

# Federated Church Preschool & Child Care Center

## 7:30am – 5:30pm

**1031 Thompson Way  
Placerville, CA 95667  
(530) 622-5226**

### Admission Agreement

Child's Name:		DOB:		Mom's Email:	
				Dad's Email:	
Schedule Request		Reg. Fee:		Date Pd.:	
				Monthly Tuition:	
#Days <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		Start Date <span style="float: right;"><input type="checkbox"/> Owl (2) <input type="checkbox"/> Fox (3) <input type="checkbox"/> Bear (4/5)</span>			Drop-Off Time:
MON <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		Parents/Guardians:			Pick-Up Time:
TUE <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		Address:			Home #
WED <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		City <span style="float: right;">Zip:</span>			Mother/Guardian Cell:
THU <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		Employer: Mother/Guardian			Mother/Guardian Work:
FRI <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/>		Employer: Father/Guardian			Father/Guardian Cell:
					Father/Guardian Work

Student Records:		Parent Contract:	Initial Agree
The following records are required prior to child's first day of enrollment.	Date Records Received by Staff	I hereby agree to comply with the policies and procedures of the Federated Church Preschool and Child Care Center as specified in the Parent Handbook including those regarding tuition & fees, health & safety, pick-up & drop-off, clothing & belongings, mealtimes.	
1) Parent Handbook		I am aware of the center's hours and schedule. I am aware of and agree to the following:	
2) Identification & Emergency Information		A non-refundable registration fee of \$150 is charged.	
3) Parent Report Health History		An annual \$75 re-registration fee is due by May 1 of each year.	
4) Physician's Report		After 12:30/5:30 pm, \$2/minute late fee is charged for childcare.	
5) California School Immunization Record		Monthly Tuition is due on the 1 <sup>st</sup> of the month prior to care.	
6) Personal Rights		Cash payments require a written receipt by staff member.	
7) Parent's Rights		Late fees apply for tuition paid after the 5 <sup>th</sup> AND 15 <sup>th</sup> of the month.	
8) Emergency Card		A \$15 fee is charged for checks returned from the bank NSF.	
9) Consent for Medical Treatment		No credit for illness, vacation, closures, or holidays is given.	
10) Signed Contract		Two weeks' written notice is required prior to withdrawal.	

	Review by Staff		Initial Agree
Are Court Orders included in this file?	Yes / No	A Scholarship/Tuition Fund may be available	
Are allergies noted?	Yes / No	The center is required to make reasonable accommodations for children with special needs who enroll in our program, including children with severe peanut or latex allergies.	
Are other Special Needs noted?	Yes / No	Diapers and wet wipes must be provided from the child's home as needed.	
		Community Care Licensing has the right to interview children or staff, and to inspect and audit childcare center records without prior consent.	
		Parents will be notified in writing 30 days in advance of any changes in rates or services provided by the center.	
		No child will be allowed to hurt him/herself, others or staff to a point that creates an undue hardship on the program. Termination of contract may occur as a result of such behavior.	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Keyless Entry Form ~ Federated Church Preschool

We have a keyless/keypad entry for added security and safety. Please use this form below to provide us with a 4 digit code that you will use to enter and exit the preschool. Your desired # is your first choice, the alternate number will be used if your code is already taken.

Child's Name: \_\_\_\_\_

Desired 4 Digit Door Code#: \_\_\_\_\_ Alternate Code: \_\_\_\_\_

Parents Name (printed): \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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'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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST
LUNCH		LUNCH
DINNER		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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**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

9835 Goethe Rd. Ste 100 MS 19-872

CITY

Sacramento

ZIP CODE

95827

AREA CODE/TELEPHONE NUMBER

(916) 263-5744

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)

**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 Care Licensing

Licensing Office Address: 9835 Goethe Rd. Ste 100 MS 19-872 Sacramento, CA. 95827

Licensing Office Telephone #: 916-263-5744

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](http://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.

Federated Church 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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

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

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

Federated Church Preschool \_\_\_\_\_ 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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

## Discipline Policy - Federated Church Preschool

Acceptable behavior is encouraged by giving positive verbal responses. This reinforces a child's good feeling about his/her behavior and serves as a model for other children. Asking a child to stop and think about unpleasant behavior enables that child to work at self-control.

For a child not cooperating in a group situation, the child is seated by a teacher and reminded of acceptable behavior. Removal from the group for a period of time (to "reset") is the next tactic used for a child who continually demonstrates unacceptable behavior. This is not a punishment, but rather a time when the child may calm down, remember what behavior the teacher is asking for, and decide for him/herself when he/she is ready to rejoin the group with appropriate behavior.

In cases of ongoing and extreme disciplinary behavior such as: biting, causing severe intentional body harm to self, others and staff and continuous disruptive behavior, the following steps will be taken: 1.) A verbal warning to parent 2.) A verbal and written warning to parent 3.) 2<sup>nd</sup> written warning 4.) Termination

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Parents Signature

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Date

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Program Directors Signature

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Date

\*Please return signed/dated page to the office. Thank you!

