

**Identification and Emergency information and Consent for Emergency Medical Treatment**

**Child's name** \_\_\_\_\_

*Last Name*

*First Name*

**Birthday** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Age** \_\_\_\_\_

**Start Date** \_\_\_\_\_

**Schedule**

**Full Day**

**Half Day**

**Extended Day**

*M T W T H Fr*

*M T W T H Fr*

*M T W T H Fr*

**Parent /  
Authorized rep  
name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Employer** \_\_\_\_\_

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

**Parent /  
Authorized rep  
name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**Employer** \_\_\_\_\_

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

**Additional persons who may be called in an emergency and authorized to take child from the facility  
Child will not be allowed to leave with any other person without written authorization from parent/guardian**

**Name**

**Relationship**

**Phone**

**Physician to be called in an emergency**

**Name**

**Medical Plan and Number**

**Phone**

**Siblings** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**Any conditions requiring special attention** \_\_\_\_\_

If Physician Cannot be Reached, What action should be taken? \_\_\_\_\_ Call emergency hospital \_\_\_\_\_ Other \_\_\_\_\_

**Consent for Emergency Medical Treatment**

As the parent or authorized Representative, I hereby Give Consent to My Room to Grow Preschool to obtain all emergency Medical or Dental Care Prescribed by a Duly Licensed Physician (MD)Osteopath (DO) or Dentist (DDS) for conditions are necessary to preserve the life, Limb or Well being of the child named above.

**Parent/or authorized representative signature**

**Date**

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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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

**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

My Room to Grow Preschool, 13613 Cynthia Lane, Poway, CA 92064 (hereinafter referred to a “School”) is a licensed child care facility (License # 376600804). The following Admission Agreement/Contract outlines the conditions under which your child has been enrolled. We hope your child will feel safe and loved here and that you as a parent will feel secure in leaving your child with us.

Name of Student _____	Birthday _____
Parent / Guardian Name _____	
Schedule _____	Tuition Rate (weekly)\$ _____
Enrollment Fee \$ _____ <i>Special financial arrangement (if applicable)</i> _____	

***Signatures and acknowledgements***

<p><b>This agreement may be modified whenever any of the circumstances covered by this agreement changes. Such modifications should be made in writing. The modified agreement will replace and has priority over any previous admission agreements.</b></p>
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***I agree, accept and acknowledge to comply with the rules and regulations of the My Room to Grow Preschool regarding fees, attendance and other items specified in the admission agreement  
I am aware of the scheduled school holidays***

***I acknowledge that Two (2) week written notice must be given upon withdrawal from the program. Two week’s tuitions will be due whether my child attends or does not attend the two weeks after withdrawal notice is given.***

*I agree to pay any increases in the tuition rates as long as my child is enrolled in My Room to Grow Preschool. I understand I will receive at least 30 days’ notice for basic rates increase.  
I accept and acknowledge that the admission agreement may be changed to include new/adjusted provisions and policies I have received the information listed on this Admission agreement as required by Health and Safety Code sections 1596.8595 and 1596.8895*

**I HAVE READ AND UNDERSTAND PERMISSIONS/ACKNOWLEDGEMENTS/POLICIES listed in the admission agreement (page 1-10). I have read and understand the policies outlined in the Parent's Handbook. I am financially responsible for tuition payments.**

Parent(s)/Legal Guardian(s)Signature _____  Date _____
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Parent’s initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

**PERMISSIONS/ACKNOWLEDGEMENTS**

- Application for Enrollment Emergency Information form
- Admission Agreement
- Permission Slip/General field trip (Attachment 1)
- Photograph Permission and media and internet release (Attachment 2)
- Interview by Licensing agency acknowledgment (Attachment 3)
- Child abuse prevention pamphlet receipt (Attachment 4)
- Medication/Illness Policies and sunscreen authorization (Attachment 5)
- Toddler component participation
- Physician’s Report LIC701
- Proof of Immunizations
- Child’s Preadmission health history – parents report LIC702
- Personal rights form LIC613A
- Notification of parent’s rights LIC995
- Licensing report received by licensee during the previous 12-month LIC809
- Parent Handbook
- Access Code

Community Care Licensing requires a list of all parents served by this facility be provided to all parents. Your consent to be on this list is VOLUNTARY. Please let us know if you don’t want your information published

**BASIC SERVICES**

Parent’s initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

1.1 The center provides childcare from 7:00AM to 5:30 PM, Monday thru Friday. The schedule might change under special circumstances and parents will be notified at the time of change

1.2 The center is CLOSED on the following holidays; there is no tuition credit for these days:

**The center is CLOSED on the following days and holidays**

\*\*If a holiday falls on a weekend it will be observed the Friday before or the Monday after).

