MORNINGSIDE PRESBYTERIAN CHILDREN'S CENTER ADMISSION AGREEMENT (Pre-School)

We are happy to have your child,		age,	_ enrolled at
our Center for the year Your non-refund	lable registration fee	is \$	·
Days and Program Requesting:			
DAYS OF WEEK	FULL DAY	HALF DAY	
MONTHLY PAYMENT:			
Your monthly tuition fee is for			
check, credit card or money order. Tuition is due in full on	•		•
have been made, in such cases it is due in advance of child	's attendance). Tuiti	on is based on d	ays enrolled
not just the days of attendance. No tuition credit is given	ven for absences or	school holidays	except for
extended illness (2 or more continuous weeks).			
CHANGE OF ENROLLMENT DAYS:			
A Change of Enrollment form must be filled out if you wish	to change the days y	our child is enro	lled.
VACATION CREDIT: With each registration and re-registration fee, children in of weeks vacation credit per year. Written notice must be vacation and tuition payments must be current. The child (3) months prior to the vacation.	given at least one (1) week in adv	ance of the
LATE FEE: Tuition is due in full on the 1 st of every month (unless other due <u>in advance</u> of child's attendance), late on 2 nd , delinque late fee assessed and/or your child will not be admitted payment are made with the Director.	ent on $10^{\rm th}$ by the en	d of business da	y, with \$20
RETURNED CHECKS: A returned check fee of \$15 will be charged for returned Second offense will result in cash or money order transaction.		use of non-suffi	cient funds.
Reg. Fee: \$ 1 st Month Tuition: \$ To	tal Check: \$	Check #:	
START DATE: CLASSROOM:			

LATE PICK-UP PENALTY FEE:

Children must be picked up at the end of **scheduled program**. Any child remaining after 6:00 pm (full day) or 1:00 pm (half day) will be charged **\$5.00 for every 5 minutes or any part thereof. NO CHILD IS ALLOWED AT THE CENTER AFTER 6:00 P.M.** If after 6:30 p.m. we are unable to get hold of someone to pick up child, the Fullerton Police Department will be contacted and child will be placed in protective custody, as well as filing a report with the Department of Social Services.

CHILD CUSTODY:

Both parents have legal access to the child unless a restraining order or child custody order is on file with Morningside Presbyterian Children's Center.

ILLNESS OF CHILD:

The child will not be admitted to the Center on any day when child exhibits obvious symptoms of illness such as fever or vomiting. Morningside Presbyterian Children's Center may reasonably deny admission of the child believed to have been exposed to a contagious disease. It is parent's responsibility to notify the Center immediately regarding a child's illness or exposure to an infectious illness. Allergies of any kind should be brought to the attention of the Center.

RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN:

Parent understands and acknowledges that the Center is a licensed Child Care Center and that, under California law, the California Department of Social Services has the right at any time, without notice or prior consent, to privately interview children or staff at any licensed Child Care Center, to inspect and audit children's records; to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examinations of children.

WITHDRAWAL BY PARENT:

Parent may withdraw child from Morningside Presbyterian Children's Center at any time; provided however, that parent shall notify the Center of temporary or permanent withdrawal in writing (Notice of Withdrawal Form) two (2) weeks in advance of withdrawing child from the Center. Talking to the teachers or the Center's Director does not constitute notification. Notification must be to the office and it must be in writing (Notice of Withdrawal Form).

MODIFICATION:

Parent understands and acknowledges that under California law, Morningside Presbyterian Children's Center may modify this Agreement whenever circumstances covered in this Agreement change, provided that any such modification shall be in writing and shall be signed and dated by parent and the Center, and provided further that if the Center rates or fees are set by agreement between parent and the Center, the Center agrees to provide written notice to parent thirty (30) days prior to implementing any change in such rate of fees.

I have read the ab	pove Admission Agreement and will a	bide by these policies.	
Signed	(Parent)	Date	
Signed	(Director)	Date	

