

PRESCHOOL ENROLLMENT PACKET CHECKLIST 2019-20



Dear Parent,

Thank you for choosing PCC Preschool. We know there is a lot of paper work for you to fill out. It helps to remember that this is for the protection of your child.

This checklist will help make sure you have all the forms printed and completed. Please feel free to call or email if you have any questions about this packet. **You can also fill out these forms online at pccpv.org/preschool.** All paper work & fees **MUST** be turned in **BEFORE** August 9th.

NEW STUDENTS

- 1. Registration Form & Deposit (you may have already turned this in – this holds your child’s spot & schedule)
- 2. Parent Admissions Agreement
- 3. Physician’s Form (LIC 701) (only need first page) & Immunization Record
- 4. Medical Release & Consent for Treatment
- 5. Child’s Health History (LIC 702)
- 6. Identification and Emergency Information (LIC700)
- 7. Notification of Parent’s Rights (LIC995)
- 8. Personal Rights (LIC 613A)
- 9. Photo/ Directory Authorization
- 10. Tuition payment Sept/June *Initial Payment includes first and last month (June= ½ month) tuition. Tuition is a yearly fee divided into 9 1/2 monthly payments for your convenience.
Payments can be cash, check, credit (MC, Visa, Discover) or online payment at pccpv.org/preschool.

RETURNING STUDENTS

- 1. Registration Form & Deposit
- 2. Parent Admissions Agreement
- 3. Physician’s Form (LIC 701) (*only if health, allergies or immunizations have changed*)
- 4. Medical Release & Consent for Treatment
- 5. Identification and Emergency Information (LIC700)
- 6. Photo/ Directory Authorization
- 7. Tuition payment Sept/June *Initial Payment includes first and last month (June = 1/2 month) tuition. Tuition is a yearly fee divided into 9 1/2 monthly payments for your convenience.
Payments can be cash, check, credit (MC, Visa, Discover) or online payment at pccpv.org/preschool.

Christie Welch, Director
Christie@pccpv.org

310-377-4391 • 5640 Crestridge Road, Rancho Palos Verdes, CA 90275



Child's Name _____ Date of Birth _____

Place of Birth _____ Sex: M [] F [] Child's age as of September 1, 2019 _____

Address _____

City, Zip _____ Home Phone _____

Primary e-mail _____

Father's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Does your child speak English? [] Yes [] No Primary language spoken at home: _____

Names and ages of siblings _____

School they attend _____

Who lives in home with the child? _____

Does your child have a nickname? _____ Who referred you to us? _____

What church do you attend? [] None [] PCC [] Other _____

Does your child have any allergy or special need? _____

My child is potty-trained: [] Yes [] No [] In process

Will your child nap at school between 1-2pm? [] Yes [] No [] Occasionally

Previous Preschool experience (where, how long) _____

Reason for changing schools: _____

I want to register my child for the following program:

2-year old Program

- [] 3-Hr. Program (9 am-12 pm)
[] 5-Hr. Program (9 am-2 pm)

How many days per week?

- [] 5-Day
[] 4-Day (Tu W Th F)
[] 3-Day (M W F)
[] 2-Day (Tu Th)
[] Other _____

3 to 5-year old Program

- [] 3.5-Hr. Program (9 am-12:30 pm)
[] 5-Hr. Program (9 am-2 pm)

Start date _____

I understand the registration fee is non-refundable.

Parent's Signature _____

Date _____

FOR SCHOOL USE ONLY

Registration Fee _____

Date: _____

Type of Payment _____

Tuition payment

Date: _____ Amt. _____

Type of payment _____

1st day _____

Class _____

Welcome em _____

Letter _____



Peninsula Community Church Preschool Parent Admission Agreement 2019-2020

1. Basic Services

Peninsula Community Church Preschool provides a safe and well-rounded program of Christian education for children ages 2 – 5 years old. We present a developmentally appropriate curriculum for preschool children in order to prepare them for kindergarten. Each class provides a daily schedule of circle time, teacher-directed activities, individual and group play, a mid-morning snack (for all), and lunch time for those who are enrolled in our 3, 3.5 and 5-hour program. Lunch and snack are provided by the family each school day. Chapel time consists of age-appropriate songs and stories that communicate God's love for all of us.

