Enrollment Application

Physician Form

Child's Name:	Date of Birth:

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 readiness to
(NAME OF CHILD) (BIRTHDATE)

Bluff View Private Preschool. This school provides a program which extends from 7:30 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_____

TO BE COMPLETED BY PHYSICIAN:

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: _____

_____

Physician Signature_____ Date of Physical Exam: _____

Physician ____ Physician's Assistant _____ Nurse Practitioner ____

Immunization Form

Child's Name:	Date of Birth:

IMMUNIZATION HISTORY
Date each dose was given

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

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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: _____
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Health History

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)

Has your child previously attended a school or daycare? _____ Yes _____ No

If so, what school/daycare did they attend and how long? _____

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: _____

What language does your child speak at home? _____

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: 1310 E. Shaw Ave
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
1310 E. Shaw Avenue – 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 social media, the school website and/or the yearbook.

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 in which your student appears electronic or otherwise**.** This applies to yearbooks, school website, or social media.

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

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

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 Book 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. For any books lost or damaged (i.e. pages missing or torn, covers damaged, etc.) we ask that you replace it with a new book.

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)

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.

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

Child's Name: _____

Parent's Name Printed: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent Handbook Acknowledgement of Receipt

I acknowledge that I have received and carefully read the Bluff View Private Preschool Parent Handbook. I understand that it is my responsibility to contact the Director should I have questions or need clarification regarding any policies, practices and procedures.

Parent/Guardian_____Date_____
(Print Name)

Parent/Guardian_____Date_____
(Signature)

Child's Name _____
(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!

Tuition Agreement

Please initial each item below:

_____ **Registration**: An annual $250.00 non-refundable registration fee is due at time of enrollment.

_____ **10-Month School Year:** I hereby enroll my child in Bluff View Private Preschool for a 10-month (August through June) school year.

_____ **Tuition**: Tuition for the school year is payable either in full the third week of August prior to commencement of the school year or in 10 monthly payments (August through May). The first monthly payment is due on the first day of school. Thereafter, payments are due on the first calendar day of each month. Prepayments of monthly installments are welcome. Any payment not received by the 5th of the month will be considered past due and subject to a $25 late fee.

_____ **I understand that extra charges for non-full-time students will be applied to my ledger for the following:**

Early Arrival: (7:30-8:15) $7.00 a day

Lunch Hour: (11:30am-12:15pm) Children provide their own lunch. Part time preschool students may stay during the lunch hour for an additional charge of $7.00.

After School Program: (3:30 p.m.-5:00 pm) $10.00 per day. Program entails Music & Movement and outdoor activities.

_____ **Absences**: Absences must be reported to the office through our website **by 8:00am** in order to provide the opportunity for make-ups. Make ups are allowed within 30 days of the absence and must be scheduled with the front office.

_____ **Late Pick-up Charges:** A late pickup fee of $1.00 per minute will automatically be added to your ledger for late pick-ups after 5:00.

_____ **Enrollment Termination Policy**: I (we) acknowledge that I am enrolling my child for the entire school year: August through June. If I need to remove my child from the program mid-year, I agree to provide a 30-day written notice prior to my child's last day. I also understand that my deposit is nonrefundable and will be forfeited. I understand that I may be charged tuition until a notice is received by Bluff View.

_____ **Disenrollment Policy**: It is only on rare occasions that a child's/family's behavior may warrant the need to find a more suitable setting for either a short term or permanent basis. The decision to disenroll a child from Bluff View is a difficult one for both the Center and the family. We will do everything possible to work with you to avoid a child's disenrollment from Bluff View. In all cases, our goal is to act quickly, thoughtfully and thoroughly to communicate, address and resolve concerns relating to the children in our care. Center personnel will attempt to work with a family to take constructive steps to finding a solution that resolves the problem(s), before a disenrollment occurs. The following are some reasons why we would have to disenroll a child or family from the center:

Child's Actions:

- Child unable to adjust to the program after a reasonable amount of time
- Ongoing physical or verbal abuse to staff or other children
- Ongoing uncontrollable tantrums/angry outbursts
- Excessive biting

Parental Actions:

- A parent/guardian fails to abide by Bluff View policies or requirements imposed by the appropriate licensing agency.
- Non-payment of tuition.
- A parent/guardian demands special services that are not provided to other children and cannot reasonably be delivered by the program.

Immediate Causes for Disenrollment:

- A parent/guardian is physically or verbally abusive or intimidating to Center staff, children, or anyone else at the Center.
- Potentially dangerous behavior by a parent or child.

_____ **Refund Policy:** Bluff View will not issue refunds for children who do not attend their committed schedules.

_____ **Changes in Policies/Procedures**: Bluff View Private Preschool expressly reserves the right to change, revise, supplement, or delete any of our policies and procedures, including all those covered herein.

_____ **Confidentiality Policy:** All personal records of children and families are kept in the strictest confidence. Information pertaining to admission, progress, health, or discharge of a child shall be confidential, unless we have written permission for disclosure from the parent.

I (we) further understand the charge for tuition as it applies to my (our) child and I (we) agree to pay this sum of money to Bluff View Private Preschool.

Parent/Guardian _____ Date _____

Child's Name _____

Inspection Authority in compliance with The State of California Title 22:
The Department has the authority to interview children or staff without prior consent.
The licensee shall ensure that provisions are made for private interviews with any children or staff members.
The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours.
Records may be removed if necessary, for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101221(d).
The licensee shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.
The Department has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.
NOTE: Authority cited: Section 1596.81, Health and Safety Code. Reference: Sections 1596.72, 1596.73, 1596.852, 1596.853, and 1596.8535, Health and Safety Code.

Tuition & Schedules

Prices are per month per child and effective for the calendar school year.
Prices are subject to change.

Half Day
8:30am to 11:30am *or* 12:30pm to 3:30pm

Tuesday & Thursday $510.00
Monday, Wednesday, and Friday..... $635.00
Monday, Tuesday, Wednesday, Thursday, & Friday..... $800.00

Full Day
8:30am – 3:30pm

Tuesday & Thursday $720.00
Monday, Wednesday & Friday $880.00
Monday, Tuesday, Wednesday Thursday & Friday..... $1145.00

Kindergarten
8:30am-3:30pm

5 Full Days $1175.00

Full Time
7:30am to 5:00pm

Monday, Tuesday, Wednesday, Thursday, and Friday.....$1285.00
(Early Arrival, Lunch Hour and Afterschool Program Included.)

-Extra Charges-

A La Carte Charges
Early Arrival (7:30am - 8:15am) .....$7.00 a day
Lunch Time (11:30am-12:15pm) ..... $7.00 a day
Afterschool Program (3:40pm-5:00pm) ..... $10.00 a day

Extra Sessions
If a student attends a session in addition to his/her monthly schedule it will be considered an extra session.
Contact our director for availability.

Half Day Extra Session (8:30am - 11:30am *or* 12:30pm-3:30pm) $65.00
Full Day Extra Session (8:30 - 3:30) $90.00