



Lic# 350700523

Student Registration Packet

Questions? Contact Us: 831-630-1234



Child's Name _____

Parent 1 email address _____

Parent 2 email address _____

Class Options:

Ages 2-3:

- ☐ 2 Day Tuesday / Thursday 9:00am – 12:00pm \$185/Month
- ☐ 3 Day Monday/Wednesday/Friday 9:00am – 12:00pm \$235/Month

Ages 3-4 – Fully Toilet Trained:

- ☐ 2 Day Tuesday/Thursday 9:00am-12:00pm \$185/Month
- ☐ 3 Day Monday/Wednesday/Friday 9:00am – 12:00pm \$235/Month

Ages 4-6 – Transitional Kindergarten:

- ☐ 4 Day Tuesday/Wednesday/Thursday/Friday 9:00am – 12:00pm \$360/Month

Please note: Subject to availability, a child may be enrolled in more than one class option. Parents or guardians who select multiple classes will be expected to assist in each class.

Please submit the completed registration packet with the following items:

- ☐ Current copy of Child's Immunization Records – REQUIRED – we follow all state laws for required vaccines
- ☐ Current copy of Adult Immunization Records for anyone working in the classroom - REQUIRED
- ☐ \$185 Non-Refundable annual Registration Fee (covers 1 child) \$45 for additional children – REQUIRED at time of enrollment
- ☐ Christ Fellowship members- \$10 discount on tuition monthly.
- ☐ Multiple children in a family attending- \$10 discount on tuition after the first child.

Tuition Options – Please check one (* 5 % Discount Available when paying annually)

- ☐ Bill Monthly
- ☐ Bill Annually*

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	
				()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'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 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

Co-op Agreement

I've joined a Co-op...Now what?!

Co-op participation is a family enterprise and very rewarding. It creates a strong sense of community by joining families together in a common goal; drawing on each other's talents and resources to provide a sound education environment. It provides parent education and a valuable opportunity to connect with your child.

BUT – you must put in the time and energy! In a co-op, parents are the teachers, janitors, fundraisers and maintenance workers.

As a Co-op Parent I understand:

- I am making a commitment, to my child, to be a part of their education.
- I am committed to make my child's school and class experience the best it can be.

_____ - Parent/Guardian Initial

As a Classroom Parent-Volunteer I commit to:

- Work in the classroom two (2) to four (4) times a month and arrive on time (8:30am-12:30pm)
- Arrive on time 8:30am and stay until the shift is over 12:30pm. Be sure to check in with the office before leaving.
- Follow the rules of the school.
- Follow the rules of the classroom.
- Not allow my attention to be distracted from the children.
 - Not be on my cellphone while I am a Parent-Teacher
- Give every effort to my assigned duties and area while I am a Parent-Teacher.

_____ - Parent/Guardian Initial

I understand that the director and teachers will provide leadership as parents assume responsibility for program. The staff will provide parents with instruction to help increase parents' knowledge and skills relating to children; helping to develop the parents' abilities as educators at home and school. This agreement is subject to change upon 30 days' notice. *My signature indicates that I have read the terms of this agreement and that I have had this material explained to me and that all of my questions have been answered satisfactorily.*

Parent (Guardian) Printed Name: _____ Student's Name: _____

Parent (Guardian) Signature: _____ Date: _____

School Administrator Signature: _____

Admission Agreement

It is vital that all participants understand fully the requirements of this program. Please read this Admission Agreement CAREFULLY and initial each section.

Services

- This agreement is for basic preschool services including care and supervision within the following schedule:
 - 3 hours per day from 9am-12pm, Monday-Friday, 2-4 days per week (five class options as outlined on page 1 of registration packet).
 - One day classes, five day classes and extended care is not offered.

Enrollment & School Policies

- ✓ Enrollment in the school is open to the public without regard to race, religion, color, national origin or sex.
- ✓ Children must have current medical and immunization records prior to enrollment. These must be updated in compliance with state law.
- ✓ The school may terminate a child's enrollment at any time when it is deemed in the best interest of the child or the school.
- ✓ 30 day notice in writing is required when a child is being withdrawn from the school by a parent / guardian.
- ✓ I hereby give permission for my child to attend any and all onsite fun days (i.e. library bus, animal visits, community visitor demonstrations) during the regular school day by the Preschool. I understand that if I do not want my child to participate in a particular fun day, I should keep him/her home that day.
- ✓ The school is permitted to give first aid and obtain emergency medical treatment as necessary.