The weeks of Thanksgiving, Christmas are not eligible for vacation

\*If 4th of July falls on Tuesday - we will be closed on Monday, July 3rd

\*If 4th of July falls on Thursday - we will be closed Friday, July 5th

Two floating closures might be added with two-weeks' notice

Hours of operation may change at administration discretion due to special events. Parents will be notified at the time of change. The effort will be made to give a sufficient notice.

<i>New Years Day **</i>	<i>January 1</i>
<i>Martin Luther King Day</i>	<i>Observed, 3rd<sup>d</sup> Monday of January Teachers Development day</i>
<i>President Day</i>	<i>Observed, 2<sup>nd</sup> Monday of February</i>
<i>Spring Break Day</i>	<i>Last Friday of PUSD Spring Break May be rescheduled with 2 weeks' notice based on PUSD Spring Break Schedule</i>
<i>Teachers in service training</i>	<i>Friday before Memorial Day</i>
<i>Memorial Day</i>	<i>Observed Last Monday of May</i>
<i>Independence Day*</i>	<i>July 4, 2024</i>
<i>Teachers in service training</i>	<i>Friday before Labor Day</i>
<i>Labor Day</i>	<i>Observed First Monday of September</i>
<i>Veterans Day</i>	<i>November 11</i>
<i>Thanksgiving and the day after Thanksgiving</i>	<i>4<sup>th</sup> Thursday and 4<sup>th</sup> Friday of November</i>
<i>Christmas Eve **</i>	<i>December 24th</i>
<i>Christmas Day**</i>	<i>December 25th</i>
<i>New Years Eve**</i>	<i>December 31st</i>

1.3 Hours of operation might change due to unusual circumstances outside of administration control or to accommodate current needs.

The circumstances such as (but not limited to) pandemic, public health emergency, terrorist attack, natural disaster, or any other emergency. Parents will be notified at the time of change.

1.4 Placement of children is based on age, development, and/or special circumstances and needs as determined by the staff. Our program is well planned and based on an age-appropriate curriculum and structured environment. Children are under the supervision of trained staff. The school is open to all children, regardless of race, nationality, religion or gender.

1.5 The child must be at least 18 months of age, but does not have to be toilet trained.

School accepts children that are in diapers. The parents should provide diapers, pull-ups and wipes.

Please refer/sign to Toddler program component participation permission

Parent's initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

- 1.6 School serves lunch and two snacks: mid-morning snack and mid-afternoon snack.  
Our staff will assist with breakfast between 7:00 A.M. and 8:00 A.M. Parents should provide breakfast. No outside food or drinks for snacks or lunches is allowed unless specifically agreed due to special dietary needs and/or severe allergies.  
Please notify the school about special dietary needs and/or severe allergies.
- 1.7 The child shall be provided with an opportunity to nap between 12:30 P.M. and 2:30 P.M. All children must have a small fitted sheet and a small blanket provided by parents and clearly marked with 10-inch letters. There will be a \$3.00/week charge for loaners. School reserves the right to label the sheets, blankets, cups and other personal belongings with permanent marker.
- 1.8 Additional supplies – in special circumstances /emergencies school might require parents to provide additional supplies to accommodate specific needs.

**OPERATION**

- 2.1 Parents are required to bring their children to the Opening teacher each day.  
Parents must sign in and out on a daily basis- time and a FULL SIGNATURE is required. Parents must notify the school when someone other than those named in the emergency information card will be calling for the child. A valid picture ID (i.e. Driver’s license) may be required. Children will not be released to anyone under the age of 18 without special written permission.

Child Not Picked up - If Parents fail to pick up a child and/or contact the center, and/or another authorized person cannot be reached within 30 minutes after closing time, center staff may release the child to the custody of child protective services or other local authorities.

