



# **Rancho Bernardo Community Presbyterian Church**

## **Preschool**

### **Enrollment Paperwork Instructions - 2021/2022**

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, 2-7, 9, 11 and the EFW form) need to be returned to the Preschool Office to complete your child's registration.

☐ **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.
- **Immunization Requirements (page 8)** -- provides information on immunization requirements. A copy of child's current immunization medical record or immunization card must be submitted to Preschool.
- **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.
- **"Getting To Know Your Family" Form (page 12-13)** -- tell us a little about your child and family. We are looking forward to getting to know you all.
- **Class Placement Information Form (page 14)** -- 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 and Lisa**  
**The RBCPC Preschool Administrative Team**



## **Admission Agreement 2021-2022 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 20/21:** Y N

Profile Code: 21-2, 21-3, 21-4

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***

#### **TWO-YEAR-OLDS – Children who turn two-years-old on or before September 1, 2021**

				<u>Annual Tuition</u>	<u>/ 10 Equal Payments</u>
Tue./Thr.	(2.5 hours – 2x a week)	8:30 a.m. - 11:00 a.m. OR 12:30 p.m. - 3:00 p.m.		\$2,450	\$245
Mon./Wed./Fri.	(2.5 hours – 3x a week)	8:30 a.m. - 11:00 a.m. OR 12:30 p.m. - 3:00 p.m.		\$2,950	\$295

#### **THREE-YEAR-OLDS – Children who turn three-years-old on or before September 1, 2021**

Tue./Thr.	(3 hours – 2x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.		\$2,700	\$270
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.		\$3,550	\$355
Fantastic Friday	(3 hours – 1x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.		\$ 950	\$ 95

*This class includes children from different classes and will be held as long as COVID regulations allow for it.  
Children enrolling in Fantastic Friday must also be enrolled in a Tuesday/Thursday class.*

#### **FOUR-YEAR-OLDS – Children who turn four-years-old on or before September 1, 2021**

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.		\$3,550	\$355
Mon. - Thr.	(3 hours – 4x a week)	8:30 a.m. - 11:30 a.m. OR 12:30 p.m. - 3:30 p.m.		\$4,700	\$470
Mon./Wed./Fri.	(6 hours – 3x a week)	8:30 a.m. - 2:30 p.m.		\$5,550	\$555
Fantastic Friday	(3 hours – 1x a week)	8:30-11:30 a.m. OR 12:30-3:30 p.m.		\$ 950	\$ 95

*This class includes children from different classes and will be held as long as COVID regulations allow for it.  
Children enrolling in Fantastic Friday must also be enrolled in a Monday - Thursday class.*

#### **School Calendar:**

- The first week of Preschool will be August 30, 2021-September 3, 2021. The last week of Preschool will be May 30, 2022-June 3, 2022.
- 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 2021 – May 2022.
- 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 be served a snack each Preschool day. 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 Mail Chimp group which is used to send out weekly office newsletters is presumed, absent a parent's written notice to the Preschool to the contrary.

**Forms required by 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, 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 1<sup>st</sup> birthday), 3 HepB, 1 Varicella, Electronic Funds Withdrawal Form (if electronic withdrawal is desired)

**Forms required by the Community Care Licensing agency:**

- Parents' Rights, Personal Rights, Caregiver Background Check Process Information

**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** \_\_\_\_\_

# IDENTIFICATION AND EMERGENCY INFORMATION

## Child Care Centers/Family Child Care Homes

School Year: 2021-2022

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: <b>Please note main contact number with an *</b>				
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: 2021-2022

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	
<b>Past Illnesses - Check illnesses that child has had and specify approximate date of illnesses:</b>				
<div style="text-align: right; padding-right: 10px;">Dates:</div> <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Rheumatic Fever _____ <input type="checkbox"/> COVID-19 _____	<div style="text-align: right; padding-right: 10px;">Dates:</div> <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Epilepsy _____ <input type="checkbox"/> Whooping Cough _____ <input type="checkbox"/> Mumps _____	<div style="text-align: right; padding-right: 10px;">Dates:</div> <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? _____	
<b>DEVELOPMENTAL HISTORY:</b>				
Walked at: _____ months    Talked at: _____ months    Toilet Training started at: _____ months				
<b>DAILY ROUTINES:</b>				
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:		
<b>ALLERGY INFORMATION:</b>				
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

**2021-2022**  
**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: \_\_\_\_\_

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**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](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.

