

Promiseland Preschool
2023 - 2024 Registration Form

Original Start Date ___/___/___

Today's Date ___/___/___

How did you learn of Promiseland? Friend__ Banner__ Promotional Event__ Flyer__ Other_____

Child's Legal Name: _____ Birth Date: ___/___/___ Sex (Circle) M F

Allergies: _____ **Special Conditions:** _____

Promiseland Preschool Staff may apply **parent provided sunscreen** on my child ___ Yes
___ No

Home Address: _____ City: _____ Zip: _____ Phone: _____

Names of adults 18 and older sharing the home with the camper: _____

Father's/Guardian's Legal Name: _____ Home Phone: _____

Father's Address: _____ City: _____ Zip Code: _____

Father's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father's Driver's License No.: _____ Exp. Date: _____ SSN: _____

Mother's/Guardian's Legal Name: _____ Home Phone: _____

Mother's Address: _____ City: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Driver's License No.: _____ Exp. Date: _____ SSN: _____

Health Insurance Information

Date of Last Physical: _____ Doctor's Name: _____ Phone: _____

Insurance Co _____ Plan: _____ Group #: _____

Dentist's Name: _____ Phone: _____

Emergency Contact (If Unable to Reach Parents):

Name: _____ Relationship to Camper: _____ Phone: _____

Emergency Medical Consent

I hereby consent to Promiseland Preschool, to obtain all emergency medical or dental care prescribed by a Licensed Physician, Osteopath, or Dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

Parent/Guardian Signature: _____ Date: _____

Persons Other Than Parents Who Are 16 Years of Age or Older and Authorized To Pick Up Your Child:

1. Name: _____ Phone: _____ relationship _____

2. Name: _____ Phone: _____ relationship _____

3. Name: _____ Phone: _____ relationship _____

Persons Not Authorized to Pick Up Camper: (Note: Court Documentation Is Necessary If This Is A Parent)

Parent Initials: _____

1. _____ 2. _____.

Camp shirt given _____ Staff initials _____

Parent Handbook

I have read, understand, and agree to follow Promiseland Preschool policies, procedures, and enrollment conditions. I further understand and agree:

1. To allow my child's image to be used in any and all promotional photographs, videos, or websites.
2. Not to hold *Promiseland Preschool* responsible for any articles of clothing, personal belongings, or personal athletic equipment that is lost or damaged by theft, fire, natural disaster, or other occurrences.
3. *Promiseland Preschool* provides no accident medical protection.
4. By signing my child into the daily program, I am giving *Promiseland Preschool* permission to transport my child off Camp property and my child will participate in field trips.
5. By signing my child into the daily program, I am giving *Promiseland Preschool* permission to allow my child to participate in swimming, wading or other water activities on or off camp premises.
6. All children will be enrolled on a 90-day trial basis to make sure that *Promiseland Preschool* can meet the individual needs of the child. Promiseland Preschool reserves the right to terminate services at any time.
7. If a child has an IEP or 504 education plans, parent must submit most current copy with registration forms prior to attending.
8. *Promiseland Preschool* children are served without regard to race, color, National or ethnic origin or in any other category protected by law. *Promiseland Preschool* reserves the right to make decisions regarding camper participation due to physical and/or mental limitations or disabilities. Children with special needs may be enrolled upon mutual agreement between the parents and the Director. Reasonable accommodations will be made for individuals with disabilities. Modifications to policies or procedures can be made if the modifications do not fundamentally alter the services the *Promiseland Preschool* provides or adversely affect the operation of the program.
9. Arbitration- By signing below, I understand that any dispute involving *Promiseland Preschool* and myself or my child shall be resolved by way of arbitration through the rules and regulations of the American Arbitration Association. Each party shall bear its own costs and attorney fees in connection with any such action, to the extent allowed by law.
10. By my signature below, I am responsible for all financial obligations incurred to *Promiseland Preschool* for this child.
11. As the Parent or Authorized Representative, I hereby give consent to *Promiseland Preschool*. 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 my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.
12. There are no refunds or credits given. (For example, but not limited to: If your child is expelled/suspended for disruption or other bad behavior, there is no refund or credit provided by *Promiseland Preschool*)
13. **Please Note:** *Promiseland Preschool* is open from 7AM to 6PM, Monday through Friday.

