

# **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	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS		NUMBER	STREET	CITY	STATE	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS		NUMBER	STREET	CITY	STATE	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 \_\_\_\_\_

## **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\_\_\_\_\_

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

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

# **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](http://www.meganslaw.ca.gov)**

LIC 995 (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 Preschool

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.**

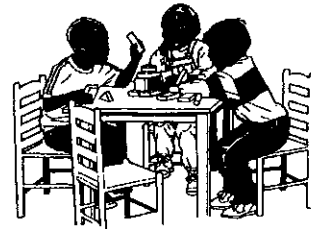
**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

LIC 995 (9/08)

# Community Care Licensing



## CHILD CARE CENTER



### NOTIFICATION OF PARENTS' RIGHTS

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY  
ACCESSIBLE AREA OF THE CHILD CARE CENTER

#### AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A RIGHT

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.
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.

<http://www.cclcd.ca.gov>

For the Department of Justice  
"Registered Sex Offender" database, go to  
[www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

**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.**

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_



Licensing Office Telephone Number: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-  
Child Care Centers Or Family Child Care Homes**

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

Orange Presbyterian Preschool 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

( )

**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

Community Care Licensing, Department of Social Services

ADDRESS

750 The City Drive, 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)

Orange Presbyterian Preschool

(PRINT THE ADDRESS OF THE FACILITY)

191 North Orange Street, 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 \_\_\_\_\_

## 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.

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 \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 medial 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 \_\_\_\_\_

## 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 \_\_\_\_\_

## Permission to Photograph Child

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

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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:

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Date: 

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# TUITION CONTRACT

I/We \_\_\_\_\_, parent(s) of \_\_\_\_\_ agree to abide by the policies defined in the Orange Presbyterian Pre-School Handbook, a copy of which has been provided to me. I understand that in determining the tuition amounts charged each week, the Orange Presbyterian Pre-School has factored in holidays and for school age children, minimum days. I understand that this means that the weekly rate will not be adjusted for holidays or minimum days. 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 Pre-School may pursue legal remedy. Should such legal proceedings be required, I/We will be required to reimburse the Orange Presbyterian Pre-School 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.

## FINANCIAL INFORMATION

### REGISTRATION FEE

The Registration Fee of \$125.00 for the first child and \$65.00 for additional children, is payable at the time of enrollment

### TUITION

In determining the tuition amounts charged each week, we have factored in holidays and for school age children, minimum days. 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(ren)'s schedule, regardless of illness or absence.

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 \_\_\_\_\_

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