



Mother Lode
Preschool

PARENT HANDBOOK

2020 – 2021
School Year

TABLE OF CONTENTS

Summary 2

Introduction 3

Admissions & Registration 4

Cost 4

Calendar 6

Daily Logistics for Children 7

Daily Logistics for Parents 7

Parent Responsibilities 8

Fundraising 10

Children’s Health 11

School Policies 13

Future Handbook Revisions 14

Appendix A – Student Application

SUMMARY

About Mother Lode Preschool:

- Maximum of 20 students (first-come/first-served; priority registration for returning students)
- Parent cooperative school
- Governed by Parent Board of Directors & Teacher/Director

Schedule:

- Tuesday/Wednesday/Thursday – 8:15am to 1:15pm
 - Start: Tuesday – August 18, 2020
 - End: Thursday – June 3, 2021
- Rolling enrollment
- Holidays, breaks, etc. follow the Amador County Unified School District schedule

Cost:

- \$225 monthly tuition (regardless of holidays, school breaks, vacations, sickness, etc.)
 - 10% discount for 2nd child and 15% discount for 3rd child (enrolled simultaneously)
 - 10% discount if a full year's tuition is paid prior to school starting
 - Scholarships available (income based; first-come, first-served)
- \$25 non-refundable application fee

Student Requirements:

- Ages 3 to 6 years old
- Toilet trained (logistical help is fine)
- Up to date on all immunizations

Parent Requirements:

- Volunteer 3-days per month in the classroom
 - Volunteers must be up to date on all immunizations and have Live Scan background check
 - Volunteers can be parents or an adult that oversees the child's daily activities.
- Attend monthly membership meetings
- Complete 15 service hours (cleaning, maintenance, etc.) per year per family
 - 7.5 hours for Board Members
- Participate in 2 out of 4 work parties per year
- Participate in other school functions such as fundraisers

Parent Board of Directors (participation is highly encouraged):

- Meets once per month before monthly membership meetings
- Runs the school administration
- Board positions: President, Vice President, Secretary, Treasurer, Parent Coordinator

This school is run by the parents and offers a unique opportunity to be involved in your child's education and school experience.

INTRODUCTION

Welcome to Mother Lode Preschool!

We are delighted that you have become part of Mother Lode Preschool. Beginning preschool is an important step in your child's life and your participation and cooperation is essential to the success of the school. We hope your time here will be a happy and exciting experience for both you and your child. We will work together to help your child grow, learn and develop, both as an individual and as a member of the community. This handbook will serve to inform and direct you as you embark on this journey with your child.

Mother Lode Preschool is a 501(c)3 nonprofit organization. A cooperative preschool differs from other preschools in that the parents and families are directly involved in the administration of the school and are the assistants to the teacher in the classroom. The school's success is a direct result of active participation from all parents who serve as board members, fundraisers, snack-makers and more. Being involved in all aspects of Mother Lode Preschool offers a unique opportunity to be involved in your child's educational experience.

Mother Lode Preschool is governed by a board of five parent members and a teacher/director. Parent Board of Directors meetings are held monthly at the preschool and all parents are encouraged to attend. The board positions are elected yearly in May and rotate regularly as children graduate from the program.

Mother Lode Preschool is a place where children can develop independence, competence and strong self-esteem in a safe, nurturing and stimulating environment.

We look forward to working together with you in creating a fun and exciting preschool experience for you and your child!

Sincerely,

Rebekka Oribello – Teacher/Director of Mother Lode Preschool

NOTE FROM THE PARENT BOARD OF DIRECTORS

This handbook includes a heavy amount of policies and procedures. They are intended to provide structure to school operations and set expectations. We hope that all participating members can provide open and honest communication with the teacher/director and avoid the need to enforce many of these policies. We encourage frequent contact and feedback with the hope of creating a cohesive group that works together to run the school. Thank you in advance for your help and participation!

ADMISSIONS & REGISTRATION

Mother Lode Preschool is operated on a nondiscriminatory basis affording all students the opportunity for an experience in which the rights and beliefs of all social, racial, cultural, religious, and economic groups are respected.

Mother Lode Preschool currently offers a single preschool class that meets Tuesday, Wednesday and Thursday from 8:15am to 1:15pm. Enrollment will be capped at 20 students per State Licensing requirements for this facility. Priority will be given to returning students. Otherwise, enrollment will be determined on a first-come, first-served basis and will only be considered upon receipt of a fully completed application and a \$25 non-refundable registration fee. Children may enroll at any point throughout the school year if there is space available. A waiting list will be available for circumstances where the school has reached capacity. The fully completed application and \$25 registration fee is required to be added to the waiting list. Families next on the waiting list will be notified when new positions become or are expected to become available.

Requirements to attend Mother Lode Preschool:

- Child must be between the ages of 3 and 6 years old
- Child must be fully toilet trained (needing logistical help while using the toilet is fine)
- Child must be fully up to date on all immunizations
 - The yearly flu shot is required, unless a written statement from the parent is provided indicating that the child is electing not to receive the vaccine.

Families may withdraw from the program by submitting written notice to the Parent Board of Directors. Notice is requested at least two weeks in advance unless a physician provides a written statement that the child must be withdrawn immediately. Tuition refunds will be considered on a case-by-case basis and will be decided by the Parent Board of Directors.

A one-month leave of absence may be granted at the discretion of the Parent Board of Directors with two weeks written notice. Students' names will be entered on the admission waiting list at the beginning of the leave, but a position on the roster is not guaranteed upon return unless full tuition is paid for the month.

You may re-enroll after a longer period of non-enrollment at the discretion of the Parent Board provided you met all fee and duty obligations during your previous enrollment.

COST

MONTHLY TUITION

A tuition of \$225 is due each month the student is enrolled in the program. Tuition is to be paid in full regardless of absences, vacations, holidays, etc. For students enrolled the entire year, tuition is only required for September through May (9-months). For students enrolling mid-school year, the first month of tuition will be prorated based on the number of instructional days after the student is enrolled and the total number of instructional days available for that month.

Tuition is due on the 1st of every month the student is enrolled in the program, with a late fee occurring if payment is not received by the 8th of that month. The late fee will be \$20 per week the payment is late. If the payment is more than 30 days late, the Parent Board of Directors reserves the right to terminate enrollment on the last instructional day of the month.