Parent/Guardian Signature: _____ Date of Admission: _____

Parent Initials: _____

POLICIES & PROCEDURES OF PROMISELAND PRESCHOOL

Throughout the following information, "Parent" is defined as any person living with a child who has responsibility for the care and welfare of the child.

GENERAL INFORMATION:

- The parent signing the child's registration form is considered the **financially responsible party for that Child**. If both parents wish to be considered the responsible party both parents must sign the registration form.
- *Promiseland Preschool* staff are trained in first aid, CPR, child abuse detection, self-esteem, communication and discipline. Employees are also screened and approved by the state of employment's background check guidelines prior to employment.
- "**Parent Information**" is located at the front desk area. Important notices, menus, schedule changes and upcoming events will be posted in this area. It is your responsibility to stay updated. **Check Information Board for Notices Daily**.
- It is a requirement that **every child be signed in and out using your pin on the Brightwheel app** at the front desk.
- *Promiseland Preschool*, depending on site, serves Preschool through Eighth grade children from the hours of 7AM to 6 PM, Monday through Friday and observes all Federal Holidays unless otherwise noted.
- *Promiseland Preschool* is a **Christian Ministry** that seeks to spread the gospel of Jesus Christ. Chapel times and teaching of Biblical truths are part of our weekly programming.
- The staff to child ratio meets all State Licensing Requirements for each program /*Promiseland Preschool* provides.
- *Promiseland Preschool* **prohibits the use of tobacco, alcohol or non-prescription drugs** on *Promiseland Preschool* premises. *Promiseland Preschool* reserve the right not to release children if we smell alcohol on their breath or under the influence of drugs or suspicion thereof.
- **Please label all of your children's personal belongings** with their names.
- All children must **wear close-toed shoes** while in attendance.
- Children are required to wear **Camp T-Shirts** every day school is not in session. Camp shirts must be seen. If a child does not have a Camp T-shirt, one will be provided for him/her and a fee of \$12 will be charged to his/her account. (No altered shirts, half shirts, cut sleeves, etc.)
- Every child must have a lunch. If a child does not have a lunch, the parents will be called to bring one. *Promiseland* does NOT provide lunch.
- *Promiseland Preschool* will not be responsible for storing/microwaving/refrigerating or freezing any items.

DISASTER PLANS: In the case of an emergency or disaster, the following procedures will be implemented:

- All children will remain with *Promiseland Preschool* staff on the premises or at the designated emergency relocation site for up to 72 hours unless an injury requires release to an emergency medical facility or the child(ren) are picked up by a parent or designee.
- The relocation sites for your child's camp are listed on the Emergency Disaster Plan, which is posted at each front desk. This plan also lists Emergency Cellular phone numbers.

REGISTRATION AND TUITION:

- A **Registration Fee** and **Tuition** is required for your child to attend any *Promiseland Preschool* program.
- **Weekly and/monthly tuition** is due and will be auto drafted on Friday evening for the next week your child is attending. A late fee of \$20 will be charged if your payment is declined and services may be terminated if delinquency is consistent.
- **There are no refunds or credits given.**
- *Promiseland Preschool* accepts CDR, CHS and other subsidized methods of payment. All payments will go through our Brightwheel billing.
- *Promiseland Preschool* **closes** promptly at 6pm and children picked up after close will be assessed a late pickup fee of: \$15/first 15 minutes (6:01pm to 6:15pm), \$2/minute (6:15-6:30). This is per child. After 3 late pick-ups, fees will be doubled. Services may be terminated if late pick up occurs consistently.
- *Promiseland Preschool* reserves the right to **change our policies and/or procedures** at any time after a 30 day written notification.
- *Promiseland Preschool* requires a two (2) week written notification when terminating services.