- 2.2 Parents must provide a change of clothing, to be left at school, for emergencies.  
Change of clothing should be placed in a Ziploc bag and labeled with the child's name. All items should be labeled with the child’s name. Children must wear shoes/sneakers while at school. Thongs, flip-flops or sandals are not permitted. The school shall make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or broken items. School reserves the right to label all unlabeled items with permanent marker

**MEDICAL ACKNOWLEDGMENT and ILLNESS POLICIES (See Attachment)**

- 3.1 Refer to Attachment 5 “Illness Policies” for detailed information.
- 3.2 Parents must provide written permission for center staff to administer medication with written instructions from me or the child’s health care provider, as permitted by local child care licensing regulations. Parents must complete and sign authorization forms. Medication must be provided in its original container (with the pharmacist’s label for prescriptions).
- 3.3 Immunizations Must be provided to the center with updated immunization information or an exemption signed by their pediatrician for my child.
- 3.4 Emergencies - In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
  - Consult the physician or dentist named in my application.

Parent’s initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
- Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center

**FINANCIAL & OTHER TERMS**

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.

Accounts two weeks in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fees. Overdue accounts may be referred to a collection agency. Parents are responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

**4. TUITION POLICIES, FEES and base rates**

*Tuition base rates changes Tuition fees are subject to change. There will be a 30-day notice of any tuition increase. Audit - Parents are entitled to an audit of their account at any time.*

**4.1. Enrollment/Registration fees and Annual fee**

A non-refundable Enrollment/registration fee per child is payable upon enrollment.

For families that break service for any reason, the NON-REFUNDABLE registration fee will be accepted. Deposit might be required.

An annual fee per child is due annually to all families each January. The amount of the fee will be included in the RATE CHANGE letter 30 days before the fee is due.

**4.2 Tuition fees**

Tuition fee can be paid bi-weekly or monthly. Any special payment arrangements must be approved by Owner/Director. Tuition may be paid by Check, Cash, Credit Card or Debit (ATM) card, ACH automatic Debit-sign permission and Bank to Bank transfer (Zelle) Fees are due and payable on the first day of the attendance, or will be subject to a late fee. Refer to Tuition rates sheet for the Late fee rates

**4.3 Late fees**

If tuition is not paid the first day of the child’s week, a Late Fee will be charged. Refer to the current Tuition rates sheet for the Late fee rates

Should same tuition and late fee remain unpaid the following week an additional Late Fee will be charged until payment is made in full. If tuition remains unpaid for over one week, we reserve the right to deny your child’s admission to the center until all fees are paid.

Parent’s initials
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## ADMISSION AGREEMENT

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

### **4.4 Sibling discounts**

There is a discount for families that have more than one child enrolled. Refer to the current Tuition fee rate sheets for current discount rate

School age siblings attending during school breaks or under special circumstances are not eligible for the sibling discount

### **4.5 Returned checks/payment**

A fee is charged for each returned check/payment. Refer to the current Tuition fee rate sheets for current returned check fee

School reserves the right to require a money order, cash or credit card for future payment at its discretion.

### **4.6 Overtime Charges/Late Pick-up fees**

Late pick-up charges are \$1.00 a minute for each child, when child is picked up beyond the center's operating hours. Upon the third late pick up, the late fee will become \$3.00 a minute. Late fees payable to the teacher on duty.

**Additional fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips with an additional fee.

### **4.7 TUITION CREDITS**

Tuition is based on the child's regular schedule. You will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately.

Tuition and fees are not prorated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent.

### **4.8 Vacation**

Each family is entitled to one week of vacation credit per 12-month period after the first year of paid attendance. Your child must be out of the center for the week (Monday – Friday) and it must be taken as a whole week.

Your next eligibility will be one year after the taken vacation week.

Vacations must be taken each year and CANNOT BE SAVED FOR THE NEXT YEAR.

If a break in service occurs, the family WILL FORFEIT any vacation time accrued up to that date.

**The week of Memorial Day, Labor Day, 4<sup>th</sup> of July, Thanksgiving, Christmas and New Year are not eligible for vacation credit.**

Any absence longer than 2 weeks (other than illness) will constitute a break in service, unless tuition is paid. The registration fees will be charged upon child's return to the center if the place is available. Deposit might be required

### **Preschool closures and Tuition obligations due to unusual circumstances**

**Two (2) weeks tuition** is due for two weeks or more if the preschool is closed due to unusual circumstances.

The circumstances such as (but not limited to) pandemic, public health emergency terrorist attack, natural disaster, or other emergency.



**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

**Up to three days tuition due** The Preschool may officially close its operations in whole or in response to unusual conditions such as unanticipated occurrences emanating from internal or external factors and rendering the preschool, or a part thereof, unfit for regular operations. An emergency closing may be declared at any hour of the day and shall remain effective for the period specified by preschool administration and will be communicated to parents at the time of emergency closure.