Tuition payments may be made via cash, check or Venmo (@MLP-Treasurer). If cash or check payments are made, please do so either before or after school hours as to not disrupt the classroom. It is the parent’s responsibility to request and keep record of receipt of payment. There will be a \$25 returned check fee. If paying via Venmo, please search for @MLP-Treasurer and put your child’s name in the memo of the payment.

If you wish to enroll multiple children within the same school year, a sibling tuition discount will be applied. If this admission agreement is for a second child (sibling), the discount will be 10%. If this admission agreement is for a third child (sibling), the discount will be 15%.

Additionally, if you wish to pay for the full year of tuition in one payment, there will be a 10% discount added to the total for each child enrolled.

SCHOLARSHIP QUALIFICATIONS

Scholarships are offered on a first-come, first-served basis for income qualifying applicants. A limited scholarship budget is available each year and is provided by First 5 Amador and private donors. The distribution of scholarship money will be determined by the Board of Directors prior to the start of the school year. Scholarships may still be available for mid-school year applicants. If you are interested, please inquire with the Teacher/Director about available scholarships. When all scholarships are claimed, interested families can be put on a waiting list or choose to pay the regular tuition until a scholarship becomes available. All final decisions regarding scholarships rest with the Parent Board of Directors.

Families with income equal to or below the listed amounts are eligible for a scholarship:

| Family Size | Gross Monthly Income | Gross Annual Income |
|-------------|----------------------|---------------------|
| 2 | \$5,343 | \$64,120 |
| 3 | \$5,802 | \$69,620 |
| 4 | \$6,719 | \$80,623 |
| 5 | \$7,794 | \$93,522 |
| 6 | \$8,869 | \$106,841 |
| 7 | \$9,070 | \$108,841 |
| 8 | \$9,272 | \$111,259 |

Please provide proof of your family’s most recent month’s income and proof of family size along with the scholarship application, completed application and registration fee. Families will be required to reapply for a scholarship each school year.

FINES/FEES

All fines are assessed monthly and must be paid within 30 days of given notice and before the end of the school year. Not paying fines on time can result in temporary removal from the program until all fines have been paid. Fines may be discussed with the Parent Board of Directors at any time.

| | |
|---|------------------------------|
| Returned Checks | \$25 |
| More than 2 Missed Membership Meetings | \$25/meeting |
| Missed Fundraiser* | \$50 |
| Missed Scheduled Classroom Workday (without notice) | \$20 (first) & \$40 (second) |
| Missed Work Party (2 out of 4 required) | \$25 |
| Missed Service Hours | \$15/hour |
| Late Tuition** | \$20/week |

**exceptions will be made for families who help in other ways*

***tuition is late after the 8th of each month*

CALENDAR

Mother Lode Preschool follows the same academic calendar as the Amador County Unified School District (ACUSD) except for the start and end dates. Preschool will start the first Tuesday following the start of ACUSD schools and will end the last Thursday before ACUSD schools end.

In the event of any unexpected changes to the ACUSD schedule, Mother Lode Preschool will make every effort to follow this change in schedule. Members will be notified of any changes as soon as possible.

START & END DATES

- Start: Tuesday – August 18, 2020
- End: Thursday – June 3, 2021

HOLIDAYS

Reminders will be posted in the classroom in advance of each holiday. The preschool will observe the following holidays (**regularly scheduled classes to be cancelled are shown in bold**):

- Labor Day: Monday – September 7, 2020
- **Veterans Day: Wednesday – November 11, 2020**
- **Thanksgiving Day: Thursday – November 26, 2020**
- Day After Thanksgiving: Friday – November 27, 2020
- **Christmas Eve: Thursday – December 24, 2020**
- Christmas Day: Friday – December 25, 2020
- **New Year's Eve: Thursday – December 31, 2020**
- New Year's Day: Friday – January 1, 2021
- Martin Luther King, Jr. Day: Monday – January 18, 2021
- President Lincoln's Birthday: Friday – February 12, 2021
- President Washington's Birthday: Monday – February 15, 2021
- Memorial Day: Monday – May 31, 2021

BREAKS

School will be closed for the following breaks:

- Fall Break: October 12, 2020 – October 16, 2020
- Winter Break: December 21, 2020 – January 1, 2021
- Spring Break: March 15, 2021 – March 19, 2021
- Summer Break: starting June 4, 2021

DAILY LOGISTICS FOR CHILDREN

A detailed daily schedule will be posted in the classroom, but will include open ended free play, structured activities and outdoor playtime.

The children will be given time each day to have a snack and lunch together. It is the parent's responsibility to provide both the snack and lunch for their child. Please refrain from sending sweets in the snack and lunch, which also includes no juice for them to drink. Only water and milk will be allowed in the classroom.

Children should be sent to school with sunscreen on unless the teacher is notified that she can apply the sunscreen available in the classroom. Please supply your child with the following clearly labeled items to be kept in their cubby for the entirety of the school year:

- A complete change of clothes
- Extra pair of socks
- Extra pair of underwear

DAILY LOGISTICS FOR PARENTS

Transportation to and from school is the responsibility of the individual parent or guardian. No child is to be dropped off more than 10 minutes before class begins, nor to be picked up more than 10 minutes after class is over (unless special arrangements have been made). A child not picked up within 15 minutes after school has ended, and without prior notification to the teacher, will be considered abandoned. The Amador County Sheriff or Child Protective Services may be called to assist with an abandoned child if the staff is unable to reach anyone on the child's emergency list within 45 minutes after class has ended.

Parents are responsible for notifying the teacher if they are not able to pick up their children at the designated time. Please notify the school immediately if you are going to be late so we can reassure your child. Continual lateness could result in termination of membership at Mother Lode Preschool.

When dropping off and picking up your child, parents must sign their child in with arrival or departure time, child's name, and the parent's signature.

If anyone who is not a parent will be picking up a child from school, they must be 18 years old or older and must be an authorized adult providing full signature (first and last names) and photo identification.

Authorized adults are to be listed on the **Identification and Emergency Information Form** in advance. Amendments to this form can only be made by the child's parents or legal guardian.

Parents assume full responsibility of their child once their child is signed out. Parents who remain on school grounds after they have signed their child out must retain full responsibility for their child.

Please allow time in the morning for signing in, as it can get a little congested during drop off time!

It is the parents' responsibility to check for daily communication from the teacher/director. Please look in your child(ren)'s cubby and on the Parent Information Center each time you are at the school to ensure you have the latest information from the school.

