



Rancho Bernardo Community Presbyterian Church Preschool Enrollment Paperwork Instructions - 2022/2023

Dear Families,

Welcome to RBCPC Preschool! We are excited that you have chosen to register your child in our Preschool program. In compliance with the State of California, Community Care Licensing requirements, please complete and sign all forms. Completed forms (including signature on each of pages, 2-9, 11 and the EFW form) need to be returned to the Preschool Office to complete your child's registration. **The due date for all forms (other than medical) is March 1, 2022. Medical forms (Physician's Report, Blood Lead Test, Immunization Record) are due by June 15, 2022.**

☐ **Registration Fee of \$125 per child (non-refundable)**

- Cash or check made payable to RBCPC Preschool.

☐ **Completed Paperwork Packet which includes:**

- **Admission Agreement (pages 1-2)** -- outlines school policies and guidelines.
- **Identification and Emergency Information Form (page 3)** -- provides basic family information, identifies who to contact in an emergency, and who has permission to take the child from school. Please fill out as completely as possible.
- **Child's Pre-Admission Health History-Parent's Report (page 4)** -- provides parent input regarding child's developmental history, past illnesses, daily routines and allergies.
- **Medical Release Form (page 5)** -- provides consent for emergency medical treatment, physician and health insurance information and alternate emergency contact. This information is also kept in the child's classroom in case of emergency. **Permission Slip** -- provides parent permission for child to go off our campus in case of emergency.
- **Acknowledgment of Notification of Parents' Rights (page 6)** -- acknowledges your receipt of Parent's Rights.
- **Acknowledgment of Personal Rights Notification (page 7)** -- acknowledges your receipt of Personal Rights.
- **COVID-19 Policies and Waiver (page 8)** -- provides information on current Preschool protocols and plans related to COVID-19 and requires acceptance of the RB Community Church waiver in relation to COVID-19.
- **Physician's Report-Child Care Centers (pages 9-10)** -- must be completed and signed by child's physician.
- **Child Blood Lead Test Compliance Form (page 11)** -- provides information pertaining to child blood lead screening. Requires physician signature or parent/guardian signature if declining test or previously completed and in child's RBCPC Preschool file.
- **Immunization Requirements (page 12)** -- provides information on immunization requirements. A copy of child's current immunization medical record or immunization card must be submitted to Preschool
- **"Getting To Know Your Family" Form (page 13-14)** -- tell us a little about your child and family. We are looking forward to getting to know you all.
- **Class Placement Information Form (page 15)** -- provides parent input regarding child's class placement.
- **Electronic Funds Tuition Withdrawal Form** -- a new form is required each school year. Applies to tuition payments only.

Sincerely,

Kim Vandergrift and Lisa Genovese
The RBCPC Preschool Administrative Team



Admission Agreement 2022-2023 School Year

Rancho Bernardo Community Presbyterian Church Preschool
17010 Pomerado Road, San Diego, California 92128
Phone: (858) 487-0824 Email: rbcpcpreschool@rbcpc.org

For Office Use Only:	R	N
Enrolled 21/22:	Y	N
Profile Code: 22-2, 22-3, 22-4		
In Shelby:		
In Excel:		
Allergy:	Epi - Yes/No	

PLEASE FILL IN YOUR CHILD'S NAME, READ COMPLETELY AND SIGN

Child's Name _____

OUR PROGRAMS – Please circle the class you are enrolling in

			<u>Annual Tuition</u>	<u>/ 10 Equal Payments</u>
<u>TWO-YEAR-OLDS – Children who turn two-years-old on or before September 1, 2022</u>				
Tue./Thr.	(2.5 hours – 2x a week)	8:30 a.m. - 11:00 a.m. OR 12:00 p.m. – 2:30 p.m.	\$2,550	\$255
<i>(please note, end times and afternoon start time differ from 3 and 4/5-year-old classes)</i>				
Mon./Wed./Fri.	(2.5 hours – 3x a week)	8:30 a.m. - 11:00 a.m.	\$3,050	\$305

THREE-YEAR-OLDS – Children who turn three-years-old on or before September 1, 2022