_____ - **Parent/Guardian Initial**

Parents Responsibilities

- ✓ Children must be signed in and out by a parent or an adult authorized on preschool paperwork. Adults must sign with full legal name.
- ✓ Parents or other designated persons must pick up children who become ill. Children absent due to a contagious disease may not return to the school until they are no longer contagious and with a physician's written release.
- ✓ Parents or other designated persons must attend orientation.
- ✓ Parents or other designated persons must work in your child's class two (2) to four (4) times a month on a rotating basis with the other class parents. Play dough will also be scheduled throughout the school year.
- ✓ Parents or other designated persons agree to complete nine (9) volunteer service hours throughout the school year. Three (3) project hours are due per trimester. (i.e. campus improvement days, laundry helper, gardening helper or special large projects)
- ✓ Parents or other designated persons must provide proof of State required immunizations (MMR, TDaP, TB and Flu).

_____ - **Parent/Guardian Initial**

Tuition & Financial Agreements / Payment Provisions

- ✓ Tuition is due the 1st of every month (unless special arrangements are made in advance) with no deductions for holidays, class cancellations or absences (school term is 9 months).
- ✓ A child's enrollment may be terminated if the account becomes delinquent (more than 30 days past due).
- ✓ **Late payments and Returned checks** will incur charges based on a sliding scale. Additional specifics may be found in the Handbook.
- ✓ **BASIC RATES:**
 - **2 Days a week T/ Th: \$185 per month (includes non-potty trained class)**
 - **3 Days a week M/W/F: \$235 per month**
 - **4 Days a week (PreK): \$360 per month**
 - **Enrollment fee: \$185.00 per year / Siblings \$45 additional fee**
 - **Project Deposit: \$300.00 per year (waived by completing a total of 9 project hours). A project hour fee of \$100.00 will be billed at the end of each trimester, if 3 hours are not fulfilled within the trimester.**
- ✓ We do not accept government subsidies at this time.

- ✓ **REFUND CONDITIONS:** Enrollment fee is non-refundable. Pre-paid tuition (tuition paid annually or bi-annually) is refundable with a 30 day cancellation / drop notice. Refunds will be made via company check and will be mailed to the client's home in a timely manner. Please allow 5-7 business days for processing.
- ✓ **Payor:** will be deemed the person signing this contract
- ✓ **HPCP** agrees to provide all child authorized representatives with 30 calendar day written notice prior to any basic rate change – all rate changes are voted on and approved by the board on a yearly basis

_____ - **Parent/Guardian Initial**

The Department or Licensing Agency shall have the authority to interview children, staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any children or staff members, and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.

I agree to cooperate with the general policies of the school, to perform the obligations of parents or guardians as set forth in this Agreement, and to abide by the rules, regulations, and manuals provided by the school. I agree to the right of the department to perform the duties as stated in the sections above. This agreement is subject to change upon 30 days' notice. *My signature indicates that I have read the terms of this agreement and that I have had this material explained to me and that all of my questions have been satisfactorily answered. I also understand I am responsible for ALL information in the Preschool Handbook*

Parent (Guardian) Printed Name: _____

Student's Name: _____

Parent (Guardian) Signature: _____

Date: _____

School Administrator Signature: _____

Hollister Presbyterian Cooperative Preschool Parent Volunteer Positions

No previous experience is required for most positions.

Parent Advisory Council "PAC"

PAC includes the following position:

Chairperson: presides over meetings of the Parent Advisory Committee under the supervision of the Preschool Director, serves as an *ex officio* member of all parent committees, attends budget meetings, supports the Preschool Director and staff in accordance with these bylaws and the policies of the Preschool.

Secretary: prepares and maintains all minutes of the PAC, maintains all records of the PAC, provides copies of all PAC minutes to the Church Liaison who will present to Christ Fellowship Session, serves as a point person for all Parent Committee correspondence, attend budget meetings, attend monthly PAC meetings.

Treasurer: in accordance with policy, count in company with the Director, all Preschool donations and fundraiser proceeds; physically deposit these funds in the Preschool's bank account, attend budget meetings, present fundraising financial updates to the PAC, attend monthly PAC meetings.

Christ Fellowship Church Liaison: appointed by the Session of Christ Fellowship, reports all information to the monthly Session Meetings and final approval, if necessary, attend PAC meetings.

