Learning Center
Child Development Preschool
Licenses: Infant 304370720, Preschool 304370719
17565 Los Alamos St, Fountain Valley, CA 92708
714-593-1524

BOYS & GIRLS CLUBS
OF HUNTINGTON VALLEY

Severe allergic reaction _____Yes _____No Parent's Initials _____

PRESCHOOL PART TIME PROGRAM CONTRACT 2022

Child's name_____ Age_____ Birthdate_____/_____/_____

Parent's name_____ Start date_____

REGISTRATION (New or re-enrollment)	$90.00	(Initials)_____

PRESCHOOL PROGRAM (Ages 3-4yrs and fully Potty-Trained)

☐ Monday-Friday Mornings, 7:30am-12:30pm	$170/week	(Initials)_____
☐ Monday-Friday Afternoons, 1:00pm-6:00pm	$170/week	(Initials)_____
☐ Monday, Wednesday, and Friday, 7:00am-6:00pm	$170/week	(Initials)_____
☐ Tuesday and Thursday, 7:00am-6:00pm	$150/week	(Initials)_____

TRANSITIONAL KINDERGARTEN (TK) (Ages 4½ to 6 years)

☐ Monday-Friday Mornings, 7:30am-12:30pm	$175/week	(Initials)_____
☐ Monday-Friday Afternoons, 1:00pm-6:00pm	$175/week	(Initials)_____
☐ Monday, Wednesday, and Friday, 7:00am-6:00pm	$175/week	(Initials)_____
☐ Tuesday and Thursday, 7:00am-6:00pm	$155/week	(Initials)_____

$10.00 discount/week for each additional child enrolled full-time in the Preschool.

For Emergencies: A $50 fee will be charged for each non-scheduled contract day. Non-scheduled days are subject to availability and pre-approval from Director is required.

My child's total weekly tuition fee is $_____

Fees are due the Friday before each week or a late fee of $10.00 will be charged, with no deductions for illnesses, absences, vacations or holidays. All fees are non-refundable and non-transferable unless activity is cancelled by Boys & Girls Clubs.

_____ _____ _____ _____
Parent/Guardian Signature Date Director Signature Date

OFFICE USE ONLY

TOTAL AMOUNT PAID $_____ DATE_____ STAFF INITIALS_____

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IDENTIFICATION FORM

CHILD'S NAME_____**AGE**_____**BIRTHDATE**___/___/_____**M** _____ **F** _____
(FIRST) **(LAST)**

ADDRESS_____**CITY**_____**ZIP**_____

TELEPHONE (____**)**_____ **CELL (**____**)**_____

EMAIL ADDRESS_____

PREVIOUS CHILDCARE PROVIDER_____**CITY**_____

CHILD LIVES WITH (CHECK BOX) ❑BOTH PARENTS ❑MOTHER ❑FATHER ❑GUARDIAN ❑OTHER_____

FEMALE HEAD OF HOUSEHOLD? ❑YES ❑NO **NUMBER IN FAMILY**_____

ETHNICITY (CHECK ONE) ❑CAUCASIAN ❑AFRICAN-AMERICAN ❑HISPANIC ❑ASIAN ❑AMERICAN INDIAN
❑PACIFIC ISLANDER ❑OTHER_____

INCOME LEVEL (CHECK ONE)

❑$25,000 & UNDER ❑$25,001–$30,000 ❑$30,001–$35,000 ❑$35,001–$40,000 ❑$40,001–$45,000 ❑$45,001–$50,000
❑$50,001–$60,000 ❑$60,001–$70,000 ❑$70,001–$80,000 ❑$80,001–$90,000 ❑$90,001–$99,999 ❑$100,000+

PARENT #1_____**COMPANY**_____**PHONE (**____**)**_____

CELL PHONE (____**)**_____**OCCUPATION**_____**D.L. #**_____

PARENT #2_____**COMPANY**_____**PHONE (**____**)**_____

CELL PHONE (____**)**_____**OCCUPATION**_____ **D.L. #**_____

EMERGENCY CONTACT OTHER THAN PARENTS

NAME _____ DAY PHONE (____) _____ CELL (____) _____ RELATIONSHIP _____

NAME _____ DAY PHONE (____) _____ CELL (____) _____ RELATIONSHIP _____

List issues that may affect your child's participation in Club activities (allergies, health, physical, developmental, behavioral, etc.)