**DEPOSIT**

**A deposit might be required to hold the spot if you decide to take a long vacation, if there is a break in service, or if a closure occurs under unusual circumstances. The details of the terms of deposits will be specified at the time of deposit – some deposits are refundable; some might be credited to a specified tuition week, and some are non-refundable. A separate notice will be provided at the time such deposit is required upon receiving your request for extended break or enrollment hold**

**Termination of Enrollment - Ending Child Care Services**

**If you decide to leave us –**

2 (two)weeks’ advance written notice must be given upon withdrawal from the program. 2 (two) weeks’ tuition should be paid at the time the advanced written notice is given.

The week is considered Monday-Friday (Example: If the notice is given on Wednesday – the “two weeks” tuition notice will cover two weeks starting the Monday following the notice and ends on the Second Friday following the notice)

If tuition is paid monthly, refund of unused tuition will be given upon receiving two-week notice.

**The Admission agreement shall be terminated by My Room to Grow Preschool:**

With one week's notice if, we feel we cannot meet your child's needs at any time your child is enrolled at My Room to Grow.

Immediately, without notice if the child becomes a safety risk to other children or to staff (ex. kicking, hitting, biting, throwing toys, etc.)

Immediately - Failure of the parents to honor the obligations listed in this agreement or any other rules and regulations provided by the school including when parents allow their account to become delinquent.

Failure of the child’s parents to cooperate with the school which the school determines in its sole and unfettered discretion is serious enough to warrant termination

Parent’s initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

**Attachment 1**

**PERMISSION SLIP/ GENERAL FIELD TRIP**

I, a Parent/Legal guardian of the named minor child, grant permission to My Room to Grow Preschool to transport the child to various places away from the preschool premises and for the child to engage in recreational activities connected with the preschool program, [such as but not limited to: swimming, walking trips and other field trips]. By this consent, I am waiving any claims against My Room to Grow preschool or any representatives for personal injury or property damages caused by events or circumstances beyond the reasonable control of My Room to Grow Preschool and Daycare Center. For purposes of this Consent and Waiver, the activities referred to shall include transportation to and from the site of the activity. I understand I will be notified of any planned field trip in advance. I agree to pay any additional fee that may be charged for the activity, be it on/away from the premises.

**Attachment 2**

**PHOTOGRAPHIC PERMISSION Web / Internet Photo Release**

I give my permission to My Room to Grow Preschool and Daycare Center to take photos of my child to be used in classroom /center activities.

*I give /I Don't give my permission to My Room to Grow Preschool and Daycare Center to post photos of my child on the school's Facebook page and communication app YES \_\_\_\_\_ NO \_\_\_\_\_*

**Attachment 3 INTERVIEW BY THE LICENSING AGENCY**

I understand that Community Care Licensing, as well as Child Protective Services, reserve the right to interview children and staff and to inspect and audit all records maintained by the school, without the prior consent at any time and without parental permission.

**Attachment 4 CHILD ABUSE PREVENTION PAMPHLET RECEIPT**

I(We), a Parent/Legal guardian of the named minor child have received and read a copy of "Child Abuse Prevention Pamphlet. Facing The Facts: A parent's Guide to the Understanding of Child Sexual Abuse", provided by licensee or authorized representative of My Room to Grow Preschool

**Attachment 5 Other terms**

**Assessments and Screenings**

I give permission for my child to participate in early learning assessments and screenings administered by School. The results of these assessments will be used by School to measure my child's progress and may be used to evaluate and update School's programs. I may request to have access to all results of these assessments.

**Babysitting**

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. My Room to Grow Preschool (Whom How LLC) is not responsible for those services. Please sign a Babysitting release form in the office

Parent's initials
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**ADMISSION AGREEMENT**

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**Communications**

I give My Room to Grow Preschool permission to communicate with me about services, offers and promotions by telephone, text, e-mail, or other means. I understand that data and messaging charges may apply to these communications and that I can opt-out of certain communications via text or by contacting School at 858-748-8012

**Resolving Disputes**

We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

**Attachment 6**

**ILLNESS POLICIES**

Illness policy is subject to change – we will notify parents at the time of change

The school encourages safeguarding the health of young children and staff members by requesting parents to follow these guidelines when deciding if a child is well enough to attend school. Your child should not be brought to the School if one or more of the following symptoms are present. When you are called to come and pick up your sick child for any of the above symptoms, they may not return for 24 hours or until all symptoms are gone. Common sense applies to bringing your child back to the center after an illness.

