

Hand In Hand Preschool and Infant Center 3172 Johnson Ave.
San Luis Obispo, California 93401
Tax ID# 84-4076075
LIC# 406215821 and LIC# 406215822

Financial Admission Agreement

ANNUAL REGISTRATION FEE: \$150.00 per child

Infant and Toddler Rate \$1,819.00

Preschool Rate Non-Potty Trained \$1,479.00 Preschool Rate Potty Trained \$1,438.00

Full Day Program: Monday – Friday Hours: 7:30AM - 5:25PM

Start Date: _____ End Date: _____
Name of Child: _____
Date of Birth: _____ Child Resides with: _____
Home Address: _____
Mother's Name: _____ Father's Name: _____
Mother's Occupation: _____ Father's Occupation: _____
Employed at: _____ Employed at: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Is there anyone who CANNOT PICK UP YOUR CHILD? _____

Legal Consent to pick-up child if not able to reach legal guardian:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of illness/minor injury and parents CANNOT be reached, I give my legal consent for the school to call or take my child to the following:

Name: _____ Phone: _____

Parent's Signature: _____ Date: _____



Hand In Hand Preschool & Infant Center Instructional Calendar 2024-2025

September	2 nd	Labor Day
November	11 th	Veteran's Day Observance
	27, 28, 29	Thanksgiving Observance
December	23-27, 30, 31	Winter Break
January	1, 2, 3	New Year's Day/Winter Break
	20	Martin Luther King, Jr.
February	10	Lincoln's Birthday
	17	President's Day Observance
April	18	Good Friday
	21	Easter Holiday
May	26	Memorial Day Observance
July	4	Independence Day
TBA		In-Service's

Please mark your calendar for the following days that the Infant Center & Preschool will be closed for holidays and observances.

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME		LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP
BIRTHDATE						
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP
HOME TELEPHONE ()						
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME		LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP
HOME TELEPHONE ()						
PERSON RESPONSIBLE FOR CHILD		LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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
--	------------------------	---

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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE 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

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

()

()

Hand In Hand Preschool and Infant Center
3172 Johnson Ave.
San Luis Obispo, California 93401
(805) 543-8653

Admission Agreement

We, the parent(s)/guardians of _____ are enrolling our
Child's Name
child in Hand In Hand Preschool, Toddler Program and Infant Center. We have read
and agree with the rules, regulations and policies outlined in the Family Handbook. We
agree to:

1. Meet financial obligations of this enrollment.
2. Maintain open communication with the Owner/Director concerning policies and procedures.
3. Support our program as much as possible to present a united home/school partnership for your child.
4. Accept the school's right of dismissal if it is unable to meet your child's needs. (this will not be done, without consultation.)
5. I understand that this is in effect as of this date until my child is dismissed from our program.
6. Covid-19 Procedures: Each parent/guardian needs to wear a mask when dropping off and picking up your child.
7. Each morning: check your child's temperature and document it in the sign-in book.

We or I, the representatives of Hand In Hand Preschool, Toddler Program and Infant Center accept the enrollment of _____ who meets the
Child's Name

requirements of admission. We or I reserve the right to dismiss same if deemed necessary according to our policies. It is our desire to provide a fun and safe environment for each enrollee.

Parent/Guardian Signature

Date

Owner/Director

Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 6500 Hollister Ave. #200, Santa Barbara, Ca. 93117

Licensing Office Telephone #: (805) 562-0400

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 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.

Hand In Hand Preschool and 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

Dear Member, Staff, Parent, Guardian:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or your family members will not become infected with COVID-19.

By participating in programs, services, and activities of our Church or Preschool, you agree to the following:

On behalf of you, your children and family members, you hereby release, covenant not to sue, discharge, and hold harmless Active Church and Hand In Hand Preschool and Infant Center, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any church or preschool hosted or programmed event.

Member, Staff, Parent or Guardian Signature: _____

Printed Name: _____

Date: _____

Names of Minor Family Members (if any):

_____	_____
_____	_____
_____	_____
_____	_____

Daily COVID-19 Health Screening

Parents, guardians, caregivers, and older students can self-report the answers to these questions through existing school health portals or school communication platforms in the morning before the student leaves for school. Temperatures may be checked at home or at school. Schools can share the questions below with parents to aid in daily reporting of COVID-19 health screenings.

Symptom screening at home can be helpful to determine if a student:

1. Currently has an infectious illness that could impair their ability to learn, or
2. Is at risk of transmitting an infectious illness to other students or to school staff.

