

Westminster Nursery School



Physical Address: Bolsa Chica Park 13660 University Street, Westminster, CA 92683

Mailing Address: P.O. Box 458, Westminster, CA 92684

www.westminsternurseryschool.com

Phone Number: 657-269-7386

***Please return completed packet with Registration Fee payable to Westminster Nursery School**

P.O. Box 458, Westminster, CA 92684

PARENT REGISTRATION PACKET CHECKLIST

Registration Fee:

\$110 New Students/\$100 Returning Students

Student: _____

Date: _____

Form #	Title	Need	Have	Completed
1	State of California Checklist of Required Forms LIC311A			
2	WNS Registration Form & Registration Receipt			
3	School Policy			
4	Contract Agreement - Family Copy			
5	Contract Agreement - WNS Copy			
6	Notification of Parents' Rights LIC995			
7	Personal Rights LIC613A			
8	Admission Agreement			
9	Child's Preadmission Health History -Parent's Report LIC702 (Not required for returning students)			
10	Child's Preadmission Health History - Physician's Report LIC701 (Not required for returning students)			
11	California School Immunization Card (Blue Card) PM 286 (Not required for returning students) Include copy of yellow card immunization record			
12	Identification and Emergency Information LIC 700 *Filed in Emergency Book			
13	Consent for Emergency Medical Treatment LIC627 *Filed in Emergency Book			
14	Parent's Health Release *Filed in Emergency Book			
15	Photo Release			
16	Maintenance Days			

RECORDS TO BE MAINTAINED AT THE FACILITY - CHILD CARE CENTERS, INFANT CENTERS, SCHOOL-AGE CENTERS AND CHILD CARE CENTERS FOR MILDLY ILL CHILDREN

THE FOLLOWING INFORMATION, which is required under sections of Title 22, California Code Of Regulations and/or Statute, MUST BE KEPT IN THE FACILITY, COMPLETE AND CURRENT, AND READILY AVAILABLE FOR REVIEW.

I. Child's Records

- A. Identification and Emergency Information - Child Care Centers (LIC 700).
- B. Child's Preadmission Health History - Parents' Report (LIC 702).
- C. Child's Preadmission Health Evaluation if not enrolled in a public or private elementary school - Physician's Report (LIC 701).
- D. Consent for Medical Treatment (LIC 627).
- E. Written statement from parent(s) or authorized representative exempting child from medical assessment, immunizations, and treatment because of adherence to a religious faith that practices healing by prayer or other spiritual means; or physician's statement that immunization is not indicated.
- E1. California School Immunization Records ("blue cards", PM 286) for non-school-age children.
- F. Current Admission Agreement, with authorized signature(s).
- G. Centrally Stored Medication and Destruction Record (LIC 622), if medications are handled.
- H. Document of unusual behavior or signs of illness, special needs.
- I. Unusual Incident/Injury Report (LIC 624).
- J. Signed and dated receipt of Notification of Parents' Rights (LIC 995).
- K. Infant needs and services plan (for infant centers).
- L. Toilet-training plan (for infant centers).
- M. Infant-feeding plan (for infant centers).
- N. Personal Rights — Community Care Facilities, Child Care Facilities (LIC 613A) receipts, signed and dated.
- O. Authorizations for dispensing medication, signed by each child's authorized representative.
- P. Documentation required for health-related services (e.g., blood-glucose monitoring and nebulizer care).(LIC 9166)
- Q. Gastrostomy Tube Care: Physician's Checklist (LIC 701A).
- R. Acknowledgement of receipt of licensing reports (LIC 9224), if applicable.

II. Personnel Records for Licensee, Director, Assistant Director, Teachers, Teacher's Aides, Support Staff, and Volunteers, if Appropriate. Documentation should be consistent with the LIC 500 and the LIS 555.

