

Chatham School

Child's Name _____ Birthdate _____ Start Date _____
Parent: _____ Home: _____ Cell: _____ Work: _____
Parent: _____ Home: _____ Cell: _____ Work: _____
Mailing Address: _____ City _____ Zip _____
Emergency Contact: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
*Allergies _____

Chatham has my permission to take my child _____ on excursions away from school.

It is my understanding that these excursions will be in the form of neighborhood walks. I, also, understand that adult supervision will consist of not more than six children per adult.

Signed: _____ Date: _____

The following people have my permission to pick up my child:

Signed: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Chatham School

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Parent: _____ Home: _____ Cell: _____ Work: _____
Parent: _____ Home: _____ Cell: _____ Work: _____
Mailing Address: _____ City _____ Zip _____
Emergency Contact: _____ Phone: _____
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Signed: _____ Date: _____

The following people have my permission to pick up my child:

Signed: _____

1. _____
2. _____
3. _____
4. _____
5. _____

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

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

Chatham School

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

()

chatham school

4359 Thirty-ninth Avenue, Oakland, California 94619. 531-1534

EMERGENCY INFORMATION

Child's Name _____ Starting Date _____

Address _____ City _____ Zip _____

Sex _____ Birthdate _____ Nickname _____ Phone _____

Parent

Parent

Name _____

Name _____

Address _____

Address _____

City _____

City _____

Home Phone _____

Home Phone _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

If your child becomes ill at school he/she will be isolated until you can call for him/her. If we can't reach you please list other persons who authorized to pick up your child.

Name and Address

Phone

Relationship

If emergency medical or surgical care is needed our policy is to call 911 and then attempt to contact a parent, the child's physician or a person whom you designate.

Name of parent to be notified _____

(Please complete reverse side)

Name of Physician _____ Phone _____

Address _____

Other persons to call:

Name and Address	Phone	Relationship
_____	_____	_____
_____	_____	_____

Name of Insurance Company _____ Policy No. _____

Name and address of hospital where you prefer your child to be taken in case of emergency hospitalization _____

I/We the parent(s) of _____ give my/our consent to Chatham School to call 911 and or my child's physician should the need arise for emergency medical or surgical care. It is understood that a conscientious effort must be made to notify me/us, but if it is impossible to locate me/us the expense of this will be accepted by me/us.

signature of Parent(s)/Guardian(s)

chatham school

4359 Thirty-ninth Avenue, Oakland, California 94619, 531-1534

CHILD'S CONFIDENTIAL HISTORY

Name of Child _____ Birthdate _____ Sex _____
Parent _____ Age _____ Living in home with child? _____
Parent _____ Age _____ Living in home with child? _____
Has child been under regular supervision of a physician? _____
Date of last exam by physician _____

Past Illnesses: Check those child has had and give approximate dates.

Chicken Pox _____ Asthma _____ Rheumatic Fever _____

Ten day Measles (Rubeola) _____ Hay Fever _____ Diabetes _____

Three day "German" Measles (Rubella) _____ Epilepsy _____

Whooping Cough _____ Mumps _____ Poliomyelitis _____

Other serious illnesses or accidents _____

Does child have frequent colds? _____ How many last year? _____

Daily Routines:

What time does child get up? _____ Go to bed? _____

Does child sleep during day? _____ When? _____ How long? _____

Describe eating habits: _____

Any food dislikes? _____

Is child allergic to any foods? _____

Toilet habits: Bowel movements regular? _____ Usual time? _____

Word used for bowel movement _____ Urination _____

Developmental History:

Walked at _____ months. Began talking at _____ months.

Toilet training started at _____ months.

Describe any group play experiences your child has had: _____

Please list the names and ages of siblings in child's family: _____

How does child get along with siblings? _____

(Please complete reverse side also.)

What is child's reaction to the following:

Unfamiliar places _____

New children _____

Change in routine _____

On a scale of 1 to 10 (from low to high) please rate the importance to you of the following items in relation to your child.

