163 Avenida Victoria
San Clemente, Ca. 92672
949.498.1025
SanClementePreschool@gmail.com

San Clemente Preschool
ADMISSION AGREEMENT

CHILD'S NAME: _____ **CHILD'S AGE:** _____ **START DATE:** _____

DAYS OF THE WEEK TO ATTEND: (circle) Monday Tuesday Wednesday Thursday Friday

ADMISSION/ENROLLMENT POLICIES:

Children will be accepted if they are between the ages of 2 years and 6 years, regardless of race, color, religion, national origin or ancestry. Any special instructions (allergies etc.) for the care of any child must be given in writing to the director. We reserve the right to dismiss a child if after entering; he/she seems unprepared on the group experiences or is unable to adjust properly. All children accepted are required to have a complete set of enrollment forms filled out and kept on file at The San Clemente Preschool.

A completed enrollment includes:

1. ☑ **Admission Agreement**
2. ☑ **Credit Card Authorization Form**
3. ☑ **Emergency Information Card**
4. ☑ **SCP Sick Policy**
5. ☑ **Child's Preadmission Health History-Parent's Report**
6. ☑ **Personal Rights**
7. ☑ **Child Care Center Notification of Parent's Rights**
8. ☑ **Physician's Report Completed w/ a Copy of Child's Immunization Record**
9. ☑ **Consent for Emergency Medical Treatment**
10. ☑ **Set up Brightwheel Acct.**

HOURS: **Open 7:30 a.m. to 5:30 p.m.** Monday through Friday year round.
We are closed on all legal holidays (see below). A note will be posted on the door a week in advance of being closed.

FULL TIME **5 Days Per Week.** Monday through Friday.

PART TIME **2 or 3 Days Per Week.** Monday through Friday.

HOLIDAYS: The San Clemente Preschool will be closed for the following holidays that fall on school days:

January	New Year's Day
	Martin Luther King Jr. Day (always observed on the 3rd Monday)
February	President's Day (will be observed on the following Monday if holiday falls on a Saturday or Sunday)
May	Memorial Day (will be observed on the following Monday if holiday falls on a Saturday or Sunday)
July	Independence Day and/or the Day After Independence Day
August	Staff In Service Day Back to School Prep Day (Friday Before Back to School)
September	Labor Day
November	Thanksgiving Day
	Day After Thanksgiving
	Veteran's Day (will be observed on the following Monday if holiday falls on a Saturday or Sunday)
December	Christmas Eve
	Christmas Day
	Day After Christmas
	New Year's Eve

*The tuition remains the same regardless of being closed for holidays. No credit will be given when the school is closed.

ANNUAL REGISTRATION & MATERIALS FEE : $250.00 per year.

Due upon enrollment to secure your child's spot. The Registration Fee is not refundable. An annual registration fee will be automatically charged every year and is non-refundable.

TUITION FEES: Our Rates are based on a Full Day Fee. It is up to you how you wish to use the hours in the day saved for your child. We do not have ½ day fees. **Parents are responsible for providing a packed lunch and a morning and afternoon snack for their children.**

# OF DAYS:	MONTHLY FEES:
5	$1595.00
3	$1205.00
2	$ 891.00
Drop-In Day	$ 100.00

DISCOUNTS:

We offer a **5%** Cash Payment Discount, a 5**%** Sibling Discount, a 5**%** Military Discount, and a 5%Yearly Payment Discount. *Discounts CANNOT be combined. Discounted payments are NON-REFUNDABLE. Eligible only if tuition is paid on time on the first of each month.

DROP IN DAY / ADD AN EXTRA DAY FEE: $100.00

As long as there is room in you child's class you can add an extra day that they do not normally attend during the week for $100.00 per day. You will need to call or message ahead to save a spot & make these arrangements with the school director. First come first served. Full Payment is due at drop off.

POTTY TRAINING FEE: There will be a $35.00 monthly potty training fee applied to all non-potty trained students over the age of 3.5.

