



Fusion Early Learning
 Admission Agreement
 2015-2016 Academic Year

Enrollment Information

Childs Name:	
Date of Birth:	
Gender	Male _____ Female _____
Parent (1) Name:	
Parent (2) Name:	
Street Address:	
City State Zip:	
Home Phone:	
Cellular (1) Phone:	
Cellular (2) Phone:	
Work (1) Phone:	
Work (2) Phone:	
Email address (required):	
How did you hear about us?	

Program Information

Desired Start Date	
Fusion Location (City Name)	
Program Age	() Age 3-5 () Age 2-3 () Infant
Program Type	() Full Day () AM Preschool
Days	() M-F () M,W,F () T,TH
Weekly Tuition Rate	\$ _____

Office Use

File Management—Staff please check off as documents are received	
<input type="checkbox"/> Preschool Fee Schedule	Registration Fee: _____
<input type="checkbox"/> Payment Options Form	
<input type="checkbox"/> Preschool Tuition Agreement	Supplies: \$1/wk x _____ Weeks
<input type="checkbox"/> Consent for Emergency Medical Attention	
<input type="checkbox"/> Identification and Emergency Information	_____ wks x _____ rate= _____
<input type="checkbox"/> Notification of Parent's Rights	
<input type="checkbox"/> Personal Rights	Total: \$ _____
<input type="checkbox"/> Child's Preadmission Health History	
<input type="checkbox"/> Immunizations Copies/Report	Less 1 st PMT: \$ _____ Chk# _____
<input type="checkbox"/> Physicians Report	
	Remaining Balance: \$ _____

Hours of Operation:

All Locations: Monday – Friday Pre-k: 6:30am – 6:00pm Infant 7:00am – 5:30pm (Where Available)

School Holidays: (School Closed)

September 7	Labor Day
November 26-27	Thanksgiving and Day After Thanksgiving
December 21-25	Winter Break*
January 1	New Year's Day
January 18	Martin Luther King Day
February 15	President's Day
March 28	Spring Break Day
May 30	Memorial day
July 4	Independence Day
July 22	Summer Break

* Winter Break is the 52nd week of the year and is not charged unless you decide to attend that week. Depending on interest, the Marysville location may remain open for non holiday days during the 52nd week. Students from other locations may attend school at that location space permitting. The pricing will be prorated for use.

Events / Early Closure Days:

*Back to School Night -4th Thursday in Sept. *Open House -4th Thursday in March **Teacher Training- Friday before Memorial Day **Graduation Day - 4th Thursday in July	*The school will close at 4:30pm to prepare for the upcoming event **The school will close after the AM Program(s) on these days.
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Tuition Schedule

Please refer to the Preschool Fee Schedule for 2014-2015 rates and the Billing and Holiday Calendar for Due Dates. All pricing is per week. 51 of 52 weeks in the year will be billed. The 52nd week (Winter Holiday Break) is billed only if you decide to attend.

Additional Services

Preschool AM or PM Care M-F, (6:00am-8:30am) or (4:00pm-6:00pm)	\$15.00/week
Additional Preschool Hourly Care (12:30-6pm)	\$5.00/hour
No Lunch Fee	\$5.00/ incident

Late Policy

Tuition is considered late if not received by the close of business on the tuition due date indicated on the Billing and Holiday Schedule. A grace period will exist through the following Friday at noon (12:00pm) and then will be considered delinquent thereafter. A \$25.00 late fee will be added to the cost of tuition for that billing period at noon on that day. If tuition and any other outstanding charges are not paid within seven days of the due date attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period. If no payment is received or able to be processed by the end the second business week of the billing period your child's enrollment at Fusion Schools/Fusion Early Learning will be terminated effective immediately.

Refund Policy

Refunds requested seven or more days prior to your child attending Fusion Schools/Fusion Early Learning will be granted minus a \$25.00 processing fee. Refunds requested less than seven days prior to your child attending Fusion Schools/Fusion Early Learning will be granted with a 25% penalty of the first month's tuition amount. No refunds will be granted after the first day of school unless a valid physician's written excuse or proof of relocation out of the area is submitted. Fusion Schools/Fusion Early Learning reserves the right to review and make final decisions regarding all refunds.

Absences:

If your child is going to be absent or late, please call Fusion Schools/Fusion Early Learning by 8:00 am and notify the staff. If you are taking a vacation for a period of a week or more please notify the Director at least two weeks prior to leaving so appropriate arrangements can be made. No discounts are given for absences or vacations unless you qualify for vacation credit (flex week). Please see Parent Hand Book or Preschool Tuition Agreement.