Preschool Director: Hired by Christ Fellowship Session

Committee Chairperson

Fundraising: Organizes events to raise funds for the school as directed by the PAC, helps with the coordination of school fundraisers, brainstorms new ideas for fundraising, reports fundraising totals, attend monthly PAC meetings.

Events: Works with a team to plan and execute events including but not limited to: orientation, Prom (end of year event), Appreciation Dinner, Easter Egg Hunt, attend monthly PAC meetings.

Publicity: Assists with the overall publicity and marketing of the school, advertises events and fundraisers, creates fliers as needed and submits to Director for distribution, attend monthly PAC meetings.

Cleaning: Organize deep cleaning of inside of all facilities on cleaning days as directed, attend monthly PAC meetings.

Maintenance: Works with Building and Grounds Session member of Christ Fellowship Church and is responsible for organizing maintenance (including any urgent repairs needed outside of Campus Improvement Days) of the grounds and classrooms, manage and direct two-three Saturday Campus Improvement Days per year, attend monthly PAC meetings.

I am interested in the following PAC or Committee
Positions: _____

Child's first/last name: _____ Parent's Name _____

PAC and Committee members are excused from the 9 project hours.

Please circle any maintenance skills you feel comfortable doing.

Carpentry	Toy Repair	Welding	Horticulture
Plumbing	Yard Maintenance	Carpet Laying	Painting
Masonry	Tile Work	Cement Work	Web Design
Graphic Design	Event Planning	Sewing	Grant Writing
Scrapbooking	Photography	Blogging	
Other, please specify			

Please circle any maintenance tools you have and are willing to bring to a workday.

Power tools	Extension cord	Paint Brushes	Tree trimmers	Shovel	Welding equipment
Wheelbarrow	Ladder	Truck/Trailer	Rototiller	Rake	Leaf Blower /Vacuum
Other, please specify					

If you are able to purchase any goods or services for the school at a reduced rate, please describe:

Project Deposit Requirements

- Requires 9 volunteer hours per year/per family
- 3 hours must be completed per Trimester (Sept-Nov, Dec-Feb, and Mar-May)
- Hours may be completed at Campus Improvement Days, by being a laundry helper or gardening helper.
- If 3 hours are not completed in a trimester 1/3 of the project hour fee (\$100) will be billed

Hollister Presbyterian Co-Op Preschool

Flu Vaccine Waiver

Hollister Presbyterian Co-Op Preschool is a parent participation school. Both our Licensing and the Health Department require all volunteers have proof of immunization to the annual Flu virus or a waiver on file

Parents may refuse the annual Flu vaccine by signing the following statement:

Parent's Name: _____

Childs Name: _____

I have discussed the annual Influenza vaccine with my health care provider and decline the Flu vaccine.

Date: _____

Parent Signature: _____

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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (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.

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
☐ 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
--	------------------------	---

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
--------------------	------

PHOTO/MEDIA RELEASE AUTHORIZATION

OPTION 1:

FULL PUBLIC MEDIA RELEASE

By signing below, I irrevocably grant permission to Hollister Presbyterian Co-operative Preschool and its employees, agents, partners and advertisers, to record and use my child's, image, statements and/or art work including any and all photographic/still images and video or audio recordings made by Hollister Presbyterian Preschool and its assignee(s), advertisers, customers, agents and successors for unrestricted use in print and electronic mediums including but not limited to publications, displays, websites, social media, advertisements, recruitment and publicity/promotions/campaigns, without notifying me. I voluntarily waive any right to inspect/approve the finished photographs/likenesses, writings or electronic matter that may be used in conjunction with them now or in the future, whether that use is known or unknown to me. I also waive any right to royalties or any other compensation arising from or related to the use of the photograph(s) or other media.

I understand that this release constitutes a waiver of my privacy rights under The Federal Educational Rights and Privacy Act (FERPA).

I am the parent/legal guardian for the minor child listed below, and I am competent to sign this release. I have read the release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by contacting Wendy Shepherd / Director and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Child's Full Name: _____

Signature Parent/Legal Guardian Signature: _____

Print Full Name Print Full Name/Relationship: _____

Date: _____

Email Address and Phone Number: _____

OPTION 2:

I CONSENT TO MY CHILD'S PHOTOS AND VIDEOS BEING SHARED ON THE **PRIVATE CLASS FACEBOOK PAGE ONLY**. THIS PAGE IS FOR CLASS FAMILIES ONLY AND IS A CLOSED PRIVATE PAGE MANAGED BY YOUR CHILD'S TEACHER.

