

Preschool Admissions and Enrollment Forms



Cal Elite Kids
Preschool Academy
(License 304370485)



Enrollment Checklist

Cal Elite Forms

- ☐ Paperwork Checklist
- ☐ Tuition Calculator Form
- ☐ Student Application
- ☐ Admissions Agreement
- ☐ Important Daily Policies
- ☐ Sign In - Sign Out Policy
- ☐ Late Pick Up Policy/Early Drop Off Policy
- ☐ Sick Policy
- ☐ Make Up Policy
- ☐ Automatic Billing Authorization Form
- ☐ Please tell us about your child

State Forms

- ☐ LIC 613A Personal Rights
- ☐ LIC 627 Consent for Emergency
- ☐ LIC 700 Identification and Emergency Information
- ☐ LIC 701 Physicians 's Report - Students are required to be current with shots unless there is a medical exemption, cleared through a written statement by your doctor.
- ☐ LIC 702 Child Pre-admission Health History
- ☐ LIC 995 Child Care Center Notification of Parent Rights
- ☐ LIC 9221 Students who need medicine administered during school hours must provide written consent for Cal Elite to administer medicine through Form LIC 9221. This form is needed only if student needs medicine administered during school hours.
- ☐ Copy of Immunization Records
 - ☐ 3 Polio (OPV or IPV)
 - ☐ 4 DTaP
 - ☐ 3 Hep. B
 - ☐ 1 Varicella
 - ☐ 1 HIB (must be after 1st birthday regardless of previous HIBs)
 - ☐ 1 MMR (must be after 1st birthday)



Questions? Contact Site Supervisor Courtney Marquez at CMarquez@calelite.com

2025-2026 Tuition Calculator Form Preschool

Student Last Name

First Name

Birthdate

Check desired days and times

	Early Care 7:45 - 8:45	Half Day AM 8:45 - 11:45	Lunch Bunch 11:45-1:00pm	Half Day PM 12:00 - 3:00	Full Day 8:45 - 3:00	After School Care 3:00 - 5:00
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____
Monday-Friday	Full Time *BEST VALUE* 7:45 - 5:00pm					

Nap time starts at 1:00pm. Will your child be napping with us? Circle YES or NO

If YES, remember to pack a fitted toddler sheet and blanket. Please take their nap bedding home

Monthly Tuition

Please circle your selections below and total them below.

Half Days

1 half day/wk	\$213/mo
2 half days/wk	\$424/mp
3 half days/wk	\$573/mo
4 half days/wk	\$764/mo
5 half days/wk	\$894/mo

Full Days

1 full day /wk	\$442/mo
2 full days/wk	\$797/mo
3 full days/wk	\$1063/mo
4 full days/wk	\$1241/mo
5 full days/wk	\$1326/mo

Lunch Bunch

1 full day /wk	\$83/mo
2 full days/wk	\$164/mo
3 full days/wk	\$222/mo
4 full days/wk	\$296/mo
5 full days/wk	\$347/mo

Early Care

1 early care/wk	\$29/mo
2 early care/wk	\$59/mo
3 early care/wk	\$88/mo
4 early care/wk	\$118/mo
5 early care/wk	\$147/mo

After School Care

1 ext. care/wk	\$59/mo
2 ext. care/wk	\$118/mo
3 ext. care/wk	\$176/mo
4 ext. care/wk	\$236/mo
5 ext. care/wk	\$294/mo

Full Time *BEST VALUE*

FULL TIME	\$1650/mo
5 full days/wk	
5 early cares/wk	
5 after school cares/wk	



Total

Early Care	\$ _____
Half Day	\$ _____
Lunch Bunch	\$ _____
Full Day	\$ _____
After School Care	\$ _____
FULL TIME	\$ _____
TOTAL	\$ _____

Annual fees: The Cal Elite Membership Fee: \$40 per year and the Learning Resource fee is \$125 for half day students & \$180 for full day students.

One-Time Uniform Fee: The uniform polo shirt costs \$20. Please purchase this with our customer service desk.