Materials/Activity Fee

An annual \$50 materials fee will appear on your billing statement in September for preschool students ages 2-5. For Mid year enrollments this fee will be prorated based on the month in which the student's enrollment begins. This

money will go toward materials and curriculum expenses.

Snacks/Meals

Students at Fusion Schools/Fusion Early Learning are required to bring their lunches in an insulated bag clearly marked with their first and last names. We are not able to provide heated lunch service for ages 2 and up. We ask that parents provide a “cold” lunch that requires no heating. Lunches should include items from all 5 food groups (grains, vegetables, fruit, milk, meat and beans). Milk will be provided if you wish not to send a drink with your child’s lunch. Students sent to school without a lunch will be provided one and parents will be charged a \$5.00 fee. Students who arrive to school by 7:15 am will be provided with breakfast (see sample menu in parent handbook). Students who arrive after 7:15 am must have eaten breakfast prior to arriving at school. Students will also be provided with a morning and afternoon snack (see sample menu in parent handbook). Please make sure that all of your child’s food allergies are listed on the intake form so that we may accurately provide breakfast (if needed) and snacks for your child. *Infants will be fed according to their needs and services plan filled out upon enrollment. (see sample menu in handbook).

Medications/Illness

The only allowable medication to be administered at Fusion Schools/Fusion Early Learning includes “over the counter” medications, and that which is prescribed by a physician. All medications must be in the original packaging and read the indicated student’s name only. Medications will be stored in a secure location and will not be kept with the student. A medication release form must be completed for each medication. Medication required to be administered longer than two weeks require a physician’s signature on the medication release form.

Notice of Change

Parents and guardians of Fusion Schools/Fusion Early Learning will be given a 30 day written notice of changes in tuition, fees and/or policies.

Termination of Agreement

Termination by Fusion Schools/Fusion Early Learning

There may be times when it is deemed necessary for the Director to terminate a child’s enrollment at Fusion Schools/Fusion Early Learning. Such a decision would only be made if it was in the best interest of the child and every effort had been made to correct a problem situation. The following are reasons a child’s enrollment may be terminated:

Abuse to other children, staff or property, disruptive or dangerous behavior, the school’s inability to meet the child’s needs, unresolved differences with a parent/guardian and unpaid tuition.

Termination by Parent/Guardian

At Fusion Schools/Fusion Early Learning we understand that there may come a time when you have to move on. We ask that you give us a **30 day written notice** prior to terminating your child’s enrollment with us. If less than 30 days notice is given, the billing will continue for 30 days after the written notification has been received regardless of attendance.

Right of the Licensing Agency

The state of California General Licensing Requirements, Section 101200(b) and (c) states The Department of Licensing Agency shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interviews with and child/children or any staff member, and for the examination of all records relating to the operation of the facility.

Photo Release: (Please initial net to all that apply)

- Yes, my child’s photo may be used in the Annual Class Photo Composite (no names listed).
- Yes, my child’s photo may be used for other school related activities including a year book, annual graduation/summer party slide show or posted in the school.
- No, my child’s photo may not be used at anytime

Acceptance:

I, the parent/guardian of _____ have read, understand, and will abide by this Admission Agreement. I understand there is a Parent Handbook available at www.fusionkids.com. I understand that the policies contained in these documents will remain in effect until otherwise changed by the Administration of Fusion Schools/Fusion Early Learning/ Fusion Early Learning.

Parent/Guardian Signature: _____ **Date:** _____

School Administrator Signature: _____ **Date:** _____



Student Name : _____
 Parent/Guardian Name: _____

Preschool Fee Schedule 2015-2016, Marysville, CA

Enrollment Fees

Effective Date: August 17, 2015 -- August 19, 2016	Fees
Registration Fee (continuous enrollment)	\$50 One Time
Material/Activities Fee(prorated for mid year start)	\$50 Annually

Tuition Rates & Schedules

Pricing is per week. 51 of 52 weeks per year are charged.
 The 52nd week between Christmas and New Years is charged only if you decide to attend.
 Please circle the appropriate tuition schedule

Program Days	Full Day			AM Preschool		
	5	3	2	4 or 5	3	2
Infant 0-24 Months	\$215	--	--	--	--	--
Jr Pre-K 2-3 Years	\$185	\$135	\$110	\$132.50	\$110	\$90
Preschool 3-5 years	\$172.50	\$122.50	\$97.50	\$122.50	\$100	\$80