HEALTH:

- *Promiseland Preschool* staff are **mandated reporters** and are required by law to report any suspected child abuse (physical, sexual, verbal or emotional) to Child Protective Services.
- If a child shows **signs of illness** while at *Promiseland Preschool* he/she may not be admitted or may be sent home. If sent home, parent or authorized person will be required to pick up the child **within one hour**. After 1 hour, there will be a \$25/hr late charge per hour. Children must be fever free, diarrhea free, and vomiting free for at least 24 hours before returning. Children must be treated with antibiotics for at least 24 hours before returning to *Promiseland Preschool* We **must** be notified if your child has a **communicable disease** (lice, chickenpox, fifth disease etc.), as it is our responsibility to notify other families of the risk. *Promiseland Preschool* **has a no Nit policy as it pertains to lice**.

- If a child is involved in a minor accident (ie, scraped knee) while at *Promiseland Preschool*, “A Note Home” will be written and given to parent. If a physician’s care is needed, parents will be contacted immediately and emergency procedures will be followed.
- *Promiseland Preschool* will **administer medication** to children only when a parent has completed the required forms. This includes Tylenol and Ibuprofen. Please don’t put medicines in your child’s backpack.
- I/We hold *Promiseland Preschool* harmless of any damages or responsibility due to insufficient storage or refrigeration of medications.
- **Each medication bottle must have a current prescription label with the child's name, the dosage, and the physician's name** on it. Children may not bring self-administered medications that have not been cleared through the Director. This includes inhalers.

BEHAVIOR:

Promiseland Preschool reserves the right for the Director to suspend a child from *Promiseland Preschool* at any time for any length of time. If deemed necessary by the Director, a parent will be notified to come and pick up their child **within one hour**.

- *Promiseland Preschool* is designed for children who want to cooperate and participate in activities. Each child’s good behavior is imperative to the success of *Promiseland Preschool*. Children who are physically aggressive, defiant to authority etc. may be allowed to attend on a trial basis.
- We reserve the right to dismiss any child whose behavior hampers the Preschool experience for others without refund of fees paid.
- *Promiseland Preschool* discipline is designed to promote the development of self-direction, self-control and socially acceptable behavior. This is accomplished through: sensitivity, consistency, firmness, fairness and follow through. We strive to maintain a loving and positive atmosphere and reinforce the structured boundaries required. Any form of discipline involves specific learning processes.

Consequences for both minor and major behavioral incidents are at the **discretion of the site director**.

Parent Initials: _____

Promiseland Preschool

Assumption of Risk, Release of Liability & Indemnity Agreement

In consideration of the services of Coast2Coast Camps their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, including designers, manufacturers, and installers of any climbing walls & skate parks, equipment, or programming (hereinafter collectively referred to as "Coast2Coast Camps"), I, (hereinafter also referred to as "climber, skater, participant, or camper") hereby agree to release and discharge Coast2Coast Camps on behalf of myself, my children, my parents, my heirs, assigns, or personal representative and estate.

I acknowledge that climbing on artificial climbing wall, fixed or portable, or the use of other climbing apparatus, or the use of skate park equipment entails many inherent, known, and other unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I also know and accept that climbing or instruction by Coast2Coast Camps is not intended to prepare me for the risks and hazards of outdoor climbing or other use of climbing equipment and facilities. I know that by participating in the activities described, I risk personal injury or death from many causes, including (but not limited to) the following: (a) slips, trips, or falls while using the facilities or equipment, climbing walls, and skate parks, loose and/or damaged artificial holds, landing surfaces, floors, stairs, and/or ramps; (b) entanglement with ropes or other equipment; (c) failure to climb or belay safely or within my own ability; (d) misuse or failure of the facilities or equipment; (e) involvement in falls of other persons or their equipment, or involvement in falls in which I or my equipment strikes or becomes entangled with others; and (f) reliance upon inexperienced persons assisting me in the preparation, inspection, or use of harnesses, and other equipment.