Signature: _____ Date: _____

OPTION 3: DECLINE ALL MEDIA. I understand that I will not be able to view any photos of my child's school day.

Signature: _____ Date: _____

HOLLISTER PRESBYTERIAN PRESCHOOL ILLNESS AND INJURY WAIVER, RELEASE OF LIABILITY, AND HOLD HARMLESS AGREEMENT

In consideration of my child's enrollment and participation in Hollister Presbyterian Preschool's preschool program and/or summer camp, I, as the parent or legal guardian of the minor child or children identified below, acknowledge and agree to the following terms:

1. **Awareness of Risk.** I understand that accidents, injuries, exposure to contagious illnesses, and other health-related events may occur at school or during school activities. I understand and accept these risks.
2. **Voluntary Enrollment.** I understand the risks associated with influenza, other contagious illnesses, and injuries. With that understanding, I voluntarily choose to enroll my child in Hollister Presbyterian Preschool's preschool program.
3. **Assumption of Risk and Release.** To the fullest extent permitted by California law, I knowingly assume the risk of illness or injury arising from my or my child's presence on the premises or participation in preschool. On behalf of myself and any child for whom I am legally authorized to act, I release, waive, discharge, and agree not to sue Hollister Presbyterian Preschool and/or Christ Fellowship Church, together with their owners, officers, directors, agents, employees, volunteers, successors, and assigns (collectively, the "Released Parties"), for claims relating to such illness or injury.
4. **Indemnification and Hold Harmless.** To the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless the Released Parties from claims, demands, lawsuits, judgments, losses, liabilities, and expenses—including reasonable attorneys' fees and costs—arising directly or indirectly from contagious illness or an injury related to my or my child's presence on the premises or participation in preschool activities.
5. **Binding Effect; California Law; Jury-Trial Waiver.** I intend this Agreement to bind me and my heirs, personal representatives, successors, and assigns. This Agreement shall be interpreted under the laws of the State of California. To the fullest extent permitted by law, I knowingly and voluntarily waive the right to a jury trial in any dispute arising from or relating to this Agreement. I acknowledge that the waivers and releases in this Agreement are a material condition of the permission granted for me and my child to enter the premises and participate in preschool activities.

ACKNOWLEDGMENT. By signing below, I confirm that I have read and understand this Agreement and sign it voluntarily. I confirm that no oral promise, statement, or inducement outside this written Agreement has been made to me. I further confirm that I am at least eighteen (18) years old, legally competent to sign, and authorized to act for the child or children identified below.

Date Signed: _____

Parent/Legal Guardian—Printed Name: _____

Child(ren)—Printed Name(s): _____

Parent/Legal Guardian Signature: _____

HPCP Director Signature: _____



Presbyterian Co-operative Preschool

2066 San Benito Street, Hollister, CA 95023

Phone: 831-630-1234 Fax: 831-630-1234

Website: hollisterpresbyterianpreschool.com

Email: office@hollisterpresbyterianpreschool.com

CONFIDENTIALITY AGREEMENT

I _____ understand that as a member of the Presbyterian Cooperative Preschool I may have access to confidential information. As an enrolled parent, I undertake:

- a) to take all possible steps to preserve strict confidentiality regarding any information to which I have access through my serving in the classroom
- b) never to pass any information obtained to anyone outside of the staff, unless I have been directed to do so by the Director, or a member of staff, and the reasons for doing so are clearly understood.
- c) agrees that he or she will at no time, during or after enrollment, use for his or her own benefit or the benefit of others, or disclose or divulge to others, any such confidential information.
- d) to keep all names, contact details and personal information secure.
- e) never to disclose how another child's day was or to discuss another child's progress to anyone other than staff
- f) never to post photos on personal social media other than of my own child – class pages are for photo sharing only

I understand that any breach of the above will result in disciplinary action and/or may expose me to a suit for damages in a court of law.

Signed _____

Date _____

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		
Department of Social Services		
ADDRESS		
2580 N. First St. Suite 300, MS 29-08		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Jose, Ca.	95131	408-324-2148

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: 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)
Hollister Presbyterian Co-Op Preschool	12066 San Benito St. Hollister, Ca. 95023
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(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: Department of Social Services

Licensing Office Address: 2580 N. First St. Suite 300, MS 29-08, San Jose, Ca. 95131

Licensing Office Telephone #: 408-324-2148

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.

