



Welcome!

142 South Rexford Drive
Beverly Hills, CA 90212

Phone: 424-278-0480

Email: info@lajcp.com

Website: www.lajcp.com

Welcome to JCP!

We are delighted that you have inquired about JCP Early Childhood Center! Below we have outlined the most pertinent of information regarding our program and the registration application. If you require additional information regarding any policies or procedures please contact the school administrator.

GENERAL INFORMATION 2024-2025 SCHOOL YEAR

Important Dates and Office Hours

The start day for the 2024-2025 school year will be on TBA and preschool will conclude on TBA.

School hours are as follows:

Monday – Thursday: 9:00AM – 3:00PM

Friday: 9:00AM – 1:00PM

We will be closed on all main secular and Jewish holidays (i.e. Rosh Hashana, Yom Kippur, Sukkot, Passover, Shavuot, Labor Day, Thanksgiving and Memorial Day). Please refer to the school calendar for all school and vacation days throughout the year.

Our Mission

JCP is committed to the total education of young children by providing developmentally appropriate cognitive, physical, social and emotional growth curricula. We believe that all Jewish children should be imbued with strong Torah values involving midot, mitzvot, and a love for Hashem in their daily lives, therefore providing them with a strong Jewish foundation.

Our Objectives

1. Young children will become imbued with lessons of Jewish and secular subjects through stories, songs, games and art in a warm, nurturing and safe environment.
2. Social and emotional growth experiences are provided to help children develop self- confidence in the learning environment.
3. Social skills are carefully cultivated in and out of the classroom as integral components of the preschool experience.

4. Cognitive development and emerging literacy are acquired through play with the goal of academic success in preparing children for in school readiness.
5. Fine and gross motor skills provide children with the necessary to develop his/her own special talents and abilities.

The Early Childhood Program

Jewish Creative Preschool program includes 5 groups:

- Transitional (<2 years)
- Pre-Nursery (2 years)
- Nursery (3 years)
- Pre-Kindergarten (4 years)
- Kindergarten (5 years)

We use the Reggio Emilia Approach to education where children learn by actively engaging with their environment through their senses and social interactions. The Reggio Emilia Approach is an educational philosophy started by Loris Malaguzzi and is based on the principles of respect, responsibility, and community through exploration and discovery in a supportive and enriching environment based on the interests of the children.

The heart of the Reggio Emilia approach is that children are strong, capable, and resilient, rich with wonder and knowledge. Important to this approach is the teacher's documentation of children's development. For instance, displays of photographs and examples of children's work as well as teacher's recordings and note taking of conversations provide records of children's development. The interests of children, as evidenced by their questions and curiosities, help to guide learning. Additionally, individual and group work is supported. Multiple forms of knowing are embraced. Keeping within this framework, projects that emphasize children's expressions in an aesthetic environment are emphasized in the curriculum.

Our Curriculum

The curriculum is full and vibrant, integrating Jewish philosophy with creative and discovery-based learning. We have scheduled prayer time and circle time, where we learn Parshah and develop pre-literacy and math skills. We also have art and music sessions, and center time for independent learning and play. Planned activities are posted daily on a white board outside the classrooms. The daily schedule offers

children a variety of activities, with a balance of quiet periods. The routine is followed on a daily basis, so that the children feel a sense of security.

Children choose from activities that include dramatic play, science, discovery, spatial awareness activities, language and art. Activities are planned with skills in mind. For instance, children play with real clay rather than only play dough. This strengthens their fine motor skills, and at the same time encourages creativity. There are also various activities planned for children to interact and socialize with each other. Kindness and respect are modeled and encouraged, reflecting our values.

Our Staff

Our teachers are naturally devoted and kind classroom leaders. They love children and are passionate about their jobs. Their warmth and dedication will make you feel at ease, knowing your children are in the best of hands. Our staff and teachers are fully credentialed by the state of California and are highly experienced. Each classroom has a Judaic teacher and assistant, and staff work cooperatively to ensure that our quality educational program reflects Jewish values.

