



**20121 Devonshire Street
Chatsworth, CA 91311
(818) 360-7330**

Dear Parents,

The following is a checklist of the forms to be completed for your child's registration. Please keep in mind that most of these forms are required by our State Licensing agencies. The others are for the purpose of helping us to educate, protect, and give the best possible care and guidance to your child.

Please also remember that *no student may start school without current Official Immunization Records.*

- 1. Registration Agreement
- 2. Financial Policy Agreement
- 3. Consent for Emergency Medical Treatment LIC 627
- 4. Identification and Emergency Information LIC 700
- 5. Physician's Report LIC 701
- 6. Preadmission Health History – Parent's Report LIC 702
- 7. Personal Rights Form LIC 613A
- 8. Parent's Rights Form LIC 995
- 9. St. Stephen Preschool Release Form
- 10. Child Information / Family and Social History

In order to finalize your child's enrollment, we must have all forms completed.

If you have any questions, please do not hesitate to call the preschool office.



REGISTRATION AGREEMENT 2019-2020

Office Use Only

Age as of 9/1 _____

M Tu W Th F

Room: _____

Child's Name: _____ Birthdate: _____ Gender: _____

Name of Parents: 1 _____ 2 _____

Email 1 _____ Email 2 _____

Phone _____ Phone _____ Phone _____

NON-REFUNDABLE REGISTRATION FEES:

Registration Fee \$175 and Earthquake Fee \$25 - \$200 total by JUNE 1st

PRESCHOOL TUITION 2019-2020: PLEASE CIRCLE PROGRAM DESIRED

(Monthly tuition reflects the yearly tuition divided into 10 equal payments, Sept – June)

	<u>5-Day</u>	<u>4-Day</u>	<u>3-Day</u>	<u>2-Day</u>
Preschool 9am-noon	\$650	\$550	\$440	\$300
9am-2:30	840	712	577	400
9am-4pm	920	785	635	450
7am-6pm	1,140	980	800	577
Early Birds 7am-9am	150	120	100	70
Early Birds 8am-9am	75	60	50	35

(Walk-in Extended Care is always available at the hourly rate of \$4.75)

The parent shall pay to the preschool the annual tuition amount of \$_____.
Payment will be according to the following terms:

_____ Payment in one lump sum. If the full amount is paid before the school year begins, the tuition amount will be reduced by a 5% discount.

_____ Payment in 10 installments. The first installment will include the payment for the month of September and for the month of June. For the remaining installments the preschool office will send out billings from October through May.

Parent _____ Parent _____

Preschool Director _____ Date _____



FINANCIAL POLICY AGREEMENT 2019-2020

REGISTRATION: At the time of enrollment, a non-refundable fee of \$200 is required -- \$175 for Registration, and \$25 for Earthquake Kit.

SECURITY DEPOSIT: Upon Enrollment, a Security Deposit equal to one month tuition is required. **If your child withdraws from the school before the end of the 2019-2020 school year, a four-week written notice is required and is applied to the student's last month's tuition. If your child is withdrawn without a four-week written notice, and/or after April 30, 2020, the security deposit will be forfeited. If your child remains in school, the security deposit will be applied to your June 2020 tuition.**

TUITION: Tuition is based on an annual amount for the entire school year. If paid in one lump sum, we offer a 5% cash discount. Otherwise, annual tuition is divided into ten (10) equal payments. If a student enrolls after the first month of the school year, the tuition amount will be adjusted accordingly.

NO REDUCTIONS: Because tuition is based on annual rates, there are no reductions for months in which there are fewer class days than other months, such as September, December, January, April, or June, or for illnesses, family vacations or any circumstances beyond the school's control.

MONTHLY TUITION: Billing is sent out to parents monthly via email, on the 25th of the month. over a 9-month period from September through May, with the June payment being made upon enrollment along with the September payment and Registration fee.

Bills consist of the monthly tuition plus any walk-in extended care hours that occurred in the month. Payments can be made online through the email in which the bill was sent. Or you may pay by check or by cash, by dropping off your payment in the preschool office.

LATE PAYMENTS:

Bills are due by the 1st, and late by the 5th. There is a late fee of \$35 that will be added to the next month's bill if the payment is late.

RETURNED CHECKS:

A charge of \$30 will be made for all returned checks. The school reserves the right to ask for cash or money order to replace returned checks.

LATE PICKUP:

If a parent does not pick up their child at the designated time, the child will stay in Extended Care until the parent arrives. We will bill that time at the hourly rate of \$4.75/ hour. After 6:00pm, however, when the preschool officially closes, a late pickup slip will be filled out and a fee of \$1.00 / minute will be charged to the parent on the next billing.

