

# **GRACE CHRISTIAN SCHOOLS**

## **2012-2013 SCHOOL YEAR PRESCHOOL ENROLLMENT PACKET**

### **NEW STUDENT**

*These guidelines are to assist you in completing your enrollment forms.*

**The following documents are included in this enrollment packet. Print packet, complete and return to the School Office in order to complete your request for enrollment and guarantee your child's placement.**

- **ENROLLMENT FORM**
- **EMERGENCY/MEDICAL INFORMATION RECORD**
- **EMERGENCY INFORMATION & NOTIFICATION SYSTEM**
- **2012-2013 PRESCHOOL FINANCIAL AGREEMENT**
- **TUITION ACH DEBIT AUTHORIZATION (If Applicable):** Must include a VOID check.
- **STUDENT PICK-UP AUTHORIZATION**
- **SOCIAL SERVICES CHILD ROSTER**
- **PARENT PRE-ADMISSION HEALTH HISTORY**
- **PARENT RIGHTS** – Return lower portion only to school. Keep upper information for your information.
- **CAREGIVER BACKGROUND CHECK PROCESS** – Please keep for your information.
- **PERSONAL RIGHTS** – Return lower portion only to school. Keep upper information for your information.
- **PHYSICIAN'S REPORT** – Not required to be returned with the rest of the enrollment forms-But is required prior to the start of school. If your child has had a well-child physical within the past year, he/she does NOT require a new physical - take this form to your Pediatrician and have it completed. If your child has not had a physical within the past year, he/she WILL need to get a new one and this form will be completed from that information. For your convenience, your completed form can be faxed to 1-480-247-4737.
- **IMMUNIZATION RECORDS** – If you have an immunization record for your child, each immunization must be STAMPED by the Physician's Office and given according to the State requirements. If you do not have an immunization record, they may be included on the Physician's Report.
- **PRESCHOOL POLICIES/PROCEDURES/DISCIPLINE** – Keep for your information.

**IF YOU HAVE ANY QUESTIONS,  
PLEASE CALL THE SCHOOL OFFICE AT 949-951-8683, Ext. 0**



## **CHURCH AFFILIATION**

Name of Church You Attend: \_\_\_\_\_

Active Member:  Yes  No

Attendance:  Regular  Sometimes  Seldom  Do not attend church

Personal Faith: \_\_\_\_\_

## **INFORMATION RELEASE AUTHORIZATION**

### **Carpool List**

A carpool list is provided for families who wish to arrange carpools with other school families.

- Yes, I want to be included on the carpool list.
- No, I do not want to be included on the carpool list.

### **Student Directory**

This is information available to school parents whether in your child's class or not. It is not published or given out to anyone outside our school and is only available upon your consent.

- Yes, I give permission to include the following information to ANY SCHOOL parent:
- \_\_\_\_\_ Name          \_\_\_\_\_ Address          \_\_\_\_\_ Phone Number          \_\_\_\_\_ e-mail Address
- No, I do not authorize my child's information to be available.

### **Class Address/Phone List**

A Class Address/Phone List is provided to each class member. Parents can use this list to arrange for birthday party invitations, play dates, get-togethers, etc.

- Yes, I give permission to include the following information to families in my child's class only:
- \_\_\_\_\_ Name          \_\_\_\_\_ Address          \_\_\_\_\_ Phone Number          \_\_\_\_\_ e-mail Address
- No, I do not authorize my child's information to be available.

Information included in the above lists will not be duplicated, given away, or sold to anyone. This information is intended for and restricted to personal use only by families of Grace Christian Schools.

### **Photo Release Authorization**

The undersigned hereby authorizes and gives full consent to Grace Christian Schools to publish or copyright without charge or fee all photographs, videos or other depictions or recordings taken or obtained of the enrolled student while engaged in any and all school programs and events in furtherance of legitimate school objectives, to include marketing and advertising the school's services, programs and resources, press/television/internet/website or other news media for community outreach and/or ministry opportunities.