PARENT RESPONSIBILITIES

The very nature of a cooperative preschool assumes that parents will be contributing, responsible participants in the running of the school. Parents will be required to volunteer in the classroom, attend parent meetings, orientation, and quarterly deep cleanings of the classroom. Failure to do so can result in fines or termination of your membership.

A group orientation will be held just prior to the opening of the school year. This orientation will go over how a cooperative preschool differs from other preschools, review all parent responsibilities, allow parents to ask any questions or voice any concerns, and introduce all the families involved in the school. If a child is enrolled in the middle of the school year a private orientation will be scheduled with the teacher.

CLASSROOM PARTICIPATION

Per state licensing, the school must maintain a child to adult ratio of 5:1 at all times, which is another reason why parent participation is so crucial to the success of the program. We encourage parents to not only be extra eyes and hands in the classroom as assistants to the teacher, but also to share any interests or talents with the children.

Requirements (per Senate Bill 792) for parent participation in the classroom are as follows:

- Current Measles immunization - MMR
- Current Pertussis (whooping cough) immunization - Tdap
- Current Influenza immunization – Flu shot
 - Written statement is required if choosing to opt out (flu shot only)
- Current TB test
- Have completed an orientation with the teacher
- A complete and processed Live Scan background check

Student applications will not be considered complete and the student will not be able to attend class until a minimum of one qualified adult has completed and turned in all required volunteer paperwork, including the Live Scan background check.

Live Scans and their associated costs are the responsibility of prospective volunteers and must be completed prior to volunteering in the classroom. For more details, forms and instructions please see Appendix A – Student Application.

Due to licensing rules, non-enrolled siblings are not permitted to attend class during the parent's participation days.

WORKING IN THE CLASSROOM

Parents working in the classroom are required to arrive 15 minutes before scheduled class time and will stay after until all participating parents have completed their tasks. Please allow 20 minutes after class is completed for clean-up. Parents working in the classroom who arrive more than 5 minutes after class has started are considered late. Habitual lateness may result in extra required workdays or missed workday fines.

If you know in advance that you will be unable to work on your scheduled day, you are required to find a replacement so that the appropriate adult-child ratio is maintained. Replacements can be other members, or you may designate up to 3 non-members as substitutes (spouse, grandparent, etc.). Non-member substitutes must meet the same requirements as parent volunteers. Once you have found a replacement, please inform the teacher and write the replacement's name on the schedule that is posted in the classroom.

If you are unexpectedly unable to work on the morning of your scheduled day (i.e. due to illness or emergency), call the teacher or a board member ASAP so a replacement can be found. You will be expected to trade a workday with whoever covers for you, once you are able.

If a parent volunteer does not show up to a scheduled volunteer day without prior discussion with teacher, it will be considered a failure to show. The first time this happens, the parent will receive a warning and a \$20 fine. Second time, a \$40 fee and a meeting with the Teacher/Director to discuss member responsibilities will be required. Third time, membership will be terminated.

PARENTAL BEHAVIOR

The following behaviors will not be tolerated: aggressive physical behavior, fighting and/or excessive physical contact; defiance of staff; inappropriate behavior and/or language; disruptive and out of control behavior; not discussing personal information about themselves/their child, or other children/parents in the classroom during class hours. Such acts could result in immediate termination of membership.

No cell phone use is allowed in the classroom by working parents. Please turn the phone off or leave it in the car! When the parent is in the classroom to work, their attention needs to be on the children in their group, or the task they are assigned, NOT on their cell phone screen.

Parent volunteers working in the classroom must exhibit appropriate behavior and guidance for the children, at all times.

MONTHLY MEMBERSHIP MEETINGS

Parents will attend monthly general membership/parent education meetings during the school year (9 total: September – May). It is important to be present for the length of the entire meeting. Meetings are held the third Tuesday of each month. If a holiday or school break falls on that day, the meeting will be rescheduled for the following Tuesday. The Parent Board of Directors meets from 5:30pm to 7:00pm, followed by the general membership meeting from 7:00pm to 8:00pm. Meeting dates and times are subject to change if members vote to change them. The Board meeting is not required unless you are a Board Member, though we do encourage all parents to join the board meetings too.

One excused absence from a membership meeting is allowed per school year. It is the member's responsibility to contact the Board President for missed information from that meeting. After two missed meetings a fine of \$25 will be imposed for each meeting missed thereafter.

SCHOOL SERVICE HOURS

It is the parents and families that help keep Mother Lode Preschool looking good. Service hours such as cleaning the school, painting, repairs, carpentry, sewing, special projects, etc. that add up to 15 hours per year per family for the general membership is required. Service hour requirements are 7.5 hours for board members. Half of your service hours must be completed by Dec. 15th and the other half completed by May 31st. If these deadlines are not met the fine is \$15 per hour. You may sign up and complete the jobs independently. When you have finished the task, check it off the list and record your hours in the Service Hour Log. Service hours should not be completed on parent participation days, if possible, unless after school hours.

There are four work parties scheduled each year to clean up the school. Members are expected to attend two of the work parties per year.

GROUNDINGS FOR DISMISSAL

Failure of parent(s) and/or child(ren) to cooperate and/or the persistence of the misbehavior despite consistent intervention by staff may be cause for termination of the enrollment contract. If after consulting with parent(s) and working with the child, the misbehavior continues, and the teacher/director determines that termination is warranted, the teacher/director will make a recommendation to the Parent Board of Directors. If parent(s) disagree with this recommendation, they may request a conference with the Parent Board of Directors to discuss the situation prior to any final decision that is made.

FUNDRAISING

Both tuition and fundraising efforts by families provide the necessary operating funds to keep Mother Lode Preschool open. There are a variety of methods used to raise money for the school. Families are required to participate in as many ways as possible, however we hope that each participant will use their skills and talents to contribute to the fundraising effort in a way that is comfortable and enjoyable. The fundraisers will vary each year, but two prominent recurring events are noted below. The dates for these fundraisers will vary from year to year, and will be voted and decided on at the first membership meeting.

TACO FEED AND SILENT AUCTION

The first annual Taco Feed was held November 2019 and was a huge fundraising success for the preschool. We hope to replicate that this year! The school will provide tacos and sides which we will serve to the community for a fee per plate. During the dinner, there will be a silent auction held that will include gift baskets made by the parents, board members, teacher, and community donations. All funds raised at this event will go back into the school in some way. There will be a planning committee, meetings, and a setup day all before the event.