# Federated Church Preschool

## Potty Training Policy

Please review our current “Potty Training Policy” and know that we will work with you as best we can to help you and your child through the potty-training process. Please also be aware that potty training at Preschool is going to be different than potty training at home because your child is with 9+ other children and they are constantly busy and don’t always “remember” to stop and go potty. We want your child to be successful when potty training so please follow our policy and know that it takes time.

\*Your child must be fully in underwear and accident free at home for at least 2 weeks before you should send them to Preschool in underwear.

\*Your child must be able to tell their teacher when they need to go. Children are not allowed to leave the classroom and go to the bathroom by themselves...this is a licensing issue.

\*Child/Children must be able to use a regular toilet (not a stand alone potty chair or seat insert)

\*Child/Children must go pee AND poop on the potty. We will not put them into a diaper or pull up to poop.

\*Families will not receive the potty trained discounted rate until your child/children are completely potty trained. We understand that accidents happen and that is fine as long as it isn’t happening all the time (like daily)

\*If your child/children have multiple accidents at Preschool after the 2 full weeks at home, we will ask you to send them in pull up to Preschool until they are no longer having accidents.

\*Per licensing, we cannot force your child to sit on the potty. We can ask them if they need to go or want to try, but if they tell us no, we cannot force them.

Thank you for your cooperation and understanding.

Child’s Name (please print): \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

## Permission Slip ~ For 2025-2026 School Year

This is a general permission slip that lets the staff at Federated Church Preschool take your child anywhere on the premises that is not located down in the Preschool building. This includes going upstairs or in the parking lot for special events. This general permission slip will be valid for the upcoming 2025-2026 school year only.

Turn In By: As Soon As Possible – to the Preschool Office or leave in the Lock Box

Date of Event: Ongoing for August 2025- July 2026 School Year

Groups going: Owl, Fox & Bear Classes

Destination of Event: Anywhere on church property that is not downstairs at the Preschool.

Time: You will be notified via email/Procure or text message before any event.

\*\*\*\*\*

Child's Name (please print) \_\_\_\_\_

I give my permission for my child to go with Federated Church Preschool staff to any event on the church grounds for this school year.

\_\_\_\_\_  
Name of Parent (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# **Guideline for COVID-19 Pandemic - 2020**

## **(addition to Parent Handbook)**

### **Plan for When a Child Becomes Sick**

- Call parents immediately when a child is exhibiting COVID-19 symptoms:
  - o Fever or Chills
  - o Cough
  - o Shortness of breath or difficulty breathing
  - o Fatigue
  - o Repeated shaking with chills
  - o Muscle pain or body aches
  - o Headache
  - o Sore throat
  - o New loss of taste or smell
  - o Nausea or vomiting
  - o Diarrhea or loose bowels
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, trouble breathing or bluish lips or face.
- Notify local health officials, staff and all families immediately of any positive cases of COVID-19 while maintaining confidentiality as required by state and federal laws.
- Close off areas used by any sick person and do not use before cleaning and disinfecting. To reduce risk of exposure, wait 24 hours before we clean and disinfect. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep disinfectant products away from students.
- Advise parents of sick students not to return until they have met CDC criteria to discontinue home isolation, including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared. \*Please ask for clarification on when child can return to preschool, as guidance's are ever changing.

### **Maintain Healthy Operations**

- Monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly.
- Maintain communication systems that allow families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records.

### **Considerations for Partial or Total Closures**

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a student, teacher or staff member tests positive for COVID-19 and had exposed others at the school, implement the following steps:
  - o In consultation with the local public health department, the appropriate school official may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer.
  - o Given standard guidance for isolation at home for at least 14 days after close contact, the classroom or office where the patient was based will typically need to close temporarily as students or staff isolate.
  - o Additional close contacts at school outside of a classroom should also isolate at home.
  - o Additional areas of the school visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfecting.
  - o Implement communication plans for school closure to include outreach to students, parents, teachers, staff and the community.
  - o Provide guidance to parents, teachers and staff reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.
  - o Maintain regular communications with the local public health department and the Community Care Licensing Department.

Parent Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This signed addition to the parent handbook will be placed in your child's file.**

## Parent Handbook Acknowledgment

I acknowledge that I have received and read the Parent Handbook for  
Federated Church Preschool.

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Parent's Signature

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Date

### **IMAGE RELEASE CONSENT FORM (REVISED 8/10/2022)**

As part of Federated Church Preschool, we take photographs and videos of children in action as they participate in the classrooms, field trips, holiday celebrations, events, etc. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents.

- ☐ Any and all images/videos of my child(ren) may be used at the discretion of Federated church preschool including those for newsletters, pamphlets/brochures and on social media.
- ☐ Please only use images/videos of my child(ren) for in house projects only such as newsletters. Do not use any images/videos of my child(ren) on social media
- ☐ Please **do not** use ANY images/videos of my child(ren) in ANY way.

**I have read the above description and give my consent for the use of the images as indicated above.**

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*Child(ren)'s name(s): (please print)*

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*Parent/Guardian Signature*

*Parent/Guardian Name (please print)*

*Date*

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

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

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

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

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

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(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