I know that risks exist in all places and in all activities conducted by Coast2Coast Camps, including the use of climbing walls, skate parks, program events, or transportation to or from an event as well as in the use of other equipment, and participation in classes or activities sponsored by Coast2Coast Camps. I also know that safety equipment, proficiency checks, supervision, and enforcement of rules by Coast2Coast Camps do not and cannot guarantee my or my child's safety. Therefore, I Freely Accept and Fully Assume the Risk That I or My Child Can Get Hurt, not only in the ways described above, but also in ways that are unknown and unexpected, and even if I follow the instructions or advice of Coast2Coast Camps employees.

I choose to use Coast2Coast Camps' facilities and equipment in spite of the risk of injury or death, and in addition to the representations I have made above, I agree as follows:

I Hereby Waive And Release Any And All Claims that I or my heirs have or may have in the future against Coast2Coast Camps for any loss, damage, expense, or injury, including death, suffered from or in connection with my use of these facilities or equipment, or participation in activities sponsored by Coast2Coast camps, due to any cause whatsoever, including Negligence on the Part of Coast2Coast Camps **Parent Initials:** _____

I Hereby Relieve Coast2Coast Camps From Any Duty To Protect Me From Harm, and agree that even if Coast2Coast Camps chooses to implement safety procedures, such actions shall not alter the fact that Coast2Coast Camps has no duty to protect me. **Parent Initials:** _____

I Will Hold Harmless And Indemnify Coast2Coast Camps for liability for property damage or personal injury, including death to myself and any other person resulting from or arising in connection with my use of these facilities or equipment, or participation in activities sponsored by Coast2Coast Camps **Parent Initials:** _____

I have had sufficient opportunity to read and understand this Agreement and intend that it be binding on me, my heirs, executors, administrators, administrators, and assigns. **Parent Initials:** _____

You can get hurt using these facilities and equipment. If you do not wish to accept the risk of injury or death, then you may return this release unsigned.

Parents of children under Age 18 Must Sign This Section and Initial All Blanks Above.

I am the parent or guardian of the minor named below. I hereby make and enter into each and every representation, waiver, release and indemnity described above on behalf of myself, the minor, and any other parent or guardian of the minor. I intend to give up my right, the minor's right, and the right of any other parent or guardian to maintain any claim or suit against *Coast2Coast Camps* arising out of the minor's use of Coast2Coast Camps' facilities or equipment, or participation in activities sponsored by *Coast2Coast Camps*. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify *Coast2Coast Camps* for all liability arising out of any lack of authority on my part to make such waivers and releases.

Signature of Parent

Parent's Name (Print)

Child's Name (Print)

Date

Parent Initials: _____

Sign-In/Out • Drop-Off/Pick-Up • Transportation

Sign-In / Out:

I am agreeing with the following statement: Transportation to and from licensed facilities is my responsibility, and I can choose to have my child dropped off and/or picked up by myself, a relative, or my designee. I will sign my child into a Coast2Coast Camps licensed facility upon arrival. If I opt to have Coast2Coast Camps Transportation Department transport my child, I authorize a Coast2Coast Camps staff person as my designee to sign my child in to/out of a Coast2Coast Camps Licensed Facility upon arrival/departure. I understand that Coast2Coast Camps Transportation Department is not part of the licensed facilities of Coast2Coast Camps and that the Transportation Department representative will sign my child in/out upon arrival/departure at the licensed facility. I understand that any time my child crosses the threshold into a Coast2Coast Camps licensed facility they are subject to all the rules, regulations, and statues of Community Care Licensing and, therefore, are subject to Title 22, which governs them. I acknowledge that Coast2Coast Camps Transportation Department, which includes its drivers, vehicles, policies and procedures, are under the guidelines of the California Highway Patrol as well as the Department of Motor Vehicles. I understand that Coast2Coast Camps school buses and youth buses are subject to all laws and regulations of the California Highway Patrol, the California Board of Education, and the California Department of Motor Vehicles.