Infant Program 5 Full Days/Week	7:00am-5:30pm Only	
Preschool 5 Full Day Program is M-F	8:30am-4pm	5 Day AM Preschool is M-F 8:30-12:00pm
Preschool 3 Full Day Program is M, W, F	8:30am-4pm	3 Day AM Preschool is M,W,F 8:30-12:00pm
Preschool 2 Full Day Program is T, TH	8:30am-4pm	2 Day AM Preschool is T,TH 8:30-12:00pm
Pre-K AM Care 6:30am-830am and/or PM care 4-6pm	\$15.00/week	

Tuition payments are expected prior to services received.
 Tuition is due on the first day in a week your child is scheduled to attend in the billing period not the first day they actually attend. A late payment of \$25 is assessed at noon on the Friday after your scheduled payment date.

Hours/Days of Operation

Regular hours of operation: Preschool: 6:30am -6:00pm weekdays, Infant Program where available: 7:00am-5:30pm weekdays. There is a late pick-up fee of \$1 per minute after the regularly scheduled pick up time. Please refer to the school calendar for the days the school is closed.

Payment Options:

- EFT from Checking- Automated Monthly or Twice Per Month (no service charges)
- Credit/Debit Card payments – Automated Monthly or Twice Per Month (service charge of 4% of the transaction amount will be added)
- Cash or Check - Monthly payment only prior to service. Requires Credit/Debit Card or Voided Check on file with us or deposit equal to 1 week's tuition or \$100, which ever is larger.

Sponsor/Child Information:

I agree to the rates and fees listed above. I understand that rates are per week. In the case where I choose monthly billing I understand that throughout the year there will be three 5 week billing months.

Parent/Sponsor's Printed Name _____

Signature/Date _____



Student Name : _____
 Parent/Guardian Name: _____

Payment Options Form

E-CHECK Electronic Funds Transfer (EFT) – No Additional Deposits Required

Name(s) as it appears on the account: _____ Phone (____) _____
 Your financial institution: _____
 Routing Number: _____ (nine digits at the bottom left of the check)
 Checking Account Number: _____
 Choose one: Monthly (4 or 5 weeks billed on or right after the 1st of each month)
 Twice per month (2 or 2.5 weeks billed on 1st and 15th (or just after) of each month)
 Note: Please review your invoices for exact EFT Dates.
 Attach VOIDED check here.

OR

CREDIT CARD only- Convenience fee applies. NO DEBIT CARDS PLEASE-use E-Check above.

Name(s) as it appears the card: _____ Phone(____) _____
 Visa MC Discover AMX Your financial institution: _____
 Credit Card Number: _____ Expires: _____ 3 Digit Code _____
 I understand that credit card processing is for NON-DEBIT cards only and there will be an additional 4% convenience fee added to my payment. _____ (initial please)
 Choose one: Monthly (4 or 5 weeks billed on or right after the 1st of each month)
 Twice per month (2 or 2.5 weeks billed on 1st and 15th (or just after) of each month)
 Note: Please review your invoices for exact CREDIT CARD charge Dates.
 Attach copy of credit card FRONT and BACK here.

OR

Cash, Check or Third Party Payments: Requires a Credit Card, Debit Card or Voided Check on file with us or cash deposit equal to 1 week of tuition or \$100, which ever is the larger. Upon termination of enrollment Cash Deposits will be applied to the outstanding balance and Credit/Debit card or Checking Account will be charged to cover outstanding balances. Only monthly payments are accepted in cash or check form.

I authorize Fusion Schools to initiate debits to my checking account or credit card on the schedule of my choice above or for outstanding balances. I understand that both Fusion Schools and my financial institution reserve the right to terminate this agreement at anytime. This authority is to remain in effect until revoked by me in writing.

Printed Name _____ Child's Name: _____

Account/Card Holder Signature _____ Date _____

Account/Card Holder Billing Address _____ Billing Zip _____



Student Name : _____
Parent/Guardian Name: _____

Preschool Tuition Agreement

ADMISSIONS PROCEDURES - Both you and your child/student must comply with all School admissions policies and procedures. Effectiveness of this Tuition Agreement is subject to final approval of your child's admission in accordance with such policies and procedures, notwithstanding the "acceptance" of this Tuition Agreement reflected by the Director's signature below.