COMMUNITY RUMMAGE SALE

The school will host a community rummage sale in the spring, where people can donate their gently used items for the school to sell for profit. All the proceeds from the sales of the donated items will go back into the school in some way.

CHILDREN'S HEALTH

IMMUNIZATIONS

All immunizations per the CDC's immunization schedule are required to be current upon enrollment and kept up to date throughout enrollment at Mother Lode Preschool. If a child misses a scheduled immunization during the time he/she is enrolled, the child will be required to stay home from school until the parents supply proof of completed/updated immunization. The required immunization schedule and more details can be found at www.cdc.gov/vaccines/schedules/easy-to-read.

GENERAL HEALTH

Each parent is responsible for checking their child for illness before sending him/her to school. Children who exhibit symptoms of illness such as a runny/mucus nose, cough, rash, or fever must be kept home from school. With young children, germs and illness spread very rapidly. Keeping a sick child at home will help him/her recover more quickly and also keep exposure for other children (and adults) to a minimum.

In accordance with the State of California Child Care Licensing (Title 22) all children require a daily health inspection upon each child's arrival before admittance. The person bringing the child must wait until the child has been accepted before leaving the premises. If a child exhibits symptoms of illness after arriving at school, the child will be taken to the sick area and will remain there with an adult as needed to provide comfort and reassurance until the parent or authorized person arrives to take the child home.

Please call the school or teacher if your child will be absent due to a cold or the flu. If your child has been diagnosed with any type of communicable illness (ex: chicken pox, lice), please let the school know immediately.

The following is a guide for some common health issues:

- **Colds & Cough (except allergies)** – a child must stay home from school for two additional days after his symptoms have returned to normal.

- **Fever** – a child may not return to school after any illness until 48 hours after his temperature is normal without the use of fever reducing medication.
- **Vomiting** – a child may not return to school until 72 hours after vomiting has ended.
- **Communicable Disease** – Notify the Director immediately if your child comes down with a contagious disease.
- **Allergies** – Notify the Director if your child has any allergies or a chronic runny nose. Please obtain a doctor’s note to keep on file at school, and list all allergies on the health form.

EMOTIONAL HEALTH

Please let the teacher know if anything unusual is happening in your child’s life. Often times, things that you never imagine would affect your child can be helpful for the teacher in understanding a change in behavior. If you need to talk with the teacher for more than a few minutes, please work with them to schedule a time before or after school to do so. This will not only allow you their undivided attention for your discussion but will also permit the school day to proceed as usual for the children.

MEDICATION

The school will provide no supplemental services and WILL NOT dispense ANY MEDICATION. If your child needs to have medication given to them during preschool hours, a parent must come and administer the medication.

MEDICAL/DENTAL EMERGENCY

We require that you complete the emergency contact form prior to your child attending Mother Lode Preschool and each year your child attends the school. We need complete daytime contact information not only for the child’s parents, but also for at least two other people who you authorize to be called to pick up your child in case of illness or emergency. The emergency form also has a space for indicating if anyone can pick up your child at any time, for any reason, without prior notification.

Please keep this complete form updated at all times. Staff **MUST** be able to reach a parent or guardian in case of an emergency.

If your child is injured at school, a teacher or a working parent will immediately administer first aid and call 911 in the event emergency assistance is needed. Then the school will make an immediate attempt to contact a parent/guardian. If the school is unable to contact the parent(s), we then call the next designated person on the emergency form. In the event the school cannot reach anyone listed on the application form and your child requires immediate medical attention, he/she will be taken to the hospital indicated on the form, unless a nearer hospital is required. The director/teacher will accompany your child and stay with him/her until a parent arrives. Until the arrival of a parent, the physician, paramedics or designated person, the director/teacher will be in charge and make all decisions about the care of your child. ***It is ESSENTIAL that all information on your child’s emergency card be kept up-to-date at all times.***

If you are a supervising parent when an accident occurs, immediately attend to the injured child and call for the director/teacher to help. Remember to never move an injured child. The teacher will assign

responsibilities as she assesses the situation. The teacher will be busy attending to the injured child and it is important for you to make certain the rest of the children are supervised and comforted.

SCHOOL POLICIES

Mother Lode Preschool is a parent cooperative and as a member, your input is always welcome! If you have suggestions for improving the school, changing policies and procedures, or enhancing the curriculum, please share your ideas with a board member or the director/teacher.

CHILD ABUSE REPORTING

According to state law, as a “childcare custodian” the director/teacher is a legally mandated reporter of suspected child abuse. Child abuse must be reported to a “child protective agency” when one who is a legally mandated reporter has knowledge, observation, or reasonably suspects abuse. Work parents and volunteers are therefore responsible for notifying the director/teacher of suspected child abuse. Child abuse is defined as “a physical injury, which is inflicted by other than accidental means on a child by another person.” It also includes emotional abuse, sexual abuse, and neglect.

PERSONAL BELONGINGS & TOYS

Personal items/toys need to be left at home.

BIRTHDAYS, HOLIDAYS, & SPECIAL OCCASIONS

Mother Lode Preschool encourages multicultural diversity through art, songs, fingerplays, dramatic play, and stories. We will celebrate many traditional holidays with stories, songs, and sometimes a little celebration. The dates of the celebrations and the activities will be posted prior to the events.

On the day of your child’s birthday, if it falls on a school day (or on the next school day available if it doesn’t), they will be given a birthday crown, a special birthday gift from the teacher, and parents may bring a special snack to share with the class. Please do not send presents for the child to the school (flowers, balloons, etc.).

GUESTS AT SCHOOL

Mother Lode Preschool welcomes guests to our school. Any member may stay at the school with his/her own child until such time as the child prefers or is able to be separated from the parent. Visiting family and friends are also welcome as long as they are accompanied by a current member.

SMOKING, ETC.

No smoking, drugs, alcohol, or inappropriate language is allowed on school grounds or during school sponsored events. This involves ALL areas of the school grounds including the parking lot and anywhere in view of the children.

GRIEVANCE PROCEDURES

If you are having a problem with any policy or procedure at Mother Lode Preschool, we encourage open communication. Please contact the director, and if the problem is not resolved to your satisfaction,

contact the Board President. The Board works closely with the staff to enable the school to run smoothly and productively for all involved.

NATURAL DISASTER OR EMERGENCY

The school has a disaster plan in effect. Plans are posted at every emergency exit. In the event of any emergency, every effort will be made to have the children remain at Mother Lode Preschool. On site, we have a first-aid kit, food, water, drink, and general supplies (flashlights, candles, blankets). The teacher is trained in first-aid and CPR and is familiar with all emergency duties, location of supplies, and planned procedures.

