



CALVARY CHAPEL RIALTO PRESCHOOL ENROLLMENT CONTRACT

Enrollment Information

Pastor Terry Hlebo

Grey shaded areas are for office use only. White areas are for parent use.

CHILD INFORMATION					
Child's First Name		Child's Middle Name		Child's Last Name	
Date of Birth		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Primary Language	Parent's/Guardian's Primary Language	Home E-mail Address
Child's Home Address				Home Phone	
City:				Zip:	

PRIMARY CONTACT & RELEASE PERSONS (Include Parents and Guardians)					
Primary Parent/Guardian		Relationship to Child		Home Phone	
Home Address		City:		Zip:	
Employer & Address		City:		Zip:	
Driver's License (DL) Number		DL State	DL Expiration Date	Verify ID (DL)	Electronic 4-Digit Code
Other Parent/Guardian		Relationship to Child		Home Phone	
Home Address		City:		Zip:	
Employer & Address		City:		Zip:	
Driver's License (DL) Number		DL State	DL Expiration Date	Verify ID (DL)	Electronic 4-Digit Code

EMERGENCY CONTACT AND RELEASE PERSONS – Do not include Parents and Guardians.					
<i>If possible, please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick-up persons with whom staff are not familiar to provide government issued photo ID at time of pick-up. All Release Persons must be 18 years of age or older.</i>					
Name #1		Relationship to Child		Home Phone	
Home Address		City:		Zip:	
Name #2		Relationship to Child		Home Phone	
Home Address		City:		Zip:	
Name #3		Relationship to Child		Home Phone	
Home Address		City:		Zip:	

- An **electronic check-in/check-out** is a required policy of Calvary Chapel Rialto Preschool and is approved by the *California Community Care Licensing*. Upon enrollment, a unique code must be created by the child's parent/guardian for each emergency contact agent. This information must be kept current. It is the parent's responsibility to notify the preschool immediately whenever changes occur regarding emergency contact information. This will ensure the safety of the children in our care.
- CCR Preschool staff will only release your child to you or to those emergency contact agents you have designated above who have a unique electronic 4-digit code. If you want a person who is not identified above to pick up your child, you must notify the preschool in advance, in writing.
- In an extreme emergency or extenuating circumstance, you may call in a pick-up authorization. Parent/Guardian Identification information questions will be used to verify parent/guardian's identity and to authorize the release of your child.
- Your child will not be released to anyone other than those listed above without prior authorization code, written, verbal or otherwise.

Start Date	Class	Teacher
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1st Parent/Guardian Signature

Print Name

Date

2nd Parent/Guardian Signature

Print Name

Date

Withdrawal Date	Reason
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Megan's Law Volunteer Background Check

Pastor Terry Hlebo

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BACKGROUND CHECK

To provide a safe and protective environment for our students, Calvary Chapel Rialto Preschool is using the Megan's Law database to complete background checks on all school volunteers. This database identifies adults who are registered sex offenders.

Because you have volunteered to help at our school, to participate in school activities, or school sponsored field trips, you are subject to a background check utilizing the Megan's Law database.

STUDENT

Child's First Name	Child's Last Name	Relationship to Child
Child's Class	Child's Teacher	

VOLUNTEER / PARENT(S) / CAREGIVER

First Name	Middle Name	Last Name
Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Driver's License (DL) Number
Home Address City: Zip:		Contact Number

Please attach a copy of your State ID or DL card.

First Name	Middle Name	Last Name
Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Driver's License (DL) Number
Home Address City: Zip:		Contact Number

Please attach a copy of your State ID or DL card.

I acknowledge that I am not a registered sex offender and I give Calvary Chapel Rialto Preschool permission to check the Megan's Law public database to confirm this.

1st Volunteer Signature

Print Name

Date

2nd Volunteer Signature

Print Name

Date

----- Office Use Only -----

Completed On: _____ By: _____

Permitted to be in Classroom: Yes No If no, explain _____



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Developmental/Medical Information

Pastor Terry Hlebo

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CHILD'S DEVELOPMENT HISTORY

Child's First Name		Child's Middle Name		Child's Last Name		Date of Birth	
Height	Weight	Hair Color	Eye Color	Distinguishing Marks			
Walked at Year Mo		Began Talking at Year Mo		Toilet Training Started at Year Mo			
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			
Is child potty trained <input type="checkbox"/> Yes <input type="checkbox"/> No	Are bowel movements regular <input type="checkbox"/> Yes <input type="checkbox"/> No	Usual time of bowel movement		Word used for bowel movement		Word used for urination	
What does child usually eat for Breakfast		Lunch		Dinner			
What are usual eating hours Breakfast		Lunch		Dinner			
Any food dislikes				Any eating problems			