TUITION PAYMENT POLICY:

Tuition fees are to be made monthly. All tuition payments are **due on the first day of each month** and are not dependent on a receipt of a monthly statement. The monthly rate is determined by the annual cost of tuition. Tuition prices are subject to change.

SCP has the right to determine educational standards for the best interest of student safety, as well as, following federal, state, county and local recommendations and law enforcement (i.e. COVID-19 shut down) If the learning platforms and schedules change in such a circumstance, tuition fees must still be upheld.

LATE FEES: A $50 Late fee will automatically be applied to your account, if tuition is not paid in full by the 5th of the month.

UNPAID TUITION:

If tuition is unpaid, your child WILL NOT BE allowed to attend school and we will be unable to hold your child's spot in his/her class. If your child is expelled for lack of payment, there will be a $200.00 expulsion fee for the child, added to your account.
Failure to pay tuition may result in immediate collection action. You will be held liable for all collection costs allowable under the law, including collection agency fees. If legal action is required to enforce this agreement, the prevailing party shall be entitled to court costs and reasonable attorney fees.

30 DAY NOTICE OF TERMINATION :

We require a 30 day notice of your intent to terminate your child's enrollment in the school. The necessary forms are available at the front desk. In the event of early withdraw, termination, or expulsion of enrollment, families are contractually obligated to pay the balance their monthly tuition obligation.
If your child's needs can no longer be met or his/her presence is determined by the San Clemente Preschool, to be detrimental to other children enrolled in the school, we have the right to terminate services.

ABSENCES:

School expenses make no allowances for absences. **No tuition credit is available due to non-attendance, regardless of school holidays, illness, or any other reason.** Children attending part-time on an unscheduled day; another child, also part-time, will be occupying the space. **On emergency basis, you may call to check the availability for an additional day.** If space is available, you will be billed an additional **$100.00** per day.

SIBLING DISCOUNT:

Families having more than one sibling concurrently enrolled in the school, and who keep their account current will receive a 5% discount for each additional sibling at an equal or lesser tuition rate. Accounts not paid on time, or carry a balance, are not eligible for this discount.

CHECK CHARGE:

There will be a $35.00 fee for all returned checks. After the second NSF check, you will only be able to pay by the following: cash or cashiers check. Personal checks will no longer be accepted. Two or more returned checks may require your account to placed on the automatic debit program.

OVERTIME OR LATE PICK UP FEES:

There will be a **$1.00 per minute** charge, per child, for anytime after 5:30 pm. This policy is strictly enforced.

SIGN IN AND SIGN OUT:

Children must be signed IN and OUT of the school each day from our brightwheel Kiosk. Nothing is more important to us than the safety and security of your children. That's why we've chosen brightwheel as our children's check-in solution to bring you the best check-in experience and to allow us to partner with you to keep your children safe.
This is State Law and ensures a safe transfer of responsibility of the child as well as a safety precaution, in case of an emergency or disaster. There is **a $5 charge for missing in/out punches.**
[See Brightwheel acct. Set up instructions below]

A child will be released only to his or her parent or guardian or a responsible party, with proper identification, whose name and telephone number are listed by the parent/guardian in the required section of the Identification and Emergency Information Form and/or Brightwheel Portal . Any changes, additions or deletions from this list must be made in your Brightwheel account.

BEHAVIOR ISSUES:

If for any reason a child or parent's behavior is unmanageable or threatens the safety of other children or staff members in our school, we have the right to disenroll the child. We will communicate and work with you as best as we can to resolve any issues in the best interest of the child and in compliance with of our school policy of our "3 Chances Rule." First the child will be sent home from school and if the behavior continues 3 or more times we will discuss disenrollment of the child. This includes but is not limited to; biting, hitting, kicking, choking, spitting, or profanity. The San Clemente Preschool reserves the right to refuse services to anyone at anytime.