Mother Lode Preschool will retain responsibility for all children on the premises until they are released to a parent or other designated person, or until they have been transported to an official evacuation center, in which case staff will remain with the children until each child has been reunited with his/her family. The official evacuation center for Mother Lode Preschool is the CHP building next door at 301 Clinton Rd. This relocation site will be posted on the school's front door. The teacher and all participating parents will remain on the premises as service workers, as designated by law. Parents will be subject to whatever tasks are assigned by the teacher or other persons in charge at the evacuation center and may not leave the premises until the same person or persons give them official permission to do so.

Parents should not telephone the school. They should track the media progress reports on whatever disaster is taking place, and follow authorized instructions as relayed by officials. If parents are able to reach the school without danger to themselves or without interference with disaster workers, they should come to pick up their children. Children will be released only to parents, guardians, or other designated persons known to them or their parents or guardians.

FUTURE HANDBOOK REVISIONS

This handbook contains information, policies and procedures for the 2020 – 2021 school year at Mother Lode Preschool. Future school year handbooks will require revisions to update school year information (such as holidays and breaks) and possibly some policy and procedure updates. All policy and procedure changes will be voted on by the Parent Board of Directors. As members of the school you are encouraged to participate in board meetings and recommend improvements to the school operations. All feedback is helpful.

If, for some reason, changes to any policies or procedures are required in the middle of the school year, such changes will be voted on by the Parent Board of Directors and an addendum to this handbook will be issued to all members.

Mother Lode Preschool welcomes you as the parent of a unique and wonderful child! Thank you for getting involved at our school to make the preschool experience for your child, and you, a successful one!



STUDENT APPLICATION

*2020 – 2021
School Year*

Student's Name: _____

REGISTRATION AND APPLICATION FORMS CHECKLIST

Application will not be considered complete until at least one authorized adult has completed and submitted all required "volunteer" documentation.

SCHOOL FORMS

- Parent Handbook and Admission Agreement Form
- Registration Form
- Tuition Agreement Form
- Scholarship Application Form (if applicable)
- Adult Emergency Information (for volunteers)
- Medical Release Form (for child)
- Parental Consent Form
- Child Photo Release Form
- Child Biography
- Volunteer Job Preference Form
- Live Scan Background Check Form

LICENSING FORMS

- Identification and Emergency Information (LIC 700)
- Consent for Medical Emergency Form (LIC 627)
- Physician's Report (LIC 701)
- Health Screening Report – Volunteer (LIC 503)
- Child's Pre-Admission Health History-Parent's Report (LIC 702)
- Notification of Parent's Rights (please complete and return bottom half only) (LIC 995)
- Personal Rights Form (complete, sign, and date) (LIC 613A)

ADDITIONAL DOCUMENTATION

- Copy of Child's Birth Certificate
- Copy of Immunization Records (for child)
- Copy of Immunization Records (for volunteers)
- Copy of TB Test Result (for volunteers) – *if not documented on License form LIC 503*
- Copy of Any Necessary Court Orders or Foster Status Paperwork (if applicable)

To the best of my knowledge, I have completed and reviewed all necessary paperwork needed to enroll my child in Mother Lode Preschool and have included it all together in one packet.

Parent Signature: _____ Date: _____

PARENT HANDBOOK & ADMISSIONS AGREEMENT FORM

I (we) have read the Mother Lode Preschool Parent Handbook and have a full understanding of the implications of membership at Mother Lode Preschool.

Child's Name: _____

Date: _____

PARENT 1

Relationship: _____

Name: _____ Signature: _____

PARENT 2

Relationship: _____

Name: _____ Signature: _____

Director's Signature: _____ Date: _____

RIGHTS OF A LICENSING AGENCY:

The Department of Social Services, Community Care Licensing Division shall have authority to interview children or staff, and to inspect and audit child and facility records without prior consent. The above-named agency shall have the authority to observe the physical condition of the child(ren), including conditions that could indicate child abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

REGISTRATION FORM

Today's Date: _____

Child's Name (as you wish him/her to be called): _____

Child's Date of Birth: ____ / ____ / ____

PARENT 1

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

PARENT 2

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Main Mailing Address: _____

City: _____ State: _____ Zip Code: _____

With whom does the child reside? _____

Please provide two emergency contacts for your child:

| Name | Phone | Relationship to Child |
|------|-------|-----------------------|
|------|-------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does your child have any allergies, medical conditions, or physical limitations which the staff should know about? Please list them here:

List all persons authorized to pick up your child:

What day(s) are you available to work in the classroom?

T W Th

TUITION AGREEMENT FORM

Parent(s) Name: _____

Student's Name: _____

Tuition Fee: \$225 per month

PAYMENT REQUIREMENTS:

- Payment is due on the 1st of every month and is late after the 8th
- Payments can be made by cash, check, or Venmo (@MLP-Treasurer)
- The \$225 fee applies to each month (September – May) regardless of holidays, illness, breaks, etc.
- September's tuition must be paid in full before the student can attend the start of school in August

DISCOUNTS:

Mark any that apply for this application; only one discount allowed per application.

- Full Year Payment Option: \$1,822.50 (includes 10% discount for paying entire year)
- 2nd Child Attending School: \$202.50 per month (attending with 1st child)
- 3rd Child Attending School: \$191.25 per month (attending with 1st and 2nd child)

SCHOLARSHIPS:

Please submit scholarship application form and required documentation to be considered.

- Scholarship applicant

I have read this Tuition Agreement and I agree to pay the first month's tuition before my child starts attending Mother Lode Preschool. I also agree to pay the full monthly tuition, on time, every month, for the entire school year.

Name: _____ Signature: _____

SCHOLARSHIP APPLICATION FORM

SCHOLARSHIP DETAILS:

- Scholarships will be awarded on a first-come, first-served basis for income qualifying applicants
- Scholarship distribution will be determined by the Board of Directors prior to the start of school
 - Distribution will consider application date, income, and number of applications received
 - You will be responsible for paying the remainder of tuition and following payment rules
- Mid-school year applicants should inquire about any remaining scholarship budget available
- If scholarship budget is exhausted, a waiting list will be created for additional applicants
 - These applicants will be awarded scholarships if/when they become available

INCOME REQUIREMENTS:

| Family Size | Maximum Gross Monthly Income | Maximum Gross Annual Income |
|-------------|------------------------------|-----------------------------|
| 2 | \$5,343 | \$64,120 |
| 3 | \$5,802 | \$69,620 |
| 4 | \$6,719 | \$80,623 |
| 5 | \$7,794 | \$93,522 |
| 6 | \$8,869 | \$106,841 |
| 7 | \$9,070 | \$108,841 |
| 8 | \$9,272 | \$111,259 |

DOCUMENTATION REQUIREMENTS:

- Proof of last month's income (include all income sources for income providing family members)
- Proof of family size (birth certificates, official mail, driver's license address, etc.)

