



Enrollment Application/Emergency Information

2008-2009

For enrollment purposes sign and date this form and submit with a \$50.00 registration fee to our mailing address. It is extremely important for you to keep your child's enrollment information up-to-date.

Child's Name: _____ M ___ F ___ Date of Birth _____
Last First MI

Address: _____ City: _____ Zip Code _____

Home Phone: (_____) _____ Desired date for attendance to begin: _____

Does your child have any allergies to foods, animals, medications, etc? YES NO
If YES, please describe:

Office use: Cubs _____ Intermediate _____ PK1 _____ PK2 _____ PK3 _____ Kindergarten _____

Please select 3 schedule choices, numbered 1 through 3 (1 being your first choice and 3 being your last).

<u>Tuesday/Thursday</u>	<u>Monday/Wednesday/Friday</u>	<u>Monday through Friday</u>
() 2 Half Days (8:30-11:30am)	() 3 Half Days (8:30-11:30am)	() 5 Half Days (8:30-11:30am)
() 2 Half Days (1:00-3:30pm)	() 3 Half Days (1:00-3:30pm)	() 5 Half Days (1:00-3:30pm)
() 2 Full Days (8:30-3:30)	() 3 Full Days (8:30-3:30)	() 5 Full Days (8:30-3:30)
		() 5 Days Full Time (7:00-5:30)

Mother: _____ Drivers License # _____ 4 digit ID code: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Employer: _____ Occupation: _____

Father: _____ Drivers License # _____ 4 digit ID code: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Employer: _____ Occupation: _____

Billing Information

Name: _____ Relationship to Child: _____

Mailing Address: _____

City, State & Zip Code: _____

How did you hear about our school? _____



Emergency Consent Form

Child's Name: _____

Date of Birth: _____

In an emergency situation, when the child's parent(s) cannot be reached, the following people will be contacted. It is important that each authorized person have their own unique 4 digit ID Code for the purpose of checking children in & out using ProCare's security system along with a signature. We encourage the use of the last four digits of your social security number. Please list *at least two* people. The following people are also permanently authorized to pick-up your child in non-emergency situations. (There is a separate form for temporary authorization.)

EMERGENCY CONTACTS / AUTHORIZED PICK-UP

- 1) Name: _____ Relationship: _____ 4 digit ID code: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
- 2) Name: _____ Relationship: _____ 4 digit ID code: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
- 3) Name: _____ Relationship: _____ 4 digit ID code: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
- 4) Name: _____ Relationship: _____ 4 digit ID code: _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____

Consent for Emergency Medical Treatment

In the event of a medical emergency when neither my child's parent(s) nor any designated emergency contacts can be reached; I give my permission for a representative of Bluff View Private Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.

Signature of Parent or Legal Guardian _____ Date _____

Child's Physician: _____ Phone: (____) _____

Address: _____

Child's Dentist: _____ Phone: (____) _____

Address: _____

Hospital Preferred: _____ Address: _____



Child's Name: _____	Date of Birth: _____
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Health Requirements for Children:

- ❖ Evidence must be presented for each child upon entering Bluff View Preschool that he/she is physically able to take part in our program.
- ❖ A current immunization record for each child must be maintained at our facility. When your child receives additional doses or boosters, you must update his/her record immediately. Our software program will track your child's immunization schedule and automatically remind Parents when shots are due.
- ❖ Each child must be tested for tuberculosis according to the recommendations of the California Department of Health.

Admission Requirements:

_____, born _____ is being studied for
 (NAME OF CHILD) (BIRTHDATE)
 readiness to Bluff View Private Preschool. This school provides a program which extends from 7:00 a.m. - 5:30 p.m., 5 days a week. Please provide a report on the above-names child using the form below. I hereby authorize release of medical information contained in this report to Bluff View Private Preschool of Fresno.

Signature of Parent _____ Date _____
 Physician _____ located at _____
 Address and Phone Number _____

Problems of which we should be aware: _____

Hearing: _____ Allergy medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

Signature _____ Date of Physical Exam: _____

Physician ____ Physician's Assistant ____ Nurse Practitioner ____



Immunization Form

Child's Name:	Date of Birth:
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IMMUNIZATION HISTORY

Date each dose was given

Hepatitis B	DTP/DTaP/DT/Td	HIB	POLIO	MMR	Varicela
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /

Tuberculosis Test:: Positive _____ Negative _____ Date given _____ Date read _____

Signature or Stamp –Licensed Physician or Health Personnel: _____

Date: _____

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign a notarized affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate signed by a physician to that effect and attach it to this form.

To be completed by child's parent:

1. Does your child have an existing illness or illnesses? YES NO
 If YES, please describe: _____

2. Has your child had a previous serious illness or illnesses? YES NO
 If YES, please describe: _____

Check illnesses that child has had and specify approximate dates of illnesses:

_____ Chicken Pox /Dates _____ Diabetes/Dates _____ Poliomyelitis/Dates _____ Hay Fever/Date
 _____ Asthma /Dates _____ Epilepsy/Dates _____ Ten-Day Measles/Dates _____ Whooping cough
 _____ Rheumatic Fever /Date _____ Three-Day Measles/Dates _____ Mumps/Date

3. Has your child had a previous serious injury or injuries? YES NO
 If YES, please describe: _____

4. Has your child ever been hospitalized? YES NO
 If YES, please describe: _____



Help Us Know Your Child

This personal history form for your child is confidential. It is shared with your child's teacher to inform them about your child's needs and personality characteristics.