<u>Item</u>	_____	_____
	(parent)	(parent)
Academic	_____	_____
Fantasy Play	_____	_____
Socialization with Peers	_____	_____
Good Manners	_____	_____
Artistic Creativity	_____	_____
Respect for Authority	_____	_____
Sharing with Others	_____	_____

Parent-Child Interaction:

Typical amount of time spent per day supervising: _____ (parent) _____ (parent)

Typical amount of time spent per day interacting: _____ (parent) _____ (parent)

Form of discipline and child's reaction: _____

Please indicate favorite activities of child with parent(s): _____

Please list other significant adults and their relationship with child:

Does your child have any special problems or fears? _____

Signature of Parent(s) _____ Date _____

Please be sure to inform us of any change in the above information or of any events which may influence your child's behavior.

Child's Name _____

ADMISSION AGREEMENT

POLICIES AND INFORMATION REGARDING TUITION, ABSENCES, AND REFUNDS

I/We am/are entering into an agreement with Chatham School for the care of my/our child _____ (name). The staff is available for appointment to discuss my/our child's program or any problem, which may arise involving the school.

I/We understand and agree with the following Chatham School information booklet and policies.

REGISTRATION FEE: A non-refundable registration fee of \$80.00 is charged each year to cover enrollment costs, update of earthquake material, and a Chatham T-shirt.

TUITION: Is for services of infant, toddler, pre-school all day program. Tuition is figured on a yearly basis and is payable in advance. A deposit equal to one installment is due each year in June for the school year beginning in September. This deposit confirms enrollment. The deposit is refundable if requested no later than July 1. The remaining tuition may be paid at the beginning of school or in 11 more installments on the first school day of each month beginning in September and ending in July. Payments will be considered late and subject to a late fee of \$25.00 if received after the 10th of each month.

REFUNDS/TERMINATIONS: Each child is accepted into the program on a probationary basis for the first two weeks of his/her attendance to allow for adjustment. At any time during this period a child can be dismissed without prior notice. A month's notice of dismissal will be given at any time, thereafter. Under these conditions a refund of unused pre-paid tuition will be refunded in 48 hours. The advanced installment is refundable only if requested before July 1 of that year. One month's notice is necessary when terminating enrollment after school begins in September. If no notice is given or less than one-month notice is given, the parent/guardian is subject to paying the agreed fee for that month or portion of that month. There will be no refund after March 30.

This agreement may be terminated by Chatham School with two weeks written notice for the following reasons:

- 1.) The parent/guardian has not cooperated with Chatham regarding the child's discipline needs.
- 2.) Parent/guardian had not paid the agreed upon fee or has been late paying the fee more than twice in three months.

ABSENCES: because the expenses of maintaining the school and salaries of the staff are constant, regardless of the number of children in attendance, there is no refund or allowance made for absences or school holidays.

LATE AND EARLY CHARGES: Unless other arrangements have been made, it is important to arrive and leave on time. There will be a charge for children left more than 5 minutes after their program has ended or brought more than 5 minutes before a their

program begins. It takes away prep time for the teachers. A penalty payment of \$10.00 per 5 minutes will be charged for children left beyond the 5 minute "grace period". Children become very anxious when parents are late picking them up. Of course, we understand that emergency situations do arise.

PLEASE MAKE CHECKS PAYABLE TO CHATHAM SCHOOL.
There will be a \$25.00 fee charged for any check returned by the bank.

MODIFICATIONS: Chatham School reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parents or guardians. Changes in the rates for those children whose care is funded at the government prescribed rates will be made on the effective date of the government rate change without prior notice.

LICENSING AGENCY RIGHTS: The parent/guardian is aware that the State of California Licensing Agency (Community Care Licensing) has the following authority per licensing regulation 1011200:

To interview, or staff, and or inspect and audit child or facility records without prior consent.

To observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement.

I/We am/are contracting for the following services and will pay the stipulated rate.