Bi-Annual Performance Fee: We have two performances per year! The performance fee is \$25 per show, per year.

Student Application - Cal Elite Preschool Academy



Student Information

Preferred Start Date

First choice

Second choice

Last Name

First Name

Middle

Date of Birth

Street Address

City

State

Zip Code

Parent/Guardian Information

Legal Gaurdian Name

Cell

Email

Address if Different from Student's

Occupation

Other Legal Guardian Name

Cell

Email

Address if Different from Student's

Occupation

Student Health History

Please describe any MEDICAL concerns that might affect your child's daily activities or prevent him/her from participating in Cal Elite's active learning Educational Academy.

Please describe any BEHAVIORAL OR SOCIAL concerns that might affect your child's daily activities or prevent him/her from safely interacting with students and teachers.

How did you hear about us?

☐ Instagram

☐ Facebook

☐ Newspaper/flyer/catalog

☐ Search engine (Google, Yahoo. etc.)

☐ Friend/referral

☐ Other, please explain

Parent/Guardian's Name (print)

Signature

Date

2025-2026 Admission Agreement

☐ I am requesting to enroll my child in Cal Elite's licensed Preschool Academy. I have read and understand the program schedule, educational goals, tuition and fees and understand the following policies and terms:

☐ Cal Elite is licensed to care for children ages 2 - 6 years (Facility # 304370485.) I understand that Cal Elite embraces an active learning philosophy and that my child may come home happy and pooped. And sometimes with paint and glue and sparkles on his/her clothes.

☐ I understand that my child must be fully potty trained.

☐ I will drop off and pick up my child on time each day.

☐ I will properly sign my child in and out each day. I will notify Cal Elite if I intend on having someone else pick up my child. I understand that Cal Elite will require identification before releasing my child to my authorized caretaker and I will notify my caretaker of this requirement.

☐ I understand that I will be enrolled in automatic billing (Visa or Mastercard) and that tuition is billed on the 1st of each month.

☐ Tuition is based on a flat monthly charge and has been determined with consideration to many factors including the fact that some months have extra days (5th weeks) and some months have holidays. Cal Elite does not charge for extra days in a month nor does it credit holidays. Cal Elite has the right to dismiss a student for lack of payment.

☐ Cal Elite is closed for the following holidays when they fall on a school day: Labor Day, Thanksgiving Day and the Friday following Thanksgiving Day, December 24-26, December 31, January 1, and Memorial Day and Independence Day.

☐ We understand that children have reasons to be absent. We do not issue refunds, however, we do allow a maximum of 5 makeups per year (August-July). Please contact our site supervisor 24 hours in advance if a spot for a makeup is available on the day you are requesting. Miss Courtney's email is CMarquez@calelite.com. *We are not able to offer makeups on our preschool party days.

Cal Elite establishes this Admission Agreement before the school year each year and we do not anticipate changes. If we need to amend this agreement we will provide 30 days notice of such amendment(s).

The Department of Social Services oversees licensed childcare programs and reserves the right to visit and inspect licensed programs. The licensing agency has the right to interview students and staff and may do so without prior consent. The licensing agency may audit, inspect and copy any child's records and remove them from the premises for necessary copying reasons. Additionally, the licensing agency has the authority to observe the physical condition of any child that may be subject to neglect, abuse or inappropriate placement. You can find more information about Title 22 Regulations at www.cdss.ca.gov/ordPG587.htm

Cal Elite sincerely adores all children. If a child, adorable as can be, presents behavioral issues that notably impact the progress and development of other students or in any way jeopardizes the safety of other students or staff; or if Cal Elite determines that our program is not suited to provide the most appropriate care for a child, we have the right and obligation to dismiss the child from our program. Such dismissal may be immediate and without notice.

I have read and understand the Cal Elite Preschool Academy Handbook and agree to the guidelines set forth herein.