## **ADMISSION AGREEMENT**

I understand all physician & immunization requirements must be met prior to Preschool entrance. I have received and understand all school policies: philosophical, financial, medical, discipline, photo release and educational. I agree to abide by these policies and herewith enroll my child. I have received, read, and know my rights and conditions outlined in the following: ***(Check each box below)***

**Personal Rights Form** \_\_\_\_\_ **Parental Rights Notice** \_\_\_\_\_ **Policies/Procedures/Discipline** \_\_\_\_\_ **Financial Agreement** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# GRACE CHRISTIAN SCHOOLS

## Student Emergency / Medical Information

Student Name: \_\_\_\_\_ Sex: M / F Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Mom's Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail for School use: \_\_\_\_\_ E-mail for School use: \_\_\_\_\_

### **Local Emergency Contacts (Other Than Parents) In Case of Emergency/Illness**

*(THE FOLLOWING PEOPLE WILL AUTOMATICALLY BE INCLUDED ON LIST OF THOSE AUTHORIZED TO PICK UP YOUR STUDENT)*

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home/Work/Cell Home/Work/Cell

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Home/Work/Cell Home/Work/Cell

**ANYONE WHO SHOULD NOT BE ALLOWED TO PICK UP YOUR CHILD, i.e. court order, threatening situation? Y / N**

**If yes, Person's Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_**

**(If this person is the child's parent, supporting court documentation is required)**

### **Medical Information**

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Allergy/Medical Condition/Medication Information**

Food Allergies: \_\_\_\_\_ Serious: Y / N

Any food restrictions at school (NOTE: We are a nut-free school): \_\_\_\_\_

Other Allergies: \_\_\_\_\_ Serious: Y / N  
(Medications/Animals, etc.)

Medical Condition: \_\_\_\_\_ Serious: Y / N  
(Asthma, Seizure Disorder, etc.)

Does student have any physical limitations or handicaps: Y / N If yes, please explain: \_\_\_\_\_

Student on Medication: Y / N If yes, name of Medication(s): \_\_\_\_\_

Medication(s) to be used while at school: Y / N \*If yes, name of Medication(s): \_\_\_\_\_

**\*ANY AND ALL MEDICATIONS MUST BE ACCOMPANIED BY A PHYSICIAN'S RELEASE FORM OBTAINED FROM THE SCHOOL OFFICE OR GCS WEBSITE. MEDICATIONS CANNOT BE SENT IN STUDENT'S BAG. UPON COMPLETION OF AUTHORIZATION BY PHYSICIAN AND PARENT, MEDICATION WILL BE KEPT IN THE SCHOOL OFFICE FOR STUDENT USE AS NEEDED.**

### **Emergency Care Consent**

As the parent or authorized representative, I hereby give consent to Grace Christian Schools to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the student named above. I authorize my child to be taken to \_\_\_\_\_ Hospital, if necessary, by emergency medical services and authorize any treatment deemed necessary to care for my child.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# GRACE CHRISTIAN SCHOOLS

## 2012-2013 School Year Preschool Financial Agreement

Student Name: \_\_\_\_\_

### 2012-2013 SCHOOL-YEAR ANNUAL TUITION / MONTHLY TUITION PLAN RATES / FEES

**1-Day Session (Monday PM-Only) - \$1,080.00**

10-Month Payment Plan (PM) - \$108.00/month  
 12-Month Payment Plan (PM) - \$90.00/month

**2-Day Session - AM: \$2,500.00 / PM: \$1,880.00**

10-Month Payment Plan (AM) - \$250.00/month  
 12-Month Payment Plan (AM) - \$208.33/month  
**10-Month Payment Plan (PM) - \$188.00/month**  
**12-Month Payment Plan (PM) - \$156.67/month**

**3-Day Session - AM: \$3,400.00 / PM: \$2,560.00**

10-Month Payment Plan (AM) - \$340.00/month  
 12-Month Payment Plan (AM) - \$283.33/month  
**10-Month Payment Plan (PM) - \$256.00/month**  
**12-Month Payment Plan (PM) - \$213.33/month**