SNACKS & LUNCHES: (WE ARE A PEANUT FREE SCHOOL)

Parents are required to pack a healthy, non- refrigerated school lunch & 2 snacks for each school day. You can bring to school in your child's Red Bucket each day.- Make sure to include ice packs in your child's lunch. We can warm up any food items for a hot lunch. Every child should also have their own water bottle at school each day labeled with their name.

RED BUCKET:

A RED BUCKET will be given to each child upon enrollment & is required to have at school each day. If it should get lost there is a $20.00 charge to replace it. The red bucket will have your child's name on it and is used as a link between home and school. It needs to be brought to and home from school with your child each day. The red bucket should contain daily 1) your child's lunch and snacks, 2) their own water bottle or sippy cup, 3) a small pillow & blanket, 4) a change of clothes that should include pants, shirt, underwear, & socks. If applicable, 1) diapers, 2) wipes, 3) bathing suit, 4) swim shoes, 5) towel, 6) sun block. Anything else that needs to come to school or go home will be in the "little" RED BUCKET. Daily reports will go home each day for your child in their bucket or via email. EVERYTHING MUST BE LABELED

SURVEILLANCE CAMERAS ON SITE:

We have security cameras on site at our school as an added bonus and security measure for parents, staff and teachers. Cameras are located in the Front Entryway, in Rooms #1, #2, #3, #4a, #4b and one camera on our playground.

ILLNESS:

Children may not attend The San Clemente Preschool if they are ill. If there is a question as to the well being of your child while they are attending the school, you will be called immediately. You will be expected to pick up your child or make arrangements for your child to be picked up within the hour from the time called. After 1 hour of being called, you will be charged a late pick up fee of $1.00 per minute until you arrive. Children must be kept out of school for at least 24 hours after a fever breaks, vomiting, or diarrhea occurs. If a child is sent home from school sick they may not return for 24 hours. Sick days must be paid for in the regular tuition payment as no credit is given for missed days. See sick policy. SCP Sick Policy is strictly enforced. (See SICK POLICY Below)

FUNDRAISERS:

In effort to keep costs at a minimum and continue to add and enhance the quality of our center, an annual fundraiser will be held with the expectation of your support. Class donations are always welcomed.

LOST OR STOLEN ITEMS:

We are not responsible for any lost or stolen items. Any loose items brought to school should be labeled with your child's name on it so we can return it if found. No toys or candy should be brought to school unless otherwise specified by their teacher.

DRESS:

Kids should come dressed for school in clothes for art and play. Closed toe shoes are recommended for their safety.

TRANSPORTATION:

No transportation will be provided.

EMERGENCY EVACUATION RELOCATION SITE

In the event of an Emergency Evacuation, our school's designated relocation site is at
THE ORANGE COUNTY FAIRGROUNDS (714) 708-1572
88 Fair Dr., Costa Mesa CA. 92626
The 405, 5, 91 and 22 Freeways all connect to the 55 Freeway South. Take the 55 S and exit Del Mar/Fair Dr. Right on Fair Dr.

EMERGENCY FOOD KITS

School will provide. \ Included in Registration Fee

GENERAL INFORMATION:

All forms required by State Licensing and The San Clemente Preschool must be fully completed before your child may begin attending The San Clemente Preschool. You are allowed thirty (30) days from your start date to complete the Physician's Report. State law requires that every child must be fully immunized before admission. Proof of immunization, as well as a TB test, within the past twelve (12) months, must be provided.

It is the direct responsibility of the parents or guardians of a child to keep The San Clemente Preschool informed of any changes in the child's behavior. Pertinent information relating to changes in work or home telephone numbers must be relayed to The San Clemente Preschool staff immediately. Required forms are available in the front office.

NUT FREE SCHOOL:

San Clemente Preschool is a **nut-free school**. We are committed to providing a safe learning environment for all students, including those with life-threatening nut allergies. As such, no peanuts, tree nuts, or products containing nuts are allowed at school.

