



**Hope Preschool**

2830 MAY ROAD  
 EL SOBRANTE, CA 94803  
 (510) 222-9222 Fax (510) 758-2032  
 License: Preschool # 073401147 & Infant/ Toddler # 073401148

2017-18 ADMISSION AGREEMENT, TUITION RATES & REGISTRATION FORM

Hope Preschool admits children ages birth to first grade entry. Enrollment is open to any child regardless of race, color religion, cultural, or national origin or ancestry. Preference is given to those who have pre-enrolled or on the waiting list. Enrollment is based on vacancies in each group which will be formed with the consideration of both age and ability level.

This agreement is between Hope Preschool:

And (parents or guardians) \_\_\_\_\_

for the care of.....

The parent or guardian agrees that s/he is contracting for the services which are listed below and will pay the stipulated rate for basic services, extra day fees, and overtime fees that are accrued.

After School Program: when students are out of Regular School the parent will be responsible for additional tuition (Morning Program)

MONTHLY TUITION CHARGES

	<u>DAYS PER WEEK</u>	<u>MORNING PROGRAM</u> (8:30-11:45 AM) (Pick up by 12:20 PM)	<u>FULL DAYS</u> (6:30 AM-6:00 PM)
.....			
BIRTH TO	2	680.00	782.00 *
TWO YEARS &	3	835.00	903.00
NON TOILET	4	985.00	1055.00
TRAINED	5	1109.00	1176.00
	EXTRA DAY RATE	60.00	\$69.00 †
.....			
PRESCHOOL	2	496.00	586.00
	3	560.00	692.00
	4	612.00	781.00
	5	644.00	857.00
	EXTRA DAY RATE	45.00	60.00
.....			
		<u>After-School</u>	<u>Full Day</u>
Montessori/ temporarily closed	(12:00- 5:30)	(8:30AM - 5:30PM)	
AFTER SCHOOL/PART-TIME	\$450.00	MONTHLY Kindergarten	\$450 \$750.00
.....			

All returned checks will be charged a \$25.00 service charge plus late fees until paid in full.

OTHER FEES & CHARGES

REGISTRATION FEE: \$75.00- (NON-REFUNDABLE)  
 OVERTIME LATE FEE: \$6.00 PER HOUR OR A FRACTION THEREOF AS LISTED:  
 Half Day: Arriving before 8:15 AM or Staying past 12:30 PM  
 Full Day: Late fee applies after operation hours/ half day -- \$3.00 PER MINUTE

(Late fees must be paid upon arrival the next business day to Hope Preschool.)



AS A COURTESY HALF DAY CHILDREN MAY STAY FOR OUR LUNCH TIME (11:45-12:15) IN ORDER TO SOCIALIZE WITH OTHER CHILDREN. CHILDREN WHO DO STAY MUST BE PICKED BY 12:30PM.

IF A CHILD MISSES A DAY OR DOES NOT STAY THE FULL LENGTH OF TIME AS INDICATED IN THE ADMISSION AGREEMENT, THERE WILL BE NO REFUND OR MAKE-UP TIME ALLOWED.

If you the parent wish to remove your child for any reason you must give a two (2) week notice. Absences of 1 month will require a payment, in advance, of full tuition to guarantee placement upon return. Each month thereafter will require a payment of 50% of the tuition to guarantee placement upon return.

There are NO ONE WEEK, TWO WEEK, ETC. CHARGES IF YOUR CHILD IS HERE ON THE 1<sup>ST</sup> OF THE MONTH YOUR MONTHLY TUITION IS THE SAME.

ANY CHANGE TO OUR MONTHLY TUITION AMOUNT WILL BE POSTED ONE MONTH IN ADVANCE.

#### RIGHT OF LICENSING AGENCY

The parent is aware that the State of California Licensing Agency. (Community Care Licensing) has the following authority;

- a. To interview children or staff, and to inspect and audit child or facility records without prior consent;
- b. To observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child/ren.

#### DISCIPLINE POLICY

We use a "positive discipline model" which has a powerful effect on a child's development in becoming a humane, caring and assertive person. Mutual respect between teacher and child shall be fostered through a spirit of cooperation and understanding. Positive discipline does not instill fear. Rather it encourages thinking, develops empathy, and builds self-esteem.

Aside from "praise, offering encouragement, offering choices, gentle reminders, pointing out natural and logical consequences", the following will be used by staff members of Hope Preschool when disciplining a child:

Renewal Time: When there is a simple problem, a child may only need to take a break from whatever caused the frustration or disturbance. The child is asked to choose another activity, providing emotional renewal.

Emotional Reflection: When a child has misbehaved, or experienced an incident, a teacher will spend time helping the child to understand, and expressions and methods will be suggested to the child.

Alternatives: With the help of staff members, children learn to discuss problems with each other and find alternatives to conflicts and violence.