- A. Health Screening Report - Facility Personnel (LIC 503) and TB Clearance.
- B. TB Clearance and "Good Health" statement from volunteers.
- C. Personnel Record (LIC 501) or application/resume.
- D. Evaluation of Director Qualifications (LIC 9096).
- E. Evaluation of Teacher Qualifications (LIC 9095).
- F. For each aide under age 18, verification of high school graduation or current participation in an occupational program conducted by an accredited high school or college.
- G. For each infant center aide, verification of graduation from high school or equivalent education or be enrolled in course leading to graduation or have skills development potential; have experience in caring for children; verification of on-the-job training.
- H. Criminal Record Statement (LIC 508) for staff subject to fingerprint requirements.
- H1. Fingerprint clearances - Proof of clearance (Criminal Record, FBI and Child Abuse).
- I. Appropriate driver's license for person(s) transporting children.
- J. Documentation of actual hours worked (LIC 507).
- K. Pediatric CPR/first aid cards for designated staff. At least one director or teacher must have the full 15 hours of health and safety training. (However, at child care centers for mildly ill children, the director and each fully qualified teacher must have the full 15 hours of health and safety training.)
- L. Valid water safety certificate for any adult given water-activity staffing responsibility.
- M. Notice of Employee Rights (LIC 9052).
- N. Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC 9108).
- O. Record of submission of Child Abuse Index Checks if not on LIS 555.
- P. Appropriate transcripts (official.)

III. Administrative Records

- A.. Written inspection procedures for accepting children on a daily basis.
- B. Sign-in/sign-out sheets kept for current 30 days, or approved waiver to use electronic pin system.
- C.. Admission policies, including admission criteria, ages of children who will be accepted; medical assessment requirements; program activities, supplemental services, if any; field trip provisions, transportation arrangements, food service, if any.
- D. Designation of Facility Responsibility (LIC 308).
- E. Personnel Report (LIC 500) showing current roster.
- F. Licensee affidavit regarding persons exempt from fingerprint requirements (Use back of LIC 500).
- G. Emergency Disaster Plan (LIC 610) (a posting requirement; see below) with verification that disaster drills are conducted every six months. Documentation of drills shall be maintained for at least one year.
- H. Up-to-date list of qualified teacher substitutes.
- I. Documentation of exceptions and waivers: Facility Waiver Request (LIC 956) and Exception/Exemption Request (LIC 971).
- J. Annual licensing reports and substantiated complaints from the last three years (must be available at the center for public review).
- K. Child Care Facility Roster (LIC 9040).

IV. Documents to be posted at the Facility

- A. Facility license.
- B. Personal Rights form (LIC 613A).
- C. Menus.
- D. Child passenger restraint system poster. (PUB 269).
- E. Daily activity schedule.
- F. Emergency Disaster Plan (LIC 610) and Earthquake Preparedness Checklist (LIC 9148).
- G. Parent's Rights Poster (PUB 393).
- H. Notice of Site Visit (LIC 9213).
- I. Any licensing report documenting a type "A" citation must be posted for 30 days.
- J. Any licensing report or other document verifying compliance or non-compliance with the Department's order to correct a Type A deficiency must be posted for 30 days.

CHILD CARE CENTERS - FORM NUMBER AND TITLE

Licensing Forms in English or Spanish may be accessed at <http://www.cclcd.ca.gov>
(*Available in Spanish)