Our teachers believe that every child is unique, and therefore has their own unique needs and interests. Our staff plans the curriculum and environment with each child in mind. They strive for the children to learn to be self-directed, self-reliant, self-confident, inquisitive and thoughtful. These qualities prepare our children to be lifelong learners.

Our staff meets regularly, once as an entire teaching body and the other by classroom to discuss curriculum and the needs of individual children. In addition, our staff receives development training by leaders in education throughout the year.

Parent and Community Involvement

We invite and encourage all parents to partner with us in educating our children. Children benefit when they observe collaboration on their behalf. We benefit by learning together and creating a bond as a community dedicated to improving our future. We support this collaboration through the following: open door policy, open house, back-to-school night, parent-teacher conferences, weekly newsletters and daily schedules.

Discipline

Our program promotes a positive approach to managing behavior of all children. We use prevention and positive reinforcement, set limits, and encourage children to problem solve.

Lunches and Snacks

We are not providing lunch or snacks at the moment. We are a nut free school.

TUITION 2024-2025

2024 -2025 School Year (10 Months)

	Full Day	Half Day
	School Hours: Mon. - Thurs. 9:00am - 3:00pm Friday 9:00am - 1:00pm	School Hours: Mon. - Fri. 9:00am - 12:15pm
Transitional	\$16,000 annually	\$14,000 annually
Pre-Nursery	\$16,000 annually	\$14,000 annually
Nursery	\$16,000 annually	\$14,000 annually
Pre-Kindergarten	\$16,000 annually	\$14,000 annually
Kindergarten	\$18,000 annually	

ENROLLMENT FEES

Enrollment fees are non-refundable. The fee is \$1000 per student (\$850 registration fee plus \$150 scholarship fund fee).

JCP TUITION AND PAYMENT CONTRACT

Dear Parent/Guardian,

We are delighted you and your family will be joining Jewish Creative Preschool. From the options below, please let us know which schedule you would like for your child:

- Half Day (Transitional, Pre-Nursery, Nursery, and Pre-Kindergarten)
\$14,000 annually or 10 payments of \$1400
- Full Day (Transitional, Pre-Nursery, Nursery, and Pre-Kindergarten)
\$16,000 annually or 10 payments of \$1600
- Full Day (Kindergarten)
\$18,000 annually or 10 payments of \$1800

Registration fees must be paid in full at time of completing your application. You may do so online at <https://www.jewishcreativepreschoolla.com/registration>.

All monthly payments are due the first day of each month from September to June. They must be made online through the Playground app. We do not accept any cash payments or checks. Once registration is complete, we will send you a link to sign-up for online payment.

We require 30-day notice for withdrawal from preschool: If you withdraw your child during the school year, your tuition obligation will be calculated through 30 days after your written notice (email acceptable as well) to the Preschool Administrator. We do not accept withdrawal after December. If you choose to leave the program your tuition will be non-refundable.

There will be no adjustments for school absences. Your tuition obligation is based on the **annual tuition fee** spread evenly over 10 monthly installments. Each month is not reduced or recalculated in any way due to sickness, vacation, holidays or any other time which the student has not attended school.

Suspension of school attendance due to non-payment: If you are experiencing a financial circumstance in which you cannot complete your payment on the 1st, please

Speak with the Administrator. Please note that nonpayment of your tuition installment is a breach of this contract. We, therefore, reserve the right to suspend your child's attendance or terminate the contract.

COVID-19 Policy: In the event that the government forces a shut down or we have an active COVID case in our school, we will shut down for 2 weeks and continue lessons on zoom that are not refundable.

The school calendar is flexible this year. Meaning, if we have a mandatory closure for 2 weeks, we will add days during days we were supposed to be off. For example: winter break, legal holidays, or extend into the summer.

If our school is forced to shut down by the government only and for the remainder of the year, we will resort to online schooling at a discounted rate of 30% of the remaining tuition. Registration fee and scholarship fee will not be refunded or prorated.

