

400 Kern St. or P.O. Box 1538

Shafter, CA 93263.



661-746-4960

Director: Michelle Pena

LIC # 150400556

Dear Prospective Parent,

Thank you for choosing Shafter Kiddie Kollege! Enclosed you will find an Applications of Enrollment, a Tuition and Policies Agreement and a Tuition list. Please fill out the forms and return them to the school at your earliest convenience, the Tuition list is yours to keep. Below I have listed the steps you will need to follow to fully enroll your child in preschool:

1. Upon returning with your completed paperwork the next step you will need to take is to pay our registration fee. Our annual registration fee is \$50 nonrefundable. Once the registration fee has been paid your child's spot is secured.
2. You will then be given a set of state required documents to fill out. One of those documents is a Physician's Report. This form will need to be filled out by your family doctor; please be sure they complete the entire form before leaving the office. If your child has had a physical in the last year, the doctor may fill out the form based on that physical without needing a new appointment.
3. You will also need to bring a current copy of your child's immunization records (yellow card).
4. You will need to read and complete ALL Forms Thoroughly and return to the school BEFORE the date you would like your child to start school.

If you would like to visit the preschool, observe the teachers or speak with me about enrolling your student, please call ahead and make an appointment. This will ensure I am available to show you around and answer questions. We are excited and look forward to having he/she in our school. Thank you for your interest in our school and we look forward to ministering to your family.

SHAFTER KIDDIE KOLLEGE

400 Kern Street-P.O. Box 1538

Shafter, CA 93262

661-746-4960

LIC # 150400556

APPLICATION FOR ENROLLMENT

Date Of Application: _____

Child's Full Name:

(Last) (First) (Middle)

Name child should go by and learn to spell in the classroom:

Address:

(Street) (City) (Zip Code)

Birthdate _____ Age _____ Boy _____ Girl _____

Desired Days for applicant's attendance: (please circle one) Pick

Up Times: Full Day (5:30) School Day (3:30) Half Day (12:15)

2 days is Tues/Thurs - 3 days is Mon/ Wed/ Friday

Of Days _____

Enrollment needed for: Fall _____ Spring _____

(Information Continued on Next Page)

Parent/Guardian #1 Mr./Mrs./Ms.

Name: _____

Home Address: _____

Home Phone:

Cell Phone:

City, State, Zip: _____

Lives With Student?

Email Address:

Relationship to Student:

Billing Party? Yes ___ No ___ Work Phone: _____

Employer/Occupation: _____

Parent/Guardian #1 Mr./Mrs./Ms.

Name:

Home Address:

Home Phone:

Cell Phone:

City, State, Zip:

Lives With Student?

Email Address:

Relationship to Student:

Billing Party? Yes No Work Phone:

Employer/Occupation: _____

How did you hear about Shafter Kiddie Kollege?

Has your child ever been in an Early Education Center before? Yes _____ No _____ If
yes, where?

Does your child have any special conditions or allergies we should be aware of? Yes

No _____ If yes, Explain

Please list any other information which you feel would be helpful to the Director before
your child is admitted:

Service Fee: Tuition received after the 10th of the month is subject to a \$15.00 late fee.
There will be a \$30.00 service charge for returned checks. After 1 returned check we will
no longer accept personal checks for the remainder of the year.

Late Pick Up Fee: There is a fee of \$1.00 per minute that the child is here after their
scheduled enrollment time up to \$20.00 for half day enrollment and \$30.00 for a full
day enrollment.

Enrollment Days: Enrollment for less than 5 days per week is generally on the following
schedule: 2 days/week- Tues-Thurs. 3 days/week-Mon/Wed/Fri. Other partial week
schedules may be available based on openings. Once days are filled, priority will be given
to those applicants with siblings already enrolled in Kiddie Kollege and those applying for
the greater number of days and hours.

Termination Of Agreement: The first 6 weeks of a child's attendance shall be considered probationary. If after this time disruptive behavior continues the enrollment of the child may be terminated upon recommendation of the director. Violent behavior toward staff and/or children will not be tolerated and is grounds for Immediate expulsion.

Absences: When a child is enrolled, his/her place is reserved for that day in order to maintain a teacher/child ratio. Therefore, no credit or make up days will be given for days he/she is absent from school. If space is available, an occasional extra day or time can be arranged, with fees charged for the extra time.

Drop-In Fee: The drop-in fee for 1 full day (7:15am-5:30pm) is \$35.00 per full day, \$25.00 for a half day drop in (7:15 am-12:15 pm).

Notice Of withdrawal/change: The school requires a two-week advance written notice when withdrawing each child from the school otherwise the parent is responsible for two weeks tuition charge from the date the school is notified in writing. Also, changes made to the student's enrollment and tuition will take effect on the first day of the next month. Two weeks' notice is required to change enrollment status and tuition fees.

State Licensing Requirements:

1. "Community Care Licensing shall have the authorization to interview my child, or the staff, and to inspect and audit my child or facility records without my prior consent. The licensee shall make provisions for private interviews with my child or staff member; and for the examination of all records relating to the operation of the facility." (Community Care Licensing may or may not allow a staff person to be present during the interview.)
2. "The Department of Licensing agency shall have authority to observe the physical condition of my child without my prior consent, including conditions which could indicate abuse, neglect, or inappropriate placement and to have a license medical professional physically examined the child(ren)."

Shafter Kiddie Kollege

400 Kern St.

661-746-4960

Shafter CA 93263

License # 150400556

Emergency Medical Treatment

Name _____

Last

First

Middle

Birth date _____ Sex _____ Age _____

Parent or Guardian _____

Parent or Guardian _____

Emergency Contact _____

Home Address _____

Phone# _____ Cell# _____

Is child presently under a doctors care? _____

If yes, what treatment is required _____

Operations or injuries(dates) _____

Current Medications _____

Food Allergies _____

Dietary Modifications(Dr. Note) _____

Other diseases or details of above _____

Insurance Company _____

Policy # _____

Please submit a copy of Insurance Card

I the undersigned parent or legal guardian of _____ A minor, do hereby authorize any member of the Shafter Kiddie Kollege staff, as agents for the undersigned, to consent to any X-ray examination anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this author is Patient is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) two gives specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned Physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

This authorization shall remain effective as long as the child is attending Shafter Kiddie Kollege.

Physician _____

Phone # _____

99If Physician cannot be reached what action should be taken?

Signature of Parent or
Guardian _____

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
-------------------	-------------------------

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

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

_____ 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

Shafter Kiddie Kollege

400 Kern St.
Shafter, CA 93263

661-636-5114
Lic.# 150400556

Walking Field Trip Permission

I give permission for my child _____ to
Participate in walking field trips during the _____ school
year. The walking field trips, which may occur as a spur-of-the-moment
activity, they are those taken near the church or close by.

Signature of Parent r Guardian

Home Phone

Work Phone

Cell Phone

Shafter Kiddie Kollege
Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The Shafter Kiddie Kollege preschool requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your no authorization will enable us to use specially prepared materials to (1) train teachers and /or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, website's, etc.

1. Name of Pupil (please print) _____
2. Name of Parent (please print) _____
- A. I, as a parent or guardian of the above-named pupil fully authorized and grant Shafter Kiddie Kollege and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above-named pupil on audio, video, film, slide, or any other electronic imprinted formats, currently developed, known as recordings, for the purposes stated or related to the above.
- B. I understand and agree that use of such recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- C. I understand and agree that Shafter Kiddie Kollege, and/or it's authorized representatives shall have the exclusive right, title, and interest, including copyright, in the recordings.
- D. I understand and agree that Shafter Kiddie Kollege and/or It's authorized representative shall have the unlimited right to use the recordings for any purposes stated or related to the above.
- E. I hereby release and hold harmless Shafter Kiddie Kollege And its authorized representatives from any and all actions, claims, damage is, cost, or expenses, including attorney fees, brought by the pupil and/or parent or guardian which relate to or a rise out of any use of these recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

3. Signature or Parent/Guardian _____
4. Date _____
5. Full Address _____
6. City _____ State _____ Zip _____
7. Phone/Cell # _____

Granting of permission is Voluntary. Please Return completed form to school.

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:

	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? YES 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		WHAT ARE USUAL EATING HOURS?
LUNCH		BREAKFAST _____
DINNER		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
---------------------------	-------------

400 Kern St.
Shafter, CA 93263

661-746-4960 or 636-5114
License # 150400556

Receipt of Handbook

I acknowledge receipt of Parent Handbook. I agree to read the Parent Handbook and abide by the policies and procedures of Shafter Kiddie Kollege Preschool including additions that may be made during the year.

Parent or Guardian Signature

Date

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

1310 East Shaw Ave.

CITY

Fresno

ZIP CODE

Ca

AREA CODE/TELEPHONE NUMBER

559-243-4588

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)

Kiddie Kollege

(PRINT THE ADDRESS OF THE FACILITY)

400 Kern St. Shafter CA 93263

(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: Community Care Licensing

Licensing Office Address: 1310 East Shaw Ave. Fresno Ca 93710

Licensing Office Telephone #: 559-243-4588

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.

Kiddie Kollege

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 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 **cannot by law be given an exemption that would allow them to own, live in or work in** 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://cclid.ca.gov/contact.htm>.