

Checklist for Children's Records

Child's Name: _____ DOB _____
Date of Enrollment _____ Schedule _____

Licensing Required:

- *Date of Birth
- *Date Enrolled
- *Full or Part Time
- *Identification & Emergency Information
- Admission Agreement (Parent Handbook given & agreement signed)
- *Health History LIC702
- *Physician's Report LIC701
- *Immunization Record (Blue Health Dept. Card)
- *TB Test
- *Parent's Rights Receipt LIC995
- *Consent for Emergency Medical Treatment LIC627
- *Personal Rights LIC613A
- *Parent Directory Permission
- *Sun Screen Permission

OPPS Required:

- *Emergency Sheet
- *Walking Field Trip Permission Slip & McAulay Hall
- *Permission to take Pictures/Photograph
- *Family Information Sheet
- *Statement of Discipline
- *Enrollment Form

____ initials/complete

Staff Signature: _____ Director's Initials _____

*Comments: _____



Orange Presbyterian Pre-School

Holiday, Vacation and Attendance Policy

Attached is a list of our of our Holiday Closures. You are responsible for all non operational days.

If you are planning to keep your child home for the day we would appreciate a courtesy call letting us know if he/she is sick or not.

We require a "two weeks" written notice if you are withdrawing your child from school. If there is a hardship situation you can talk with the Director and together alternative arrangements may be made.

Tuition is expected to be paid for 52 weeks a year. If you take a vacation tuition is still paid and you space is reserved for you. If you know in advance you will be gone for more than a month at any time, you can talk to the Director and possible alternative arrangements may be made.



Orange Presbyterian Infant Center

Our Early Childhood Caregivers are all educated and have taken and completed various courses in Early Childhood Development in order to understand the developing brain. Our highly trained teachers and staff offer a nurturing, creative world for infants to help their minds and bodies develop. We know that every moment with an infant is precious; we provide a safe, healthy and respectful environment where children and adults interact. Our team is made up of loving, nurturing, First Aid/CPR Certified staff. We know your Infant will love and enjoy the time spent here in his new home away from home.



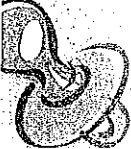
Operating hours: Monday-Friday 7:00am-6:00pm

Weekly Rates:

Full Time (Mon-Fri)-\$300

3 Days a week-\$225

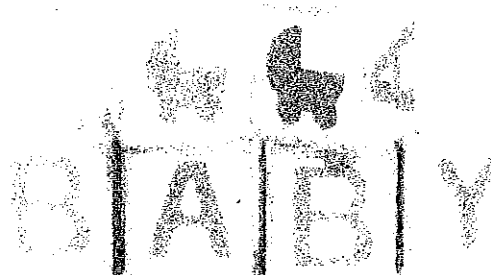
1 Day a week-\$75



Half day 8:30am-12:30pm-\$40

One time Registration Fee \$125 for the first child and the second child is \$65. (Non Refundable) In determining the tuition amounts each week, we have factored in holidays. Tuition is the same each week regardless of the number of days the center is open. You are financially responsible for all days in your child's schedule.

You may contact Yasbel Ortuno, Infant/Toddler Supervisor at (714) 768-1122



- ☐ Prepared bottles
- ☐ Pacifiers
- ☐ Baby food and cereal when age appropriate
- ☐ Diapers
- ☐ Wipes
- ☐ Diaper ointment
- ☐ Extra Clothes
- ☐ Extra formula

Please Remember:

- Please label all items with child's first and last name. *3 Date*
- All creams and sunscreens to be applied require a completed medical authorization form and must be kept in their original containers with your child's full name on it.

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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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Admission Agreement

I have received, read, understood and agree to the policies and procedures outlined in the "Parents Handbook" of the Orange Presbyterian Pre-School.

Parent Signature_____

Date_____

Director Signature_____

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
<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?
	LUNCH	BREAKFAST
	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*	

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
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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)	/ /	/ /		
	(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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

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.