Parent/Legal Guardian (print name)

Parent Signature

Date

Important Daily Policies

Please initial each policy

- ☐ Please properly sign your child in and out each day. If someone else will be picking up your child, please ensure that this person is listed on your Authorized Pick Up Form and that s/he arrives with ID.
- ☐ Please send in an extra set of clothes in a ziplock bag. Extra clothes are needed for art that misses the paper, lunch mishaps, restroom mishaps and other events that are in the job description of a child.
- ☐ Check our calendar! We have lots of special days and we want each child to be ready to participate.
- ☐ Ensure that your child is wearing his or her complete school uniform. (Red Cal Elite shirt; solid black shorts, leggings or sweat pants; Cal Elite sock-shoes; and Cal Elite sweatshirt if needed.) Uniforms help us readily identify our preschool students. Do not cover your child's uniform with a non-uniform jacket. Uniforms are available in the Elite Boutique.
- ☐ Per licensing, full day preschool students must have their own fitted crib sheet with their name on it. We are bound by this requirement whether or not a student chooses to nap.
- ☐ Half Day students need 3-4 snacks. Full day students need 3-4 snacks and a lunch.
- ☐ We are a peanut free school. No peanut products.
- ☐ Students must have a (labeled) water bottle.
- ☐ School begins at 8:45 a.m. Cal Elite offers a free 15 minute free play session from 8:30 - 8:45 a.m. We cannot have students in the play areas before 8:30 a.m.
- ☐ Students must be picked up on time. Half Day pick up is 11:45 sharp. Full day pick up is 3:00 p.m. sharp. Extended Care pick up is 5:00 p.m. We maintain strict schedules and student-teacher ratios.
- ☐ A late pick up fee/early drop-off fee of \$1 per minute will be assessed, starting at 11:46 a.m., 3:01 p.m. and 5:01 p.m.
- ☐ Refunds will not be offered for absences, regardless of the reason for the absence. Makeups are limited and must be requested 24 hours in advance. Email CMarquez@calelite.com for approval.

Thanks for your understanding of and cooperation with these policies. These policies are designed to help us implement and maintain a professional, quality program that meets the important goals of our licensing agency, offers a safe environment for our students and facilitates the mutual respect of teachers, administrators, families and students.

Sign In/Sign Out Policy



The State of California requires that licensed child care centers have a written policy reflecting that parents must properly sign their child in and out each day. Pursuant to this mandate and in an effort to maintain practices that promote the safety and well being of our students, Cal Elite has implemented the following **Sign In/Sign Out Policy**:

I/We understand that the Child Care Licensing Division of the California Department of Social Services requires licensed child care centers to obtain the full signatures of parents when dropping their child off (sign in) and when picking their child up (sign out.)

I/We agree that I/We will sign my/our child in and out each day s/he attends school, using my/our full legal signature.

I/We also understand and agree that Cal Elite Kids will not release my child to anyone who is not on the Authorized Pick Up List and that anyone so authorized by me to pick up my child will be required to show a valid photo I.D. The Cal Elite Staff member overseeing drop off and pick up must also sign next to the Authorized Pick Up person's signature.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Questions? Contact Site Supervisor Courtney Marquez at CMarquez@calelite.com

Late Pick Up Policy



We appreciate those parents who consistently pick up their child on time. When a child is not picked up on time, our business and educational operations are compromised. Unfortunately, after years of resisting, we have found it necessary to impose a Late Pick Up Policy.

When a child is not picked up on time we are forced to hold a teacher over to cover state mandated student-teacher ratios. The California Labor Code requires that employees be given a 30 minute lunch break. When students are not picked up on time, a teacher's lunch break is delayed and another teacher must cover for that teacher. This affects our student-teaching ratios and causes teachers to go into overtime. In addition, our teachers have their own personal obligations after work. When a child is picked up late our teachers are late to appointments, meetings and picking up their own children after school.