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

LIC 995 (9/08)

## 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:

### Community Care Licensing

NAME

Mission Valley District Office Childcare

ADDRESS

8765 Aero Drive, Suite 300

CITY

San Diego, CA

ZIP CODE

92123

AREA CODE/TELEPHONE NUMBER

619-467-4388

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)

RBCPC Preschool

(PRINT THE ADDRESS OF THE FACILITY)

17010 Pomerado Rd. San Diego, CA 92128

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



# **MEDICAL INFORMATION / FORMS**

**PLEASE SUBMIT ALL REQUIRED MEDICAL INFORMATION AND COMPLETED FORMS TO RBCPC PRESCHOOL AT YOUR EARLIEST CONVENIENCE, PRIOR TO JULY 26, 2021.**

**If your child CURRENTLY ATTENDS Drop-Off Preschool with us,** we already have their medical forms on file and it is not necessary to re-submit the information. If however, your child has received recent vaccinations and/or you have updated medical information that we should be aware of, please contact us and/or submit the appropriate forms.

**If this is your child's FIRST YEAR in a Drop-Off class at RBCPC Preschool,** we are required to obtain certain medical forms in order to complete your child's registration. The three required forms are:

1. Immunization Record (Requirements below)
2. Physician's Report (LIC 701)
3. Child Blood Lead Test Compliance Form

## **IMMUNIZATION REQUIREMENT**

If this is your child's first year in a Drop-Off class at RBCPC Preschool, please submit a current copy of your child's immunization record. The vaccines listed below are legally required by the State of California for entry into preschool.

**3 Polio**

**4 DTap**

**4 HIB (1 if received after first birthday)**

**3 Hep B**

**1 MMR**

**1 Varicella**

**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)

**RBCPC PRESCHOOL**

(NAME OF CHILD CARE CENTER/SCHOOL)

\_\_\_\_\_ . This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_

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

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**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.

# RBCPC PRESCHOOL 2021-2022

TO OPT OUT OF THIS TEST, PLEASE MARK THE BOX THAT APPLIES.

☐ My child did this test last year and RBCPC Preschool has it on file.

☐ I decline this test for religious/personal reasons.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

## CHILD BLOOD LEAD TEST COMPLIANCE FORM

In accordance with Section 54.1011 of the City of San Diego's Lead Hazard Prevention and Control Ordinance (effective May 9, 2008), all child care centers or employee operated child-care centers in the City of San Diego are required to collect evidence of a blood lead test for each new enrollment for children between the ages of six months and seven years of age inclusive. Proof of blood lead screening is to be provided prior to admission, but in no event later than thirty days after admission. Please use this form to have your physician verify the test was completed, and return it to our office.

A blood lead test can be conducted by your current health care provider, either using a capillary (finger prick) test or a blood draw. You can discuss with your physician the types of test they perform. Physicians who are interested in getting trained in the capillary draw method can contact the County Health Department at (619) 515-6576, or at (619) 515-6636. Costs for these tests are typically covered by most health care insurances. If you would like a listing of clinics that conduct finger prick testing, or more information about the ordinance and childhood lead poisoning prevention, visit the City of San Diego's Lead Safety and Healthy Homes Program website at [www.sdhealthyhomes.org](http://www.sdhealthyhomes.org), or call (858) 694-7000.

Parent or legal guardian: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
Street City Zip

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physician use only

On \_\_\_\_\_ the above listed child was screened for lead poisoning  
Date  
in accordance with applicable criteria mandated by the State of California.

Physician: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone#

Childhood lead poisoning is the greatest **preventable** environmental disease affecting children today. The highest risk is for children under six as their brains and nervous systems are still developing and are more sensitive to the damaging effects of lead. Medical research has shown there is no safe level of lead exposure in children and the effects of lead exposure cannot be corrected. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement. The highest loss of intelligence quotient, an average of 7.3, occurs below 10 micrograms of lead per deciliter of blood. In May 2012, the Center for Disease Control stated that no safe blood lead level in children has been identified, and there no blood lead level that can be used to define individuals in need of intervention. Research in 2008 shows compelling evidence linking childhood lead poisoning to criminal activity later in life.