Student's Name: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Date Received (along with completed application, proof of income and family size): _____

Scholarship Amount Awarded: _____ Remaining Tuition Responsibility: _____

Name: _____ Parent Board Position: _____

Signature: _____ Date: _____

ADULT EMERGENCY INFORMATION FORM (FOR VOLUNTEERS)

Fill out one form per prospective volunteer.

Volunteer's Name: _____

FAMILY INFORMATION:

Child(ren)'s Name: _____

Spouse/Partner's Name: _____

Address: _____ Email: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

EMERGENCY CONTACTS:

| Name | Phone | Relationship to Volunteer |
|------|-------|---------------------------|
|------|-------|---------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PHYSICIAN TO BE CALLED IN AN EMERGENCY:

Name: _____ Phone: _____

Address: _____

Preferred Hospital: _____

If physician cannot be reached, what action should be taken: _____

Allergies or other medical limitations: _____

PERMISSION FOR MEDICAL TREATMENT:

In case of an emergency, I authorize a staff member or parent participant of Mother Lode Preschool to take me to the above named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for my safety and protection, at my financial expense.

Signature: _____ Date: _____

MEDICAL RELEASE FORM (FOR CHILD)

In the event of an accident or emergency when a parent is unavailable, I/we hereby authorize a representative of Mother Lode Preschool to make such arrangements as are considered necessary for my/our child, _____, born on ___/___/_____, to receive medical or hospital care, including necessary transportation. Under such circumstances, I/we further authorize any licensed physician or surgeon to undertake such care and treatment of my/our child as he/she considers necessary.

The undersigned hereby agree to bear all costs incurred as a result of the foregoing.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Child's Mailing Address: _____

Mother's Phone #: Home: _____ Work: _____ Cell: _____

Father's Phone #: Home: _____ Work: _____ Cell: _____

Child's Physician: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

List any medication being taken at home: _____

Please indicate any concerns to be aware of in treating your child (e.g. allergies to bee stings or penicillin):

What action is to be taken if your child has a complication due to his/her allergic or health condition?

IMPORTANT INFORMATION:

Please indicate who, in the event that you are unavailable, would be willing and able to PICK UP YOUR SICK CHILD if he/she needs to go home (may be the same people as your emergency contacts):

| Name | Relation to Child | Phone |
|-------|-------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PARENTAL CONSENT FORM

CHANGING CHILD’S CLOTHING:

Occasionally, your child may require a change of clothing due to a toilet accident, getting extremely dirty, or getting wet from water play. Please indicate whether or not you consent to the teacher or parent volunteer helping your child change clothes:

- I hereby give Mother Lode Preschool staff or it’s approved working parent volunteers permission to change my child’s clothing if necessary.
- DO NOT change my child’s clothing at school. Please make every attempt to contact me or an individual on my contact list if a clothing change is needed. I understand that if I, or my child’s alternate contact are not available to come to the school, my child will remain in wet/soiled clothing until I arrive.

Parent’s Initials: _____

SUNSCREEN:

Please send your child to school with sunscreen on. We have sunscreen in the classroom and, if outdoor activities are scheduled, try to check with children and put sunscreen on any child who does not appear to have it on. Please indicate whether or not you consent to the teacher or parent volunteer putting sunscreen on your child:

- I hereby give Mother Lode Preschool staff or it’s approved working parent volunteers permission to put sunscreen on my child if they do not have any on and are doing outdoor activities.
- DO NOT put sunscreen on my child at school.

Parent’s Initials: _____

CHILD PHOTO RELEASE FORM

I hereby grant Mother Lode Preschool, and First 5 of Amador, and anyone designated by their licensees the right to photograph and/or film my child, _____, in connection with the Mother Lode Preschool and First 5 of Amador programs.

I agree that said photographs, film, digital copy, and/or written comments (from or about my child) are and shall be your sole and exclusive property and perpetuity for all purposes throughout the world; including but not limited to, the manufacture, distribution, exhibition, and sale of the motion pictures for non-commercial use; for purposes of still photographs, post cards, albums, and similar products as you or anyone designated by you may select without liability or obligation to me. I agree that I will not assert any claim or action against you or your successors, licensees, or assigns, or anyone designated by you to use such photography, film, digital copy, recordings, and written comments, on the grounds that anything performed therein or in the advertising, or publicity in connection therewith violates my child's rights of privacy or violates any other rights. I realize that you are relying on my agreement and a grant of rights contained above and that she/he would not be photographed or filmed, but for my execution of this instrument.

I hereby waive any right to inspection or approval of any use thereof and irrevocably release you and all other parties from any liability (whether for compensation or otherwise) arising out of or in connection with the use of my child's name, likeness, and/or comments. I hereby release Mother Lode Preschool, First 5 of Amador, subsidiaries, affiliates, successors, and assigns together with their officers, directors, employees, representatives, agencies, and licenses from any liability in connection with any use of these images.

I waive the right of inspection or approval of any such photographs or reproductions. I also release you from all claims or demands that may have or can have on account of the use or publication of the photographs or reproductions.

I authorize Mother Lode Preschool to use the photographs and reproductions free of charge.

Student's Name: _____ Student's DOB: ____/____/_____

Parent's Name: _____

Parent Signature: _____ Date: _____

CHILD BIOGRAPHY

Student's Name: _____ Student's DOB: ____/____/_____

INTERESTS:

FEARS:

HABITS (GOOD, BAD, AND IN-BETWEEN):

FAMILY & SIGNIFICANT RELATIONSHIPS:

Include number and age of other children in household, changes of adults in his/her life, etc.