- *LIC 198A - Child Abuse Index Check
- *LIC 308 - Designation of Facility Responsibility
- *LIC 309 - Administrative Organization
- *LIC 500 - Personnel Report
- *LIC 501 - Personnel Record
- *LIC 503 - Health Screen Report - Facility Personnel
- LIC 507 - Facilities Staff Work Schedule
- *LIC 508 - Criminal Record Statement
- *LIC 610 - Emergency Disaster Plan
- *LIC 613A - Personal Rights
- *LIC 622 - Centrally Stored Medication and Destruction Record
- *LIC 624 - Unusual Incident/Injury Report
- *LIC 627 - Consent For Emergency Medical Treatment
- *LIC 700 - Identification & Emergency Information
- *LIC 701 - Physicians Report
- *LIC 702 - Child's Preadmission Health History (Parent's Report)
- LIC 956 - Facility Waiver Request
- LIC 971 - Exception/Exemption Request
- *LIC 995 - Child Care Center Notification of Parents' Rights
- LIC 995E - Caregiver Background Check Process
- *LIC 9040 - Child Care Facility Roster
- *LIC 9052 - Notice of Employee Rights
- LIC 9095 - Evaluation of Teachers' Qualifications
- LIC 9096 - Evaluation of Director Qualifications
- *LIC 9108 - Statement Reporting Suspected Child Abuse
- *LIC 9148 - Earthquake Preparedness Checklist
- LIC 9163 - Request for Livescan Service
- *LIC 9166 - Nebulizer Care Consent/Verification
- LIC 9182 - Criminal Background Clearance Transfer Request
- LIC 9188 - Criminal Record Exemption Transfer Request
- *LIC 9194 - Livescan Instructions for State Licensed Facilities
- *LIC 9213 - Notice of Site Visit
- *LIC 9224 - Acknowledgement of Receipt of Licensing Reports
- *PUB 269 - Child Care Seat Law Poster
- *PUB 393 - Child Care Center Notification of Parents' Rights Poster

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Phone: 657-269-7386



Westminster Nursery School Registration Form

This payment of registration reserves a place for students in a class and is **Non-Refundable**.

I have read and understand the policies of Westminster Nursery School.

Parent/Guardian printed name Date

Parent/Guardian signature Date

Child's Name

Child's Age on Dec. 1st

Street Address

Child's Date of Birth

City and Zip Code

Phone

Email address

Amount Paid

Westminster Nursery School is a member of the Orange County Council
of Parent Participation Nursery Schools.

(Detach here)

Registration Receipt

(To be completed by school representative)

Parent's Name

Amount Paid

Amount Paid & indicate Check No, Cash, Debit/Credit

Child's Name

Received by Authorized Signature

Date

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Westminster Nursery School Policy

Registration and Tuition:

*Registration reserves a place for students in a class and is non-refundable.

*Tuition is due the first of every month. There are no refunds or credits for student absences. A late fee of \$10 will be due for tuition that is submitted after the 10th of the month. Note that tuition is the same for each month including December and June.

*If you enroll your child in the school, registration is paid at the regular amount per child. If you are enrolling more than 1 child into the school's classes, tuition is full price for the oldest child and 80% for the second child. Parents are scheduled to work in the classroom 1 to 3 times for each child depending on enrollment.

Membership Requirements:

Westminster Nursery School is a Parent Co-Operated school, which means that the parent's run the school and heavily participate in the school's activities, events, and are a part of the following:

- * **Holding one committee or board position**
- * **Attending the General meeting held on the 1st Tuesday of each month**
- * **Participating in a minimum of three (3) mandatory fund-raisers for the school year**
- * **Assisting in regular school workdays on a rotation basis as a volunteer aide to the teacher**
- * **Attending three (3) parent education classes (taught at the General meetings) per school year**
- * **Attending the orientation meeting held before your first workday in the classroom.**
- * **Participating in a minimum of one (1) Maintenance Day per school year**

***The above rules are set forth to ensure the smooth operation of our school. Fines will be imposed on any member who fails to meet any one of the above requirements. Remember, by participating in all aspects of Westminster Nursery School enables us to maintain the low tuition of the school. The success of the school depends upon the enthusiastic participation of all of it's members.

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Family Copy

Westminster Nursery School Membership Contract Agreement

1. I have read and agree to be bound to the rules, regulations, and by-laws of Westminster Nursery School.
2. I understand the required duties of the parents of Westminster Nursery School to include:
 - a. Regular enthusiastic participation as a volunteer aide to the teacher
 - b. Attendance at the General Meetings each month and the Orientation meeting in August before the start of school (Date TBD)
 - c. Work at school functions and on maintenance projects
 - d. Serve on a committee or as member of the Executive Board
3. I agree to make my monthly tuition by the first (1st) of every month.
4. I agree to abide by all of the health standards of the school.
5. I agree to support the required fundraisers deemed necessary by the majority vote of the membership.