_____

_____

IS CHILD ON MEDICATION?_____**IF YES, WHAT** _____

_____

Additional persons authorized to take the child from the facility or to be called in an emergency
(Child will not be allowed to leave with any other person without written permission from parent/guardian)

NAME_____PHONE_____CITY_____RELATIONSHIP _____

NAME_____PHONE_____CITY_____RELATIONSHIP_____

NAME_____PHONE_____CITY_____RELATIONSHIP_____

NAME_____PHONE_____CITY_____RELATIONSHIP_____

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Preschool Program Policies and Procedures Agreement Between Parent & the Preschool

CHILD'S NAME _____

PLEASE READ THE FOLLOWING AGREEMENT VERY CAREFULLY BEFORE SIGNING

The conditions for this Agreement provide protection for our parents as well as the Preschool. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of the Preschool be stable. The Preschool's salaries and overhead expenses cannot be reduced because of "absentee losses" in income.

In essence, this Agreement is a personal guarantee to the Preschool that you will financially support the enrollment space guaranteed for your child.

GENERAL INFORMATION

1. The Preschool is open from **7:00am to 6:00pm.** Each child must be picked up by 6:00pm. A late charge will be applied for anyone picking up a child after the times outlined above. The charge will be **$10.00** for the first 1-10 minutes after 6:00pm followed by **$1.00** for every minute thereafter. If this fee is not paid, your child's enrollment can be discontinued. After the 3rd late pick up you will be called with a warning. After the 5th late pick up you will be asked to find another childcare facility.
2. The Preschool will be closed the following holidays or the day the holiday is observed: The Boys & Girls Club will be closed in observance of Labor Day (9/6), Thanksgiving and the day following (11/25 & 11/26), Christmas (12/24), New Year's Day (12/31), President's Day (2/21), and Memorial Day (5/30).
3. Parents are expected to sign their child in and out daily, and make sure that he/she is under the supervision of his/her teacher before leaving the premises. Children will not be released to any adult not listed on the identification form. Children may not be released to anyone under the age of 18 without written authorization from the parent releasing the Preschool of all liability. There will be a **$5.00** charge per day for children not signed in/out. Please sign your child in and out listing your full name – no initials please! The sign in/out sheets are located in each individual classroom.
4. The Preschools will provide a nutritional morning and afternoon snack with weekly menus posted. Parents may bring breakfast for their child until **8:00am only. Please do not include the following items in your child's lunch as they are choking hazards:** hot dogs whole or sliced into rounds, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonfuls of peanut butter, chunks of raw carrots or meat larger than can be swallowed whole. Hot lunches are non-refundable.
5. The Department of Social Services requires that you provide a sheet and blanket for your child at naptime. There will be a **$50.00** fine for each day that your child does not have a sheet and blanket.
6. Parents must provide an adequate supply of disposable diapers and wipes for their child if the child is not fully potty-trained. If your supply of diapers or wipes runs out we will provide 2 days supply at the cost of **$20.00**, which will be added to your bill. After the third day without necessary supplies your child will not be permitted in the Preschool.

PAYMENT AND CONTRACT INFORMATION

7. **$10.00 discount for each additional child enrolled full-time in the Preschool.**
8. All fees must be paid in full by the Friday prior to the week of use. Payments made after Monday of the current week are considered late and will be charged a $10 late fee. NO deductions in program fees will be made for absences, vacations, or holidays.