Tue./Thr.	(3 hours – 2x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.	\$2,800	\$280
Tue./Thr.	(6 hours – 2x a week)	8:30 a.m. - 2:30 p.m.	\$3,800	\$380
Mon./Wed./Fri.	(3 hours – 3x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.	\$3,650	\$365
Fantastic Friday	(3 hours – 1x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.	\$1,000	\$100
<i>This class includes children from different classes and will be held as long as COVID guidelines allow for mixed groups to be together. Children enrolling in Fantastic Friday must also be enrolled in a Tuesday/Thursday class.</i>				

FOUR-YEAR-OLDS – Children who turn four-years-old on or before September 1, 2022

Mon./Wed./Fri.	(3 hours – 3x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.	\$3,650	\$365
Mon. - Thr.	(3 hours – 4x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.	\$4,800	\$480
Mon./Wed./Fri.	(6 hours – 3x a week)	8:30 a.m. - 2:30 p.m.	\$5,650	\$565
Fantastic Friday	(3 hours – 1x a week)	8:30-11:30 a.m. OR 12:30-3:30 p.m.	\$1,000	\$100
<i>This class includes children from different classes and will be held as long as COVID guidelines allow for mixed groups to be together. Children enrolling in Fantastic Friday must also be enrolled in a Monday - Thursday class.</i>				

School Calendar:

- The first week of Preschool will be August 29, 2022-September 2, 2022. The last week of Preschool will be May 29, 2023-June 2, 2023.
- The Preschool closely follows the Poway Unified School District school year calendar, observing similar holiday and vacation periods. A full Preschool calendar of events, observed holidays and vacations will be provided to parents at the beginning of the Preschool year.

Tuition:

- An annual, non-refundable registration fee of \$125.00 shall be paid at the time of registration.
- Tuition may be paid by electronic fund withdrawal (EFW), cash or check in 10 equal payments.
- We strongly encourage all families to take advantage of the EFW option!
- Tuition is due on the 20th of each month for 10 payments, from August 2022 – May 2023.
- A late fee of \$20 per occurrence may be assessed if tuition is not received by the 25th of each month.
- No tuition allowance is made for absence or Preschool closure due to disasters including pandemic, flood, fire, earthquake, extreme weather or road conditions or, other similar acts of God.
- Two weeks advance notice is required in case of withdrawal. Unused tuition will be refunded, if so requested, in a written, two week advance notice of the withdrawal.

Parent Participation:

- Parents are welcome visitors to the Preschool at any time. All parents visiting the school must sign in at the Preschool Office and receive a visitor's name tag.
- Parent Conferences are scheduled twice a year for three, four, and five-year-old children. Conferences for two-year-olds can be scheduled on an as-needed basis.

Notice of State Rights:

- The Community Care Licensing agency has the authority to interview clients, including children, parents, or staff, and to inspect and audit client facility records without prior consent. The licensing agency has the authority to observe the physical condition of a child, including conditions which could indicate abuse or neglect, and to have a licensed medical professional examine a child.

First Aid:

- Preschool staff members may administer simple first aid treatment to children as needed.

Snack Policies:

- The children will bring a snack or be served a snack each Preschool day—see your teacher for details. Parents are expected to periodically sign-up in their child's classroom to bring snack for their child's class.
- If a child has an Epi Pen for food or any other type of allergy, parents must fill out the Emergency Health Plan Form, prior to the start of school. The form can be obtained in the Preschool Office.
- If the Epi Pen is for a food allergy, parents must supply food for their child's snack each Preschool day.
- Peanut foods are not permitted on the Preschool campus, during school hours.
- If a child requires a special diet due to food allergies (that do not require an Epi Pen) or other circumstances, parents must communicate with the Preschool staff in order develop a snack plan for their child.