Parent/Guardian Signatures

Parent/Guardian #1 printed name Date

Parent/Guardian #1 signature Date

Parent/Guardian #2 printed name Date

Parent/Guardian #2 signature Date

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WNS Copy

Westminster Nursery School Membership Contract Agreement

1. I have read and agree to be bound to the rules, regulations, and by-laws of Westminster Nursery School.
2. I understand the required duties of the parents of Westminster Nursery School to include:
 - a. Regular enthusiastic participation as a volunteer aide to the teacher
 - b. Attendance at the General Meetings each month and the Orientation meeting in August before the start of school (Date TBD)
 - c. Work at school functions and on maintenance projects
 - d. Serve on a committee or as member of the Executive Board
3. I agree to make my monthly tuition by the first (1st) of every month.
4. I agree to abide by all of the health standards of the school.
5. I agree to support the required fundraisers deemed necessary by the majority vote of the membership.

Parent/Guardian Signatures

Parent/Guardian #1 printed name Date

Parent/Guardian #1 signature Date

Parent/Guardian #2 printed name Date

Parent/Guardian #2 signature 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: Community Care Licensing

Licensing Office Address: 750 The City Drive, Ste #250, Orange

Licensing Office Telephone #: 714-703-2823

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.

Westminster Nursery School
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

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

750 The City Drive, Ste #250

CITY

Orange

ZIP CODE

92868-6903

AREA CODE/TELEPHONE NUMBER

714-703-2823

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)

Westminster Nursery School

(PRINT THE ADDRESS OF THE FACILITY)

13660 University Street, Westminster, CA 92683

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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Westminster Nursery School Admission Agreement

Children's Personal Rights

I, _____ as the designated representative and/or parent/guardian of
Parent/Guardian's Name

_____ have been personally advised and have received a copy of these
Child's Name
rights at the time of his/her admission to Westminster Nursery School.

Parent/Guardian's Personal Rights

This will acknowledge that I/We, the parents/guardians of _____
received a copy of the "Parent's Rights" from the licensee or authorized representative of Westminster
Nursery School.

Rights of Licensing Agency

Pursuant to Title 22 Section 101200 the Department of Social Services

- a) has the inspection authority specified in Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535.
- b) has the authority to interview children or staff without prior consent. WNS shall ensure that provisions are made for private interviews with any children or staff members.
- c) has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. WNS shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.
- d) has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect, or inappropriate placement.

Notification of Rate Change

Westminster Nursery School will provide all parents or authorized representatives at least thirty (30) calendar days prior written notice of any rate changes.

Parent/Guardian Directory

Please include my contact information in the Parent/Guardian Directory:

Name	Yes _____	No _____	Phone	Yes _____	No _____
Address	Yes _____	No _____	Email	Yes _____	No _____

I have read, understand, and will comply with the policies set forth by Westminster Nursery School. I agree to take an enthusiastic active part in the school operations as set forth by the Westminster Nursery School's By-Laws.

My child will attend _____ days per week at _____ per month,
payable in advance each month.

Parent/Guardian #1 printed name Date

Parent/Guardian #1 signature Date

Parent/Guardian #2 printed name Date

Parent/Guardian #2 signature Date

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 /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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

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

<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)	DATES
---	-------	---	-------	--	-------

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'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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	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)

_____. 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: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M ☐ F ☐ Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Race/Ethnicity: ☐ White, not Hispanic Address _____

Telephone _____ City _____ ZIP _____
Daytime Nighttime

Race/Ethnicity:

☐ White, not Hispanic

☐ Hispanic

☐ Black

☐ Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)						
HEPATITIS B						
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date _____

Staff _____
Signature _____

Record Presented was:

- ☐ Yellow California Immunization Record
☐ Out-of-state school record
☐ Other immunization record
Specify: _____

II. STATUS OF REQUIREMENTS

☐ A. All Requirements are met.