Licensing Office Name: Community Care Licensing, Department of Social Services

Licensing Office Address: 750 The City Drive, Suite 250, Orange, CA 92866

Licensing Office Telephone #: 714-703-2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 895 (9/08)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Orange Presbyterian Infant Center
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

LIC 895 (9/08)

LIC 627 (9/08) (CONFIDENTIAL)

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

Department of Social Services, Community care Licensing

ADDRESS

750 The City Dr. Suite 250

CITY

Orange

ZIP CODE

92866

AREA CODE/TELEPHONE NUMBER

714-703-2800

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)

Orange Presbyterian Infant Center 146 N. Grand ST. Orange, CA. 92866

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Classroom Phone Directory

Our Pre-School to families a parent directory. Occasionally these numbers are needed to check on birthday party invitation information, change of plans or simply to invite a friend over to play. The State does not permit us to release personal information from our files without your consent.

Please complete the following information and check the appropriate boxes.

* ☐ I agree that the personal information in the directory may not be duplicated, given away, or sold to anyone else. It is intended for and restricted to personal use by pre-School families.

* ☐ Yes, I give permission to include the following in the school directory (check appropriate box or boxes.

* ☐ Name only

* ☐ Include address

* ☐ Include phone number

* ☐ NO, do not print my child's information in the directory.

Parent's Signature _____ Date _____

Sunblock Lotion Permission

In the summer/and on other sunny days it will be time for sunblock lotion to protect against harmful ultraviolet rays. Please furnish your child with sunblock lotion that is rated 15 or over. List the name of the lotion below and sign your name to give permission for our staff to apply this lotion to those areas of your child's skin that are sun-exposed.

We suggest as part of your morning routine that you apply sunblock protection and we will re-apply when going outside.

*Please date and label any sunblock product you bring to pre-school.

The staff of the Orange Presbyterian Pre-School has permission to apply

Name of Lotion/sunblock

To my child:_____

Name of child

*__Do not apply sunblock (please check)

Parent Signature_____

Date_____

Health Emergency Sheet

Child's name _____ DOB _____

Mother's name _____ cell _____

Work phone _____ Home phone _____

Home address _____

Father's name _____ cell _____

Work phone _____ Home phone _____

Home address _____

Names of adults (other than parents) to be called in case of emergency.

1) _____ phone# _____

2) _____ Phone# _____

If physician cannot be reached, what action should be taken? _____

Emergency Hospital _____ other _____

Insurance company _____

Does your child have any allergy? Yes___ No___

Is your child on medication? Yes___ No___

If yes, please explain. _____

Additional information on special health conditions _____

***Consent to Treat a Minor:** Permission is given to the Orange Presbyterian Pre-School to act as an agent on my behalf to arrange for any and all medical care of my child in case of an emergency. Permission to remain in effect until termination of child participation in the program.

***Signature of Parent or Guardian** _____

***Date** _____

Permission for Field Trips/Wavier

We/I undersigned, as a parent/guardian of _____ a minor, do hereby authorize and consent my child to take part in any walking field trip with the Orange Presbyterian Pre-School. I understand there may be times that my child will participate in off campus activities to the public library, the park, a nature walk or Chapman University, etc.

I assume responsibility and risk of accident or injuries sustained for my child, for whatever causes in connection therewith and release staff from any and all civil and/or criminal liability for any accident or injury which may occur from my child's participation in this program.

*Parent/Guardian Signature _____

*Print Parent/Guardian Name _____

*Date _____

We/I undersigned, as a parent/guardian of _____ Minor, do hereby authorize and consent my child to take part in any "field trip" to McAulay Hall with the Orange Presbyterian Pre-School. This is in addition to the "Permission for Field Trips/wavier" I signed when I enrolled my child.