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

to be compi	cied by Faich	t of Authorized Nep	resemanve					
CHILD'S NAME	LAST		MIDDLE	F	FIRST	SEX	TELEPH	HONE)
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	
FATHER'S/GUARDIAN'	'S/FATHER'S DOMESTI	C PARTNER'S NAME LAST	MID	DLE	FIRST		BUSINE	ESS TELEPHONE
							()
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME 1	TELEPHONE
							()
MOTHER'S/GUARDIAN	N'S/MOTHER'S DOMES	TIC PARTNER'S NAME LAST	MIDDLE		FIRST		BUSINE	ESS TELEPHONE
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME	 TELEPHONE
							()
PERSON RESPONSIB	LE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEF	PHONE	BUSINE	ESS TELEPHONE
		ADDITIONAL	PERSONS WHO	MAY BE CALLE	D IN AN EMERG	FNCY	()
	NIANAE	ADDITIONAL	1 21100110 11110		D III AII EIIEITG		ONE.	DEL ATIONOLUD
	NAME			ADDRESS		TELEPHO	JNE	RELATIONSHIP
		PHYSICIA	N OR DENTIST	TO BE CALLED IN	N AN EMERGEN	CY		
PHYSICIAN			RESS		MEDICAL PLAN		TELEPH	HONE
							()
DENTIST		ADD	RESS		MEDICAL PLAN	AND NUMBER	TELEPH	HONE)
IF PHYSICIAN CANNO	OT BE REACHED, WHAT	FACTION SHOULD BE TAKEN?						,
CALL EMERO	GENCY HOSPITAL		(PLAIN:					
(CHIL	D WILL NOT BE ALL	NAMES OF PER OWED TO LEAVE WITH AN'		ZED TO TAKE CH HOUT WRITTEN AUTHO			RIZED REPR	RESENTATIVE)
		NAME				RE	LATIONS	SHIP
TIME CHILD WILL BE	CALLED FOR							
SIGNATURE OF PARE	NT/GUARDIAN OR AUT	THORIZED REPRESENTATIVE					DATE	
	TO DE COM	DI ETED DV EACH I	TV DIDECTOR/A	DMINICTD ATOR!		ADE HOME	S LICE	JOEE
DATE OF ADMISSION	IO BE COM	PLETED BY FACILI	I T DIRECTOR/A	DATE LEFT	FAIVILY CHILD C	ARE HUME	S LICEN	NOEE
110 700 (9/00)/0015	DENTIAL							
LIC 700 (8/08)(CONFI	DENTIAL)							

Morningside Presbyterian Children's Center Photo Consent Agreement

Morningside Presbyterian Children's Center prints brochures, newsletters and other promotional materials in order to provide information about our center. We also use our website and Facebook for the same purpose. On occasion we would like to use photographs of students involved in various campus activities. The photographs help promote our center and illustrate the great ways Morningside Presbyterian Children's Center has positive influences on students' lives.

The center always places the safety of our students at the forefront of everything we do. In order to maintain anonymity and privacy, students will not be identified by name in published photographs. However, on rare occasions you may be asked to allow the center to print your child's name. In such case, you will be asked to specifically agree beforehand that a specific photograph may include his/her name.

Morningside Presbyterian Children's Center would like your consent to use your child's(ren's) photograph in publications or on the website.

Please <u>initial</u> the appropriate box below:	
I agree to allow Morningside Presbyterian Children's Centermy child(ren) in newsletters, promotional brochures, on the center's Facenter's website. I understand that my child(ren) will not be identified be	acebook page and/or on the
I would prefer that my child's(ren's) photograph not be use or on the internet.	ed in any published materia
Child's Name	
Print Parent/Guardian's Name	
Signature Parent/Guardian	

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIV	E, I HEREBY GIVE CONSENT TO
TO	PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.I	D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
	. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME	
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	
	WOOK PHONE
HOME PHONE ()	WORK PHONE ()

LIC 627B (9/08) (CONFIDENTIAL)

PERSONAL RIGHTS

Child Care Centers

NAME

ADDRESS

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:

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
	DETACH HERE	
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED F	REPRESENTATIVE:	PLACE IN CHILD'S FILE
Upon satisfactory and full disclosure of the personal righ	its as explained, complete the following a	cknowledgment:
ACKNOWLEDGMENT: I/We have been personally a California Code of Regulations, Title 22, at the time of a		f the personal rights contained in the
	arribotori to:	
<u> </u>	(PRINT THE ADDRESS OF THE FACIL	ITY)
PRINT THE NAME OF THE FACILITY)		ITY)
PRINT THE NAME OF THE FACILITY) PRINT THE NAME OF THE CHILD)		ITY)
(PRINT THE NAME OF THE FACILITY) (PRINT THE NAME OF THE CHILD) (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)		(DATE)

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:
	Licensing Office Address:
	Licensing Office Telephone #:
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 (9/0	(Detach Here - Give Upper Portion to Parents)
	(NOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)
receive	arent/authorized representative of, have ed a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the GIVER BACKGROUND CHECK PROCESS form from the licensee.
	Name of Child Care Center
	Signature (Parent/Authorized Representative) Date

This Acknowledgement must be kept in child's file and a copy of the Notification given to

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

LIC 995 (9/08)

NOTE:

parent/authorized representative.

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children <u>cannot by law be given an exemption that would allow them to own, live in or work in</u> a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- · Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccld.ca.gov/contact.htm