Date _____

☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- ☐ C. Medical Reasons—Permanent
☐ D. Medical Reasons—Temporary
☐ E. Personal Beliefs

III. 7th GRADE ENTRY

☐ A. All Requirements are met.

Name _____ Date _____

☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Name _____ Date _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: _____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K–12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.*

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

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

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF 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 AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

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

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

Westminster Nursery School

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

. 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

()

Westminster Nursery School



Physical Address: Bolsa Chica Park 13660 University Street, Westminster, CA 92683

Mailing Address: P.O. Box 458, Westminster, CA 92684

www.westminsternurseryschool.com

Phone: 657-269-7386

Westminster Nursery School Parent's Health Release

Parent Name: _____ Circle One: Male Female

Parent's Date of Birth: _____ Parent's Age: _____

I, _____, am in good general health and I am able to perform the type

of work required at Westminster Nursery School. This includes leading a group of children in an activity as well as picking up and carrying a child in the case of an emergency.

Please make note of any health condition that would limit work or create a hazard to yourself, children, or other volunteers.

Please make note of any health condition of any additional volunteers (family members or friends) that may be working in the classroom, that would limit their work or create a hazard to themselves, children, or other volunteers. You may list any additional Classroom Volunteers below.

Volunteer 1: _____

Volunteer 2: _____

Volunteer 3: _____

Parent/Guardian #1 printed name _____ Date _____

Parent/Guardian #1 signature _____ Date _____

Parent/Guardian #2 printed name _____ Date _____

Parent/Guardian #2 signature _____ Date _____

***Please note that All Classroom Volunteers must submit Immunization Paperwork for the following vaccinations:**

- Pertussis (TDap Vaccine)
- Rubella (MMR Vaccine)
- Tuberculosis (Skin Test or Chest X-Ray is acceptable)
- Influenza (Waiver may be signed if needed)

***TB and Flu needs to be within 1 year prior to enrollment.**

***All paperwork must be submitted for EVERY VOLUNTEER before working in the classroom.**

***Students whose paperwork is not complete after 30 days from enrollment will not be able to attend class until their registration paperwork is complete. This is necessary for Westminster Nursery School to be in compliance with Licensing laws.**

WESTMINSTER NURSERY SCHOOL

PHOTO RELEASE FORM

Permission to use photographs

Child's Name: _____ Class: _____

I grant Westminster Nursery School, its parents, and its teachers the right to take photographs of me and my child at school and on field trips.

_____ I permit photos of me and my child to be posted in the classroom. First name
(initial) of child may be listed on the photo.

_____ I permit photos of me and my child to be used for any lawful purpose
(initial) including but not limited to publicity, illustration, advertising, and Web content.
Such use will not contain names of me or my child.

I have read and understand the above:

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

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Westminster Nursery School Maintenance Information

First Name

Last Name

Child

Parent/Guardian #1

Parent/Guardian #2

Address:

Phone:

Email:

Power Tools Available (please list):

Preferred fields of participation:

Carpentry:

Painting:

Repair Toys at Home:

Sewing:

Organize Activity Centers:

Other:

To help keep school expenses down, are there any items you can secure through your company/business at a discount or donation?

Please list:

Part of being a Parent Co-Operated school, is the commitment to participate in facility maintenance and clean-up activities during the school year. If you are unable/decline to participate in this commitment, a fee of \$50.00 must be enclosed with this signed document/registration packet.

_____ I wish to be scheduled for Maintenance Day.

_____ I do not wish to be scheduled for Maintenance Day. I am enclosing my check # _____ for \$50.00.

Parent/Guardian #1 printed name

Date

Parent/Guardian #1 signature

Date

Parent/Guardian #2 printed name

Date

Parent/Guardian #2 signature

Date