



Lic# 350700523

New Family/ Student Registration Packet

2026-2027 School Year
Questions? Contact Us: 831-630-1234



Child's Name _____

2026-2027 Class Options:

Non-Toilet Trained Classes:

YOUNGER PRESCHOOL CLASS:

Ages 2 -3 years old – only fully non-toilet trained option – diapers or pull ups accepted
2 Day Tuesday / Thursday 9:00am – 12:00pm \$185/Month

YOUNGER PRESCHOOL CLASS:

Ages 2-3.5 years old - actively toilet training – pull ups or underwear only
3 Day Monday/Wednesday/Friday 9:00am – 12:00pm \$235/Month

Standard Preschool Classes:

OLDER PRESCHOOL CLASS:

Ages 3 -6 years old - fully toilet trained, underwear only - no diapers or pull ups allowed
2 Day Tuesday/Thursday 9:00am-12:00pm \$185/Month

OLDER PRESCHOOL CLASS:

Ages 3-6 years old - fully toilet trained, underwear only- no diapers or pull ups allowed
3 Day Monday/Wednesday/Friday 9:00am – 12:00pm \$235/Month

Pre-K Older Age Class:

PRE-K CLASS: (eligible for kinder in fall of 2027)

Ages 4-6 years old - fully toilet trained- underwear only- no diapers or pull ups allowed
4 Day Tuesday/Wednesday/Thursday/Friday 9:00am – 12:00pm \$360/Month

Turn in completed packet along with the following for enrollment:

- Copy of Child's Birth Certificate – REQUIRED
- 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 Registration Fee (covers 1 child) \$45 for additional children – REQUIRED at time of enrollment

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

- Bill Monthly
- Bill Bi- Annually*
- Bill Annually*



PRESBYTERIAN CO-OPERATIVE PRESCHOOL
 2066 San Benito St. Hollister, CA 95023 (831) 630-1234
 REGISTRATION APPLICATION 2026-2027

Child's Name: _____

Sex: Male Female Date of Birth: _____ Church Member Discount? Y N

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Work Phone: _____ Work Phone: _____

Where does the child primarily reside: _____

How Did You Hear About Us? _____

In addition to the individuals listed above, the following people are authorized to pick-up the child(ren) from the facility, (people who can be contacted in case you cannot be reached in an emergency). **Individuals picking up child(ren) must be over 18 years of age, with a valid driver's license and have the necessary child safety seat.** If you need more space, use the back of this sheet.

Name:(First & Last)	Main Contact #:	Alt. Contact #:	Relationship:

As the parent or authorized representative, I hereby give consent to Presbyterian Co-Op Preschool to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

Dr.: _____ Phone: _____ Medical #: _____

DDS: _____ Phone: _____ Dental Plan #: _____

Signature of Parent or Authorized Representative: _____ Date: _____

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.
- I am prepared to be involved; without my involvement the program will not prosper.
- I will find open-ended activities and an environment that is developmentally appropriate.
- This program is designed to equip each child individually with a foundation for future learning.
- I am ready to teach, learn, play, clean, prepare food, raise funds, be around young children and get to know the other parents.
- Along with the other families in the school, I am responsible for the quality of the students' preschool experience.

_____ - Parent/Guardian Initial

As a Co-op Parent-Teacher 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 12:230pm. Be sure to check in with the office before leaving.
- Know the rules of the school and consistently follow them.
- Know the rules of the classroom and consistently follow and enforce them.
- Know where things are kept in the classroom, Office and on the playground.
- Not allow my attention to be distracted from the children.
 - Not allow conversations with the other Parent-Teachers to keep me from my duties
 - 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: _____

Committee Preference Form:

REQUIRED: Parent Participation Schools require parent involvement. Although not everyone will be nominated for a board position, all parents are required to rank the following roles in order of preference with 1 being your most preferred and 8 being your least preferred board role.

Child's Name: _____ Parents' Names: _____

No previous experience is required for most positions.

Positions below will fulfill project hours. **The Parent Board meets monthly – All members are required to attend meetings.** Board meetings are open for the school community to attend.

- Complete job descriptions and duties available upon request.

Parent Board – Brief Descriptions of Roles:

_____ **The President:** Works with the Director to coordinate the activities of the school, helps with enrollment and tours, presides at all meetings, serves as Chairperson of the Nominating Committee, provides support to Director in parent meetings and school issues

_____ **Vice President:** Presides in the absence of the President, helps to maintain health records and children's files in ordinance with state Licensing Law, reports enrollment, handles immunization reporting, helps to follow up with parents on missing records

_____ **Secretary:** Takes minutes at all meetings, handles school correspondence, attends meetings outside of monthly board meetings as needed for the purpose of minute taking

_____ **Treasurer:** Keeps accurate records of accounts, attends budget meetings as needed, coordinates with accountant on financial reports

_____ **Fundraising (Co-chairs):** Organizes events to raise funds for the school as directed by the board, helps with the coordination of school fundraisers, brainstorms new ideas for raising funds, reports on fundraising totals

_____ **Events:** Works together as a team to plan and execute events including but not limited to: Orientation, Prom, Graduation, Appreciation Dinner, and Easter Egg Hunt

_____ **Publicity:** Assists with the overall publicity and marketing of the school, advertises events and fundraisers, creates fliers as needed, orders signs as needed

_____ **Maintenance (Co-Chairs):** Works with the Buildings and Grounds Chairperson of the Church and shall be responsible for organizing the cleaning and maintenance (including any urgent repairs needed outside of Campus Improvement Days) of the preschool classrooms and grounds, Maintenance Co-Chairs will manage and direct two Saturday Campus Improvement Day per year

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
- Only 3 hours may be completed per trimester unless otherwise agreed to by Director for larger

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)	/ /	/ /			
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.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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
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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 COVID -19 / ILLNESS /INJURY WAIVER OF LIABILITY AND
HOLD HARMLESS AGREEMENT**

In consideration for enrollment at HOLLISTER PRESBYTERIAN PRESCHOOL I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates. I also, understand the hazards of contagious illness not limited to COVID
2. I understand that accidents at school leading to injuries may occur and am aware of the risk.
3. Notwithstanding the risks associated with COVID-19, the flu and any other contagious illness as well as injury which I readily acknowledge, I hereby willingly choose to ENROLL MY CHILD IN HOLLISTER PRESBYTERIAN PRESCHOOL (summer camp and or preschool program)
4. I acknowledge and fully assume the risk of illness or death related to COVID-19, other contagious illnesses & injuries arising from my being on the premises and participating in PRESCHOOL and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) HOLLISTER PRESBYTERIAN PRESCHOOL and / or CHRIST FELLOWSHIP CHURCH their owners, officers, directors, agents, employees and assigns (the “RELEASEES”) from any liability related to illness or injury which might occur as a result myself or my child(Ren) being on the premises and participating in preschool.
5. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
6. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, and DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN PRESCHOOL ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

I have signed this Waiver and Agreement on this _____ day of _____, 20_____.

NAME / SIGNATURE: _____

NAME(S) OF MINOR CHILD (REN): _____

HPCP EXECUTIVE 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

San Jose, Ca.

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

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)

Hollister Presbyterian Co-Op Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

12066 San Benito St. Hollister, Ca. 95023

(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.

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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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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