

NAME:

Little Acorns Montessori	
Enrollment Form Checklist	
_____	Identification and Emergency Information (Copy to Briana)
_____	Allergy/Food Restriction _____
_____	Emergency Medical Consent _____
_____	Field Trip Release _____
_____	Admission Agreement (Copy to Briana)
_____	Child's Pre-admission Health History (lic 702)
_____	Physician's Report _____
_____	Immunization Record (Copy to Briana)
_____	Parents Rights _____
_____	Personal Rights _____
_____	New Child Classroom Information Sheet _____
_____	Sunscreen Permission Form _____
_____	_____
_____	Two Week Notice Contract _____
_____	Discipline Policy _____
_____	Receipt of Parent Handbook _____
_____	Parent Questionnaire _____
_____	Napsack Form (if applicable) _____
_____	Routine Physical Contact _____
_____	Classroom Rules _____
_____	Infant Supplement _____
_____	Electronic Statements Notice _____
_____	Credit Card Billing Form (Give to Briana)
_____	Application Form (Copy to Briana)
_____	Directory Participation (Copy to Briana)
_____	Permission to Sign In _____
_____	Text Communication Form _____
_____	Health and Social Distancing Policies _____

Little Acorns Montessori First Day Checklist

Please remember to bring the following items on
your child's first day!

- _____ Photo of child's face - approximately 1.5" X 2"
- _____ Healthy Lunch. For Infants -all food/bottles for the day
- _____ Extra clothes, labeled and placed in a ziploc baggie.
- _____ Diapers or pull-ups, if your child uses them,
marked with initials.
- _____ 6 cans of meat or vegetables for emergency supplies
- _____ face mask (for children 3 and up)
- _____ reusable bag or backpack for carrying personal items
- _____ Any forms and fees not yet turned in

Nap Linens

Preschool and Toddler

- _____ a nap sack will be assigned. Please wash it once a week.
- Bring a crib sized sheet labeled with your child's name.
- You may also provide a small pillow or stuffed animal.

Infants

- _____ Infants should have a crib sheet for each
day that they will attend. (This is a licensing regulation.)
- Infants need a small blanket or sleepsack. They can have
a pacifier or comfort toy or blanket if your child uses one.

ALL ITEMS MUST BE LABELED!

IDENTIFICATION AND EMERGENCY INFORMATION - DAY CARE CENTERS

To be completed by a parent or guardian.

Child's Name - First, Middle, Last		Birthdate	Sex
Parent/Guardian 1 Name - First, Middle, Last		P1 First Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared Custody	Parent/Guardian 1 Email Address	P1 Second Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Address Where Child Resides City State Zip		P1 Third Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Parent/Guardian 2 Name - First, Middle, Last		P2 First Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared Custody	Parent/guardian 2 Email Address	P2 Second Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Parent/Guardian 2 Address, if different City State Zip		P2 Third Call Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

Provide at least three LOCAL contacts.

Name	Relationship	Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Name	Relationship	Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Name	Relationship	Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O
Name	Relationship	Phone Number	Type <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> O

ADDITIONAL 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 GUARDIAN)

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY

Physician	Address	Phone Number
Dentist	Address	Phone Number

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN

Signature of Parent/Guardian

Date

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

Date of Admission

Date of Termination

LITTLE ACORNS MONTESSORI
Field Trip Authorization Form

I, _____ (Parent's Name) give permission for my child, _____ (Child's Name) to attend all scheduled field trips with Little Acorns Montessori. I understand that if transportation is required, the means for transportation will be by insured staff members or volunteers with personal autos. The destinations will be posted near the sign-in sheets prior to any trip. I understand that I will need to sign for approval to participate for each field trip separately in addition to this form. Each child traveling in an auto must provide a car seat.

Parent/Guardian's Signature _____

Date _____

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

_____ FACILITY NAME TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
_____ NAME . THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES: _____

DATE _____

HOME ADDRESS _____

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE _____

HOME PHONE _____

()

WORK PHONE _____

()

LIC 627 (SOS) (CONFIDENTIAL)

Allergies and Dietary Restrictions

Child's name _____

Date _____

- Does your child have any allergies? ____ Yes ____ No

Allergy	Severity mild, medium, severe, epi-pen

- Does your child have any dietary restrictions?

If your child has food allergies or dietary restrictions, we recommend you provide your child's snack.

____ I will provide snacks for my child.

- OR -

____ I decline to provide snack and relieve LITTLE ACORNS MONTESSORI from all liability if my child mistakenly ingests above noted foods.