TUITION - You agree to pay tuition and fees for your child in accordance with the Fee Schedule and the School Calendar (attached hereto and made a part hereon.) You may pay tuition in any method and installment plan reflected as an option on the Fee Schedule. In addition to the tuition and fees set forth in the Fee Schedule, you will pay for any extra charges incurred by your child for care or activities which are applicable.

TUITION DUE / LATE CHARGES - Tuition and fee payments are due and payable at the times stated on the Fee Schedule and Billing & Holiday Calendar. Tuition and fees are considered delinquent at noon (12:00pm) on the Friday following the due date. Late charges will be assessed in amounts as reflected on the Fee Schedule commencing at that time. If tuition and any other outstanding charges are not paid within seven days of the due date (or within five banking days of notification to you, in the case of a returned check), attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period. If the cash or check payment option has been chosen, the credit card on file will be charged on the seventh day following the due date.

PAYMENT OPTIONS – You may choose any payment method and installment plan option listed on the Tuition Fee Schedule.

ELECTRONIC FUNDS TRANSFER (EFT) - You may choose to enroll in automated EFT scheduled payments. Checking account and bank routing information is needed. No service fees, deposits or additional charges apply. If funds are not available the policies regarding returned payments will apply.

CREDIT CARD PAYMENTS – You may choose to enroll in automatically scheduled payments using a credit card. A service fee equal of 4% of the transaction amount will be added to the invoice. . If funds are not available the policies regarding returned payments will apply.

CASH / CHECK PAYMENTS - For your protection, cash payments may be made only to the Director or Assistant Director of the School. If the payment is for an amount of more than \$5.00, you must obtain a cash receipt from the School's cash receipt book which is completed in full and signed by the Director or Assistant Director. Other stipulations apply to cash and check payments. Please see the section titled "Deposits" below.

RETURNED PAYMENTS - A service charge will be assessed in amounts as reflected on the Fee Schedule for any returned payments. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification, If your check is returned three times within a three month period, then for a period of one year, you must make all payments by money order or certified check, or by cash (subject to the policy on "Cash Payments").

THIRD PARTY PAYMENTS – All third party clients are responsible for any tuition not paid by the agency and are held accountable for the tuition owing. Since payment occurs after the month is completed in a single transaction Third Party Payments are accepted in Leveled Monthly Payment method only. No late fees will apply. Other stipulations apply. Please see the section titled "Deposits" below.

DEPOSITS – No monetary deposit is required at this time. Clients that choose cash, check, or third party payments as their preferred payment method are required to maintain a credit card (non debit card) on file in place of a deposit. If no credit card is available then a deposit equal to 1 week's tuition or \$100, whichever is larger, will be accepted. This will ensure that Fusion Schools has the means to charge for services provided in the event proper notification of withdrawal (see below) is not given or any other balance is due on the account. If the required withdrawal notice is received and you have paid all tuition and fees owed through the withdrawal date your deposit will be returned to you or credit card information will be destroyed properly. Otherwise, we will charge your credit card as pre authorized by you or use deposits to apply against amounts due. We will not be responsible for over limit/draft fees.

WITHDRAWAL/ CHANGE OF SCHEDULE - Withdrawal from the School during the School year requires at least 30 day advance written notice. If you wish to return after withdrawing your child, space is not guaranteed and you must pay a new registration fee and fulfill the credit card deposit if applicable. You must continue tuition payments for attendance through the date which is one month after our receipt of your withdrawal notice. You must also give us two weeks notice prior to changing your child's attendance schedule.

HOLIDAYS / IN-SERVICE DAYS - Tuition is continuous throughout the year (taking into account the days the School is closed) and guarantees a reservation for your child at the School for the 12-month School Year designated on the School Calendar. No credit will be given for holidays or professional in-service days or student absences or illnesses. (Upon qualifying, however you are entitled to "vacation credit" as detailed below). Holidays and professional in-service days for the School Year are shown on the School Calendar. No credit/refund will be owed if the School must close because of emergency or inclement weather.

HOURS / LATE PICK-UP CHARGE - The School is open from the Opening Time to the Closing Time (reflected on the Fee Schedule). If your child is picked up after the Closing Time, you must pay the fee specified on the Fee Schedule (no grace period!). If this occurs several times, we may increase this fee at our discretion.