*Parent/Guardian Signature _____

*Print Parent/Guardian Name _____

*Date _____

Permission to Photograph Child

As parent, representative, or legal guardian I give permission to photograph,
minor child

Said photographs may be used in promotion, and may be on the premises of the
Orange Presbyterian Pre-School or Web Site.

Signature of Parent/Representative/Guardian:

Date:

Family Information Sheet

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Mother's hobbies/special interests _____

Father's hobbies/special interests _____

Child's name and place of birth _____

Special interest (what does your child like to do? Outings, routines, toys or play material does he/she enjoy? _____

Other family members living in the home, names and relationships to your child. _____

How does your family celebrate special events? _____

Are there any pets in your home? _____

What languages are spoken in your home? _____

Does your child enjoy books? Being read to? Singing?

What is your child's favorite toy? _____

Does your child watch television and if so what does he/she watch? _____

(Please turn over)

What is your child's favorite "helping" activity? _____

Does he/she seem afraid of animals, storms, dark, strangers,
others? _____

How does your child display affection? _____

How does your child express anger or disappointment? _____

Do any aspects of your child's behavior or health concern you and if so, please explain.

Are there any physical or emotional conditions requiring special attentions at pre-school?

To what extent is your child toilet-trained? _____

What is your plan for care when your child is ill? _____

Parent Signature _____ Date _____

Statement of Discipline

The proper balance of freedom of activity and adherence to appropriate limits set by staff is critical to successful development of independence among children. It is our goal to guide your children to become a happy, responsible, cooperative participant in the program. This is done through positive, non-threatening teaching techniques, to increase children's respect for themselves by guiding them to become responsible for their own actions, and to grow in their respect for the rights and feelings of other people.

Caregivers will set appropriate limits universal to the program (e.g. each child's personal feelings and belonging will be respected). Caregivers will be proactive in their problem-solving to help reduce potential conflicts. When difficulties occur, children will be redirected to a more appropriate activity to change their behavior. Children will be given the choice of several more appropriate actions and then asked to decide which action they choose to take. Such interaction will encourage decision-making skills and help children realize the cause and effect of their actions. Repeated occurrences of the same inappropriate behavior will necessitate possible separation from the group or a two-minute private time with one-on-one adult/child supervision and discussion. Under no circumstances will corporal punishment be used. No "time out" chair, areas of room, etc. will be used. Every effort will be made for "redirection" and one-on-one adult intervention. The self-esteem of the child will be a priority.

Steps to Resolution of Conflict:

When conflict over the rights of other people and property develop, it is our goal to work with the individual child, listening to what each has to say and helping him/her resolve conflict through effective communication.

Problem Solving:

- 1) Use your words assertively (not aggressively) to work out a conflict.
- 2) Walk away
- 3) If a conflict continues, go to an adult and use your words to seek problem-solving help.

(Turn over please)

If a conflict persists and becomes serious the staff will take the following steps.

- 1) The child will NOT be allowed to participate in a particular activity where the conflicts exist for a period of time to be determined by the staff at the time of the occurrence.
- 2) If there is still an unresolved conflict, parents will be asked to meet with the Director for the purpose of developing methods of solving the conflict. At this time a contract for behavior may be given. The parent(s) may be asked to come to school and observe the behavior.
- 3) If the problem continues, the parent will be called and asked to pick up the child within the hour. It may be necessary for a parent to make arrangements for the child to be cared for at home for a few days until the child is ready to cooperate.
- 4) If conflicts still continue, parents will be expected to take steps to remove their child from the program within two weeks. A situation in which children or staff is physically endangered may require IMMEDIATE DISMISSAL of the child from the Orange Presbyterian Pre-School Program. A child who is removed from the program is ineligible to enroll in the future.