Transportation Guidelines:

- Once children board the Coast2Coast Camps vehicle, children may not leave the vehicle for any reason.
- Campers may not stand up, move around, or unbuckle their seatbelt once they enter the vehicle.
- Once seated, the child's back should be against the seat back with their seat belt tightened.
- Campers may talk in the vehicle without yelling, screaming, or cursing.
- Campers may not eat food in vehicles and food must remain in their backpacks.
- Campers may not drink in the vehicles and drinks must be sealed and unopened in their backpacks.
- If any child destroys property in the vehicle, the parent(s) will be held liable for repairs.
- Campers are not allowed to use cell phones unless pre-approved by a director.
- Campers are to enter/exit the vehicles without shoving and pushing.
- Campers are to exit the vehicle with all of their belongings.
- All body parts covered by clothing should remain covered and should not be shown to any one else.

By signing below, I understand and agree to the preceding policies, procedures, and guidelines.

Child's Full Legal Name: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Initials: _____

Promiseland Preschool **Admission Agreement**

In applying for admission of my child to Promiseland Preschool., I attest that I have received a copy of the Promiseland Preschool Parent Handbook, and that I have read and clearly understand the policies, rules, and requirements stated, and I agree that I will comply with the policies.

I understand that I will be given a 30-day written notice prior to any change in policy or fee schedule and agree to comply with any changes made. I agree and understand that I am responsible for keeping myself updated and informed regarding Promiseland Preschool policies and program activities as well as any changes made. Failure to follow Promiseland Preschool policies may lead to termination of childcare services.

The inspection authority for Promiseland Preschool is:

Community Care Licensing,
6500 Hollister Ave, Ste 200
Goleta, CA 93117.

The Department of Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The Licensing Agency shall make provisions for private interviews with any clients, including children or staff, and for the examination of records relating to the operation of the facility.

The Department of Licensing shall have the authority to observe the physical condition of the client, including conditions, which could indicate neglect, abuse, or inappropriate placement, and to have a Licensed Medical Professional physically examine the client. All Promiseland Preschool staff are mandated reporters. If any staff person suspects a child is being physically, sexually, verbally, or emotionally abused, they are required by law to report this to Child Protective Services.

This agreement shall be in effect until a child leaves Promiseland Preschool with a two-week written notice to the Director or at the end of trial period. Modifications to this agreement shall be made whenever circumstances require such changes. No refunds will be made for services already rendered.

I have read and agree to the conditions and policies stated in the Parent Handbook.

Parent/ Legal Guardian Signature

Child's Printed Name

Date

CA-LF01

Parent Initials: _____

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:

Community Care Licensing
Licensing Office Name: — 6500 Hollister Ave, Ste 200 Goleta, Ca 93117
Licensing Office Address: — 805 562-0400
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 (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.

Promiseland 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.

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

LIC 995 (9/08)

CA-LF02

Parent Initials: _____

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

Community Care Licensing

ADDRESS

6500 Hollister Ave, Ste. 200

CITY

Goleta

93117

AREA CODE/TELEPHONE NUMBER

805 562-0400

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)

Promiseland Preschool

(PRINT THE ADDRESS OF THE FACILITY)

380 Mobil Ave, Camarillo, Ca 93010

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption. You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **non-exemptible and if you were convicted of one of them, by law you will never be allowed in a facility.**

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked. You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclcd.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

LIC 995F (10/09)

CA-LF04

Parent Initials: _____

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
--	------------------------	---

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?
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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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