What This Means:

1. **Banned Items** Include (but are not limited to):
   - Peanuts or tree nuts (e.g., almonds, cashews, walnuts, pistachios, etc.)
   - Nut butters (e.g., peanut butter, almond butter)
   - Foods containing nuts (e.g., granola bars with nuts, trail mix, baked goods with nuts)
   - Nut-based oils or spreads
2. **Applies To**:
   - All classrooms, hallways, cafeterias, playgrounds, buses, and school-sponsored events
   - All students, staff, and visitors

3. **Snacks and Lunches:**
   - Parents and guardians are asked to read food labels carefully before packing lunches and snacks.
   - We encourage bringing food labeled as “nut-free” or made in nut-free facilities when possible.
4. **School Events and Celebrations:**
   - Only nut-free treats may be brought in for classroom celebrations or school events.
   - Homemade foods should include a full list of ingredients.
5. **Staff Responsibilities:**
   - All staff will be trained on allergy awareness and emergency procedures.
   - Staff will monitor food use during class activities, snacks, and lunchtime.
6. **Emergency Protocol:**
   - In case of allergic reaction, staff will follow emergency response protocols, including use of epinephrine auto-injectors (EpiPens) and immediate contact with emergency services.

** I have read and understand the SCP Nut Free School Policy :

_____ _____

Signed Date

ADMISSIONS AGREEMENT

Effective 06.01.2025

I/We the parents/guardians of the student listed within this enrollment packet have carefully read the financial agreement and policies and fully understand its terms and conditions. I/We further agree to pay and meet all financial obligations with respect to the due date, as stated within this agreement. I have initialed each page of the *San Clemente Preschool L.L.C.* Admission Agreement. Both parents/legal guardians of the child must sign this agreement and must provide a copy of their driver's license or State I.D. card.

_____

Parent/Guardian Name (PLEASE PRINT)

_____ _____ _____ _____

(Parent's Signature) (Driver's License No.) (Social Security) (Date)

_____

Parent/Guardian Name (PLEASE PRINT)

_____ _____ _____ _____

(Parent's Signature) (Driver's License No.) (Social Security) (Date)

Yes _____ I give my child permission to attend field trips accompanied by the S.C.P. staff.
No _____ I do not give permission for my child to accompany S.C.P. field trips.

Yes _____ I give San Clemente Preschool my permission to apply sun block.
No _____ I do not give San Clemente Preschool my permission to apply sun block.

Yes _____ I give San Clemente Preschool my permission to apply face paint and/or body art.
No _____ I do not give San Clemente Preschool my permission to apply face paint and/or body art.

Yes _____ I give San Clemente Preschool my permission to use photographs of my child for publicity purposes.
No _____ I do not give San Clemente Preschool my permission to use photographs of my child for publicity purposes.

Yes _____ I give San Clemente Preschool my permission to post pictures of my child on Facebook @https://www.facebook.com/SanClementePreschool/
No _____ I do not give San Clemente Preschool Permission to post pictures of my child on Facebook @https://www.facebook.com/SanClementePreschool/

Yes _____ I give San Clemente Preschool my permission to post pictures of my child on Instagram @sanclementepreschool
No _____ I do not give San Clemente Preschool my permission to post pictures of my child on Instagram @sanclementepreschool

For School Use Only:

Approval: _____ Date: _____
(Signature of Director)

San Clemente Preschool
Credit Card Authorization Form

CHILD(REN) NAME _____

PROGRAM CENTER 163 Avenida Victoria, San Clemente, Ca. 92672

INITIAL C.C. SET UP **CHANGE TO C.C.**

CREDIT CARD #_____ EXPIRATION DATE _____/_____

CARD HOLDER NAME (Please Print) _____

BILLING ADDRESS _____ZIP _____

TYPE OF CARD _____ ISSUER _____ CCV _____

Monthly Tuition $_____ **First Draft Date:** ___/__/_____

I (we) hereby authorize the SAN CLEMENTE PRESCHOOL (SCP) of Orange County, to initiate debits/ charges for the amount of monthly/weekly tuition from the Credit Card indicated on the _____*th* of each month prior to attendance. This authority is to remain in effect until the SCP receives written notification of it's termination form the under signed party. I understand that it is my responsibility to notify and assure the SCP has received my written notification via SCP Change Authorization or Withdrawal Form. If the SCP does not receive this information within 30 days of my billing date, I will be accountable for all related charges and fees that fall within the 30 Day Notice Policy. No refunds will be issued.

