



Rancho Bernardo Community Presbyterian Church Preschool 2019-2020

Enrollment Paperwork Instructions

Dear Families,

Welcome to RBCPC Preschool! We are thrilled you have chosen to register your child in our Preschool program. In compliance with the State of California, Community Care Licensing requirements forms must be completed and signed by you in order for your child to participate in our program. Completed forms need to be returned to the Preschool Office.

TO GUARANTEE ENROLLMENT, THE FOLLOWING IS DUE TO US BY FRIDAY, FEB 15th!

- ☐ **Registration Fee of \$125 per child (non-refundable)**
 - *Cash or check made out to RBCPC Preschool*
- ☐ **Completed Paperwork Packet which includes:**
 - **Admission Agreement**---outlines school policies and guidelines.
 - Requires a signature on the back.
 - **Identification and Emergency Information Form**---provides basic family information; identifies who to contact in an emergency and who has permission to take child from school. Please fill out as completely as possible.
 - **Child's Pre-Admission Health History-Parent's Report**---provides parent input regarding child's developmental history, past illnesses, daily routines and allergies.
 - **Medical Release Form** ---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 and taken should we need to evacuate the facility. **Permission Slip** ---provides parent permission for child to go off campus in case of emergency.
 - **Acknowledgment of Parents' Rights Notification**---acknowledges your receipt of Parent's Rights.
 - **Acknowledgment of Personal Rights Notification**---acknowledges your receipt of Personal Rights.
 - **Electronic Funds Tuition Withdrawal Form** (New form is required each school year)
 - **Volunteer Form** – get connected by helping support our preschool community
 - **Getting To Know Your Family Form** - tell us a little about your child and family. We are excited to get to know you all!!

Please make sure to retain all the attached documents labeled "KEEP FOR YOUR RECORDS" and to make a copy of your completed packet for your records.

Sincerely,
The RBCPC Preschool Administrative Team



Admission Agreement 2019-2020 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: **N R**

Profile Code: 20-2, 20-3, 20-4

In Shelby:

In Excel:

Allergy: Epi - Yes/No

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

Child's Name _____

School Calendar:

- The first week of Preschool will be September 3 – September 6, 2019. The last week of Preschool will be June 1 – June 5, 2020.
- The Preschool closely follows the Poway Unified School District school year calendar, observing similar holidays 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.

Two Year Olds – Children who turn 2 on or before September 1, 2019

			Tuition
Monday/Wednesday (1 ½ hour – 2x a week)	8:30 - 10:00am		\$1,600 yearly divided equally into 10 payments of \$160 per month
Tuesday/Thursday (1 ½ hour – 2x a week)	8:30 - 10:00am		\$1,600 yearly divided equally into 10 payments of \$160 per month
Tuesday/Thursday (2 ½ hour – 2x a week)	8:30-11:00am OR 12:30-3:00		\$2,350 yearly- divided equally into 10 payments of \$235 per month
Mon/Wed/Fri (2 ½ hour – 3x a week)	8:30-11:00am OR 12:30-3:00		\$2,850 yearly- divided equally into 10 payments of \$285 per month

Three Year Olds – Children who turn 3 on or before September 1, 2019

			Tuition
Tuesday/Thursdays	8:30am – 11:30am or 12:30pm – 3:30pm		\$2,600 yearly- divided equally into 10 payments of \$260 per month
Monday/Wednesday/Fridays	8:30am – 11:30am or 12:30pm – 3:30pm		\$3,450 yearly - divided equally into 10 payments of \$345 per month

Four and Five Year Olds - Children who turn 4 on or before September 1, 2019

			Tuition
Monday/Wednesday/Fridays	8:30am – 11:30am or 12:30pm – 3:30pm		\$3,450 yearly - divided equally into 10 payments of \$345 per month
Monday – Thursdays	8:30am – 11:30am or 12:30pm – 3:30pm		\$4,600 yearly - divided equally into 10 payments of \$460 per month

FANTASTIC FRIDAY – NEW this year - Add a day to your child's weekly schedule.

All children enrolled must also be enrolled in either the 3's TTH or 4's M-TH class.