Hollister Presbyterian Co-Op Preschool

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



Immunization Registry Notice to Patients and Parents

Immunizations or 'shots' prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you may have TB infection and can be required for school or work. Keeping track of shots/TB tests you have received can be hard. It's especially hard if more than one healthcare provider gave them. Today, healthcare providers use a secure computer system called an immunization registry to keep track of shots and TB tests. If you change providers, your new provider can use the registry to see the shot/TB test record.

How Does a Registry Help You? Keeps track of all shots and TB tests (skin tests/chest x-rays), so you don't miss any or get too many

Sends reminders when you or your child need shots

Gives you access to your digital vaccine record at myvaccinerecord.cdph.ca.gov. Records can be used for childcare, school, or work.

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

See which shots/TB tests are needed

Remind you about shots needed

Prevent disease in your community

Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

See which shots/TB tests children in their programs need

Make sure children have all shots/TB tests needed to start childcare or school

What Information Can Be Shared in a Registry?

Patient's name, sex, race/ethnicity, and birth date

Parents' or guardians' names

Limited information to identify patients

Details about a patient's shots/TB tests or medical exemptions

What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only healthcare provider offices, health plans, or public health departments may see your address and phone number. Health officials can also look at the registry to protect public health.

Patient and Parent Rights

It's your legal right to ask your provider:

To prevent non-clinical CAIR sites from accessing your (or your child's) registry records

Not to get shot appointment reminders from your provider's office

To look at a copy of your or your child's shot/TB test records

Who has seen the records and to correct any mistakes

If you want to limit who sees your or your child's records: If you do not want your provider's office to share your immunization/TB test information with non-clinical CAIR sites, ask your provider to lock your records in CAIR. You may also complete a "**Request to Lock My CAIR Record**" form from the CAIR website (bit.ly/CAIRforms). If you change your mind, complete a "**Request to Unlock my CAIR Record**" form. **For more information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov** California Department of Public Health, Immunization Branch IMM-891E (8/23)

Vaccines Required for Preschool Children

The State of California requires the following vaccines / doses for preschool entry for children ages 2-5 years old.

3 Polio

4 DTaP

3 Hep B

1 Hib* (on or after 1st birthday)

1 Varicella

1 MMR (on or after 1st birthday)

** One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.*

Polio = inactivated polio vaccine (IPV) (oral polio vaccine [OPV] does not count)

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine

MMR = measles, mumps, and rubella vaccine

Please Note:

- **A complete “Parents’ Guide to Immunizations” can be found on the C.D.P.H. (California Department of Public Health) website.**
- **Medical Exemptions can only be accepted from the CAIR (California Immunization Registry) website / No exceptions.**
- **Children may not attend until complete vaccine records are on file.**

Vaccines Required for Volunteering Adults:

The **REQUIRED** Vaccines must be completed and returned for **EVERY** person who will work in the classroom for your child (***parents, grandparents, other relatives, or friends***). Working in the classroom is required of all families. If adult vaccine records are not on file an Emergency Worker must be hired to cover shifts until all vaccine records have been submitted.

All Volunteers must turn in ALL of the following:

- ✓ **A copy of immunization record for yearly Influenza Vaccine (or waiver)**
 - ✓ **Proof of Pertussis Vaccine (DTap / TDap)**
 - ✓ **Proof of MMR Vaccine (blood titer tests will be accepted showing immunity)**
 - ✓ **TB Test results within 4 years OR a signed and stamped letter from a physician stating TB is not a risk factor OR chest x-ray results indicating TB is not present**
-
- **PLEASE NOTE: OFFICIAL YELLOW VACCINE CARDS, CAIRS REPORTS OR STAMPED AND SIGNED DOCTORS / CLINIC PRINT OUTS ARE THE ONLY RECORDS ACCEPTED BY THE STATE FOR PRESCHOOL VOLUNTEERS.**

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

. THIS CARE MAY BE GIVEN UNDER

WHATEVER 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

()



1. What would you like your child to learn or experience at HPCP?

2. Is there anything I should know about your child or family?

3. How long are you planning to have your child enrolled?

4. Does your child have any allergies or take any medication? If yes, list below.

Questions/Comments you would like to add?

Thank you!

HPCP Staff