_____ _____

Parent/Guardian/Cardholder Signature **Date**

30 Day Notice Required. No refunds will be issued.

****

For Office Use Only: Mbr#_____ Date Completed: _____/_____/_____ Initials: _____

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP		HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP		HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

Parent #1 Email: _____

Parent #2 Email: _____

ANY KNOWN ALLERGIES?

ANY MEDICAL CONDITIONS?

IF YES, PLAN OF ACTION :

When can a sick child come back to school?

Disease	Time
Chicken Pox	Six days after the rash breaks out or when all the blisters are scabbed over, whichever is sooner
Conjunctivitis (pink eye)	If the eyes are watery or itchy but there is no fever, the child doesn't have to stay home at all. If the eye discharge is thick and white or yellow, the child should stay home until discharge has stopped
Diarrhea	When diarrhea has stopped
Fever	24 hours after fever breaks
Green Nasal Discharge	When discharge is clear. Green is a Sign of Infection
Lice	Must Be Nit-Free to Return to School. Will Be Checked upon Return
Measles	Five days after the rash breaks out
Vomitting	24 hours after stops
Whooping cough	After the first five days of taking antibiotics
Tuberculosis	When the child's doctor or the local health department says the infection is no longer catching: in children this happens soon after medication is started
Strep throat	24 hours after antibiotics are started
Pin worms	24 hours after treatment
Ringworm	If the area can be kept covered the child need not stay home/. IF it can't be covered, the child can come back after treatment begins and the patch of ringworm starts to shrink
Diphtheria	When the health department says it's safe
Hand-foot-mouth	Children with an open, draining sore on the hand and those with disease mouth sores, if the child drools, should be kept out of day care. They can return when sores heal or drooling stops.
Fifth disease	is contagious 1 to 2 weeks before rash appears. Once rash appears, the disease is usually not contagious, After exposure to the contagious period of fifth disease, it, typically takes 2-3 weeks to develop the illness. Child does not need to stay at home as long as he/she is feeling well.

I have read and understand The San Clemente Preschool SICK POLICY.

_____ _____ _____

Parent/Guardian(s) Name (PRINT) Parent's 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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

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

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

LIC 702 (8/08) (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
Dept. of Social Services

ADDRESS
750 The City Dr., Suite 250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange	92688	(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)
San Clemente Preschool LLC	163 Ave Victoria, San Clemente CA

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

LIC 613A (8/08)

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: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

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.

San Clemente Preschool LLC
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 995 (9/08)

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

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

San Clemente Preschool LLC
_____ 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

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PLEASE EMAIL FORM TO:
SanClementePreschool@gmail.com

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 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5 : 30 a.m./p.m. , _____ days a week. Type to

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

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

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

Physician:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

LAST THING AND THEN YOUR CHILD WIIL BE ALL SET TO START !

To: Our Newest SCP Family,

Welcome to brightwheel!

Our school uses an app called brightwheel for student's daily reports and parent correspondence.

How to Create an Account :

- Install the brightwheel app from the Apple App Store or Google Play
- Create a parent account and enter your parent invite code.
- You can also create an account online. Visit www.mybrightwheel.com, and select sign up. Note that photos and student updates are only available on iOS and Android devices at this time.

Next Steps :

- Login and make sure your contact info and your child's info is up to date.
- If you have additional kids at this school or another school using brightwheel, you can enter additional invite codes.

Questions? :

Please contact the brightwheel team at support@mybrightwheel.com or visit www.mybrightwheel.com/support.