A late fee of \$1 per minute will be assessed when a child is not picked up on time. The late fee begins promptly at 11:46 a.m., 3:01 p.m. and 5:01 p.m. This fee will show up on the next billing statement.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Early Drop Off Policy



Students may not be dropped off before their scheduled drop off time. School begins at 8:45 a.m. Cal Elite offers a complimentary free play period from 8:30 - 8:45 a.m. in the Big Gym. The teachers will call the students out to the play area at 8:30 a.m. Students may not enter the play areas until they are called out to play by the teachers. Parents and siblings are welcome to visit and enjoy morning playtime from the benches but may not enter the play areas at any time

Early Care is offered from 7:45 - 8:45 a.m. Without exception, students must be enrolled in Early Care in order to be presented or dropped off at Early Care. This is a paid for feature and enrollment (and tuition) is required.

Our afternoon half day begins at 12:00 p.m. Students may not be dropped off before 12:00.

Thank you for helping us to ensure that students are properly supervised at all times and that we are able to meet our student-teacher ratios at all times.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Cal Elite Staff Name (print)

Cal Elite Staff Signature

Date

Questions? Contact Site Supervisor Courtney Marquez at CMarquez@calelite.com



Cal Elite Sick Policy

General Protocol

Per California state licensing, a child who becomes ill with the following symptoms cannot return to school until the symptoms have been resolved for at least 24 hours.

- Green mucus
- Cold symptoms such as cough, stuffy/runny nose, sneeze
- Sore throat
- Diarrhea
- Vomit
- Low grade fever (99.5 and above)
- Fever
- Ear or eye irritation, including red discoloration, excessive drainage or discharge
- Unexplained Rash or spots/bumps, especially with a fever or itching
- Lice
- Unusually tired, pale, lack of appetite, confused or cranky
- Difficulty breathing or untreated asthma

Thank you for you for your cooperation. It is imperative that we work together to stay well.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



Make Up/Refund Policy

We understand that there are times when a child is not able to attend school. **We will do our best to accommodate makeups, however we do not issue refunds or credits for absences.** This is standard protocol in the preschool education industry. Our staffing and operations are based on our enrollment agreements with our families. Unfortunately, our operating costs do not decrease because a child is absent.

Depending on our fill rate, we allow a maximum of 5 makeups per year (August-July). You must email the program director 24 hours in advance if a spot for a makeup is available on the day you are requesting. Miss Courtney's email is CMarquez@calelite.com. Her office number is (949) 589-1512 ext 17. **We do not allow makeups on our preschool party days.**

I understand that there are no refunds or credits given for absences, regardless of the reason for the absence. Depending on our program's fill rate, I understand that there is a maximum of 5 makeups per year and a makeup must be requested 24 hours in advance.

Parent/Guardian Name (print)

Signature

Date



Automatic Billing Authorization Form

Cal Elite accepts Direct Banking, Visa and Mastercard.
We do not accept American Express.

Cal Elite Account Name

Name on Credit Card

Billing Address for Credit Card

Visa or Mastercard Credit Card Number

3 Digit Security Code

Expiration Date

Monthly Tuition to be Billed

Statements go out on the 25th of each month. Tuition is not billed to the card on file until the 1st of each month.

I agree to the above billing terms and authorize that my credit card be automatically billed each month as outlined above.

Name (print)

Signature

Date

Questions? Contact Site Supervisor Courtney Marquez at CMarquez@calelite.com

Please tell us about your child.



1. What are some of your child's favorite things to do?
2. What are a few special talents that your child has?
3. Does your child have a favorite character - from a book, movie, show or cartoon?
4. Does your child take a nap during the day?
5. Is there anything your child is afraid of?
6. What is something that is challenging or frustrating for your child?
7. Would you say that your child is more of an introvert or extrovert?
8. With respect to relationships with friends and teachers, would you say that your child is resilient, somewhat sensitive or ultra sensitive? Please explain.
9. Has your child participated in a formal preschool setting before? _____ Childcare setting? _____
If so, how would you describe that experience for your child?
10. What are your main goals and hopes for your child during his/her time in our school?

**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

()

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

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 behaviorai concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

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.

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

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

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

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

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

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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

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

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

Licensing Office Name: Community Care Licensing

Licensing Office Address: 250 The City Dr. Suite 2100, Orange, CA 92868

Licensing Office Telephone #: 714-703-2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

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

LIC 995 (9/08)

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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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>