**3-Day T. Kindergarten - AM: \$3,500.00 / PM: \$2,630.00**

10-Month Payment Plan (AM) - \$350.00/month  
 12-Month Payment Plan (AM) - \$291.67/month  
**10-Month Payment Plan (PM) - \$263.00/month**  
**12-Month Payment Plan (PM) - \$219.16/month**

**5-Day T. Kindergarten (AM-Only) - \$5,100.00**

10-Month Payment Plan (AM) - \$510.00/month  
 12-Month Payment Plan (AM) - \$425.00/month

**A NON-REFUNDABLE enrollment fee of \$100.00 is due upon enrollment.**

**Families enrolling more than one preschooler, the total enrollment fee is \$125.00.**

\* Enrollment Fee for Preschool student with one enrolled GCS Elementary sibling is \$50.00.

\* Enrollment Fee for Preschool student with more than one enrolled GCS Elementary sibling is waived.

**If more than one discount applies to your student(s), only one (the greater one) will be applied.**

**THE FIRST MONTHLY TUITION PAYMENT IS DUE IN JUNE 2012 for both payment plans.** This payment is applied to June 2013 tuition, or last month of attendance, if thirty-day notice is given. Those enrolling during or after June 2012 will include this payment with enrollment forms.

**TUITION PAYMENTS:** Annual tuition is divided into 10-equal or 12-equal monthly payments. Tuition is due on the day of each month you indicate below. Payments MUST BE RECEIVED in the School Office within ten days of the payment due date to avoid a \$25.00 late fee. Payments outstanding more than thirty days could result in the student being dropped from the program. **NOTE:** No tuition payment is due in June 2013, as your last month of tuition is your first payment collected in June 2012.

**WE DO NOT SEND MONTHLY STATEMENTS - USE CHART BELOW AS YOUR REMINDER**

10-Month Payment Plan		
First monthly tuition payment is due <b>June 2012</b> , or upon enrollment, whichever comes last, followed by 9-consecutive monthly payments as follows:		
September 2012	December 2012	March 2013
October 2012	January 2013	April 2013
November 2012	February 2013	May 2013

12-Month Payment Plan		
First monthly tuition payment is due <b>June 2012</b> , or upon enrollment, whichever comes last, followed by 11-consecutive monthly payments as follows:		
July 2012	November 2012	March 2013
August 2012	December 2012	April 2013
September 2012	January 2013	May 2013
October 2012	February 2013	

**I will pay tuition as outlined in the:** 10-Month Payment Plan \_\_\_\_\_ 12-Month Payment Plan \_\_\_\_\_  
(Only available prior to July 31, 2012)

\* **Elementary student(s) discount-**(Circle one): Y / N If you have a sibling(s) in the Elementary School, please see Enrollment Fee discounts listed above. # of Elementary siblings: \_\_\_\_\_

**I want tuition due on the:** 1<sup>st</sup> \_\_\_\_\_ (5<sup>th</sup>\*\* ) \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ (20<sup>th</sup>\*\* ) \_\_\_\_\_ (\*\*Auto Payments Only)

**AS ACKNOWLEDGED ON THE ENROLLMENT FORM,** I agree with the terms set forth in this Financial Agreement and will pay my student(s) tuition each month, according to the payment plan indicated above. I understand, if it becomes necessary to withdraw my child before the end of the school year, a 30-day written notice is required. If a 30-day written notice is not given to the School Office, 30 days will be added to the date of withdrawal as tuition earned by the school, and I am liable for that additional tuition. I understand no refund of tuition paid, will be given, if withdrawing my student on or after April 1, of any given school year. With or without notice of withdrawal, enrollment fees paid are non-refundable.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# GRACE CHRISTIAN SCHOOLS

## Tuition ACH DEBIT Authorization

Grace Christian Schools offers an automatic payment service to pay your monthly tuition and/or fees, as shown below. This feature eliminates check writing each month. This service is free, and you have the option of having your payment deducted on the 5<sup>th</sup> or the 20<sup>th</sup> of the month.