**My Room to Grow has the right to refuse entrance to any child that is returning from an illness based on a current Health and Safety decision tree – we will provide the explanation and reason for refusal**

**My Room to Grow Preschool is authorized to apply sunscreen if necessary**

	Do not return to the center
Fever above 100 degrees Fahrenheit	Until child is fever free for 24 hours without fever reducing medication.
Runny nose with yellow/green discharge	Until the eye is no longer red and they have had prescribed eye medicine for at least 24 hours
Red watery eyes [pink eye]	
Draining sores	Only with doctor's note
Communicable disease & Rash	Only with doctor's note. all rashes must have a doctor's note stating that child is not contagious
Head lice	Nit free and lice free
Diarrhea or upset stomach or Vomiting	With or without fever for 24 hours
Respiratory illness	Until fever is gone and child is on medication for 24 hours.
Rash, draining sores or communicable disease	Only with doctor's note

When you bring your child to the school, the teacher on duty may perform a brief health screening.

If any of these symptoms are apparent upon this brief screening, **YOU WILL BE ASKED TO TAKE YOUR CHILD HOME.**

Parent's initials

**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway CA 92064 LICENSE #376600804**

If you leave before this screening is complete and your child is sick or if your child gets sick during the day, you will be asked to return from work to pick up your child. Please pick-up your child within an hour.

**Attachment 7 (if applicable)**

**Toddler program permission**

Children between the ages of 18 and 24 months will be placed in the toddler program.

The toddler component is open to children 18-month -36 month of age.

A child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative.

I, Parent/Legal guardian of the named minor child, grant permission to My Room to Grow Preschool to enroll my child in the Toddler Program.

I understand that my child may remain in the Toddler program until 36 months of age.

The Toddlers tuition rates will only apply if I specifically request to remain in the program after my child reaches the age of 24 months

Parents' written Permission to transition/place children to the preschool program at the age of 24 months

I, Parent/Legal guardian of the named minor child, would like my child to transition/place to a preschool program after 24 months of age.

In the event that I decide to keep my child in the Toddler program past 24 months of age, I commit to making a separate written request and understand that the Toddler tuition rates will apply for any extended enrollment in the Toddler program.

I understand this request should be submitted in advance (2 weeks prior the 2<sup>nd</sup> Birthday) and should outline my reasons for extending my child's enrollment in the Toddler program.

Parent's initials
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**ADMISSION AGREEMENT**

**My Room to Grow Preschool Whom How, LLC 13613 Cynthia Lane, Poway Ca 92064 LICENSE #376600804**

Attachment 7 ( if applicable) Toddler program permission

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Children between the ages of 18 and 24 months will be placed in the toddler program. We maintain a low 1:6 teacher/student ratio to ensure quality of care and to comply with licensing requirements.

The toddler component is open to children 18-month -36 month of age.

A child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative.

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I understand this request should be submitted in advance (2 weeks prior the 2<sup>nd</sup> Birthday) and should outline my reasons for extending my child's enrollment in the Toddler program.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

**CHILD CARE CENTER  
NOTIFICATION OF PARENTS' RIGHTS**

(Attachment 1)

**THIS NOTICE MUST BE POSTED IN AN AREA OF THE FACILITY ACCESSIBLE TO  
PARENTS/AUTHORIZED REPRESENTATIVES****PARENTS' RIGHTS**

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

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

Licensing Office Name: CCLD

Licensing Office Address: 7575 Metropolitan Drive, Sna Diego CA 92108

Licensing Office Telephone #: (619) 767-2300

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

LIC 995(ENG/SP) (12/00)

(Detach Here)

**ACKNOWLEDGMENT 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" from the licensee or designated representative.

My Room to Grow Preschool

Name of Facility

\_\_\_\_\_  
Signature (Parent/Authorized Representative)\_\_\_\_\_  
Date

**NOTE: This form must be kept in child's file and a copy given to parent/authorized representative.**

# PERSONAL RIGHTS

## Child Care Facilities

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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:

### CCLD

NAME

Community Care licensing dept

ADDRESS

7575 Metropolitan Dr Office / Work Area,

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

(619) 767-2300

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)

My Room to Grow preschool

(PRINT THE ADDRESS OF THE FACILITY)

13613 Cynthia Lane Poway CA 92064

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: \_\_\_\_\_  
other: \_\_\_\_\_

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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner