BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER
FULL-DAY PROGRAM

Registration Directions

1) Fill out and return registration packet including physician's statement (must be signed by doctor). Include a copy of your child's shot record usually their yellow immunization card. Immunizations must be up to date before the start of school in August. We will only accept medical waiver on any immunizations.

2) All new incoming students will be offered a chance to visit classroom with their parent or parents. The date for the visit will be arranged prior to start date. Debi will contact you with date and time of visits. Students starting in July will visit in June and students starting in August will visit in July.

3) Sign-up for automatic tuition payments. These will begin in August. Tuition payments can be changed as needed throughout the school year and to accommodate summer program. Sign form and return to Debi with voided check to set up auto debit. Forms need to be returned at or before visit day.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

Rest ##

CHILD'S NAME LAST | MIDDLE | FIRST | SEX | TELEPHONE ( )

ADDRESS NUMBER | STREET | CITY | STATE | ZIP | BIRTHDATE

FATHER'S NAME LAST | MIDDLE | FIRST | BUSINESS TELEPHONE ( )

HOME ADDRESS NUMBER | STREET | CITY | STATE | ZIP | HOME TELEPHONE ( )

MOTHER'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 OR AUTHORIZED REPRESENTATIVE | DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION | DATE LEFT

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.

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

(1) To be accorded dignity in their personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.

(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
ADDRESS
7575 METROPOLITAN DR.

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
SAN DIEGO	92108	619 767-2200

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)
Bethlehem Community Early Childhood Center	925 Balour Dr. ENCINITAS, CA 92024

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Car Licensing

   Licensing Office Address: 7575 Metropolitan Dr. San Diego, CA 92108

   Licensing Office Telephone #: 619 7672200

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.

_____
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

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

RECEIPT FORM
STATE REQUIREMENT

Admission Agreement:

I have read the general procedures and policies as set forth in the Bethlehem Community Early Childhood Brochure and Parent Handbook and will abide by them. Also, I understand that if I or the staff feels that the needs of my child are not being met by the school's program, this agreement may be terminated.

Parent's Rights

This will acknowledge that I/we, the parent(s) of _____ have received a copy of **"Parent's Rights"** from the Bethlehem Community Early Childhood Center.

Personal Rights

I have been personally advised and have received a copy of **"Personal rights-community care facilities"** at the time of my child's admission to Bethlehem Community Early Childhood Center.

CONSENT to put my child's and my name, address and phone numbers on the class list to be distributed to all parents at the center.

Signature of Parent or Guardian _____

_____
(Please print name)

Date: _____

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
( )	( )

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

SUNSCREEN APPLICATION PERMISSION

I give permission to Bethlehem Staff to apply sunscreen to my child. I will provide the sunscreen that I want my child to use. I will label the container with my child's name. No aerosol containers please.

CHILD'S NAME _____

NAME OF SUNSCREEN _____

Signature _____

Date _____

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

E-MAIL INFORMATION PERMISSION

Bethlehem Community Early Childhood Center is trying to be as green as possible. We will send monthly newsletters, account information and other communication to the listed e-mail address.

In order to facilitate communication between families, I give permission to share this e-mail address with parents of other children in this program.

Child's Name _____

Parents Signature _____

Preferred E-Mail Address _____

I would prefer NOT to receive e-mail from Bethlehem Community Early Childhood Center. I do NOT want my e-mail information shared with other families. Please place all information in my child's art file.

Parent Signature _____

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

I, _____ give my permission for my child _____ to participate in field trips with the Bethlehem child care staff. I understand that all field trips taken will be within walking distance of the school.

If emergency medical treatment is required while on the field trip, I give permission for my child to be treated.

_____
Parent Signature

_____
Work Phone # Home Phone #

_____
Date

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

I, _____give my permission for my child _____ to be photographed and video taped for school use only. Photos used on school web site will not have names of students posted.

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER
925 Balour Drive
Encinitas, California 92024

ADMISSION INFORMATION: FAMILY NAME:
To help us know your child better and enable us to meet his special needs and interests, we ask that you complete this form. Please add any material you feel pertinent.

CHILD'S NAME_____NICKNAME_____

FAMILY:

FATHER'S NAME:_____OCCUPATION_____

MOTHER'S NAME_____OCCUPATION_____

ARE PARENTS LIVING TOGETHER?_____

BROTHERS AND SISTERS:
NAME AGE

_____

_____

_____

DO YOU HAVE A PET?_____TYPE OF ANIMAL_____

PET'S NAME_____DOES CHILD SHARE IN CARE OF PET?_____

WHAT CHURCH DOES THE FAMILY ATTEND?_____

WHAT RECREATIONAL ACTIVITIES DOES THE FAMILY ENJOY AS A GROUP?

_____

WHAT METHODS ARE USED IN DISCIPLINING AT HOME?_____

_____

MY CHILD IS UNIQUE IN THAT HE/SHE_____

_____

DOES ANYONE IN THE FAMILY HAVE A SPECIAL SKILL OR HOBBY OR OCCUPATION THAT WOULD BE OF INTEREST TO THE CHILDREN AT SCHOOL. WOULD YOU BE WILLING TO SHARE WITH US?