9. A $25 service charge will be collected for all returned checks.
10. If my child is absent due to illness for five consecutive days between September and June, I agree to pay half the tuition fee and provide a doctor's statement verifying the illness on the day of the child's return to school. **Not to exceed two weeks per contract year.**
11. A yearly registration fee of **$90.00** will be charged. If you terminate your child's enrollment contract at any time and then choose to **re-enroll**, you will be required to pay **a new $90 registration fee** at the time your child is enrolled with a new contract.
12. You have the option to pay online for your weekly program fees/tuition. A convenience fee will apply to all online payments. Online payment is not available for lunches, field trips, and other specialized services.
13. I understand that I may change my membership contract one time per school year. If additional changes become necessary, I agree to pay a **$10.00 processing fee per change.**
14. **A TWO-WEEK WRITTEN NOTICE MUST BE GIVEN PRIOR TO WITHDRAWAL.** If this notice is not given, I agree to pay two weeks tuition prior to withdrawal.
15. All fees are non-refundable and non-transferable. No exceptions. This applies to lunches and field trips.

MEDICAL INFORMATION

16. The Boys & Girls Clubs of Huntington Valley will provide incidental medical services to children enrolled at the club providing the Club can meet the child's needs at the time of admission and throughout the child's attendance at the Boys & Girls Clubs of Huntington Valley. Types of incidental medical services that may be provided include: Administering Insulin by Pump; Administering Anti-Seizure Medication; Administering Inhaled Medication; EpiPen Injections; and any other incidental medical services contingent upon approval from the Boys & Girls Clubs of Huntington Valley as authorized by the Department of Social Services – Community Care Licensing Division.
17. Children who become ill may not remain at the Preschool. Parents will be called and must pick up their child **within the hour.** It is the parent's responsibility to make sure that they have an alternate person we can call if they are not available. Children absent from the Preschool with a contagious disease will not be readmitted without a signed statement from a physician indicating that the child is no longer contagious. Please refer to the illness guidelines in the parent handbook.
18. In the event of an emergency, the Preschool has my permission to administer first aid or obtain emergency medical treatment in the child's best interest; I agree to pay all expenses incurred due to an emergency involving my child.
19. Parents must supply the Preschool with necessary health forms filled out by a physician, as required by the State of California.
20. The Department of Social Services Community Care Licensing personnel, State Health Department, School Readiness Nurses, Counselors and/or Staff have the right to access and/or review your child's file. Child care licensing personnel also have the right to interview children.
21. In order for the preschool to administer over-the-counter sunscreen and diaper cream a completed Exception to Over-the-Counter Medication Policy Form must be on file.

CLUB POLICIES

Due to COVID-19 restrictions, some policies including those related to visitation and volunteering may not apply.

22. The Preschool is committed to working with families. We expect families to participate in every aspect of their child's program. It is very important that you, as parents/guardians, communicate your needs and desires regarding your child's development openly and honestly with your child's teachers or the Preschool's Directors. You are encouraged to discuss any developmental milestones you have encountered and share any other information that may be appropriate. We strongly encourage families to commit a minimum of 3 hours participation per year in your child's classroom.
23. Parent volunteers are highly encouraged. A volunteer application must be submitted. To ensure the safety of the children in our care and to comply with licensing requirements, every volunteer must have a background check, TB test clearance, and

vaccines for DTAP (Pertussis), MMR (Measles) and Influenza (optional).

24. Parents, please send your child to school in comfortable, age appropriate (no violent graphics) washable play clothes. Remember that your child will be involved in painting, water play and other messy play experiences. Jeans, shorts, and old T-shirts are very appropriate for our program. Good fitting athletic shoes are acceptable. **No cowboy boots, no open toed shoes, and no slip on shoes.**

25. Parents must provide a complete change of usable clothing for emergency use to be kept in your child's cubby.

26. Classroom phone policy: Phones in classrooms are for emergency use only. Teachers may use phones to contact the front office or to dial 911. To ensure that children in classrooms receive teachers' full attention, teachers are not permitted to make other outgoing calls or accept calls not approved by the Preschool's Director or Program Coordinator. All incoming parent calls will be directed to the Preschool's Director or Program Coordinator. If, after consulting with one of the Directors, the parent still needs to talk to the teacher, the Director will then forward the call to the classroom. If a Director is not available and cannot return a parent's call within fifteen minutes, the call will be forwarded to the appropriate classroom. This policy is designed to minimize classroom distractions and ensure that all children at the Preschool receive the attention they deserve from their teachers.