For Parents: Please complete this short health screening each morning and report your child's information to *Hand In Hand Preschool & Infant Center* in the morning before your child leaves for school.

1. Does your child have any of the following symptoms?

- Temperature of 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

If you answered **YES** to any of these, then your child cannot come to school today. Your child should be tested for COVID-19 or evaluated by their health care provider. If your child has other symptoms of concern, please consult with your school's health personnel or your child's medical provider.

2. Has your child had close contact (within 6 feet for at least 15 minutes) with a person with confirmed COVID-19?

3. In the last 14 days, has your child participated in a high-risk activity or high-risk travel?

Examples include:

- Going to a large gathering (with 50 or more people) like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in a crowded airport, bus or train station.
- Traveling on a cruise ship or river boat.

If you answered **YES** to #2 or #3, then your child cannot come to school today. Your child will need to quarantine at home for 14 days from the date of the high-risk activity or travel, or from the last contact with the person who tested positive for COVID-19 (or the last day of their isolation, if contact is ongoing). During this time, monitor your child for symptoms of COVID-19.

Questions? Contact
In Hand Preschool and Infant Center

3172 Johnson Ave.
San Luis Obispo, Ca. 93401

Elia Batson 805-543-8653

Sick Policy

If your child has any of the following symptoms, please keep them home.

Fever above 100 degrees
Sore Throat
Diarrhea
Diaper Rash (extreme)
Vomiting
Cough
Covid-19
Green/Yellow runny nose
Rash
Earache or Ear Infection
Excessive Crying
Pink Eye (Red/Irritated Eye R or L)
RSV

If your child becomes ill during the day, while at school, you'll be called immediately. Your child may not return to school within 24 hours of symptoms. Your child must be symptom free without the aid of medication, we cannot administer any over the counter medication. We require your child to have a doctor's note for any kind of medication. Anytime you bring medication it must be signed in daily on the proper form (LIC 9221).

Teething occasionally may cause mild irritability, crying, low grade fever but not over 100 degrees, excessive drooling and desire to need a teething ring.

I understand the sick policy of our program.

Parent/Guardian Signature

Date

Teacher Signature

Date

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

ADDRESS

6500 Hollister Ave. #200

CITY

Goleta

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

805-562-0400

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Consent for Ambulance Service

As the guardian, I hereby give consent for transport of my child _____ by ambulance to the nearest hospital emergency center for emergency care. I give consent for my child's day care provider _____ to secure this emergency service while my child is under the supervision of said day care provider. I also agree to pay all the cost incurred in the transport of my child.

Parent Signature _____

Date _____

Home Address _____

Home Phone _____

Work Phone _____

ACKNOWLEDGEMENT

I, as the parent, guardian or designated representative of
_____, have received and read the following

(Name of Child)

documents at the time of my child's admission to:

Hand in Hand Preschool and Infant Center

3172 Johnson Ave.

San Luis Obispo, California 93405

1. "Parents Rights" (LIC 995)
2. "Personal Rights"(LIC 613A)
3. Parent Handbook
4. Admissions Policy
5. Financial Agreement
6. Caregiver Background Check Process
7. Mandated Reporter

Other documents (facility may specify) _____

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child, including conditions, which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional, physically examine the child/children.

Parent/Guardian

Date

Authorized School Representative

Date

Field Trip Permission

It is necessary that this form remain on file for every child in our program. Your child(ren) will not be allowed to leave the school without parental permission.

I give permission for _____ to go on any field trip that is taken this year. (Walking, bus, private car, and buggy)

_____ Yes

_____ No

When my schedule permits, I am willing to help chaperone when needed.

_____ Yes

_____ No

I would be able to provide transportation in my vehicle.

_____ Yes

_____ No

Parent Signature: _____

Date: _____

Hand In Hand Preschool and Infant Center

Permission to Photograph

During the school year there are many opportunities for your child's teacher/parents to take photos of your child at events such as; Holiday Celebrations, Field Trips, favorite activities/experiences or simply at play and more importantly to share with you.

I, _____ give permission for Hand In Hand Preschool and Infant Center
(Parent/Guardian Name)

to be photograph my child, _____
(Child's Name)

Type of Use:	Grant Permission	Decline Permission
Facebook		
Pictures on Website		
Display in Classroom		
Video's on Website		
Video Taping		
Graduation		

I also understand that it is my responsibility to update this form in the event that I no longer wish for my child to be photographed.