Parent's name _____

Parent's signature _____ Date _____

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

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

(NAME OF CHILD) _____, born _____ (BIRTH DATE) _____ is being studied for readiness to enter
Little Acorns Montessori _____ (NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from 7 : 30
a.m./p.m. to 6:00 a.m./p.m., 5 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: _____

Vision: _____

Developmental: _____

Language/Speech: _____

Dental: _____

Allergies: medicine: _____

Insect stings: _____

Food: _____

Asthma: _____

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.

Fax Back to Little Acorns Montessori
831-464-1408

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

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 THIS CHILD BEING UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	
DEVELOPMENTAL HISTORY <small>(*For infants and preschool-age children only)</small>			
WALKED AT*		TOILET TRAINING STARTED AT*	
MONTHS		MONTHS	
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:			
DATES		DATES	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Polio		<input type="checkbox"/> Pertussis	
<input type="checkbox"/> Tetanus		<input type="checkbox"/> Diphtheria	
<input type="checkbox"/> Measles		<input type="checkbox"/> Rubella	
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS			
DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY IN LAST YEAR?	
LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF			
DAILY ROUTINES <small>(*For infants and preschool-age children only)</small>			
WHAT TIME DOES CHILD GET UP?*		WHAT TIME DOES CHILD GO TO BED?*	
DOES CHILD SLEEP DURING THE DAY?*		DOES CHILD SLEEP WELL?*	
DIET PATTERNING (What does child usually eat for these meals?)		HOW LONG?*	
BREAKFAST		WHAT ARE USUAL EATING HOURS?	
LUNCH		BREAKFAST	
DINNER		LUNCH	
		DINNER	
ANY FOOD DISLIKES?			
IS CHILD TOILET TRAINED?*		ANY EATING PROBLEMS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT'S EVALUATION OF CHILD'S HEALTH		WORD USED FOR URINATION*	
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? IF YES, NAME OF DOCTOR:			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
DOES CHILD USE ANY SPECIAL DEVICE(S)? IF YES, WHAT KIND:		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	
PARENT'S EVALUATION OF CHILD'S PERSONALITY		DOES CHILD USE ANY SPECIAL DEVICES AT HOME? IF YES, WHAT KIND:	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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			
LIC 702 (008) (CONFIDENTIAL)			DATE

**PARENT'S PERMISSION FORM
SCHOOL-SUPPLIED SUNSCREEN**

Little Acorns Montessori
1215 Chanticleer Ave.
Santa Cruz, CA 95062

Child's Name: _____

I give permission for childcare providers employed by Little Acorns Montessori to administer "Rocky Mountain Kids Sunscreen, Broad Spectrum, SPF 30" to my child as deemed necessary. Adverse reactions to this sunscreen will be reported in writing to the parent and parent will be requested to supply an alternative sunscreen product. Parents are required to apply sunscreen before dropping children off at school in the morning.

If you do not give permission to use school supplied sunscreen, please provide us with an unopened container of your preferred sunscreen with your child's name written permanently on it.

Parent's Signature

Date

Parent's Name (please print)

**LITTLE ACORNS MONTESSORI
Two Week Notice Contract**

I, _____ (Parent's Name) am enrolling my child, _____ (Child's Name) in the Little Acorns Montessori Program. I understand that this program requires a two week written notice for any program changes; i.e. attendance changes of time, day, additions, deletions or program withdrawal.

My two week notice allows Little Acorns Montessori administrative staff to respond to my request. In the case of program withdrawal, it gives the program time to place another family in the space I am leaving or changing from. I understand how important it is that the program be given notice of changes and agree to give written notice of two weeks on any schedule change.

I understand that if I withdraw without any notice, any outstanding credits to my account will not be refunded and fees due through the end of the two week period are due and payable. If I provide two week written notice, any credit to my account at the end of the two weeks will be refunded within 10 days of notice being received by administrative staff.

Parent/Guardian's Signature

Director's Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I acknowledge that I have been given a copy of the Little Acorns Montessori (LAM) Parent Handbook. I understand that this handbook summarizes LAM's policies, practices and participation guidelines and that it is furnished to me solely for my information. I also understand that LAM may at any time modify or rescind any of its policies and/or practices described in the handbook, except for those policies and/or practices required by law. I acknowledge that it is my responsibility to read and become familiar with the contents of this handbook.

Dated: _____

By: _____
Signature

Printed Name of Parent (or Legal Guardian): _____

**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: Department of Social Services

Licensing Office Address: 2580 N. First St., Suite 300, San Jose, CA 95131

Licensing Office Telephone #: 408-324-2148

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

Little Acorns Montessori

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

IMPORTANT INFORMATION**CAREGIVER BACKGROUND CHECK INFORMATION**

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

What is a background check?