<i>Circle program</i>	<i>Check days</i>	<i>Pre-school Rate:</i>	<i>Kindergarten Rate:</i>
___ 5 days	MTWTHF	\$960.00 per month	\$393.25 per month
___ 4 days	M-TH/T-F	\$806.00 per month	\$321.75.00per month
___ 3 days	MWF	\$646.50 per month	\$250.25 per month
___ 2 days	T-TH	\$491.00 per month	\$143.00 per month
		<i>Infant/Toddler</i>	
___ 5 days	MTWTHF	\$1350.00 per month	
___ 4 days	M-TH/T-F	\$1120.00 per month	
___ 3 days	MWF	\$907.00 per month	
___ 2 days	T-TH	\$700.00 per month	

Parties To This Agreement:

Licensee, Director or Authorized Representative

Date

Parent or Guardian

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)

Chatham School _____ 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 CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

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

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

LIC 995 (12/06)

(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.

Chatham School
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

LIC 995 (12/06)

PERSONAL RIGHTS**Child Care Facilities**

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 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 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 COMMUNITY CARE LICENSING - BAY AREA DISTRICT OFFICE CHILD CARE		
ADDRESS 1515 CLAY STREET, SUITE 1102, OAKLAND, CA 94612		
CITY OAKLAND	ZIP CODE 94612	AREA CODE/TELEPHONE NUMBER (510) 622-2602

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

Authorization and Consent Forms

Walking Field Trip

My child, _____, has my permission to participate in all walking trips.

Parent Signature: _____ Date: _____

_____ Date: _____

Photography Consent Form

I give permission for my child, _____, to be photographed by Chatham Preschool for educational/curriculum purposes. No outside agency or individual will be allowed to photograph my child without my consent.

Parent Signature: _____ Date: _____

_____ Date: _____

State Rights

Child's Name: _____

As required by law in the State of California, in admitting my child to Chatham Preschool, I/We fully acknowledge the authority and right of the Department of Social Services(or the appropriate Licensing Agency), to interview any child or staff member, as well as inspect and/or audit child or facility records without my.prior consent or parental knowledge.

Section 1596.81 Health and Safety Code. Reference Health and Safety Code Sections: 1596.72, 1596.73, 1596.81, 1596.852, and 1596.853

Parent's Signature: _____

Date: _____

Dear Parents of Chatham Preschoolers:

I know that all of you want Chatham School to be a safe haven for our children in the event of an earthquake. Let's work together to prepare Chatham with the supplies necessary to care for our children for 72 hours. I would like to have every child have their own packet of a blanket, water, food, and light stick, along with letter from their parent, and a family picture. This provides some comfort to your child/ren.

Part of your registration fee covers the cost of this packet (\$15.00). They have a shelf life that covers the time your child attends Chatham. If you would like to purchase them for your home please fill out the form below. Let's all make a commitment to have your homes and Chatham safe, supplied, and ready. Basic first aid supplies are already on hand. Part of your registration covers the cost of updating these necessary supplies. Thank you.

Please send a letter to your child, a family picture, and the enclosed form of an out of area friend or relative.

Sincerely,

Chatham Staff

of kits _____

_____ Check enclosed x \$15.00 a kit

_____ Enclosed a family picture

_____ Enclosed note of reassurance

ADDITIONAL EMERGENCY CARD INFORMATION

In the event of a major disaster, we may need to contact someone out of the area. Long distance calls may be our only option if local calls are not possible. The well-being and whereabouts of family members could be reported to a contact well outside the disaster area. Please fill out the information below and return to Chatham School at your earliest convenience.

Child's Name: _____

Out of Area or Out of State Individual to Contact in a Disaster:

Name: _____

Address: _____ City/State _____ zip _____

Phone Number: Day _____ Evening _____

Relationship to Student: _____

PARENT LIST INFORMATION

Dear Parents,

I would like to set up a list of children's names, parent's names, phone numbers, and e-mail addresses. If you would like your information shared with the rest of the school, please fill out this sheet and return by September.

If I don't receive this information, I will assume that you have declined.

Please print neatly so that I can translate correctly. This is mainly for the e-mail address. Thank you for responding promptly.

Child's Name/Names: _____

Parent Name: _____

Phone Number: _____ E-Mail: _____

Parent Address: _____

Parent Name: _____

Phone Number: _____ E-Mail: _____

Parent Address: _____

_____ I am not interested in participating at this time.

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/docs/maps/state.htm>