ILLNESSES/ACCIDENTS/TRAUMATIC EXPERIENCES:

SOMETHING YOU'D LIKE THE TEACHER TO KNOW ABOUT YOUR CHILD:

SOMETHING YOUR CHILD WOULD LIKE THE TEACHER TO KNOW ABOUT THEM:

ANY OTHER BACKGROUND INFORMATION YOU WOULD LIKE TO SHARE:

VOLUNTEER JOB PREFERENCE FORM

The purpose of this form is to give you (and willing family members!) a chance to indicate what Parent Board positions and volunteer work you might be interested in. This information will also help the school discover local resources that will benefit our program.

Parent/Guardian Name: _____

Student's Name: _____

PARENT BOARD:

Please indicate which position(s) you might be interested in (descriptions on next page):

- | | |
|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Membership Coordinator |
| <input type="checkbox"/> Secretary | |

PERSONAL EXPERIENCE AND INTERESTS:

Work experience & educational background:

Any performing talents, artistic ability, publicity experience, writing ability, or bookkeeping experience:

Large Group Cooking:

Fundraising Experience (or ideas for fundraising projects):

Contacts you have for a retailer or wholesaler who could supply food, merchandise, books, etc. at little or no cost:

Does anyone in your family have any special skills or talents (gardening, painting, carpentry, furniture making, speech pathology, electrical, plumbing, metal repair, concrete, welding, heavy labor, singing, dancing, photography, pottery/ceramics, raising animals, lawyer, musical instruments, sewing, etc.?)

Special Tools/Materials: Please list below any tools you might be able to bring to a work day or use at home for school projects. Or, if you have a special source of supply for lumber, hardware, paint, compost, etc., please list the item and the approximate amount you have or the discount you could get. Thank you!

PARENT BOARD POSITIONS:

President: Set date and agenda for all Board and membership meetings and preside over meetings. Negotiate the yearly contract with the Director/Teacher with Board approval. Arrange substitute teachers as needed. Review and update school paperwork as needed. Do anything necessary to help close the school for the summer and reopen the school for fall. Create, collect, and review reports from Board members/committee chairs and evaluations from the membership. Act as a liaison between staff, Board, and membership. Oversee the smooth organizational functioning of the school.

Vice President: Serve as fundraising chairperson, overseeing all fundraising events, keeping record of member participation in fundraising, planning and presiding over fundraising debriefing meetings, overseeing the actions of fundraising committees, investigative opportunities for raising money, and contributing fundraising reports to the monthly newsletter. Assist President with necessary duties. Act for the President whenever they are unable to act for any reason.

Secretary: Record, type, and distribute minutes of all Board and membership meetings. Monitor members attendance at Board/membership meetings. Establish and maintain files for school records, reports, and communications. Perform clerical tasks for school as necessary. Pick up and distribute school mail.

Treasurer: Responsible for maintaining accurate financial records for the school using agreed upon program. Receive and deposit all moneys into MLP bank account. Collect tuition payments, assess and collect fines from members. Pay bills and reimburse members for any expenditures approved by the Board in a timely manner. Provide financial reports at Board and membership meetings and in the monthly newsletter.

Membership Coordinator: Manage PR to maintain maximum enrollment, coordinating Open House events, and advertising openings. Ensure all necessary paperwork is complete and on file for all members and enrolled children. Receive and process inquiries, applications, and enrollment for new memberships. Distribute welcome packets and membership folders to all members upon enrollment. Maintain membership roster and all other necessary paperwork pertaining to membership (i.e. child care facility roster, yearly health form, etc.).

LIVE SCAN BACKGROUND CHECK FORM

Fill out one form per prospective volunteer.

Student's Name: _____ Student's DOB: ____/____/_____

I understand that in order to volunteer in the classroom I must complete a Live Scan background check and I am responsible for the cost associated with this test.

Volunteer's Name: _____

Signature: _____ Date: _____

Instructions and forms are included on the next pages.



JACKSON POLICE DEPARTMENT

Christopher Mynderup, Chief of Police 33-D Broadway-Jackson, Ca 95642 (209) 223-1771

LIVE SCAN

The Jackson Police Department offers Live Scan fingerprinting services to the general public. Live Scan digitally captures an individual's fingerprints so that they may be transmitted electronically to the State of California Department of Justice (DOJ) and/or the FBI. The California DOJ provides an automated service for criminal history background checks that may be required as a condition of employment, licensing, certification, foreign adoptions of VISA/Immigration clearances.

HOURS:

MONDAY-FRIDAY, **10AM - 12PM & 1PM - 3:30PM BY APPOINTMENT ONLY**

For an appointment please call 209-223-1771.

LIVE SCAN REQUISITES:

1. Bring **3 COPIES** of a completed Live Scan form, unless provided with a triplicate form. **(Applicants must get instructions and the forms required for fingerprinting services from the agency requiring their criminal history background check (i.e., employer, youth sports league, etc.).**
2. Bring a valid (non-expired) government-issued photo ID card (e.g. DMV Driver's License or ID, Passport, Military ID Card.) Please Note: **Expired ID information cannot be accepted.**
3. Payments will be made at City Hall
4. The Live Scan process will take 15 – 20 minutes (some exceptions may apply)

FEES:

Fees vary for each license, depending on the Department of Justice, FBI and Child Abuse Index. The Jackson Police Department charges a **\$30.00** rolling fee. The rolling fee is **in addition to DOJ/FBI fees** for Live Scan. **We collect all background check fees on behalf of the DOJ/FBI unless a billing code from another agency is noted.**

RESULTS:

Since the DOJ normally responds to the applicant agency, please check with the agency first. If a requesting agency does not have results yet and digital Live Scan fingerprints were submitted, you can use the 24-hour Automated Telephone Service: (916)227-4557. You will need the following information: (1) your date of birth; and (2) the 10-digit Automated transaction Identifier (ATI) number that appears at the bottom of the request for Live Scan Services form.