We do not use corporal punishment!

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

To Be Completed by Parent or Authorized Representative

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

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

# 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)	/ /	/ /			
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

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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# 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  
( )



# CHILD PROTECTION POLICY

## Hope Preschool

A Child Care Provider is obligated by law to report any suspected cases of child abuse. This obligation is taken very seriously.

Hope Preschool recognizes the need to provide a safe and caring environment for our children. We believe children have the right to be free from the fear or reality of abuse (either physical or emotional). At Hope Preschool, we are fully committed to protecting the security, privacy, and dignity of the children who have been allowed to take part in our child care program. Hope Preschool has therefore adopted the procedures set out in this document to keep the children in our care free from abuse of any kind.

### STATEMENT OF NOTIFICATION

Before a child will no longer be allowed into care the parent(s) MUST sign a statement confirming they are that the Caregiver's duty, under the law, is to report suspected child abuse or neglect. The signed statement will be kept in the child's file.

### NOTIFICATION OF INJURY DURING OUT-OF-CARE HOURS

Parents MUST inform the Caregiver of any visible injuries or marks on a child (accidental or non-accidental) as soon as the child arrives. It is in the best interest of the parent to tell the Caregiver how the injury occurred and what action has been taken to care for the injury, if any.

(Detach Here- Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENT'S RIGHTS (Parent/Authorization Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD PROTECTION OF HOPE PRESCHOOL".

\_\_\_\_\_  
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.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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

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

**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

CHILD CARE LICENSING

ADDRESS

1515 CLAY STREET, #1102

CITY

OAKLAND

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

510-622-2602

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)

HOPE PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

2830 May Rd., El Sobrante, CA, 94803

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**HOPE PRESCHOOL INFANT & TODDLERS**

**INFANT NEEDS AND SERVICE PLANS**

**CHILD'S INFORMATION:**

NAME \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_  
STARTING DATE \_\_\_\_\_  
STARTING AGE (months) \_\_\_\_\_

**FEEDING:**

1. Eating Pattern:

Please describe your child's eating habits:

\_\_\_\_\_  
\_\_\_\_\_

2. Usual amount \_\_\_\_\_  
3. Time (for meals) \_\_\_\_\_  
4. Favorite Foods \_\_\_\_\_  
5. Food Allergies \_\_\_\_\_  
6. Food not allowed \_\_\_\_\_  
7. Doctor's special instructions \_\_\_\_\_  
8. Utensil used \_\_\_\_\_  
9. Finger Foods \_\_\_\_\_  
10. Cup \_\_\_\_\_  
11. Type and Name of Formula \_\_\_\_\_  
12. Can child have water \_\_\_\_\_

**SLEEPING:**

1. Usual sleeping Times \_\_\_\_\_ How Long \_\_\_\_\_  
\_\_\_\_\_ How Long \_\_\_\_\_  
\_\_\_\_\_ How Long \_\_\_\_\_  
2. Favorite Blanket or Toy \_\_\_\_\_

**DIAPERS, ETC:**

1. Type (disposable or cloth) \_\_\_\_\_  
2. Use (Please circle for O.K.) Baby Wipes / Desitin / Powder / Vaseline /  
Please list any others \_\_\_\_\_

Other Instructions: \_\_\_\_\_

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PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
TEACHER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Hope Preschool**  
Permission to participate in Walking  
And Non-Walking Field Trips

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

Teacher's Name: \_\_\_\_\_

I, \_\_\_\_\_ the parent and/or guardian of the above named child grant permission for him/her to participate in Walking and Non-Walking Field Trips. Parents will be notified about the trips two weeks in advance.

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

Date: \_\_\_\_\_

## PARENT BACKGROUND INFORMATION

Child's: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last Name) (First Name)

Dear Parents;

To help our staff become better acquainted with your child and to assist in helping with their adjustment to Preschool, please fill out the Parent Background information sheet.

1. By what name do you usually call your child? \_\_\_\_\_
2. Does your child speak or understand any language other than English? \_\_\_\_\_
3. Has your child have any physical disabilities, including allergies of which the preschool should be aware? If so, please explain?  
\_\_\_\_\_
4. What terminology does your child use to ask to go to the bathroom? \_\_\_\_\_
5. If your child has attended preschool before, was the experience enjoyable? \_\_\_\_\_
6. Does your child have any fears that we should be aware of? \_\_\_\_\_
7. Does your child use the following at home? \_\_\_\_\_ crayons \_\_\_\_\_ pencil \_\_\_\_\_ chalk \_\_\_\_\_ felt \_\_\_\_\_ markers.
8. Is your child right or left handed? \_\_\_\_\_
9. What would you like your child to gain from preschool? \_\_\_\_\_
10. Is there any area in which you anticipate difficulty for your child's physical and social activities, feelings, sharing, following directions? \_\_\_\_\_ If so please explain:  
\_\_\_\_\_
11. What foods does your child like? \_\_\_\_\_  
What foods does your child dislike? \_\_\_\_\_
12. List any special interests interest that your child has  
\_\_\_\_\_
13. List names and ages of other children in your family:  
\_\_\_\_\_  
\_\_\_\_\_
14. Does your child live with both parents in one home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child live with one parent? If yes: \_\_\_\_\_ Mother \_\_\_\_\_ Father  
Does your child live with other (Grandparent, Aunt, etc) \_\_\_\_\_
15. Other comments you may want to share about your child:  
\_\_\_\_\_
16. I give my permission for Hope Preschool to apply SPF 45 Sunscreen to my child as needed  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your help in this matter.