27. **Family participation in our auction and fundraising events is appreciated and helps us keep our fees low.**

28. The Preschool is committed to providing an all-inclusive program for your children. Our all inclusive program includes children with special needs. In adherence to the Americans with Disabilities Act (ADA), our program does not discriminate based on a child's disability, and we strive to offer reasonable accommodations to enable children with disabilities to become fully included in the program.

29. The Boys & Girls Club recognizes that in most situations both parents have a legal right to be a part of their child's life. **The Club denies a parent access to their child only if there is a certified copy with the original signature and a certified seal of the current court order stating the rights or restraints ordered.** Simply noting on the emergency card a statement such as "Do not release my child to..." is not sufficient. Any member pick up situation which leaves the member's welfare in question will be handled at the discretion of the Club's staff. It is not the Club's responsibility to enforce court orders.

30. **You have received, read and understood the Parent Handbook, including the Assessment Plan, Discipline Policy, Potty Learning Policy, Biting Policy, the Sensory Development Statement, Safe Infant Sleep Policy, and Sunscreen Policy.**

31. **Should the Preschool Director determine that your child cannot adjust to the program offered, or if any of the above contract agreement is not fulfilled, your child will be withdrawn and this contract terminated.**

32. This agreement is subject to change with thirty days notice to comply with government regulations or for any other reason.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Administrator Date

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BOYS & GIRLS CLUBS
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FAMILY INTAKE FORM

In addition to completing the "Child Pre-Admission Health History," which is required by the California Department of Social Services, we would appreciate you responding as completely as possible to the following questions. Your input will help the classroom teacher better understand your child's learning and development needs and ensure a smoother transition between home and the classroom. Please complete only items appropriate to your child's age. You will be asked to complete this form periodically as your child grows.

Child's Name _____ Birthdate _____

Daily Routines

Does child walk, talk, or cry out at night? ❑Yes ❑No

What does child take to bed with him/her? _____

Is child usually ready to go to sleep at night? ❑Yes ❑No

What is child's mood upon awakening? _____

Is child usually hungry at meal time? ❑Yes ❑No Between meals? ❑Yes ❑No

What are child's favorite foods? _____

What foods are refused? _____

What eating problems does child have, if any? _____

_____

Does child eat with a (check all that apply) ❑Spoon ❑Fork ❑Hands

If another person shares in caring for the child on a regular basis, please indicate name, relationship (if any),

and days/hours responsible for care

_____

Are there any pets in the home? ❑Yes ❑No If yes, please describe _____

_____

Social Relationships

How does your child customarily react when separated from you?

_____

Is your child

Friendly ❑Yes ❑No Aggressive ❑Yes ❑No Shy ❑Yes ❑No

How does your child get along with other adults?

_____

Does your child know any other children at the center? ❑Yes ❑No

If yes, what are their names? _____

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FAMILY INTAKE FORM CONTINUED

Social Relationships (continued)