**To enroll, complete the form below, attach a void check, and return to the School Office.**

### **STUDENT / ACCOUNT INFORMATION:**

Student Name: \_\_\_\_\_

Name on Check: \_\_\_\_\_

### **PRESCHOOL STUDENTS ONLY:**

Deduct my monthly tuition payment on the: 5<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### **ELEMENTARY STUDENTS ONLY:**

Upon acceptance, deduct my Registration Fee of \$ \_\_\_\_\_ on \_\_\_\_\_.

Deduct my monthly tuition payment on the 5<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Deduct my monthly daycare charges as they are due: Y / N

\_\_\_\_\_

### **TAPE A VOID CHECK IN THIS SECTION**

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### **ACCOUNT HOLDER AUTHORIZATION**

I authorize Grace Christian Schools to deduct payments for student, \_\_\_\_\_, as instructed above, from the referenced account in accordance with the payment schedule chosen on the Financial Agreement and the instructions shown above. I understand if the child is moved to a different session and the tuition rate changes, Grace Christian Schools is authorized to make that monthly tuition rate change automatically.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GRACE CHRISTIAN SCHOOLS

## Preschool Student Pick-Up Authorization

**Student Name:** \_\_\_\_\_

I authorize Grace Christian Schools to release my child to the following people. I also understand the people listed below are the ONLY people that my child will be released to.

**DO NOT LIST CHILD'S PARENTS OR EMERGENCY CONTACTS**  
**AS THEY ARE AUTOMATICALLY INCLUDED**  
**List each person separately & PLEASE PRINT INFORMATION**

- |                 |                 |                |                |
|-----------------|-----------------|----------------|----------------|
| 1. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 2. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 3. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 4. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 5. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 6. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 7. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 8. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 9. Name: _____  | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 10. Name: _____ | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 11. Name: _____ | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |
| 12. Name: _____ | Relation: _____ | Phone #: _____ | Phone #: _____ |
|                 |                 | Home/Work/Cell | Home/Work/Cell |

**We will not allow child to leave the campus with anyone other than his/her parent(s) and/or the people authorized on this list, unless previously notified by the parent(s).**

The above-listed names will be printed on an Authorized Pick-Up List and kept in the classroom with your child's Teacher. It is the responsibility of the parent to keep all information current for each authorized person. No child will be released without prior authorization from the parent(s). Any change to the above information is to be done in the School Office by the Parent(s). If an emergency requires someone other than an authorized person to pick up your child, and you are not able to come into the School Office, we can issue a one-day-only temporary pick-up authorization. This is only done by phoning the School Office. **We cannot accept written notes as authorization.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

# **GRACE CHRISTIAN SCHOOLS**

## **Preschool—Social Services Child Roster**

The State Department of Social Services requires that Grace Christian Preschool maintain a complete and current roster with the following information on each child being provided care in the facility (Health & Safety Code Section 1596.841).

The Department has the authority to interview children or staff, and to inspect and audit child or childcare center records, without prior consent. The licensee (Grace Christian Preschool) shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the childcare center.

The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement (Health and Safety Code Section 1596.853).

### **Please complete the following information**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### **For Office Use Only**

Information Changes:

Date Enrolled: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Date Re-enrolled: \_\_\_\_\_

Last Day of School: \_\_\_\_\_

**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 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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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](http://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](http://www.meganslaw.ca.gov)*

# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>

# 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)

# 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

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**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.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

# GRACE CHRISTIAN SCHOOLS

## PRESCHOOL POLICIES / PROCEDURES / DISCIPLINE

### **PURPOSE**

Grace Christian Schools operates as a ministry of Grace Community Church, encompassing the beliefs of the Church as found in the Statement of Faith. Our primary purpose, as a part-time preschool, is to help children grow spiritually, socially, physically, intellectually, and creatively in Christian surroundings, as a supplement to the home environment.

We seek to create a nurturing environment with an educational program that is appropriate for each child's developmental level. The activities that we introduce are based on the philosophy that children develop in an orderly, predictable pattern. As a result, we recognize that learning is best served through active exploration, manipulation of concrete materials, self-initiated projects, and receiving individual guidance from teachers who pick up clues from the interests children display.