2. Optional Services

- a. Early Care is offered from 8:00-9 am at an additional charge of \$8.00/half hour. Early care is limited to 6 children each morning. This optional service must be pre-arranged on the Early Care sign-in sheet 24 hours in advance.
- b. Stay & Play is offered from 12:00 or 12:30 – 2:00 for those in our 3 and 3 ½ hour program. A fee of \$6.00 per half hour is charged for Stay & Play. Afternoon enrichment class and/or nap are included in Stay & Play. Sign-ups are taken each morning. **If you are 5 or more minutes late an additional \$6.00/half hour fee will be charged.** Stay & Play may be modified due to class capacity. Payment for additional care is added to your tuition payment. Early Care and Stay & Play may be cancelled at any time due to unforeseen reasons, or if the class is filled to capacity. A sign will be posted to notify the parents of any cancellation.

3. Payment Provisions

- a. A non-refundable registration fee of \$100.00 (\$75.00 for returning families) will be paid to the school at the time of registration. This registration fee must be paid each new school year or before the child attends school to secure his/her school enrollment. If you do not enroll, this fee is not refunded.
- b. Tuition is based on a 175 day school year from September through the first week of June. We divide the yearly tuition into 9 ½ payments for your convenience. Parents will pay the monthly tuition agreed upon by the parent and the school for the child to attend two, three, four, or five days each week, 3 hours, 3.5 hours or 5 hours a day, regardless of the number of school days, holidays or absences in that month. The initial payment for fall (Aug./Sept. tuition and security deposit, see below) is due by August 9, 2019. Subsequent tuition payments are due on the first calendar day of each month, October through May.
- c. The security deposit is equal to ½ month tuition. This fee will be paid **with** the first month tuition. This is the child's tuition payment for the month of June 2020. This is a non-refundable fee; however, if a family leaves PCC Preschool before the end of the school year, this fee may be applied to the last month of attendance if proper two week notice is given. This fee may be forfeited if the school is not properly notified, if tuition is past due, or if there is a balance on the account.
- d. An earthquake kit has been pre-ordered for each child. This payment is included with your initial registration fee.
- e. Late payments: If the school has not received payment from the parent or guardian for the monthly tuition before the 10th calendar day of each month, a \$15.00 late fee will be applied to the family account for each week the payment is not received for each child enrolled in the school. A \$25 fee will be charged for returned checks.
- f. Absence & Holidays: Our monthly tuition is a yearly fee which is divided into payments for your convenience. Tuition is the same regardless of the number of school days in the month. Tuition is based on days in the total school year. Tuition is payable each month of the school year regardless of whether the child is absent for any reason, including, but not limited to illness, vacation and holidays. Please notify the office if your child is absent. **NO financial adjustment is made for vacation time or absences.**

- g. **Refunds:** If your child cannot remain in school for a full school year, please give the school a two-week prior written notice by completing the withdrawal from school form and meet with director for an exit interview. The school will then refund the security deposit less any account balance. If departure occurs mid-month, a portion of the monthly tuition will be refunded based on a pro-rated amount. If you fail to give the school a two-week written notice, your security deposit may be forfeited.
- h. **Late pick up fee:** Please be on time to pick up your child. A late fee of \$1 per minute will be charged after you are 5 minutes late for the second time. The first late pick up will not be charged.

4. **Holidays**

The school generally follows the holiday schedule of the Palos Verdes Peninsula School District. There will be two staff development days that will affect our days and hours during the school year. The school holiday calendar will be given to parents in August or on your child's first day of school.

5. **Termination Condition**

- a. **The school may immediately terminate a child's enrollment** upon notice to the parent of such termination, if any of the following conditions arise:
 1. In the sole judgment of the school director, a child's behavior threatens the physical mental health or well-being of one or more of the other children at the school.
 2. In the sole judgment of the school director, any parent, in any way prevents the school or staff members from performing its/their duties in a satisfactory manner.
 3. In the sole judgment of the school director, the school's program does not meet the individual needs of the child.
 4. In the sole judgment of the school director, the child's non-compliance with the rules would endanger his/her safety and the safety of others.
 5. In the sole judgment of the school director, any parent or guardian who exceeds one month delinquency of any payment to the school.

