TLC Preschool

Application for Admission

Name and address of person responsible for account				
First Name	Last Name	Address:		
		Street	City	Zip

Child(ren)'s information			
First Name	Last Name	Date of birth	Sex
1.			
2			
Please list other preschools or day care centers attended, location and dates:			

Mother's information					
First Name	Last Name	Drivers Lic.	Address (if different from table1):		
			Street	City	Zip
Employer:					
Organization	Occupation		Address		
			Street	City	Zip
Contact Information (phone numbers):					
Home	Work	Cell	**e-mail**		

Father's information					
First Name	Last Name	Drivers Lic.	Address (if different from table1):		
			Street	City	Zip

Employer:				
Organization	Occupation	Address		
		Street	City	Zip

Contact Information (phone numbers):			
Home	Work	Cell	**e-mail**

Agreement to follow TLC Preschool policies

My signature below certifies that I have read, understand and agree to all conditions and policies of TLC Preschool as outlined in the TLC Preschool Parent's Handbook. I understand that TLC Preschool reserves the right to refuse or terminate services to anyone who does not comply with TLC Preschool Policies.

Tuition will be paid by check, cash or money order on the 1st of each month.
I understand that a late charge of 10% will be added to my account if payment is not received by the 5th of each month and children will not be admitted if payment is not received by the 10th of each month. All returned checks will be charged a $10 returned check fee.

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(PARENTS NAME) (SIGNATURE) (DATE)

Photo Release

I hereby give TLC Preschool permission to use photographs of my child on the photo boards, or in advertisements, marketing materials, or newspaper articles. I understand that these photographs will not be sold by TLC Preschool, and that my child may appear individually or in a group setting. Other than on our hallway photo boards, the name of my child will not be published in conjunction with these photographs without additional written consent from the parent.

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(CHILD'S NAME) (PARENT'S/GUARDIAN NAME) (SIGNATURE) (DATE)

Identification and emergency information

CONSENT FOR MEDICAL TREATMENT
As the parent, agency representative or legal guardian, I hereby give consent to TLC Preschool to seek all emergency dental or medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (DDS) for ____ This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. Child has the following medication/food allergies:______________________________ ____ ____ -------------------------------------- --- -------------------------- (PARENTS NAME) (SIGNATURE) (DATE)

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY			
	PHYSICIAN / DENTIST	ADDRESS	PHONE NUMBER
1			
2			

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

8 CALL EMERGENCY HOSPITAL
8 OTHER EXPLAIN____

NAMES OF PERSONS WHO ARE AUTHORIZED TO TAKE CHILD FROM THE FACILITY AND MAY BE CALLED IN AN EMERGENCY					
	NAME	RELATIONSHIP	PHONE NUMBER	Authorized to Pick up Child on a Regular Basis (YES/NO)	Authorized to Pick up Child only in an Emergency (YES/NO)
1.					
2					
3					
4					
5					
6					
7					
8					

SPECIAL NEEDS: Does your child have any special needs that TLC Preschool should be aware of? Yes/ No
If Yes, please explain:____

Child`s and Parent's Rights

NOTIFICATION OF CHILD'S RIGHTS AT TLC PRESCHOOL

Personal Rights, Section 101223. Each child receiving services from TLC Preschool shall have rights, which include, but are not limited to the following:
1. To be accorded dignity in his/ her personal relationship with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishing 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 the 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 the authorized representative informed by the licensee of the provisions of the law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, and of information regarding confidentiality. Request for the above information should be directed to the director's office.
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 completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
6. Not to be locked in any room, building or facility premise.
7. Not to be placed in restraining devices.

I have been personally advised of, and have received a copy of the personal/child's rights contained in the California Code of Regulations, Title 22, at the time of admission to TLC Preschool, located at 1677 Whitefield Rd., Pasadena, CA 91104.

NOTIFICATION OF PARENTS' RIGHTS AT TLC PRESCHOOL

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.

Department of Social Services
Community Care Licensing Division
Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200-B
Monterey Park, CA 91754
(323) 981-3350

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.

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(CHILD'S NAME)	(PARENT'S/GUARDIAN NAME)	(SIGNATURE)	(DATE)

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

____, born ______________________________ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

____ . This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ______ a.m./p.m. , __________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

____ ____________________
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:_______________________________ Date of Physical Exam: ______________________
Address:_______________________________ Date This Form Completed: ______________________
Telephone: _______________________________ 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	WHAT ARE USUAL EATING HOURS? BREAKFAST ______ LUNCH______ DINNER
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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