Describe your child's personality _____

Does child get along with parents, brothers, sisters and other children? _____

Has child had group play experiences? _____

Does child have any special problems/fears/needs? Explain _____

Can your child effectively communicate his or her needs? Yes No If no, explain _____

Does your child require any assistance at mealtime? Yes No If yes, explain _____

Does your child require any assistance in the restroom? Yes No If yes, explain _____

Reason for preschool/day care placement _____

CHILD'S MEDICAL HISTORY

Is child presently under a doctor's care? Yes No If yes, give name of doctor and explain circumstances _____

Special medical conditions _____

Chronic illnesses _____

History of serious injuries or hospitalizations of which we should be aware _____

Diabetes Yes No

Medication that will be administered regularly _____

Special dietary needs _____

Physical restrictions _____

Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? Yes No If yes, explain _____

Is your child able to fully participate in all the activities offered by CCR Preschool? Yes No If no, explain _____

Please check if your child has had any of the Illnesses below (Mark all that apply)

- | | | | |
|--|------------|---|------------|
| <input type="checkbox"/> Chicken Pox | Date _____ | <input type="checkbox"/> Epilepsy | Date _____ |
| <input type="checkbox"/> Asthma | Date _____ | <input type="checkbox"/> Whooping Cough | Date _____ |
| <input type="checkbox"/> Rheumatic Fever | Date _____ | <input type="checkbox"/> Mumps | Date _____ |
| <input type="checkbox"/> Hay Fever | Date _____ | <input type="checkbox"/> Rubella (3-day Measles) | Date _____ |
| <input type="checkbox"/> Diabetes | Date _____ | <input type="checkbox"/> Rubeola (10-day Measles) | Date _____ |

Your child's illness history (Mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Frequent colds / upper respiratory infections | <input type="checkbox"/> Fainting spells | Please provide special instructions concerning any of these illnesses, as necessary

_____ |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Asthma/breathing problems | |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Abdominal (stomach) pain | |
| <input type="checkbox"/> Frequent skin rashes | <input type="checkbox"/> Urinary tract infections | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Persistent diarrhea | |
| <input type="checkbox"/> Lung disease/shortness of breath | <input type="checkbox"/> Persistent constipation | |
| <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Vision/hearing problems | |
| <input type="checkbox"/> Frequent nosebleeds | <input type="checkbox"/> Other | |

CHILD'S ALLERGIES

- | | |
|--|----------------|
| <input type="checkbox"/> Medications _____ | Reaction _____ |
| <input type="checkbox"/> Food _____ | Reaction _____ |
| _____ | Reaction _____ |
| _____ | Reaction _____ |
| <input type="checkbox"/> Respiratory _____ | Reaction _____ |
| <input type="checkbox"/> Bee sting _____ | Reaction _____ |
| <input type="checkbox"/> Other _____ | Reaction _____ |

Are any of the allergies severe or life-threatening? Yes No If yes, explain _____

CHILD'S MEDICAL CARE PROVIDER / FACILITY

Primary Care Physician (PCP) Name		Practice / Clinic Name	
PCP Address		City:	Zip:
Preferred Hospital / Clinic for Acute Care and Emergency Care			
Health Insurance Provider	Policy Number	2 nd Health Insurance Provider	Policy Number

PARENT'S CONSENT – For Emergency Treatment

As the parent/guardian, I/we hereby give consent to **Calvary Chapel Rialto Preschool**, 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 whatever conditions are necessary to preserve the life, limb or well being of the child named above.

_____ 1 st Parent/Guardian Signature	_____ Print Name	_____ Date
_____ 2 nd Parent/Guardian Signature	_____ Print Name	_____ Date



CCR PRESCHOOL ENROLLMENT CONTRACT

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CHILD'S PERSONAL RIGHTS

Personal Rights, See Section 101223 of the California code of Regulations, Title 22, 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, medications 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. Not to be locked in any room, building, or facility premises by day or night.
 6. Not to be placed in any restraining devise, 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:

Community Care Licensing
3737 Main Street, Suite 700, Riverside, CA 92501
(951) 782-4200

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:

Name of Facility Calvary Chapel Rialto Preschool		Phone (909) 820-9072
Address 1391 West Merrill Avenue, Rialto, CA 92376		
Signature of Parent or Guardian	Relationship to Child	Date

----- *Detach and Retain for Your Personal Files* -----

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PARENT'S RIGHTS

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

1. Enter and inspect the child care center without advance notice, whenever children are in care, after checking in with the preschool office and receiving clearance.
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 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.

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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/guardian/authorized representative if the behavior of that person poses a risk to children in care.

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

ACKNOWLEDGMENT: I/we, the parent/guardian of _____, have received a copy of the "Child Care Center Notification of Parents' rights" and the "Caregiver Background Check Process" form from the licensee.

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Address 1391 West Merrill Avenue, Rialto, CA 92376		
Signature of Parent or Guardian	Relationship to Child	Date

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