Friday	8:30am -11:30am or 12:30pm – 3:30pm	\$850 yearly – divided into 10 equal payments of \$85 per month
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Tuition:

- An annual, non-refundable registration fee of \$125.00 shall be paid at the time of registration.
- Tuition may be paid by automatic electronic withdrawal, cash or check on a 10 month payment schedule.
- We strongly encourage all families to take advantage of the electronic withdrawal option!
- Tuition is due on the 20th of each month for 10 months, from August 2019 – May 2020.
- A late fee of \$20 per occurrence will 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 natural disasters including flood, fire, earthquake, extreme weather or road conditions or other similar acts of God.
- Two week 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 anytime.

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 my child.

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 does 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; 1 HIB; 3 Hep B; 1 Varicella, Electronic Funds Tuition 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 _____

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

OVER

IDENTIFICATION AND EMERGENCY INFORMATION

School Year: 2019-2020

Child Care Centers/Family Child Care Homes

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?

☐ Call Emergency Hospital ☐ Other ... Explain _____☐ CHECK HERE IF YOUR CHILD HAS SEVERE ALLERGIES (please explain on back)

Signature of Parent/Guardian/Domestic Partner Authorized Representative

Date

(OVER)

CHILD'S PREADMISSION HEALTH HISTORY-PARENTS REPORT

School Year: 2019-2020

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 illnesses:				
Dates: <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Asthma _____ <input type="checkbox"/> Rheumatic Fever _____ <input type="checkbox"/> Hay Fever _____		Dates: <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Epilepsy _____ <input type="checkbox"/> Whooping Cough _____ <input type="checkbox"/> Mumps _____		Dates: <input type="checkbox"/> Poliomyelitis _____ <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:				
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? ____				
Diet Pattern: _____				
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

**MEDICAL RELEASE FORM
2019-2020**

AUTHORIZATION FOR CONSENT TO FIRST AID AND EMERGENCY MEDICAL TREATMENT

As Parent/Guardian of _____, 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 reactions to Medications 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

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

Please note that if the Preschool building had to be evacuated, we would first go to an alternate building on the campus (i.e. Fellowship Center). If that was not an option, we would go to the Rancho Bernardo Swim and Tennis Club.

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

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)

2019-2020
Electronic Funds Tuition Withdrawal
PRESCHOOL

RANCHO BERNARDO COMMUNITY PRESBYTERIAN CHURCH
17010 POMERADO ROAD, SAN DIEGO, CA 92128 – (858) 487-0824 – PRESCHOOLTUITION@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 PRESCHOOLTUITION@RBCPC.ORG.

ATTACH VOIDED CHECK HERE

Please submit a current copy of your child's
Immunizations only if:

- This is your child's first year in a drop off
RBCPC Preschool class.

The below listed shots are required by California
law for school entry.

3 Polio

4 Dtap

3 HepB

1 MMR

1 Varicella

4 HIB

(1 HIB ok if after first birthday)

If your child currently attends drop off preschool
then immunizations are already on file so please disregard
this request.

However - if your child has received recent shots – please
submit an updated immunization copy.



1000

1000



1000

1000

MY CHILD'S NAME: _____ Gender: _____
(first) (last)

Class Placement Information

Please complete the questions below as thoroughly as possible and submit to us with the registration paperwork. This information is used solely to determine specific teacher class placement which is completed during the Summer. We respect all children and families and only use this information to consider the best class placement for your child.

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.

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.

3: Please describe your child's temperament, likes, dislikes and or the type of adult personality you feel your child would work well with. If none - enter N/A.

When answering the two questions below. Please keep the following in mind:

We cannot guarantee to place your child with a certain teacher or other friend; however, we do value these relationships and will try our best to accommodate requests whenever possible.

4: Is there any child/family you are hoping to have your child in class with?

Please list first and last names of the children below in order of importance. If none - enter N/A.

5: Is there any teacher or assistant teacher you are hoping to have your child in class with?

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

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

RBCPC Preschool
GETTING TO KNOW YOUR FAMILY
2019-2020

For office use only:
Teacher: _____
Class: _____ AM/PM

Please complete and return with your 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 & 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: _____

Does your child have a favorite comfort item? _____

Share with us some special things you want 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.

What are some concerns or questions you may have regarding your child and/or his/her Preschool experience?

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?

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

If yes, Please describe: _____

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? _____

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? Yes No

(Please explain) _____