VACATION CREDIT (FLEX WEEK) – Only continuous 12 month contract enrollees qualify for this credit. Upon qualifying, your child is entitled to one week’s vacation credit for each 12-month school Year. The vacation credit allows you to not pay tuition for your child during an absence from the School of up to five consecutive days (days may not extend over a weekend). To qualify for a vacation credit, your child must be enrolled at the School for at least three full months prior to the start of the period of absence. To make use of a vacation credit, you must notify your Director in writing at least two weeks in advance of the first day of the desired period of absence, except that if the absence is due to illness, you may use the credit if you provide the Director with a physician’s note prior to the close of the second day of your child’s return. You may not “carry over” vacation credits from one school year to the next. If the period of absence is less than a full week, it will still count as use of the full vacation credit. If withdrawal occurs prior to completing 12 months of enrollment you will be responsible for payment for the week the vacation was taken.

FAMILY DISCOUNTS - Families with more than one child enrolled full-time at Fusion Schools may receive a discount for each additional child after tuition has been paid at the regular full-time rate for the child with the highest regular tuition rate (i.e., the discount will be a percentage of the lower tuition amount). See the Director for details. Family discounts may not be combined with any other discounts offered by the School.

SUSPENSION / DISMISSAL - We reserve the right to suspend or dismiss a child at our sole discretion for unsatisfactory or inappropriate behavior, if we do not have adequate expertise or resources for the child’s educational, medical or other needs (subject to any applicable regulatory requirements), for violations of our policies, or for any reason we determine it to be in the best interest of the School. In our sole discretion, suspension or dismissal may be with or without notice.

STUDENT ILLNESS / EMERGENCY - We strive to maintain a healthy, safe environment for our children. In that light, you may not bring to the School a child who is ill (determined at our discretion). We will notify you if your child becomes ill, and you must then pick him / her up as soon as possible. You authorize us to obtain immediate medical care if a medical emergency occurs when you cannot be located immediately. Such care may be from a physician or hospital other than your child’s physician, if, in our judgment, there is insufficient time first to contact your child’s physician. You authorize us to make the decision of when an emergency exists. Twenty four hours must pass with no symptoms present prior to returning to the School.

AUTHORIZATION - You must sign your child in and out of the School (or if you drop/pick up your child at another Fusion Schools facility, at that location). You will not hold us responsible for any liability for allowing anyone authorized by you to pick up your child. Your written authorization will remain effective until you notify us in writing of its termination. You will notify us in writing if you wish to add a new person to be authorized to pick up your child and agree that, if circumstances prevent you from delivering an authorization in person, we may rely on an authorization provided by you by fax.

TUITION INCREASE - We may increase our tuition rates at any time by giving you at least one month’s prior notice.

RENEWAL - Registration at the School is on a School Year basis. Your child will not be guaranteed a reservation for the following school year, unless you enter into a new tuition agreement with the School for that school year and pay all applicable fees.

RESPONSIBILITY - You agree that you will be responsible for any loss, damage or destruction by your child of any property of the School and for any damages for which the School becomes liable or chargeable because of your child’s actions.

COSTS OF COLLECTION / STUDENT RECORDS - If we refer your account for collection, you will pay all our costs of collection, including (but not limited to) attorneys’ fees. We will not be obligated to release to you or any other school any student records until all your financial obligations to the School are paid in full, except as may otherwise be provided by law.

I agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student _____ Date _____

Parent/Guardian (1) Signature _____ Printed Name _____

Parent/Guardian (2) Signature _____ Printed Name _____

Acceptance: Director Signature: _____ Date: _____

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.

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.

PERSONAL RIGHTS

Child Care Facilities

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 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.
 - (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)

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD CARE CENTERS

To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 GUARDIAN)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT
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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 WHATEVER
NAME
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

()

LIC 627 (5/01) (CONFIDENTIAL)

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 WHATEVER
NAME
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

()

LIC 627 (5/01) (CONFIDENTIAL)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		Ten-Day Measles (Rubeola)	
Rheumatic Fever		Whooping cough		Three-Day Measles (Rubella)	
Hay Fever		Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	YES	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?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
YES NO		YES NO	

WORD USED FOR "BOWEL MOVEMENT"? WORD USED FOR URINATION*

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:
YES NO		YES 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:
YES NO		YES 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

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a **personal beliefs exemption** (before January 1, 2016) for missing shot(s) and immunization records with dates for all required shots not exempted, or
- Submits a physician's written statement of a **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet. (This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was missing a dose(s) in a series, but admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

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: _____
_____ other: _____

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 Practioner