Parent Signature_____Date_____

Print Name_____Child's name_____

ORANGE PRESBYTERIAN PRE-SCHOOL
PARENT HANDBOOK
ENROLLMENT FORM

Parent Name (Last, First, Initial) Today's Date

Street Address Home Telephone

City State Zip Work Telephone

1st Child's First & Last Name DOB Weekly Tuition

2nd Child's First & Last Name DOB Weekly Tuition

Days of Attendance:

5 days (Monday through Friday)

3 days

2 days

4 days as arranged with Director

Deposit Date: _____

registration fee \$125 (nonrefundable) \$ _____

Second child \$65.- \$ _____

Total Deposit Fees: \$ _____

Fees due at time of Registration:

First Week's Tuition(1st Child) \$ _____

First Week's Tuition (2nd Child) \$ _____

Total Fees: \$ _____

Parent Signature Date

Employee Signature Date

TUITION CONTRACT

I/We _____, parent(s) of _____
_____ agree to abide by the policies defined in the Orange Presbyterian Infant Center Handbook, a copy of which has been provided to me. I understand that in determining the tuition amounts charged each week, the Orange Presbyterian Infant Center has factored in holidays. I understand that this means that the weekly rate will not be adjusted for holidays. I understand that I am financially responsible for tuition for all days in my child's schedule regardless if my child is ill or out of school on any given day.* I also understand that any changes in my child's schedule, including withdrawal from the program, requires a minimum two (2) week written notice. If no notice is given, I/We understand that I/We are financially responsible for tuition during the two-week notice period.

I/We have read and understand the late payment policy. I/We understand that should I/We fail to fulfill our financial responsibility, the Orange Presbyterian Infant Center may pursue legal remedy. Should such legal proceedings be required, I/We will be required to reimburse the Orange Presbyterian Infant Center for reasonable attorney's fees and/or court costs associated with any such proceedings.

I/We further understand that should I/We decide to withdraw my/our child(ren) from the program and then wish to re-enroll him/her/them, if no space is available, my child (ren)'s name will be added to any existing waiting list, and names on that list will be taken in the order received.

Parent Signature

Date

Social Security Number

Parent Signature

Date

Social Security Number

~~Orange Presbyterian Infant Center~~

Your child's health is a matter of major importance to all of us and therefore it is necessary that parents cooperate fully with the Orange Presbyterian Infant Center health program. Our regulations are designed to protect the well-being of all the children and to guard, as much as possible, against avoidable absences for health reasons.

Staff will complete a daily health check for each child. If the Child Care Supervisor or teacher determines that a child is ill, he/she will not be admitted that day. If a child becomes ill while at the center, the staffs will notify the parents by phone to take the child from the center. Once notified the parent must arrive within the hour called. An isolation area is provided at the Center for temporary care of ill children. If you are called to pick up your ill child, he/she must stay home at least 24 hours without any of the symptoms they were sent home with. Child must return to school with a doctor's note.

All parents should make alternate arrangements for care in the event that their child becomes ill. It is difficult to make emergency care plans at the last minute and is stressful for the [parents as well as the child, and lead to inadequate or inappropriate care of the child. The best thing to do as parents is to use your best judgment. Think about what you would want your own child to be exposed to. If you are not sure please call the center. Thank you for your understanding and making it the best for all of our health and safety.

Your child should be kept home if he/she shows any of the following symptoms:

- A temperature of 100.4 or more
- 3+ or more Diarrhea
- vomiting
- Any unexplained rash
- Heavy nasal discharge
- Any eye discharge
- Ear pain
- Sore Throat/ Mouth sores
- Bad Cough/cold/ difficulty breathing/
- Refusal of feedings/lethargy/listlessness
- Inconsolable, extremely irritable, or very fussy

Parents should exercise every caution and keep their child home if there is an indication the child is not well enough for group activities.

When your child is ill please remember to call Orange Presbyterian Infant Center/Preschool in the morning.