Signed:

(Parent/Guardian Signature)

(Date)

Disaster Form

Student's Name: _____

Parent's Name: _____

Mother: _____

Father: _____

Phone Contact Information:

Home Phone: _____

Cell Phone:

Mother: _____

Father: _____

Work Phone:

Mother: _____

Father: _____

In State Contact:

Name: _____

Relation: _____

Phone Number: _____

Out of State Contact:

Name: _____

Relation: _____

Phone Number: _____

Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child Care Business) Hand in Hand Preschool and Infant Center

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

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

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____ Date: _____

Water Play Permission Form

During the school year, we plan several water activities that include water tables and general play with the hose.

We need your permission for your child to be able to participate in these activities. Please check the following that applies.

Yes, my child has permission to do water play.

No, I do not give my permission for my child to do water play.

Child's Name: _____

Parent's Signature: _____

Date: _____

Family Handbook Form

I _____ have read the following packet. I hereby understand all that I have read in the Family Handbook. If I have any questions, I will address the Teacher and the Director.

Signature _____

Print _____

Date _____

Family Information Sheet

Child's Name: _____ Birthday: _____

Address: _____

Mother's Name: _____ Birthday: _____

Address: _____

Occupation: _____

Phone # to best reach you: _____

Father's Name: _____ Birthday: _____

Address: _____

Occupation: _____

Phone # to best reach you: _____

Child's Favorite:

Favorite: _____

Snack: _____

Sport/Activity: _____

What do you want your child to get out of our class/preschool?

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

Individual Earthquake Kit

Please provide the following in a one-gallon size zip lock bag. Please put your child's name on it. The kit needs to include the following:

- Water bottle or Juice
- Non-Perishable Food (Example: Granola Bars, Cracker's w/Peanut Butter, Squeezy Applesauce or small box of raisins, etc.)
- Change of Clothes and Socks
- 2 Diaper's or Pull-ups (If your child wears them)
- Kleenex and Wipes
- Toothbrush
- Picture of Family
- Favorite Book or Small Toy
- Space Blanket

Each year or as needed the kit will need to be updated. Your child's teacher will notify you if there are item's that will need to be replaced.

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If yes, brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

Authorized Representative Signature	Date
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SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? Yes No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature

Date

Hand In Hand Preschool and Infant Center

INFANT CENTER NEEDS & SERVICES PLAN

CHILD'S NAME _____ DATE OF BIRTH _____

FEEDING PLAN

AGE

Birth —12 months

At 4-6 months

At 5-7 months

At 6-8 months

At 10-12 months

RECOMMENDED FOODS

Breast milk, Iron-fortified formula, or evaporated milk formula

Infant Cereal (dry type)

Vegetables, fruits, and their juices

Protein foods (cheese, yogurt, cooked beans, meat, fish, chicken, and egg yolk

Whole egg

-Bottle fed infants will be fed at least once every four hours.

-Honey should not be feed to any child under 1 year of age, as honey has been known to carry botulism spores and to be a cause of Infant botulism.

Type of milk _____ Type of bottle _____

Feeding times? _____ When? _____

Types of juice _____ Utensils? _____

Does the child use a cup? _____ When _____

Types of food _____

Explain any dietary restrictions: _____

Physician's diet _____

Allergies _____

Food dislikes _____

Other _____

All bottles, dishes, and utensils must be permanently labeled with the child's name. All food containers must be labeled with the child's name and date. Dirty dishes will be rinsed out and sent home.

SLEEPING PLAN

Time the child usually wakes up in the morning? _____

Times the child usually naps? _____

Times the child goes to bed at night? _____

Bed time routine? _____

Does your child have transitional object? _____ What? _____

Diapering/Toileting Plan

Type of diaper? _____ Ointment? _____
Special concerns _____
Toilet training started? _____
Type of training equipment? _____
Appropriate clothing _____
Method used? _____
Times when the child should wear a diaper during training? _____

Special Needs

Any special services needed by the infant which are different from those provided by the center's normal program? _____

Additional Info:

Parent's Signature _____

Date _____

Director's Signature _____

Date _____

Commingling Consent

I give Hand In Hand Preschool & Infant Center my consent to have my child

_____ commingled with Toddlers and Preschoolers

during the hours 7:30am-5:25pm.

Parent/Legal Guardian

Date

Infant Center Earthquake Survival Kits

Your child will need the following items:

One gallon sized Ziploc labeled with your child's first and last name

Non-perishable foods (such as baby food/canned foods

One bottle

One Earthquake/Space Blanket

One pair of socks

Change of clothes

Water bottle

Family Photo

Please place all labeled items in a large Gallon Ziploc bag.

Thank you!

Individual Earthquake Kit

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