Do you feel your child will adjust easily to the child care situation? ❑Yes ❑No

If no, why not? _____

Does child demand a lot of adult attention? ❑Yes ❑No

What makes child upset or angry? _____

How does child show his/her feelings? _____

What frightens the child? _____

Favorite toys or activities at home? _____

Does your child

Like to be read to? ❑Yes ❑No Play outdoors? ❑Yes ❑No

Listen to music? ❑Yes ❑No Know how to ride a tricycle? ❑Yes ❑No

Has your child experienced

Clay? ❑Yes ❑No Easel Painting? ❑Yes ❑No

Scissors? ❑Yes ❑No Finger Painting? ❑Yes ❑No

Blocks? ❑Yes ❑No Water Play? ❑Yes ❑No

Additional Information

Any history of colic? ❑Yes ❑No

Is child's skin highly sensitive? ❑Yes ❑No

Frequent diaper rash? ❑Yes ❑No

Current feeding schedule _____

Any special feeding problems? ❑Yes ❑No

If yes, please explain _____

How has the child been fed? ❑Held in lap ❑High chair

If other, please explain _____

Is diarrhea a problem? ❑Yes ❑No Constipation? ❑Yes ❑No

Does child use a pacifier? ❑Yes ❑No Suck thumb? ❑Yes ❑No

Can child be relied upon to indicate need to use the toilet? ❑Yes ❑No

Does child need to go more frequently than usual for his/her age? ❑Yes ❑No

Does child need help with toileting? ❑Yes ❑No

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FAMILY INTAKE FORM CONTINUED

Potty Training Information (if applicable)

Do you use a potty seat? ❑Yes ❑No Special toilet seat? ❑Yes ❑No Regular toilet seat? ❑Yes ❑No

Is child frightened of the bathroom? ❑Yes ❑No

Does child have accidents? ❑Yes ❑No
If yes, how does he/she respond? _____

Was child easy to train? ❑Yes ❑No

Does child wet the bed? ❑Yes ❑No If yes, how often? _____

Speech and Language

Does child speak in words? ❑Yes ❑No Sentences? ❑Yes ❑No

Any speech difficulties? ❑Yes ❑No

If yes, please explain _____

What language is spoken in the home? _____

If English is not spoken in the home, how well does child speak/understand English? _____

How can we support the child's home language in school? _____

_____

How can we support your child in acquiring English? _____

_____

Do you have any concerns about the child's speech or language? ❑Yes ❑No

If yes, please explain _____

Do you need a translator for communicating at parent/teacher conferences? ❑Yes ❑No

Would you be willing to volunteer as a translator at parent/teacher conferences? ❑Yes ❑No

Family Structure

How many other children live in the same household? _____

What are their ages? _____

In what particular ways can we help your child this year? _____

_____

_____

_____

Signature of Parent/Guardian _____ Date _____

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AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent(s) or legal guardian of_____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.B of the Civil Code of California.

This consent shall remain effective until _____, 20_____

List any restrictions_____

_____

_____

Birth Date _____ Last Tetanus Toxoid Booster_____

Allergies to Drugs or Foods_____

Any Special Medications
Or Pertinent Information_____

Family Physician_____ Physician's Phone #_____

Address_____City_____State_____Zip_____

Insurance Company_____Policy & Group No._____

Telephones Where Parents May Be Reached

Parent #1_____Home_____Work_____

Parent #2_____Home_____Work_____

Address_____City_____State_____Zip_____

Signature of Parent
or Legal Guardian_____Date_____

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EARTHQUAKE EMERGENCY INFORMATION

In an effort to make the Preschool more "Earthquake Prepared," we require you to bring a complete change of clothing for your child to be kept at the Preschool. This should consist of underwear, long pants, shirt, shoes, socks, sweatshirt or light sweater. Including a familiar object or small family photo would be a good idea, as your child needs to feel secure until you get here. These items need to be placed in a brown paper grocery bag.

The Preschool will provide earthquake food for the children. If your child requires a special diet, please supply the appropriate food and place it in a one-gallon ziploc bag with your child's name clearly marked. If your child has special medical needs, bring extra medicine to the Preschool for us to store.

Earthquake preparedness is an important objective for our Preschool.

Child's Name _____

Address_____City_____Zip_____

Parent #1_____

Cell Phone (___)_____Work Phone (___)_____

Home Phone (___)_____

Parent #2_____

Cell Phone (___)_____Work Phone (___)_____

Home Phone (___)_____

EMERGENCY CONTACTS (out of state/area preferred)

Name_____

Phone (___)_____Relationship to Child_____

Address_____City_____Zip_____

Name_____

Phone (___)_____Relationship to Child_____

Address_____City_____Zip_____

Name_____

Phone (___)_____Relationship to Child_____

Address_____City_____Zip_____

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EXCEPTION TO OVER-THE-COUNTER MEDICATION POLICY

Name of Child_____

SUNSCREEN UTILIZATION PERMISSION FORM

As the parent or guardian of the above child, I give my permission for staff at the Preschool to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily hours of 10 am to 4 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, ears, nose, bare shoulders, arms, and legs, and **it is my duty to provide sunscreen for my child.**

Additionally, I have checked and/or indicated below my directions regarding the type and application of sunscreen.