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

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible** and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

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

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cdld.ca.gov.

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

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

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

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

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

2580 N. First St., Suite 300

CITY

San Jose

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

408-324-2148

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)

Little Acorns Montessori

(PRINT THE ADDRESS OF THE FACILITY)

1215 Chanticleer Ave., Santa Cruz, 95062

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Parent's Questionnaire Little Acorns Montessori

Name of Child _____

1. What skills, talents, hobbies, interests or activities do you have that you might share with the children? _____

2. What do parents do for a living?

Can we use you as a resource for information and/or real life equipment or tools? _____

3. We'll be looking for lots of diverse materials to use in the classroom. As we feature different parts of the world during the year we will be looking for books, music, art, objects, toys, clothing etc. that represent cultures of the world. Do you have anything you would be willing to share, loan or even donate?

4. What is your family's ethnic/cultural background? (Optional – this is used because the family's are a wonderful source of cultural information and education for the children.) _____

5. Are there special foods that are representative of your ethnic/cultural background? Y N

Would you be willing to talk about and share a sample of one of your foods with the children at circle time? _____

6. List the most common holidays celebrated in your immediate family, and briefly describe how you celebrate.

HOLIDAY	HOW CELEBRATED

7. What languages are spoken in your home?

What is your primary language? _____

What is your child's primary language? _____

Does your child speak or understand another language? _____

8. What would you like to see your child learn about here? _____

NEW CHILD ENROLLMENT CLASSROOM INFORMATION SHEET

CHILD'S NAME _____ AGE _____

CHILD'S HOME ADDRESS _____

BIRTHDAY _____ HOME PHONE _____ PETS? _____

MOMS NAME _____ BIRTHDAY _____ WORK # _____

MOMS WORKPLACE _____

DADS NAME _____ BIRTHDAY _____ WORK # _____

DADS WORKPLACE _____

LIVES WITH (circle): MOM DAD BOTH OTHER _____

SEBLINGS: _____ AGE _____ SCHOOL _____

SEBLINGS: _____ AGE _____ SCHOOL _____

SEBLINGS: _____ AGE _____ SCHOOL _____

OTHER FAMILY _____

WHAT HOLIDAYS/EVENTS DOES YOUR FAMILY CELEBRATE AND HOW? _____

HAS THE CHILD BEEN IN A PRESCHOOL SETTING BEFORE? _____

MEDICAL HISTORY _____

ALLERGIES? _____

PERSONALITY _____

FAVORITE TOY/BLANKET? _____

TEACHER _____ CLASS _____

FIRST DAY _____ TIMES ATTENDING _____

DAYS ATTENDING: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
AM AM AM AM AM
PM PM PM PM PM

REMARKS: _____



Discipline Policy and Behavior Guidance

Our staff will provide each child with guidance that helps the child acquire a positive self-concept. Discipline and behavior guidance used by each caregiver will always be constructive, positive and suited to the age of the child. The following rules and standards will apply in the center for preschool children. (Infants are not disciplined.)

1. To prevent unacceptable behavior from occurring, the staff will:
 - a. Model appropriate behavior for the children
 - b. Arrange the classroom environment to enhance the learning of behaviors that are acceptable.
 - c. Use descriptive praise when appropriate behavior is occurring (for example: Look how well you are cleaning up after yourself.)
2. When unacceptable behavior is about to occur or is occurring, the staff will use:
 - a. Redirection: substituting a positive activity for a negative activity.
 - b. Distraction: change the focus of the activity or behavior
 - c. Active Listening: to determine the underlying cause of the behavior
 - d. Loss of Freedom: child will be required to stay with a teacher for a short time until behavior improves.

The program complies with all federal, state and local laws which prohibit corporal or abusive punishment in child care settings. Staff are strictly prohibited from using unproductive or shaming methods of punishment

Little Acorns Montessori believes that parents and child care staff must work together to deal with persistent behavioral issues such as biting, or unusual or dangerous aggression to self or others. If a child appears to be unusually stressed, anxious or otherwise motivated to engage in negative behaviors, the parents will always be consulted.

I have read and understand the explanation of Little Acorns Montessori's discipline methods.

Parent/Guardian Signature

Date



Nap Sack Contract

In order to meet licensing regulations, which require that each child's napping linens stay entirely within their own cubby and do not touch any other children's linens, we will assign a "nap sack" for children who stay at school for nap. The nap sack is a small polar fleece sleeping bag that rolls up into a small cylinder. You may provide a small pillow with a washable cover and a small favorite nap companion, like a stuffed animal. Please **DO NOT** send your child with a large pillow, large stuffed animal or large blanket as these items will not fit in the cubby.