Hope Preschool  
PHOTO RELEASE FORM

As a part of our effort to accurately represent Hope Preschool, we are requesting your permission to use photographs taken by Hope Preschool of your child/ren in Hope Preschool promotional literature (e.g.) brochures, newspapers, web page).

Please complete the form below, including that you do or do not release photographs for use by Hope Preschool. Unless otherwise directed, please return the form to Hope Preschool. If you do not give permission to the staff to use the photographs, pictures that include your child will be destroyed.

We appreciate your generosity. If you have any questions, please contact the Hope Preschool Director at (510) 222-9222.

I, \_\_\_\_\_ give / / do not give / / (please check one) the Hope Preschool Center permission to use photographs, which bears my likeness or that of my child/ren's, for the promotional purpose as outlined. Furthermore, I hereby consent to and release said party their representatives, and / or clients from all liability for the use, reproduction and publication by any of them, and of a the photograph or print; and the use in full or in part, in any manner in which they deem fit for any publicity and art purpose. I also hereby grant to the Hope Preschool, their representatives and/or clients, the right to copyright or otherwise protect any matter in which said photograph, picture or reproduction thereof, appear. I will hold the staff harmless for any reproduction or use of the photograph that is not expressly authorized by the Hope Preschool Center.

Child(ren)'s Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return completed form to Hope Preschool  
2830 May Rd.,  
El Sobrante, CA, 94803



# HOPE PRESCHOOL

## Sick Child Policy

These rules are for the health and safety of all the children. Staff is subject to these rules as applicable. Please keep this handy for future reference.

**Asthma:**

(Wheezing with upper respiratory infection and cough that interferes with child's ability to drink, talk, sleep) Excluded until respiratory distress and contagious symptoms have disappeared. Asthma without these symptoms: child may remain in program, with medication on hand, unless unable to participate.

**Chicken Pox:** Excluded from program at least 6 days from onset of rash or when lesions are scabbed over.

**Cold and flu:** Children may remain in program as long as they are well enough to participate and there is no fever or rash.

**Conjunctivitis (Pink Eye):** (Infectious not allergic conjunctivitis) Excluded from program until 24 hours after the start of antibiotic treatment, and until there is no discharge from the eyes. Child is to return with a Doctor's note.

**Diarrhea (Frequent watery liquid stool):**  
Excluded from program till diarrhea has stopped. Exceptions per doctor's written recommendation.

**Fever (101 oral or 100 underarm):**  
Excluded from program until 24 hours after fever has disappeared.

**Impetigo:**  
Excluded from program until doctor gives permission to return.

**Infectious Hepatitis:**  
Excluded from program for 7 days after diagnosis or onset of jaundice. Doctor's note will be required to return to program. Notify program immediately.

**Influenza:**  
Child is to remain out of program for 24 hours After fever has dropped and until child can participate Comfortably in program.

**Lice:** Excluded from center until caretaker checks all household members, line and clothing washed and put through dryer twice at home and at center and there is

evidence that the child treated. All nits must be removed. Child inspected by designated staff before they are allowed into class.

**Measles, German Measles (Rubella), Mumps:**  
Possible at infant centers only and handled on a case-by-case basis.

**Mouth sores with Drooling:**  
Doctor's note required stating child's conditions are due to a non infectious condition.

**Pinworms:** Doctor's note required that treatment has been given.

**Ringworm:** Excluded from program until 24 hours from start of doctor's care. (Note is required) Affected skin must be kept covered.

**Scabies:** Doctor's note required. Excluded from program until day after treatment has begun for all affected household members and all clothing and linens have been washed and put through extra drying cycle at home and at center.

**Strep throat/Scarlet Fever:** Excluded from program until doctor gives permission to return. (Doctor's note required)

**TB:** Excluded from program until doctor or local health department states in writing that the child is non infectious.

**Unidentified Rash with Fever or Behavior change:**  
Doctor's note required stating that illness not communicable.

**Vomiting:** Excluded from program until vomiting has stopped for 24 hours, unless vomiting is included as part of care plan for the child.

Date \_\_\_\_\_

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

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



## 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>.