- ❑ The Preschool staff may use the sunscreen of their choice, in keeping with applicable federal and state standards, except for the following (if specified)_____
- ❑ Only use the following type(s)/SPF of sunscreen_____
- ❑ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body_____

DIAPER CREAM (Non-Prescription) UTILIZATION PERMISSION FORM

As the parent or guardian of the above child, I give my permission for staff at the Preschool to apply diaper cream, that I have provided as part of my diaper changing materials, as specified below. I understand that it is my duty to provide diaper cream, if I want it to be applied as directed, for my child.

- ❑ The Preschool staff may apply the non-prescription diaper cream I have provided, as needed.
- ❑ For medical or other reasons, please don't apply diaper cream.

Parent's Full Name (print)_____

Parent/Guardian Signature_____Date _____

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MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

My child, _____, has my permission to participate in all activities with the Boys and Girls Clubs of Huntington Valley, Inc. Should any illness or accident occur to her/him, I will not hold liable the Boys and Girls Clubs of Huntington Valley, Inc., its directors, officers, employees or volunteers. The Boys & Girls Clubs has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable. I will assume full responsibility for all medical costs incurred in that situation. This authorization is given pursuant to section 25.8 of the California Civil Code.

I further understand that there are risks and dangers associated with participation in Club activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe. These risks and dangers may be caused by the negligence of the participant or the negligence of others. There may be other risks not known to us or not reasonably foreseeable at this time. I/we accept and assume such risks and responsibility for the losses and/or the negligence of the Boys and Girls Clubs of Huntington Valley, Inc., its directors, officers, employees or volunteers. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the Boys and Girls Clubs of Huntington Valley, Inc.

Should the director determine that a child cannot adjust to the program, parents will be notified and the child's membership may be cancelled without refund.

May publicity photos be taken of your child? ❑Yes ❑No

I/we have read the above waiver and sign it voluntarily.

Signature of Parent/Guardian_____Date_____

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BOYS & GIRLS CLUBS
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By initialing and signing below, you acknowledge that you have received, read and understand your copy of the following information and policies from the Preschool

1.	Sensory Development Statement	(Parent Handbook page 5)	Initial here _____
2.	Assessment Plan	(Parent Handbook page 6)	Initial here _____
3.	Discipline Policy	(Parent Handbook page 8)	Initial here _____
4.	Biting Policy	(Parent Handbook page 8)	Initial here _____
5.	Potty Training Policy	(Parent Handbook page 9)	Initial here _____
6.	Caregiver Background Check Process	(Parent Handbook page 13)	Initial here _____
7.	Safe Infant Sleep Policy	(Parent Handbook page 14)	Initial here _____
8.	Illness Guidelines	(Parent Handbook page 15)	Initial here _____
9.	Sunscreen & Diaper Cream Policies	(Parent Handbook page 18)	Initial here _____
10.	Parent's Guide to Understanding Child Abuse	(Parent Handbook page 19)	Initial here _____
11.	Child Care Center Notification of Parents' Rights	(Parent Handbook page 24)	Initial here _____
12.	Personal Rights Applicable to Child Care Centers	(Parent Handbook page 25)	Initial here _____
13.	Complete list of policies	(Parent Handbook page 26)	Initial here _____

Child's Name _____

Parent Signature _____

Parent's Printed Name _____

Date _____

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*	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:
(What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH_____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ 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'S SIGNATURE	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 ___6___ : ___30___
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ___6:00___ a.m./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 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: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ 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.