Photo, Video and Contact Information Policies:

- The Preschool staff may take candid photographs and/or videos of children for Preschool use only. Permission to take such photographs is presumed, absent a parent's written notice to the Preschool to the contrary.
- Parents may take photos and video of their child during Preschool activities, but agree to be respectful in doing so and refrain from interfering with the Preschool activities. Parents agree that, to the extent any of their photos and videos include any Preschool children or siblings other than their own, that such photos will be used solely for personal, non-commercial, and appropriate uses.
- Many parents and staff at the Preschool enjoy sharing photos and videos of Preschool events with other Preschool parents via Internet-based sharing websites, such as Facebook, Snapfish, Costco, You Tube, etc. Any parent who does NOT want pictures or video clips including their child posted on any such Internet-based sharing site agrees to inform the Preschool and the parents of each of their child's classmates of such preference via email or via a writing distributed in each class member's bucket. Permission for such posting is presumed, absent such notification. Parents agree to use their best efforts to abide by other parents' stated preferences regarding Internet-based posting. All parents agree that neither the Preschool nor any parent shall be liable for any inadvertent posting.
- Room coordinators will be provided with parents' name, address, phone number and email address for use in distributed class rosters and Preschool-related activities. Permission to provide such information is presumed unless a parent notifies the Preschool in writing to the contrary.
- Permission to use all email addresses submitted on the Id & Emergency form in our Shelby contacts and/or Mail Chimp group which may be used to send out office newsletters and information is presumed, absent a parent's written notice to the Preschool to the contrary.

Forms required by the Community Care Licensing agency and the Preschool (attached, please complete and return):

- This Admission Agreement, Identification and Emergency Health Information Form, Child's Pre-Admission Health History – Parent's Report, Medical Release and Permission Slip, Parent's Rights and Personal Rights Information, COVID-19 Policies & Waiver, Physician's Report, Child Blood Lead Test Compliance Form, Photocopy of Child's California School Immunization Record showing the following immunizations: 3 Polio, 4 DPT, 1 MMR, 4 HIB (1 if given after 1st birthday), 3 HepB, 1 Varicella, Electronic Funds Withdrawal Form (if electronic withdrawal is desired)

Parent Handbook:

- The Parent Handbook details important information regarding Preschool policies and procedures – copies are available in the Preschool Office and online at <http://www.rbcpcpreschool.org/parent-handbook/>. Your signature on this agreement acknowledges that you have read and understand all items contained in the Preschool Parent Handbook.

Termination:

- This Agreement may be terminated with or without cause at the discretion of the Preschool Director, Early Childhood Education Committee, or Parents.

I understand the above information and agree to the terms of this Agreement.

Parent/Guardian Signature _____ **Date** _____

Preschool Representative Signature _____ **Date** _____

RBCPC Preschool EMERGENCY CELL PHONE (858) 583-4862
Local Licensing Agency: Department of Social Services, Community Care Licensing
8765 Aero Drive, Suite 300 San Diego, California 92123 (619) 467-4388

IDENTIFICATION AND EMERGENCY INFORMATION

Child Care Centers/Family Child Care Homes

School Year: 2022-2023

Child's Name (Last)	(Middle)	(First)	Sex:	Birth date:
Address: (Number)		(Street)	(City, State, Zip)	
Father's/Guardian's/Domestic Partner's Name				
Father's Address: <input type="checkbox"/> Same as Above: _____				
Mother's/Guardian's/Domestic Partner's Name				
Mother's Address: <input type="checkbox"/> Same as Above: _____				
Contact Information: Please note main contact number with an *				
Mother's Cell: ()	_____	Mother's Email:	_____	
Mother's Work:()	_____			
Father's Cell: ()	_____	Father's Email:	_____	
Father's Work: ()	_____			
Home Phone: ()	_____			

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	RELATIONSHIP	BEST CONTACT #
		() Home/Cell
		() Home/Cell
		() Home/Cell

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

☐ Same as above

NAME	RELATIONSHIP	BEST CONTACT #
		() Home/Cell
		() Home/Cell
		() Home/Cell

PHYSICIAN or DENTIST TO BE CALLED IN AN EMERGENCY

Physician:	Address:	Medical Plan & Number ()	Telephone
Dentist:	Address:	Medical Plan & Number	Telephone ()
If physician cannot be reached, what action should be taken?			
<input type="checkbox"/> Call Emergency Hospital <input type="checkbox"/> Other (please explain)_____			
<input type="checkbox"/> CHECK HERE IF YOUR CHILD HAS SEVERE ALLERGIES (please explain on back)			