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

| | | | |
|---|--|--|--|
| 1. ORI: A0448 | | | |
| 2. Working Title: <i>(Check ✓ one)</i> <input type="checkbox"/> Adult Resident other than Client <input type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Home Care Aide Registry Applicant | | | |
| 3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type." | | | |
| 4. Agency Address Set Contributing Agency: CA Dept of Social Services 03502 Agency authorized to receive criminal history information Mail Code <i>(five-digit code assigned by DOJ)</i> PO BOX 94244 Mail Station 9-15-62 N/A Street No. Street or PO Box Contact Name <i>(Mandatory for all school submissions)</i> Sacramento, CA 94244-2430 () N/A City State Zip Code Contact Telephone No. | | | |
| 5. Applicant Information: | | | |
| Name of Applicant: <i>(Please print)</i> _____ LAST FIRST MI | | | |
| AKA's: _____ LAST FIRST | | CDL No. _____ | |
| DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Misc. No. BIL - _____ <small>AGENCY BILLING NUMBER (IF APPLICABLE)</small> | |
| HT: _____ WT: _____ | | Misc. No.: _____ <small>PERMANENT RESIDENT (i-551), OUT OF STATE DRIVER'S LICENSE OR I.D.</small> | |
| EYE Color: _____ HAIR Color: _____ | | Home Address: <i>(All applicants must complete)</i> | |
| POB: _____ | | _____ <small>STREET OR PO BOX</small> | |
| SOC: _____ <small>(See Privacy Statement on Page 4)</small> | | _____ <small>CITY, STATE AND ZIP CODE</small> | |
| 6. Facility/Organization Number: _____ Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI | | | |
| If resubmission for fingerprint quality (select R2), list Original ATI No. _____ | | | |
| 7. Employer: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i> | | | |
| Employer Name _____ | | | |
| Street No. _____ | | Street or PO Box _____ | |
| City _____ | | State _____ Zip Code _____ | |
| | | Mail Code <i>(five digit code assigned by DOJ)</i> _____ | |
| Agency Telephone No. <i>(Optional)</i> _____ | | | |
| 8. Live Scan Transaction Completed By: _____ Date _____ Name of Operator | | | |
| Transmitting Agency _____ | | LSID# _____ | |
| ATI No. _____ | | Amount Collected/Billed _____ | |

**GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO
USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING
Instructions for the LIC 9163**

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Check the appropriate box
3. **Authorized Applicant Type:** Indicate the facility type where you will be working.

Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. **Enter the corresponding DOJ abbreviated facility type on this line.**

Note: In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

If this is your applicable facility type ⇒ **Enter this abbreviated facility type on your application.**

| CCLD Facility Type by Category | DOJ Abbreviated CCLD Facility Type |
|---|---|
| Home Care Aide | Home Care Aide |
| Home Care Organization | Home Care Organization |
| Adult Day Care Facility Adult Day Support Center Adult Residential Facility Social Rehabilitation Facility | Adult Day/Resident/Rehab |
| Child Care Center Infant Center Mildly Ill Center School Age Child Care Center | Day Care Center more/6 Child |
| Family Child Care Home | Family Day Care |
| Foster Family Agency Foster Family / Adoptions Agency Foster Family Agency Sub Office | Foster Family/Adopt Employment |
| Foster Family Agency - Certified Home Foster Family Home | Foster Family Home |
| Group Home (6 or less children) | Group Home 6/child less |
| Group Home (7 or more) Community Treatment Facility | Group Home more/6 child |
| Residential Care Facility for the Chronically Ill Residential Care Facilities for the Elderly | Residential Care Facility Elderly |
| Small Family Home Transitional Housing Placement Program | Residential Child Care 6/less |

4. **Agency Address Set Contributing Agency:**

Agency authorized to receive criminal history information:

The following information is pre-printed:

Agency: CA Dept of Social Services Mail Code: 03502

Street No.: P.O. BOX 94244, M.S. 9-15-62 Contact Name: N/A

City, State, Zip: Sacramento, CA 94244-2430 Contact Telephone No.: N/A

5. **Applicant Information:** Print your full name (last, first, middle initial).

AKA's: Other names the applicant has used

CDL No: CA Drivers License or CA ID

DOB: Date of Birth SEX: Male or Female

MISC No: BIL - Enter the agency billing number, if applicable

HT: Height

WT: Weight

MISC No.: Enter any other identification numbers
(PERMANENT RESIDENT, OUT OF STATE DRIVER'S LICENSE OR I.D.)

EYE Color: Color of eyes HAIR Color: Color of hair Home Address: Applicant's home address

POB: State or Country of Birth

SOC: Social Security Number (optional) (See Privacy Statement on Page 4)

6. **Facility Number:** Enter the facility number or assigned OCA number (Agency Identifying Number).

Level of Service: **Preprinted**

Note: If a Child Abuse Central Index (CACI) check is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part.

If resubmission for fingerprint quality, list Original Applicant Tracking Information (ATI) No.: If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

7. **Employer:** Enter the facility name and address for which you are being printed.

Employer Name:

Enter the facility/organization name.

Street No.:

Enter the facility/organization address.

Mail Code:

Enter the facility/organization mail code (if applicable).

City, State, Zip:

Enter the facility/organization city, state and zip.

Agency Telephone No.:

Enter the facility/organization phone number.

8. **Live Scan Transaction Completed By:** This section will be completed by the Live Scan operator.

Take two copies of this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. One copy will be retained by the Operator and the other you may retain for your records.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

| | | | | | |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | BIRTHDATE |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| | | | | | HOME TELEPHONE () |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

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

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.

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

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME

FACILITY ADDRESS

PERSON'S NAME

AGE

POSITION TITLE

TYPE OF FACILITY

WORK DAYS PER WEEK

WORK HOURS PER DAY

DUTY STATEMENT

TYPES OF PERSONS SERVED (Check appropriate items)

- Infants Adults Developmentally Disabled Physically Handicapped
 Children Elderly Mentally Disordered Drug/Alcohol Addiction
 Other (specify) _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE

ADDRESS

DATE

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST

 POSITIVE

ACTION TAKEN (IF POSITIVE)

 NEGATIVE

DATE OF HEALTH SCREENING

NAME OF PHYSICIAN (PHYSICIAN'S STAMP)

DATE

HEALTH SCREENING BY: (ORIGINAL SIGNATURE)

TELEPHONE #

DATE

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* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
| MONTHS | MONTHS | MONTHS |

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

| DATES | 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 |
|--|------------------------|---|

DAILY ROUTINES (*For infants and preschool-age children only)

| | | |
|---|----------------------------------|------------------------------|
| WHAT TIME DOES CHILD GET UP?* | WHAT TIME DOES CHILD GO TO BED?* | DOES CHILD SLEEP WELL?* |
| DOES CHILD SLEEP DURING THE DAY?* | WHEN?* | HOW LONG?* |
| DIET PATTERN: (What does child usually eat for these meals?) | BREAKFAST | WHAT ARE USUAL EATING HOURS? |
| | LUNCH | BREAKFAST _____ |
| | DINNER | 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?* |
| <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* |
|---------------------------------|--------------------------|

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

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS**Child Care Centers**

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

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)