Nap sacks must be taken home and washed at the end of each week and returned on the child's next day of attendance. **LABEL ALL LINENS AND PERSONAL ITEMS.**

Linen Fee: If you forget your child's nap sack, we can provide a loaner. You will be charged a \$1 fee per day that LAM provides a loaned nap sack for your child. You will be charged a \$25 deposit which will be forfeited if your child's nap sack is lost or destroyed.

Nap Sack Policy Acknowledgement

Child's Name: _____ Nap Sack Number _____

I have read the nap linen policy above and I understand that I am responsible for washing the nap sack each week. I understand that a \$25 deposit will be charged to my account and will be refunded when the nap sack is returned in good condition.

Parent's Signature: _____

Little Acorns Montessori

*** CLASSROOM RULES ***

Our classroom rules are designed to protect children's rights and safety.
Please be familiar with them and review them with your children.

Children use "Outside Voices" outside and "Inside Voices" inside

Children will be stopped from hitting, kicking, pushing, shoving, biting
or sand throwing at anyone

Running and Jumping is for outside, unless part of a teacher directed activity

Children go outside to the playground only when accompanied by a teacher

Children may not climb furniture, shelves, fences or dangerous places.

Blocks are for building, not throwing. Toys and supplies are not to be thrown
(unless intended for that purpose)

We don't allow name calling, cruel teasing or verbal abuse

Destruction of school property or friends belongings will not be tolerated

We avoid make believe guns and violent imaginary play

Eating will be at tables only. We don't walk around with food.

Children visiting other rooms must have permission from their teacher.

Preschool Sharing Days vary by classroom

Children may bring a toy, book or one special item to show their friends

Security items (special blanket, doll, bottle, etc) are acceptable at school; but as a rule all
home toys should remain there unless brought to school for sharing day.

Electronic Format for Newsletters and Statements

Little Acorns Montessori provides monthly account statements and monthly newsletters in electronic format via email. Please be sure to provide your email addresses to the office. If you are not receiving monthly emails, we may have an incorrect email address for you.

Newsletters & Statements

I require a printed copy of statements Yes _____ No _____

I require a printed copy of the newsletters Yes _____ No _____

Community Directory

Little Acorns Montessori provides a community directory.

Include me in the directory Yes _____ No _____

Include my email address Yes _____ No _____

Include my home phone number Yes _____ No _____

Child's name: _____

Parent/Guardian name: _____

Parent Signature _____

Date: _____

Text Messaging Service

Child's Name: _____

Little Acorns Montessori has a student management system that can send bulk text messages. We will only use this feature in a situation where timely communication is very important. In order for the system to work we require both cell phone numbers and the service carriers. To be sure that you will receive important school text messages, please provide cell phone number and carrier information.

Parent/Guardian Name	10 Digit Cell Number	Cell Service Provider

By signing below, you agree to receive text messages from Little Acorns Montessori. Your cell service fees may apply.

Parent/Guardian Name

date

PERMISSION TO SIGN-IN CHILD

CHILD'S NAME: _____

I give permission for employees of Kinspiration Inc., (Little Acorns Montessori, Quail Hollow Montessori, Coast Redwoods Montessori) to meet my child outside of the facility and to sign him/her in or out to the preschool program, as applicable, to allow restricted access drop-off and pick-up policies.

Signature: _____

Date: _____

Name(printed) _____

Credit Card Billing Form

KINSPIRATION, INC.

dba Scotts Valley Children's Center

dba Little Acorns Montessori

dba Quail Hollow Montessori

dba San Lorenzo Valley Quest Program

Child's Name	Cardholder Phone Number
Card Holder Name	Date of First Transaction
Billing Address	Date of Last Transaction
Card Type (Visa/Mastercard) Card Number	Expiration Date
Minimum Transaction Amount	Maximum Transaction Amount

I have enrolled my child in the Kinspiration, Inc. program for the center and schedule stated in the registration form. I would like to pay my program fees by credit card.

Credit card payments will be processed monthly on the 20th of the month (or the next business day, if the 20th falls on a weekend) of the month prior to care being provided. If I intend to terminate care, I understand that I must provide notice 10 business days prior to the next credit card transaction date (the 10th of the month or the next business day if the 10th falls on a weekend). Monthly fees transacted will follow the separately provided fee schedule based on your current enrollment schedule.

I have received the rate schedule and understand that this fulfills my right to written notice of upcoming transactions at least 10 days prior to the date of the next charge.

Cardholder Signature _____

Date _____