Everything a child experiences throughout the day is a part of his/her total education. In these early years, concepts of oneself and others are formed. Therefore, our focus is to create a climate in which children feel competent in what they can do and integrate life-learning skills into their daily lives.

A Christian emphasis is incorporated, appropriate to the child's level of understanding, through uplifting the Lord Jesus Christ, teaching the Bible as the Word of God, prayer, music, drama, art, and the lifestyle of the staff. The Bible speaks clearly to us concerning how essential it is to bring a child up in the principles and direction of our Lord Jesus Christ. Therefore, our focus is as follows:

### **PHILOSOPHY OF EDUCATION**

***“Train up a child in the way he should go; and when he is old, he will not depart from it.” Proverbs 22:6***

The purpose of Early Childhood Education is to contribute to the child's well being and development by creating an environment that allows each child to participate in experiences that are meaningful to him/her. The “developmental process” for the child is an individual procedure that follows his/her own timetable within a predictable age range. It encompasses all of the following areas:

#### **PHYSICAL** - (Gross and Fine Motor)

***“Do you not know that you are God's temple and that God's Spirit dwells in you?” 1 Cor. 3:16***

Develop gross motor skills (the maturing of large muscles, i.e. legs):

- Provide motor development class once a week
- Provide an outdoor playground with equipment that promotes large muscle growth, such as swings, jungle gym, ground-level balance beams, tricycles, and wagons.
- Develop the fine motor skills (the maturing of small muscles, i.e. fingers):
- Provide play dough, puzzles, manipulatives, painting, scissors, a low writing table with paper, crayons, markers, stamps, and hole punches. Children actively involved in these physical activities strengthen neurological pathways in the brain. These pathways must be established before the child can proceed to the higher levels of formal education.
- The child develops feelings of purpose and confidence in himself/herself and the surroundings.

#### **SOCIAL** - (Relating to Others)

***“You shall love your neighbor as yourself.” Matthew 19:19b***

Aids the child in developing interpersonal skills:

- Cooperating with others.
- Using basic manners.
- Learning from others.
- Interacting with teachers and peers.
- Learning to help others and work as part of a group.
- Learning to care and cooperate with others, i.e. taking turns on a swing.
- Problem solving with others by talking, i.e. “How can we move all these blocks?”
- Socially constructing knowledge, i.e. dramatic play.

## **EMOTIONAL** - (Child's Sense of Self and Security)

***"As the Father has loved me, so have I loved you; abide in my love." John 15:9***

Develop the child's confidence by understanding self, family, and culture.

- Promoting self-help skills, i.e. serving snack, pouring a drink, setting a snack table, and performing a "Helping Hands" job.
- Reinforcing health skills, i.e. hand washing, toilet skills, and proper disposal of Kleenex.
- Learning personal skills, i.e. putting on shoes and clothing, buttoning, zipping, and tying.
- Providing experiences in which the child can experience success and competence without the fear of failure, i.e. cooking, telling a story, and pedaling a tricycle.
- Learning the names of the body parts, their location and function, i.e. ears for hearing, the tongue for tasting, touch your elbow, etc.
- Bringing in family members for sharing or special events.
- Sharing family photos, vacations, career, or holiday traditions.
- Providing classroom with toys and dolls that have an ethnic mix.

## **COGNITIVE** - (Child's Intellectual Development)

***"Listen to the advice and accept instruction, that you may gain wisdom for the future." Prov. 19:20***

Children develop within a predictable range of age-related human characteristics. The activities, materials, and experiences should fall within a broad range. Each individual child has his/her own strengths and needs.

- Teacher adapts materials and activities to respond to the changing and expanding needs of the developmental age ranges within her class, i.e. puzzle table with different skill levels within the 3-year to 5-year age range.
- Provide experiences that help children understand good nutritional habits by participating in preparing food and giving exposure to a variety of new foods, i.e. grow a vegetable garden, visit a grocery store, and prepare "stone soup."
- Develop emergent literacy skills (reading), i.e. dictate a story, and share a favorite book by telling the story in the child's own words.
- Develop vocabulary with share time, finger plays, songs, nursery rhymes, dramatic play, rhyming words, and field trips.
- Facilitate children recognizing printed language, i.e. first and last name, labeling class items, spelling simple words requested by the child.
- Give the children opportunities to respond to questions, i.e. recall portions of a story and situations (role-play) that require them to process, analyze, and evaluate information.
- Provide emergent math activities, i.e. sorting, numeration, and classification.

