allergy – List Allergies _____
- ___ Medication Allergy – List Medicines to avoid _____
- ___ Asthma
- ___ Diabetes
- ___ Heart Disease
- ___ Seizures
- ___ Serious Illness – Name of Illness _____

Describe medical condition:

Watch for the following symptoms:

Medical procedure to alleviate emergency:

I understand that before my child begins school at San Anselmo Preschool:

- ___ The required medications are on site, both daily and emergency medications.
- ___ The director/staff has been made aware of the child's medical issues.
- ___ The parent has instructed the director/staff in the use of medication or medical procedure.

Parent Signature _____ Date _____

Director Signature _____ Date _____

My child does not have severe allergies or medical condition that we know of.