**RBCPC Preschool**  
**GETTING TO KNOW YOUR FAMILY**  
**2021-2022**

For office use only Teacher: _____ Class: _____ AM / PM
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*Please complete and return with your registration packet. A copy will be given to your child's teacher. When school begins you will have an opportunity to update this form if needed. Thank you!*

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other name your child goes by: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Siblings Names/Ages: \_\_\_\_\_

Please share any traditions, celebrations, and/or cultural influences you may have:

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to share any of the above in the classroom? (circle one) Yes No

Favorite family activities: \_\_\_\_\_

Family Pets/Names: \_\_\_\_\_

Does your child have a favorite comfort item? \_\_\_\_\_

Please share with us some special things you would like us to know about your child:

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite toys, activities, and foods?

\_\_\_\_\_

\_\_\_\_\_

Lists things that your child may be sensitive to and/or may not like (foods, sounds, pets, touch):

\_\_\_\_\_

Please share goals you have for your child at Preschool this year:

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What are some concerns or questions you may have regarding your child's Preschool experience?

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Primary language spoken in home:\_\_\_\_\_ Other language(s):\_\_\_\_\_

How does your child communicate his/her needs with:

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

What word/prompts does your family use pertaining to toileting?

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Does your child need any assistance dressing, eating and/or hand washing? (Circle One) Yes No

If yes, please describe: \_\_\_\_\_

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Has your child ever been screened or had a developmental assessment? (Circle One) Yes No

If yes, when and with whom? \_\_\_\_\_

Does your child receive services for speech/language? (Circle One) Yes No

If yes, what type, how often, and from whom?\_\_\_\_\_

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Does your child have an IEP or an IFSP? (Circle One) Yes No

If yes, please describe: \_\_\_\_\_

Does your child have any allergies or medical conditions we should be aware of? (Circle One) Yes No

(Please explain)\_\_\_\_\_

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MY CHILD'S NAME: \_\_\_\_\_ Gender: \_\_\_\_\_  
(first) (last)

## *Class Placement Information*

Please complete the questions below as thoroughly as possible and return with your registration paperwork. We respect all children and families and only use this information to consider the best class placement for your child, prior to the start of the school year.

1. Is your child currently receiving any services inside or outside of the home?

This may include but is not limited to Speech Therapy, Occupational Therapy, and Physical Therapy etc.  
If yes, please describe below. If no, please enter N/A.

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2. Does your child have any significant allergies, have a prescribed Epi Pen, a significant medical condition or require any support equipment? If yes, please describe below. If no, please enter N/A.

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3. Please describe your child's temperament, likes, dislikes and or the type of adult personality you feel your child would work well with.

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***Though we cannot guarantee the placement of your child with a certain teacher or friend, we do recognize the value of these relationships and will try our best to accommodate your requests whenever possible.***

4. Is there any child/family you are hoping to have in the same class as your child?

If yes, please list first and last names of the children, in order of importance. If none, please enter N/A.

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5. Is there any teacher or assistant teacher you'd like to request for your child?

Please list the names below in order of importance. If none, please enter N/A.

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NOTES/COMMENTS - If you have any other information you would like to share with us, please feel free.

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**2021-2022**  
**Electronic Funds Tuition Withdrawal**  
**PRESCHOOL**

**RANCHO BERNARDO COMMUNITY PRESBYTERIAN CHURCH**

17010 POMERADO ROAD, SAN DIEGO, CA 92128 – (858) 487-0824 – [RBCPCPRESCHOOL@RBCPC.ORG](mailto:RBCPCPRESCHOOL@RBCPC.ORG)

PLEASE PRINT

PARENT NAME \_\_\_\_\_  
STUDENT(S) NAME: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

I (We) acknowledge that the origination of ECG transactions to my (our) account must comply with the provisions of U.S. law.

I (We) hereby authorize Rancho Bernardo Community Presbyterian Church to debit my (our) account at the financial institutions(s) indicated below for the amount(s) stated on form.

☐ Begin Withdrawal

☐ Change Information

☐ Cancel

**Effective Date:** (Please circle the effective starting month)

August, September, October, November, December, January, February, March, April, May

Withdrawal Date: 20th of the month

BANK NAME \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
ACCOUNT TYPE CHECKING ACCOUNT  
AMOUNT \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE ALLOW TWO WEEKS FOR WITHDRAWALS OR CHANGES TO BE EFFECTIVE. IT IS THE PAYEE'S RESPONSIBILITY TO  
ENSURE OTHER ARRANGEMENTS ARE MADE DURING TRANSITION TIME.

DIRECT TUITION QUESTIONS TO [rbcpcpreschool@rbcpc.org](mailto:rbcpcpreschool@rbcpc.org)

**ATTACH VOIDED CHECK HERE**