## **SPIRITUAL** - (Child's Understanding of God)

***"Sanctify them through the truth; Your word is truth." John 17:17***

A Christian emphasis is provided to develop the child's level of spiritual understanding in an age-appropriate way through the uplifting of Jesus Christ and His love for them.

Teaching the Bible as the true Word of God with a daily Chapel that includes prayer, Bible stories, drama, and music.

- Christian role modeling by teachers and staff, i.e. classroom prayer, displaying love and forgiveness.
- Teaching and developing character traits within the child, i.e. kindness, obedience, orderliness, etc.

## **GRACE COMMUNITY CHURCH OF SADDLEBACK VALLEY** **Statement of Faith with Scripture References**

### **1. The Scriptures**

The Bible, containing the scriptures of the Old and New Testaments, comprising sixty-six books, is the written Word of God. It is supernaturally inspired by the Spirit of God, inerrant in the original manuscripts, and infallible in its teaching. It is the divine authority for every person in every age (Mark 12:26, 36, 13:11, Luke 24:27, 44, John 5:39, Acts 17:2-3, 18:28, 26:22-23, 28:23, Rom. 15:4, 1 Cor. 2:13, 10:11, 2 Tim, 3:16, 2 Pet, 1:21, 3:16).

### **2. God and the Holy Trinity**

There is one God, who is sovereign Spirit, eternally existent in three persons: Father, Son, and Holy Spirit. These three persons are one in substance and equal in power and glory (Matt. 28:18-19, Mark 12:29, John 1:14, Acts 5:3-4, 2 Cor. 13:14, Heb, 1:1-3, Rev. 1:4-6).

### **3. The Lord Jesus Christ**

God the Father, out of love for man, sent Jesus Christ into the world for man's salvation. Jesus Christ in the flesh was both God and man. He was conceived by the Holy Spirit and born of the Virgin Mary; He lived a sinless life, worked miracles and taught the perfect truth of God. He died as a sacrifice upon the cross, atoning for man's sin through His shed blood. He was raised from the dead bodily on the third day, ascended to the right hand of the Father, where He is head of the church and intercedes for believers, and is returning again bodily in power and glory (Luke 1:30-35, John 1:18,29,3:16, 14:1-3, Acts 2:22-24, Rom. 3:25-26, 1 Cor. 15:51-52, 2 Cor. 5:14, Heb, 4:15, 10:5-14, 1 Thess. 4:13-18, Titus 2:11-14, 1 Pet. 3:18).

### **4. The Holy Spirit**

The Holy Spirit convicts men of sin and calls them to faith. He baptizes and seals all believers at the moment of their salvation, and sanctifies them as they grow in grace. He equips the saints with His gifts, bears His fruit in their lives, comforts, and leads them into all truth (John 16:7-11, 13, Rom. 8:9, 1 Cor. 12:7, 13, Eph. 1:13-14, 4:30, 5:18, 1 John 2:20-27).

### **5. Mankind**

All men are created in the image of God, but all have sinned and fallen short of the glory of God. Man is alienated from God by his

sin, and stands in need of redemption in Jesus Christ (Gen. 1:26, 2:17, 6:5, Ps. 14:1-3, 51:5, Jer. 17:9, Rom. 3:23, 8:6-7, Eph. 2:1-2, 1 John 3:8).

### **6. Salvation**

Man's redemption, and reconciliation with God, occur as an act of God's grace, and are entirely apart from the good works of any human being. Salvation comes through personal faith in the Lord Jesus Christ as Savior, and results in man's justification before God. God's people are chosen from the foundation of the world, and they are eternally secure. In his salvation man receives forgiveness of sins, the impartation of a new nature, and the assured hope of eternal life (John 3:7-18, 6:44, 65, 10:28-30, 14:6, Rom. 1:16-17, 3:19, 28, 5:6-9, 2 Cor. 5:17, 21, Gal 2:16, 5:4, 6, Eph. 1:4-7, 2:8-9, Titus 3:5).

