

NAME:

QHM staff to complete

### Quail Hollow Montessori Enrollment Form Checklist

Identification and Emergency Information (Copy to Briana)
Allergy/Food Restriction _____
Emergency Medical Consent _____
Field Trip Release _____
Admission Agreement _____
Child's Pre-admission Health History (Ilic 702) _____
Physician's Report _____
Immunization Record (Copy to Briana) _____
Parents Rights _____
Personal Rights _____
New Child Classroom Information Sheet _____
Sunscreen Permission Form _____
30-Day Notice Contract _____
Discipline Policy _____
Acknowledgment of Parent Handbook Receipt _____
Parent Questionnaire _____
Napsack Form (if applicable) _____
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 _____

copy for emergency binder

For Parent's Reference

### Quail Hollow 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, if your child uses them. Label package.
- 6 cans of meat or vegetables for emergency supplies
- 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 under 12 months need a sleepsack. They can have a pacifier with nothing attached to it. Infants over 12 months may have a pacifier or comfort toy and blanket if you choose.

**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

## 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
-------------------	---------------------

## NEW CHILD ENROLLMENT CLASSROOM INFORMATION SHEET

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ HOME PHONE \_\_\_\_\_ PETS? \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORKPLACE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORKPLACE \_\_\_\_\_

LIVES WITH (circle) MOM DAD BOTH OTHER \_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

OTHER FAMILY IN HOME \_\_\_\_\_

WHAT HOLIDAYS/EVENTS DOES YOUR FAMILY CELEBRATE? \_\_\_\_\_

HAS THE CHILD BEEN IN A PRESCHOOL SETTING BEFORE? \_\_\_\_\_

MEDICAL/DEVELOPMENTAL CONCERNS OR DIAGNOSIS? \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

PERSONALITY \_\_\_\_\_

FAVORITE TOY/BLANKET? \_\_\_\_\_

FIRST DAY OF ATTENDANCE \_\_\_\_\_

DAYS ATTENDING MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AM AM AM AM AM

PM PM PM PM PM

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 the school from all liability if my child mistakenly ingests above noted foods.

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

---

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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

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

\_\_\_\_\_ born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)  
Quail Hollow Montessori This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

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

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

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

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

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ Food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Dental: \_\_\_\_\_  
Other (Include behavioral concerns): \_\_\_\_\_  
Comments/Explanations: \_\_\_\_\_

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

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner



**PARENT'S PERMISSION FORM  
SCHOOL-SUPPLIED SUNSCREEN  
Quail Hollow Montessori  
187 Laurel Dr., Felton, CA 95018**

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

I give permission for childcare providers employed by Quail Hollow 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)

**QUAIL HOLLOW MONTESSORI  
30-DAY NOTICE CONTRACT**

I, \_\_\_\_\_ am enrolling my child, \_\_\_\_\_  
(Parent's Name) (Child's Name)

in Quail Hollow Montessori. I understand that this program requires a 30-DAY written notice for any program changes, i.e., attendance schedule changes or program withdrawal.

I understand that I am responsible for payment of one month of tuition from the date notice is given, whether or not my child attends the program during that time. Any credit to my account at the end of the 30 days will be refunded within 10 business days of my child's final day of attendance. I further understand that if I withdraw without any notice, any outstanding credits to my account will not be refunded.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**QUAIL HOLLOW MONTESSORI  
FIELD TRIP AUTHORIZATION FORM**

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_  
(Parent's Name) (Child's Name)

To attend all scheduled field trips with Quail Hollow Montessori. I understand that if transportation is required, the means for transportation will be either Quail Hollow Montessori insured staff members or insured 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 will always be secured by a seat belt in an appropriate car seat. I will leave my child's car seat at the school to be used on the day of a field trip.

**EMERGENCY CONTACT NUMBERS**

Name	Number	Name	Number
Parent's Signature	Date		

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

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

Quail Hollow Montessori \_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

### Electronic Format for Newsletters and Statements

Quail Hollow 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

Coast Redwoods 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 \_\_\_\_\_

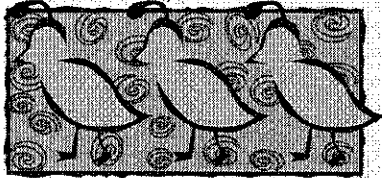
Child's name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Quail Hollow



Montessori

## 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.

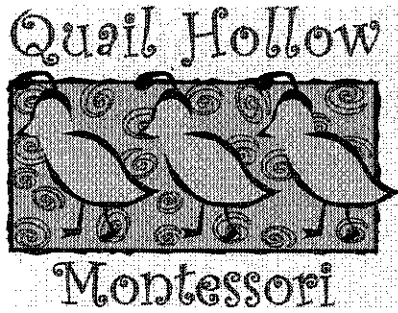
The program complies with all federal, state and local laws which prohibit corporal or abusive punishment in childcare settings. Staff are strictly prohibited from using unproductive or shaming methods of punishment

Quail Hollow 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 Quail Hollow 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, quiet** 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 fee of \$1 per day that CRM provides a loaned nap sack for your child to offset laundering costs. **You will be charged a \$25 deposit which will be forfeited if your child's nap sack is lost or destroyed.**

---

Nap Sack Policy Acknowledgment

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 \_\_\_\_\_

# **Quail Hollow 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 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.

Weapon play and violent play is not allowed at school.

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

Preschool Sharing Days vary by classroom. Children may bring an education item related to our learning themes of the month to show their friends. No toys please.

Security items (stuffed animal, doll, etc.) are acceptable at school for use only at nap time. As a rule, all home toys should remain at home.

# Text Messaging Service

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

Kinspiration, Inc., dba Coast Redwoods Montessori, Little Acorns Montessori, Quail Hollow 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 Kinspiration, Inc. 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) \_\_\_\_\_

## 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: Child Care Licensing

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](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.

Quail Hollow 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](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:

NAME

Childcare 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)

Quail Hollow Montessori

(PRINT THE ADDRESS OF THE FACILITY)

187 Laurel Dr., Felton

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## 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.cclid.ca.gov](http://www.cclid.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.**

## Credit Card Billing Form

KINSPIRATION, INC.

dba Coast Redwoods Montessori

dba Little Acorns Montessori

dba Quail Hollow Montessori

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 20<sup>th</sup> of the month (or the next business day, if the 20<sup>th</sup> 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 10<sup>th</sup> of the month or the next business day if the 10<sup>th</sup> 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