Child's Name: _____ Date of Birth: _____

Name your child is usually called: _____

Names of Parent(s) or Guardian(s)

Mom: _____

Dad: _____

Martial Status of Parents: Married ____ Not Married ____ Divorced ____ Separated ____ Remarried ____

Names of Step-Parent(s)

Step-Mom: _____

Step-Dad: _____

Child lives with: _____

Name(s) and age(s) of brother(s) and/or sister(s): _____

Name(s) and relationship(s) of other member(s) of the child's household: _____

Describe your child's general health: _____

Has your child been under regular supervision of physician? _____ Date of last exam: _____

Is your child presently under a Doctor's care? _____ Name of Doctor: _____

Does your child take prescribed medications? If yes, what kind and list any side effects? _____

Walked at: _____ months: _____. Began talking at: _____ months: _____

Toilet training started at _____ months: _____.

Does your child have frequent colds? _____

What is the plan for care when the child is ill? _____

Does your child have bladder control? _____ Bowel control? _____

Child's terminology regarding toileting: _____

Special Information about toileting: _____



Health History continued

What time does your child get up? _____ Go to Bed? _____

Does your child usually take a nap? _____ What time? _____

Describe any nap/sleep/bedtime habits or needs: _____

Does your child have any difficulty saying what he/she wants; or do you have any trouble understanding his/her speech? _____

What foods does your child especially like? _____

Are there foods your child dislikes? _____

Is there any food your child should not eat for medical, religious, or personal reasons? _____

Has your child had play group experiences? _____

How does your child relate to/play with other children? _____

Does Mom or Dad travel often? _____

How would you describe your child's personality? _____

When your child is upset or stressed, how is he/she best comforted? _____

How do you discipline your child? Mom: _____

Dad: _____

Describe any fears your child may have: _____

Describe any concerns you may have about your child: _____

In what ways would you like to see your child develop during the coming school year? _____

Additional comments: _____

Parent's signature: _____ Date: _____



PARENT'S RIGHTS
Community Care Facilities and Child Day Care Facilities
Regulations in Title 22

Parent's Rights

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

- Enter and inspect the child care center without advance notice whenever children are in care.
- File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- 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.
- 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.
- Receive, from the licensee, the Caregiver Background Check Process form.
- Receive from the licensee the name, address and telephone number of the local licensing office.
- For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

Name: Community Care Licensing
Address: 770 E. Shaw Avenue Suite #300
Telephone: 559.243.4588

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.

ACKNOWLEDGMENT: I have received a copy of the parents' rights at the time of admission to Bluff View Private Preschool.

Child's Name _____

Parent's Signature _____ Date _____



PERSONAL RIGHTS
Community Care Facilities and Child Day Care Facilities
Regulations in Title 22

Personal Rights:

Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:

- To be accorded dignity in his/her personal relationships with staff and other persons.
- To be accorded safe, healthy and comfortable accommodations, furnishings and equipment to meet his/her needs.
- 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.
- 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 confidentially.
- 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 facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
- Not to be locked in any room, building, or facility premises by day or night.
- Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

ACKNOWLEDGMENT: I have received copy of the personal rights at the time of admission to Bluff View Private Preschool.

Child's Name _____

Parent Signature _____ **Date** _____

Licensing Agency: Community Care Licensing
770 E. Shaw Avenue – Suite #300 - Fresno, California – 93710 – 559.243.4588



PUBLICATION WAIVER

Students are frequently photographed by their teacher when participating in school activities and these photographs may appear in such publications as the school website and/or the yearbook.

The school directory provides our families with the ability to communicate with each other and facilitate the transmission of party invitations directly to the child's residence as not to hurt feelings of other classmates not included. The exception would be if all classmates were invited, then parents may deposit invitations directly to the cubbies.

Please fill out and return this form to Bluff View Private School only if you will allow the School to publish and/or distribute any photograph, or personal information in which your student appears electronic or otherwise. This applies to yearbooks, school website, or school directory.

I/We, the undersigned parent(s)/guardian(s) of _____
Child's Full Name Date of Birth

give Bluff View permission to publish a photograph in any school publication in which the above-named student appears. This applies to yearbooks, school website, or school directory.

I/We understand that Bluff View attempts to obtain parental permission in advance of media contact with students whenever practicable. However, Bluff View may not be able to obtain consent in the event of spontaneous or unplanned media presence on campus.

Signature of Parent or Guardian _____ Date _____



Library Books Policy

Bluff View Private Preschool provides the opportunity for children to use the library book check out system, on library day, to take books home weekly. Any book not returned within 30 days will be charged directly to your child's tuition dues. Additionally, books which are returned in a condition which requires that they be replaced, i.e., pages missing or torn, covers damaged, etc., will also result in a charge being applied directly to your child's tuition dues.

By signing below, I/We acknowledge that I/We have received and carefully read the Bluff View Private Preschool Library Books Policy. I/We understand that it is my/our responsibility to return all library books.

Please contact the office for questions or clarification regarding any policies, practices and procedures.

Parent/Guardian _____ Date _____
(Print Name)

Parent/Guardian _____ Date _____
(Signature)

Child's Name _____ Classroom _____
(Please Print)

From all of us at Bluff View Private Preschool, please accept our thanks for placing your trust and your child with us. Welcome to our family!



Security and Safety

Bluff View Private Preschool makes every effort to ensure the security and safety of your child. This extends to video surveillance of the exterior and interiors of the school, including each and every classroom. This video record is kept on Bluff View Private Preschool's internal hard drive and is available for review should circumstances warrant.

I acknowledge that I have read and reviewed this information about security monitoring.

Child's Name: _____

Parent's Signature: _____ Date: _____