

REGISTRATION PACKET

Western Christian Preschool Claremont • Upland



WESTERN
CHRISTIAN SCHOOLS

A Legacy of Excellence Since 1920

3105 Padua Avenue
Claremont, CA 91711
909-624-8291 Ext. 246
Preschool Office 909-626-1377

242 W. Ninth Street
Upland, CA 91786
909-920-5350

www.westernchristian.org

Providing a Christ-centered Community that Integrates Faith and Quality Education

**WESTERN CHRISTIAN PRESCHOOL
REGISTRATION FORM
SCHOOL YEAR 2010-2011**

Please fill out this Registration Form and return with the Non-Refundable Fee of \$110.00 to the Preschool office.

Check One:

5 Full Days/Week (M-F)	3 Full Days/Week (M-W-F)	2 Full Days/Week (T-TH)
5 Half Days/Week	3 Half Days/Week	2 Half Days/Week

Check One: Potty Trained _____ Not Potty Trained _____

Check One: Child lives with: Mother _____ Father _____ Both _____ Guardian _____

Father/Guardian Name

Mother/Guardian Name

Father/Guardian Phone

Mother/Guardian Phone

Father/Guardian Address

Mother/Guardian Address

Father/Guardian Occupation/Company

Mother/Guardian Occupation/Company

Father/Guardian Work Phone

Mother/Guardian Work Phone

Child's Name

Child's Name

Child's Name

Child's Name

NOTE: Space is limited. We cannot reserve your child's place unless registration fee is paid and the registration packet is complete and submitted to the preschool Director/Assistant Director. Registration fee will only be accepted if there is a space available.

Any claim or dispute from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

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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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*	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
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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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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

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

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 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

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

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

ADDRESS

CITY

ZIP CODE

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Western Christian Preschool

PARENT CONTRACT

I understand the following to be the terms in which my child is enrolled:

(page 1 of 2)

I am requesting my child's hours to be:

	From:	To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

My child will be at Preschool ONLY during the contracted days. Any changes in this schedule will require the Director's approval. Please initial _____.

My fee is _____ per month for the above hours and days.

My child/children will attend the program unless either the child or parent is ill. Other reasons must be valid. I will be charged for all days contracted, regardless of absence, I also understand I will be charged for days the center is closed.

No sick children will be accepted into the program and all ill children will be sent home.

I will contact the Preschool office at (909) 624-8291 Ext 246 OR (909) 626-1377 between the hours of 6:30 a.m. - 9:30 a.m. to report my child's absence. My child's teacher may also contact me to inquire about my child's well being.

I agree to submit a medical excuse if my child is absent for more than one week and understand the child will not be readmitted without the medical excuse.

If my child is absent for more that one week without contacting the school, my child will be dropped from the program and another child will be enrolled in my child's place.

I am responsible to complete a drop form if my child is dropping from the preschool. If I drop my child from the program without a two week notice given to the school office, staff or director, I will be charged for those two weeks. I agree to bring a minimum of one change of clothing, training pants, diapers as needed for my child. I also understand my child may bring a special blanket or doll for nap - but no other toys should be brought to the Preschool.

I also will bring a set of clothing and one pair of shoes for my child in case of an emergency which will be left at the preschool.

Western Christian Preschool

PARENT CONTRACT

I agree to pay all fees in advance and to adhere to the financial policies.

(page 2 of 2)

Financial Policies:

1. Tuition: Your monthly payment is due on the first day of the month your child is scheduled to attend.
2. Late Charges: Children need to be picked up by 6:00. If a child is not picked up by 6:00, there will be a late fee in the amount of \$1.00 for each minute after 6:00. The late charge will be paid at time of pick up or it will be billed; excessive lateness is subject to being dropped from the Preschool.
3. Additional Charges for Half Day Program: Half day program is from 8:30 a.m. to 12:00 p.m. If you drop off your child prior to 8:15 a.m. or pick-up after 12:15, a \$5 late fee for every hour or portion there of will be billed to your account.
4. Delinquent Accounts:
 - *Your account becomes delinquent if not paid on the first day of the month your child is scheduled to attend. Your account will be charged a fee of \$25.00 late fee on the 11th of each month that tuition is not received (*a ten-day, late-fee, grace period*).
 - *A twenty day grace period is allotted on accounts, after which your child will no longer be enrolled in the preschool.
 - *If a difficult financial situation develops, please see the preschool director to explore possible alternatives.
5. Returned Checks: A fee of \$75.00 will be charged for any checks returned due to insufficient funds.

If my child is enrolled in preschool for the full year (September –June), I am entitled to a one-week vacation absence with no charge, prorated at the number of days per week my child attends. I will need to fill out a vacation slip requesting my vacation, one week prior to my vacation time.

No child will be released from the Preschool to any adult unless that adult is on the permission form, or a signed permission slip signed by me must accompany that person. I will also notify my child’s teacher by phone to prepare my child for the change.

It is my responsibility to keep the preschool staff updated if changes occur which would effect my child, i.e. changes in work/home number, address, physician, custody or visitation, etc.

I give permission for my child to take adult supervised walks in the immediate neighborhood of the Western Christian Campus. I have no objection to my child being included in photographs, slides or movies taken at Western Christian Preschool which might be used for purposes of interpreting the school program.

Western Christian Preschool has the right to change any of its admission requirements, its’ parent handbook or its registration packet at its discretion. However, parents of enrolled children will be given a two-week review period in which to read and sign the revised contract.

I have read this registration packet and received my Parent Handbook and in signing this contract, I agree to follow its contents or my child could be withdrawn from the preschool with no tuition reimbursement for the current month. A new contract must be signed annually.

Parent Signature _____ Date: _____

Child’s Name (Print) _____

PARENT AGREEMENT

We have read the Parent Handbook and have been given an answer to any questions we may have had regarding its content on its' policies, procedures or daily school operations. We understand and agree to abide by it. We agree to accept all regulations of Western Christian Preschool. We understand the preschool does not tolerate profanity, obscenity in word or action, or disrespect to the personnel of the preschool. We will encourage our child to comply with the preschool's regulations. We realize that the preschool reserves the right to dismiss any child who does not respect its spiritual standards or cooperate in the educational program. We understand that damage to property by our child will be directly charged to us. We agree to pay the tuition and any other fees as are chargeable according to the current tuition schedule on the date due.

Parent/Guardian Signature

Please print child's name

Date

Preschool Director's Signature

Date

*Please return the "Parent Agreement" to your child's teacher.

Important Information

Daily Needs:

Your child will need at least one change of clothes including underwear and socks. If your child is still in diapers they will need 6 diapers a day, wipes and ointment (optional). Please be sure to label all clothing.

Medication:

If you would like to have use administer Tylenol or another non-aspirin over-the-counter medication, please have your physician write the instructions on their prescription pad with instructions. You will also need to supply the medication that will be stored and used for your child only.

Disaster Kit:

This kit is designed to meet the immediate needs of your child in the event of a disaster. Please be assured that the school has a plan in place and your child will be well cared for.

- ❖ Change of clothes
- ❖ Small comfort toy (ex. Small stuffed animal)
- ❖ Family picture
- ❖ Small snack
- ❖ Underwear/diapers