If the school terminates the child's enrollment pursuant to the paragraphs above and the child's account balance is paid to date with no outstanding balance, the school will refund the security deposit. If such termination occurs mid-month, a portion of the monthly tuition will be refunded based on a pro-rated amount. A withdrawal form must be completed by the parent and an exit interview conducted. Refunds are sent after interview and form are completed.

- 6. **Terms:** This agreement shall be in effect for the school year of 2019- 2020 or until the child is withdrawn from the school by the parent, unless terminated sooner in accordance with the provisions of this agreement.
- 7. **Waiver of Compliance:** No right under this agreement shall be waived (lost) merely by delaying or failing to exercise it.
- 8. **State Rights:** The Department of Social Services or any agency authorized by it, shall have the right and authority to interview children attending school and/or the school staff and to audit a child's or school's records without notice or prior consent, to observe the physical condition of children attending school and to have a licensed medical professional physically examine the school children, as part of the Department's regulation of a licensed day care center. The parent acknowledges and understands such right.

The signature below indicates that the Parent/Guardian has read the provisions of the Admission Agreement and enters into this agreement voluntarily. **Please sign and return this form with all paperwork.**

Print Name of Child(ren) Date

Parents/Guardians Name Date

Parents/Guardians Signature Date

School Director 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)

Peninsula Community Church Preschool . This Child Care Center/School provides a program which extends from 9 : 00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 2:00 a.m./p.m. , 5 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 [CELLULAR] 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.

➡ Please check one of the boxes

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.

PENINSULA COMMUNITY CHURCH PRESCHOOL

Medical Release Form

2019/2020

(One form per child - Please Print Clearly)

Name of Child _____
Last First

Date of Birth _____ Age _____

(I)(We), the undersigned, parent(s) of the above-named child, a minor, do hereby authorize the Teachers of Peninsula Community Church Preschool of Rancho Palos Verdes as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through October 1, 2020, unless sooner revoked in writing delivered to said agent(s).

The insurance of Peninsula Community Church Preschool is co-insurance. Your family's individual insurance will be used first before the insurance of Peninsula Community Church Preschool.

Father Signature _____ Print Name _____

Mother Signature _____ Print Name _____

Home Address _____ Home Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Work Phone _____

Doctor _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Policy/ID Number _____

Allergies or Medical Conditions _____

Symptoms, Treatment _____

Date signed: _____

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
<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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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

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-Community Care Licensing

Licensing Office Address: 300 N. Continental Blvd. Suite 290 A, MS 29-13, El Segundo, CA 90245

Licensing Office Telephone #: 424-301-3077

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.

Peninsula Community Church
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

Department of Social Services-Community Care Licensing

ADDRESS

6167 Bristol Parkway, Suite 400

CITY

Culver City, CA

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310-337-4333

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)

Peninsula Community Church

(PRINT THE ADDRESS OF THE FACILITY)

5640 Crestridge Road, RPV, CA 90275

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Dear Parents,

We will be taking **pictures** of your children throughout the school 2019-2020 year. Many of these pictures are group shots. This is a great way for us to keep a visual record of the school year as well as displaying for advertising purposes.



Please check one:

Yes, I give permission for images of my child to be used in promotion of the Peninsula Community Church Preschool. This includes flyers, newsletters, scrapbook, bulletin board and the Peninsula Community Church website.

No, Do not display my child's photos.

I would like my child to be included in our Shutterfly Share Site - only accessible with the school's permission. Yes No

Name of Child: _____

Parent Name: _____

Parent signature: _____

Date: _____

Please list any restrictions that you may have.

PCC Preschool will put out a **directory** for families in the preschool.

Please check one:

Please **include** our below information in the 2019-2020 directory.

Please **do not** include our contact information in the directory.

Child's Name

Mother & Father's Name

Address

Home Phone

Cell Phone (if you want it listed)

Email _____

I agree to receive text messages, SMS messages from PCC Preschool preschool via Remind.

The [Terms of Service](http://www.remind.com/terms-of-service) of the Remind platform are at: www.remind.com/terms-of-service And privacy policy: www.remind.com/privacy-policy Normal text messaging rates may apply to messages they receive. This is a 2-way text service. You can also message the preschool. No one sees your personal phone number. Want more info? Visit Remind.com

Signature