### **7. The Church**

The universal church is made up of all true believers in Jesus Christ, those in every time and place who have been regenerated by the Spirit of God. In its parts, the church consists of individuals and groupings of Christians who have fellowship as the body of Christ. The purpose of the church is to glorify God. This is accomplished primarily through the preaching of the gospel of Jesus Christ to the end that men might be saved through repentance and faith, and through preaching and teaching to edify the saints. It is accomplished secondarily through good works which represent the love and mercy of God (Matt. 16:16-18, Acts 2:42-47, Rom. 10:17, 12:5, 1 Cor. 12:12-14, 27, Eph. 1:20-23, 2:10, 3:10-11, 20-21, 4:11-12, Col. 3:14-15).

Scripture references prepared by Michael Goacher, Pastor, Grace Community Church of Saddleback Valley

## **ADMISSION POLICIES**

Enrollment is open to preschool-age children of the Church and community. Children must be three years old by December 1 to attend. **Children entering school must be toilet trained.** A Transitional Kindergarten Program is offered to children, benefiting from a "gift of time," who turn 5-years old by December 1.

Grace Christian Schools is operated on a non-discriminatory basis, and all children are welcome without regard to race, religion, or nationality.

## **TUITION PAYMENTS**

Tuition is based on an annual fee, divided into 10- or 12-equal monthly payments. Tuition is due on the day of each month you indicate on your Financial Agreement (included with enrollment forms). Payments must be received in the School Office within ten days of the payment due date or a \$25.00 late fee will be assessed. The first tuition installment is due and payable in June for both payment plans. This payment is applied to your June (last month of the school year) tuition, or last month of attendance, if a thirty-day notice of withdrawal is given. Those enrolling during or after June, will include this payment with completed enrollment forms. The first tuition payment is due and payable in June of the current year, or upon enrollment, whichever occurs second. **This payment is applied to the last month's tuition.**

If it becomes necessary to withdraw your child before the end of the school year, a thirty-day notice is required. If a thirty-day notice is not given to the School Office, thirty days will be added as tuition earned by the School. Tuition earned is calculated by the number of weeks attended, plus thirty days if necessary, out of the 40-week school year, as tuition earned.

## **LATE CHARGES**

Tuition is due on a pre-selected, scheduled date. **Payments not received in the School Office within ten days of your due date may be subject to a \$25.00 late fee.** In order for our school to operate efficiently, it is necessary for all accounts to be kept current. Failure to do so may result in dismissal. The school reserves the right to require any account to be brought current for a student to continue to attend classes.

## **CHAPEL/BIBLE STORIES**

We take every opportunity to teach and model Biblical standards and characteristics, as well as to use everyday occurrences to teach God's character and creation. Therefore, each day the children enjoy a special Chapel time. The entire school gathers together to have a "Chapel story," sing Christian songs, and learn about God's love.

## **DISCIPLINE**

***"But, as for you, teach what befits sound doctrine. Show yourself in all respects a model of good deeds, and in your teaching, show integrity, gravity, and sound speech that cannot be censured, so that an opponent may be put to shame, having nothing evil to say of us." Titus 2:1, 7, & 8***

Discipline is handled as each unique situation demands and is always done lovingly and gently. It is our desire to promote and secure the development of a positive, healthy self-esteem. The teachers demonstrate kind, loving, positive-reinforcement techniques, as we strive to reinforce and stimulate good, Christ-like attitudes and behavior.

Unacceptable behavior is handled in a low-key discussion between teacher and child. The child may then be redirected to another activity. If an unacceptable behavior continues to be repeated, and especially if the well-being of the child or his/her classmate(s) is in jeopardy, then the child is given a "time-out" and removed from the activity in progress.

If the problem persists, the child may be removed to the Director's office for a period of time. She will discuss the situation with the child, pray with the child hoping to reach that child's heart, and re-establish him/her into the classroom setting. The Parent will be notified of the incident for proper follow-up.