If your child has been home due to illness, it is your responsibility to consult either the supervisor or teacher to determine whether your child is well enough to be readmitted. Please respect that the child care staff must consider the health and safety and well-being of all the children and staff when making a decision. Please remember we love your children and want them to attend daily, but when a child is not feeling well it can be very hard for them to participate around other children and again the health and safety of your children is our number one goal.

X _____

Date: _____

Parent Signature

INFANT NEEDS & SERVICE PLAN

THIS PLAN MUST BE FILLED OUT AND SIGNED PRIOR TO THE CHILD'S FIRST DAY AT THE CENTER.

Dear Mothers,

Please help us get familiar with your baby's needs by providing the following information about eating, sleeping, and activities. Also, let us know about any special services your child may need.

Child's Name: _____ Today's Date: _____

Child's Date of Birth: _____ Age: _____

Parent name: _____

Primary Caregiver: _____

Birth Information

What was the weight of your child at birth? _____

Was your child's birth full term? _____

Was your child's birth premature? ____ If so, by how many weeks? _____

Was the birth ____ vaginal or _____ caesarian-section?

List any other complications below.

Resting/Sleeping services

Based on the latest information regarding SIDS, all infants will be placed on their back or side to sleep while in our care.

What time does your child usually wake up in the morning? _____

Does child sleep with you or in a crib/basinet? _____

At what time does your child usually take a nap? _____am _____pm

Approximately how long? _____

Does your child have a security object like pacifier, blanket, or stuffed animal?

How do you usually help your baby go to sleep (examples: rocking, breast-feeding, bottle, pacifier)? _____

Does your child prefer to sleep on their back or side? _____

Diapering

All children will be changed every two hours, or more frequently when needed.

Please be sure to provide adequate diapers and wipes for your child's health & safety.

Any soiled or wet clothing will be changed and returned to parent each day in a plastic bag. Please make sure to check your child's cubby every night at pick up.

Does your child need ointment or powder after every diaper change?

____ Yes ____ No If so, product & brand you use _____

Is your child susceptible to rash or yeast infections? ____ Yes ____ No

Does your child show any interest in toilet training? _____

List any and all services needed by your child if not mentioned above:

Individual Food & Feeding Plan

ALL bottles and dishes should be labeled with date, name, and be unbreakable.

Have you breast fed? ____ Yes ____ No

Are you currently breastfeeding? ____ Yes ____ No

Does your child have _____ formula, _____ breast milk, or a
_____ combination of breast milk & formula?

Formula partially consume will be discarded each day.

How often does your child have a bottle? _____

About how many ounces does your child normally drink at each feeding? _____

Babies will be held for feeding here.

Does your child need to be burped during feedings? ____Yes ____No More than
once? Please give details. _____

How does your child prefer their bottle? ____Cold ____Warm ____Room temp

Is your baby usually ____comfortable or ____uncomfortable after a feeding?

If uncomfortable, what do you usually do? _____

May water or juice be offered between nursing or bottle feedings? _____

Any known food allergies? _____

What kind of reactions might your child have/experience?

Any feeding instructions from your doctor relating to a special diet for your child?

Is your child a self feeder? ____Yes ____No

Has your child been introduced to finger foods? _____

What is the consistency of any foods he/she might be eating at this time?

What foods does your child like or dislike? _____

When would you like your child to have snacks from our snack menu??

(Reminder we only provide 2 snacks. Please make sure you send your child a lunch every day)

Uneaten or opened food will be sent home daily, we cannot keep and re-use leftovers that you provided to us the previous day.

When do you want to introduce cups and utensils? _____

Recommendation between 9-12 months for cups and 8-10 months for utensils.

Any other special instructions or things you want us to know about your child?

We plan to partner with you to do the best thing for your child and their development. Anytime you want to update this before we ask you, please let Ms. Yasbel know and she will be glad to provide a new service plan form for you. We appreciate all of your input and plan to provide you with excellent service and care for your baby. Please note we will be updating these records every three months.

Parent Signature _____ Date _____

Site supervisor signature _____