Child's Name _____ Parent's Name _____
(print) (print)

Parent's Signature _____ Date _____

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

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

St. Stephen Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

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

DATE OF ADMISSION	DATE LEFT
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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: _____

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'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?
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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

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:

CDSS Regional Offices El Segundo

NAME

N. Continental Blvd., Suite 9 A, MS 9

ADDRESS

El Segundo

CITY

CA

ZIP CODE

902

AREA CODE/TELEPHONE NUMBER

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)

St. Stephen Preschool

(PRINT THE ADDRESS OF THE FACILITY)

20121 Devonshire Street, Chatsworth CA 91311

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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 family child care home 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 family child care home, 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 family child care home 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 family child care home, 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: CDSS Regional Center El Segundo
 Licensing Office Address: 300 N. Continental Blvd. Suite 290A, MS29-13 El Segundo, CA
 Licensing Office Telephone #: 424-301-3077

7. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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/AUTHORISED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO THE 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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

LIC 995 (9/08)



St Stephen Preschool Release Page

Phone Number / Address Release

I grant permission to give my telephone number and address to the parents of children currently enrolled in St Stephen Preschool for such non-commercial uses such as setting up birthday parties, etc.

_____ YES

_____ NO

Photo / Videotape Release

Throughout the school year, there may be times when photos or videos of students may be taken by St Stephen staff, the media, or other organizations, with the approval of the school. These images may appear in video productions, on a web site, in the news media, or in other nonprofit education-related publications.

I grant permission to use my child's photograph / video image for the purposes mentioned above. I understand that SSPC may use these photos or videos in subsequent school years. I further grant permission to allow my child to be photographed, videoed or interviewed by the news media or other organizations for school-related stories or articles.

_____ YES

_____ NO

Non-Prescription Medication

I grant permission to SSPC to administer the following over-the-counter medications to my child on an as-needed basis:

_____ Tylenol

_____ Neosporin

_____ Aspirin

_____ None of the above

_____ Benedryl Cream

Student's Name _____

Parent / Guardian Name _____

Address: _____

City _____ Zip Code _____

Parent / Guardian Signature _____



FAMILY and SOCIAL HISTORY

Child's name _____ / _____ / _____
Last First Nickname

Have they previously attended preschool? ____ If yes, name of School: _____

Parent's name _____ / _____
Parent Parent

Parent Occupations: _____ / _____

Child is living with (please circle): Both parents Mother Father Other Separated Divorced Widowed
If divorced or separated, how often does the child see each parent? Please briefly explain the separation agreement below.

Birth Date: _____ Place of Birth: _____

How much did your child weigh at birth? _____ Was your child full term? _____

Any Allergies? _____

List other children in the family:

Names _____ Genders _____ Ages _____

List all other members of the immediate household:

Names _____ Relationships _____

What is/are the primary language(s) spoken in your home? _____

Does your child know more than one language? _____

Is this child adopted? ____ If yes, have you discussed it together? _____

Do grandparents live nearby? _____ Do they visit often? _____

Has your child been cared for by someone other than parents? If so, by whom? _____

How does your child act when left with a sitter? _____

Is your child independent in dressing? ____ undressing? ____ washing hands? ____ eating? ____

toileting? ____ What words are used for toileting? _____

How does your child respond to new adults? _____

What does your child do when frustrated or disappointed? _____

- What time does your child typically go to bed? _____
- What responsibilities do they have at home? _____
- Does your child cry easily? Ex: _____
- Does it bother your child to get dirty or messy? _____
- Does it bother you for your child to get dirty or messy? _____
- Child's favorite playthings? _____
- What are favorite activities? _____
- Any particular fears? (loud noises, being alone, bugs, etc.) _____
- Do you have pets? _____ Names: _____

How does your child respond to new situations? _____

List any traumatic incidents (Hospitalization, accident, death, etc.) _____

Have there been any recent changes in your family life? (Moving, new baby, etc.) _____

What comforts your child when they are upset? _____

Is your child napping? _____ For how long? _____

What do you see as your child's greatest challenges? _____

What do you see as your child's greatest strengths? _____

List any special celebrations or family fun traditions or occupations that you would like to share with the school anytime this year. _____

Is there anything else you would like us to know? _____

Thank you for providing us with this useful information. We will be partners with you in developing the best early childhood program and experience for your child and your family. ~St.SPS