By signing this contract, you agree to make payments when due and to abide by the policies and regulations of Jewish Creative Preschool. If there is a change in our policies, we will inform you as soon as possible and a new contract will be signed.

Students Name:

Date:

Parent Signature:

FAMILY INFORMATION

Please select the appropriate response:

- Jewish by birth to a Jewish mother.
- Jewish by choice (Please attach conversion certificate).

Child's Name:

Hebrew Name:

Child's Address:

Date of Birth: ____/____/____ Hebrew Birthday: _____

Mother's Name:

Address:

Occupation:

Email Address: _____ Cell Phone: _____

Father's Name:

Address:

Occupation:

Email Address: _____ Cell Phone: _____

We would also like to notify grandparents of special events at school and share Rosh Hashana and Chanukah cards with them.

Grandparent 1 Names:

Address:

Email Address: _____ Cell Phone: _____

Grandparent 2 Names:

Address:

Email Address: _____ Cell Phone: _____

GETTING TO KNOW YOUR CHILD

Is your child able to self-calm to fall asleep?

Is your child able to complete everyday tasks that have multiple steps?

Is your child able to adapt to changes in routine?

What is the best way to comfort your child when he/she is distressed?

What is something your child is great at?

What is something your child struggles with?

Has your child received any early intervention (i.e. speech/occupational/behavioral therapy)?

Anything else you would like us to know about your child?

PHOTOGRAPH AND VIDEO RELEASE

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the course of the school year for promotional and/or educational purposes. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for JCP to photograph or video my child for school purposes and/or at school events.

Students Name:

Date:

Parent Signature:

HEALTH RISK ACKNOWLEDGEMENT WAIVER AND RELEASE

On March 4, 2020, California Governor Gavin Newsom declared a disaster emergency for California relating to the COVID- 19 outbreak. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic. On March 13, 2020, President Donald Trump declared the COVID-19 outbreak a national health emergency. Given the severity of the COVID-19 pandemic, and in anticipation of my child's return to the care of Jewish Creative Preschool "Summer Camp", a child care provider ("Facility") at Southern California Nessah Educational and Cultural Center ("Nessah"), I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of this Facility.

Acceptance of Risk; Release; Indemnification

The safety and security of the children in its care remains a top priority of Facility. I understand that there is a risk associated with my child's return to care at Facility, including but not limited to, increased social contact and interaction with Facility employees and other children. To help reduce the spread of COVID- 19 and to protect Facility employees and other children, Facility encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the California Department of Public Health and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used. Staff will wear personal protective equipment such as face masks and/or face shields, and follow any and all other preventive measures recommended by applicable authorities.

Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child's risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the Facility, and follow the advice of my healthcare provider, clinic, or hospital. In such cases, I will immediately alert the Facility of such symptoms. Regardless of any steps taken by Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child's care at Facility during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/ or airborne particles. I understand that my child's contracting of COVID19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at Facility arising from

or relating to COVID- 19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge Facility, along with Facility's shareholders, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the "Facility Representatives"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of

whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") arising from or relating to COVID-19 as a result of my child's care at Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue Facility or any Facility Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child's care at Facility.

If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

Students Name:

Date:

Parent Signature:

MEDICAL INFORMATION

Hospital/ Clinic Preference:

Physicians Name:

Phone Number:

Insurance Company:

Policy Number:

I hereby authorize the principal or designee, into whose care the aforementioned minor pupil(s) have been entrusted, to consent to an x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor(s) upon the advice of any licensed physician may deem necessary.

I understand JEWISH CREATIVE PRESCHOOL and its employees assume no liability of any nature in relation to the transportation of the said minor(s). I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I hereby grant unconditional permission for my child to be included in evaluations and pictures connected with the school program.

Student's Name:

Date:

Parent Signature:

Thank you! We look forward to welcoming you to JCP!

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/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

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

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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

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 than 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 an 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://cld.ca.gov/contact.htm>.