_____

DEVELOPMENTAL HEALTH HISTORY

Child's Name_____Birth Date_____

PHYSICAL HEALTH

What health problems has your child had in the past year?_____

_____

What health problems does your child have now? _____

_____

OTHER THAN WHAT YOU LISTED ABOVE:

Does your child have any allergies? _____

If so, to what? _____

How severe? _____

Does your child take any medicine regularly? If so what? _____

Has your child ever been hospitalized? If so why and when? _____

_____

Does your child have any recurring chronic illness or health problem (such as asthma or frequent earaches)? _____

_____

Does your child have a disability that has been diagnosed (such as cerebral palsy, seizure disorder, developmental delay)? _____

_____

Do you have any other concerns about your child's health? _____

_____

_____

CONT. DEVELOPMENTAL HEALTH HISTORY

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). _____

What are your child's regular sleeping patterns?

Awakes at_____Naps at _____Goes to bed at _____

What help does your child need to get dressed? _____

_____

SOCIAL RELATIONSHIPS/PLAY

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ Aggressive? _____ Shy? _____Withdrawn?_____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by animals? _____Rough Children? _____

Loud Noises? _____The Dark? _____ Storms? _____Anything else? _____

Who does most of the disciplining? _____

What is the best way to discipline your child? _____

What adults does your child have frequent contact with?_____

_____

How do you comfort your child? _____

_____

Does your child use a special comforting item (such as blanket, stuffed animal, doll)?

_____

_____

Parent's signature _____

Date _____

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER

SUPPLY LIST

Please bring the following items to school on or before your child's first day of school.

1. Crib size sheet. This should be labeled with name. The sheet will be left at school for use at nap time. Staff will wash weekly.
2. Small (storage is limited) blanket for use at nap time. Labeled with name, staff will keep clean.
3. Lovey (sleep toy) if your child uses one. It can be left at school or sent home daily as needed.
4. A clear plastic container for extra clothes. Labeled with child's name and include: seasonal shirts and pants, underpants and socks. It may include light weight jacket.
5. Sunscreen labeled. Please no aerosols.
6. Jacket or sweater labeled please.
7. Diapers and wipes for students not yet potty trained. Pull-ups for naptime if needed.
8. Emergency Supply Kit (See list included in packet)

BETHLEHEM COMMUNITY EARLY CHILDHOOD CENTER
SICK CHILD AND EXCLUSION GUIDELINES

We realize it is difficult for many of you when you have a sick child or receive that dreaded phone call at work that your child needs to be picked up because of illness. It is best if you have a thought out "plan of action" before your child needs to stay at home due to illness. Coming up with a plan now relieves the stress when the situation occurs, and it will occur!

Young children frequently become mildly ill, toddlers and preschoolers experience a yearly average of six respiratory infections and can develop one to two gastrointestinal infections each year.

Parents should contact the school when their child is sick and describe the illness, and symptoms. If your health care provider makes a specific diagnosis, (such as strep throat, conjunctivitis etc.) let staff know so other families can be alerted.

There are three reasons to keep (exclude) sick children from school:

1. The child does not feel well enough to participate comfortably in usual activities, (such as extreme signs of tiredness, unexplained irritability or persistent crying).
2. The child requires more care than program staff is able to provide without effecting the health and safety of the other children.
3. The illness is on the list of symptoms or illness for which exclusions is required. List of illnesses follows:

1. Fever of 100 or more must be fever free for 24 Hours
2. Diarrhea (24 hours diarrhea free)
3. Severe Coughing
4. Pink eye mucus or pus draining from the eye (24 hours on medication)
5. Strep Throat (24 hours after treatment and fever free 24 hours)
6. Infected skin patches or rashes (24 hours after treatment)
7. Headache and stiff neck
8. Vomiting (24 hours after vomiting stops)
9. Head lice (may return after treatment is complete)

If your child is prescribed antibiotics they must be taken for 24 hours before returning to the program. Fever medication can not be given to mask symptoms of fever as the child may still be contagious.

We appreciate your attention to these guidelines.
Addition Exclusions and guidelines will apply as determined by CDC for COVID quarantine. See additional handout.

BETHLEHEM COMMUNITY EARLY CHILDHOOD

EMERGENCY SUPPLY KIT LIST

As part of our disaster preparedness program we are asking parents to supply personal use consumable items should the students need to remain at school for an extended period of time. We are asking that all parents supply their children with the emergency supplies in the event of disaster.

We request that you send the following items to school (with the children) at your earliest convenience. Please put the items into one gallon Ziploc bags and have it clearly identified with your child's name on a 3x5 card, readable form the outside of the bag. On the reverse of the card should be the names of the people authorized to pick up your child and signed by you as a responsible parent or guardian, contact phone numbers and any helpful medical information (i.e. name of physician, allergies, etc.)

Suggested Supplies:

2 each 8 oz juices (canned or boxed) with pop tarts or water

2 each fruit cups

2 each dried fruit snack packages

2 peanut butter or cheese and cracker type snack packages

1 granola bar

2 each individual moist towelettes

2 each individual tissue packs

1 Mylar space blanket

2 plastic spoons

1 Family picture and "I love you" letter to your child

1 book

I would be wise to check expiration dates for longest shelf-life. We have a limited storage area in the classroom so please limit the items to those that will fit into the one gallon Ziplox bag. These items will be kept in your child's classroom.