Signature of Parent/Guardian/Domestic Partner Authorized Representative

Date

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

School Year: 2022-2023

Child's Name (Last) (Middle) (First)			Sex:	Birth date:			
Father's/Guardian's/Domestic Partner's Name			Does this person live in the home with the child? Yes No				
Mother's/Guardian's/Domestic Partner's Name			Does this person live in the home with the child? Yes No				
Past Illnesses - Check illnesses that child has had and specify approximate date of illness/diagnosis.							
Dates: <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Rheumatic Fever _____ <input type="checkbox"/> COVID-19 _____	Dates: <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Epilepsy _____ <input type="checkbox"/> Whooping Cough _____ <input type="checkbox"/> Mumps _____	Dates: <input type="checkbox"/> Polio _____ <input type="checkbox"/> Ten-Day Measles (Rubeola) _____ <input type="checkbox"/> Three-Day Measles (Rubella) _____					
Specify any other serious illness or accidents:							
Does your child have frequent colds? ___Yes ___No			How many colds in the last year? _____				
DEVELOPMENTAL HISTORY: Walked at: _____ months Talked at: _____ months Toilet Training started at: _____ months							
DAILY ROUTINES: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">What time does your child get up? _____</td> <td style="border: none; width: 33%;">What time does your child go to bed? _____</td> <td style="border: none; width: 34%;">Does your child sleep well? _____</td> </tr> </table>					What time does your child get up? _____	What time does your child go to bed? _____	Does your child sleep well? _____
What time does your child get up? _____	What time does your child go to bed? _____	Does your child sleep well? _____					
Does your child sleep during the day? _____ When? _____ For how long? _____							
What foods does your child like?			Dislikes?				
Is child presently under a doctor's care? _____yes _____no			If yes, please describe:				
Does your child use any special devices? _____yes _____no			If yes, please describe:				
ALLERGY INFORMATION: Does your child have any mild allergies? _____ Does your child have severe allergies? _____ If so, what are they? _____ _____ _____							
Does your child use an Epi-Pen? ___Yes ___No							
Does your child have any special needs/IEP/fears/problems? (Please explain)							

Signature of Parent/Guardian/Domestic Partner or Authorized Representative

Date

Rancho Bernardo Community Presbyterian Church Preschool
17010 Pomerado Road, San Diego, CA 92128
(858) 487-0824

**2022-2023
MEDICAL RELEASE FORM**

AUTHORIZATION FOR CONSENT TO FIRST AID AND EMERGENCY MEDICAL TREATMENT

As Parent/Guardian of (Child's Name) _____, I authorize representatives of the Rancho Bernardo Community Presbyterian Church Preschool, as my agents, to administer first aid treatment and to consent to emergency medical procedures as deemed necessary by the attending emergency medical personnel. By signing below, I understand that I am giving authorization in advance for any first aid treatment and emergency medical treatment that may be reasonably required. Unless I revoke it in writing, this authorization shall remain effective while my child is enrolled at the Rancho Bernardo Community Presbyterian Church Preschool.

Parent/Guardian Signature _____ Date ____/____/____

Specific information regarding medication reactions and/or allergies: _____

PERMISSION SLIP

(Child's Name) _____, has our permission to accompany the Rancho Bernardo Community Presbyterian Church Preschool Staff on school-sponsored walks in the surrounding neighborhood and in case of emergency to walk to a safe place in the surrounding neighborhood while enrolled at Rancho Bernardo Community Presbyterian Church Preschool.

(Please note: We do not take field trips, in cars, off campus during school time.)

Parent/Guardian Signature _____ Date ____/____/____

EMERGENCY PROCEDURE INFORMATION

RBCPC Preschool has plans and procedures in place in the event of an emergency. The following cell phone number will be used in the event that the phone lines are down: **858-583-4862**

Please note: Should the Preschool building need to be evacuated, our first choice is to go to an alternate building on the campus (i.e. Fellowship Center). If that is not an option, we will go to the Rancho Bernardo Swim and Tennis Club located at 16955 Bernardo Oaks Dr., San Diego, CA 92128.

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: SAN DIEGO NORTH DISTRICT OFFICE

Licensing Office Address: 7575 METROPOLITAN DR., SUITE 104, SAN DIEGO, CA 92103

Licensing Office Telephone #: 619-278-3700

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.

RBCPC 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

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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)