

Calvary Christian Academy Preschool Enrollment Packet



Calvary Christian Academy Preschool
1175 Hillsdale Avenue
San Jose, CA 95118
(408) 269-2222
preschool@calvaryca.org
RecaptureEducation.org



CALVARY CHRISTIAN ACADEMY

...do all to the glory of God.
-1 Corinthians 10:31

1175 Hillsdale Ave. San Jose, CA 95118
Phone: (408)269-2222; Fax: (408)269-8341
Email: Preschool@calvaryca.org
Website: www.RecaptureEducation.org

Dear Parents,

Hello and welcome to Calvary Christian Academy Preschool! Thank you for blessing us with the privilege and honor of partnering with you in the education of your precious little children. Below is a list of the required forms that we will need for your child's file. Please note that the Physician's Report form will need to be filled out by a doctor. Please be sure to complete and return all documents listed below to the preschool office no later than 2 weeks prior to your child's first day of school.

(Feel free to use this as a checklist to ensure that all paperwork is present and completed!)

- ____ Preschool contract/Admission Agreement (both sides)
- ____ Agreement Check List
- ____ Identification and Emergency Information
- ____ Consent for Medical Treatment
- ____ Child's Pre-admission Health History
- ____ Child's Physician's Report (To be filled out by your child's doctor)
- ____ Copy of Yellow Immunization Card or Immunization Record
(If you would like to bring in the original card, we can make the copies and return the original to you)
*Please note that all vaccinations must be up to date prior to school entry
- ____ Proof of negative TB Test or doctors statement that no risk factors are present
(This is usually recorded on the physician's report)
- ____ Personal Rights (Please return the bottom portion to us and keep the top for yourself)
- ____ Parent's Rights (Please return the bottom portion to us and keep the top for yourself)
- ____ School Friends Contact Information
- ____ Photo Release Form
- ____ Parent Handbook Acknowledgment Form

Thank you again and God bless you and your family,
CCA Preschool Administration



Calvary Christian Academy Preschool

Agreement Checklist

**Include this form with your completed enrollment packet and payment for all fees.
Please initial each statement.**

_____ I have read and will support Calvary Christian Academy Preschool's **Statement of Faith.**

_____ I have read and will support Calvary Christian Academy Preschool's **Statement of Cooperation and Agreement.**

_____ I have read and will support Calvary Christian Academy Preschool's **Statement of Philosophy.**

_____ I have completed and I am returning the following forms:

- Preschool Contract/ (Back of Enrollment Contract) Admission Agreement
- Identification and Emergency Information
- Consent for Emergency Medical Treatment
- Child's Pre-admission Health History-Parent Report
- Child's Physicians Report
- Copy of Yellow Immunization Card
- Personal Rights
- Parents Rights
- Emergency index card
- Preschool Friends Contact Information

By signing below and initialing above, you are authorizing your support for and compliance with the statement and policies listed above.

Name of Student: _____

Signature of Parent/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
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD					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
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Calvary Christian Academy Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

NAME . THIS CARE MAY BE GIVEN UNDER

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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
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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
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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)
Calvary Christian Acadmey Preschool. This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to 5:30 a.m./p.m., 5 days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing:

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

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

Department of Social Services Community Care Licensing Child Care Program

ADDRESS

2580 North First Street, 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)

Calvary Christian Academy Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1175 Hillsdale Avenue San Jose, CA 95118

(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: Department of Social Services Community Care Licensing
Licensing Office Address: 2580 North First Street, Suite 300 San Jose, CA 95131
Licensing Office Telephone #: (408) 324-2148

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Calvary Christian Academy Preschool

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

LIC 995 (9/08)



CCA Preschool Friends Contact List Information Form

Dear CCA Preschool Parents,

It is such a joy every year to see all of the beautiful friendships being made here at CCA Preschool! As your children begin to form friendships with their classmates, they may ask for play dates with their new friends. The friends contact list is for this purpose. We hope you find it helpful!

Please check off the below contact information that you would like shared on your child's class friends contact list.

___ Child's Name

Father's:

___ Name

___ Phone Number

___ Email Address

Mother's:

___ Name

___ Phone Number

___ Email Address

___ I would not like any of the above information to be shared on the class contact list

I _____ parent/guardian of _____
give permission for the above selected information to be recorded on my child's class contact list. I understand and agree that the information provided on the class contact list will be shared only with the parents of my child's classmates and is for the sole purpose of arranging play dates and get-togethers and growing the friendships of the students.

Parent/Guardian Signature

Date



Calvary Christian Academy Preschool

Photo Release Form

Dear CCA Preschool Families,

As you know, when your children work on lessons or participate in special events, we often have many great photo opportunities! We would like your permission to use photographs taken during class time, field trips, special events, celebrations, etc. to post internally in our classrooms and office, for arts and crafts projects, in class newsletters, end of the year student portfolios, etc.

Calvary Christian Academy also uses photographs of children for publicity purposes. We promote our school using color brochures, on our school website, and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. CCA Preschool will consult with the child's parents prior to using their photographs for publicity purposes and those photos will be available for the child's parents to review upon request. Parents reserve the right to decline the use of any photograph for publicity.

Please sign the permission slip below to indicate your preference for photographs.

I DO / DO NOT (PLEASE CIRCLE) give Calvary Christian Academy Preschool permission to use photographs of my child to be used internally in the classrooms and office, for arts and crafts projects, in class newsletters, end of the year student portfolios, etc.

Child's Name: _____

Parent Signature

Date

I also give permission for photographs of my child to be used for publicity purposes on the school website, in brochures, or other means of publicity. I understand that participation is voluntary.

_____ YES _____ NO

(Please Initial Selection)

Parent Handbook Acknowledgement Form

I acknowledge having received and read the Calvary Christian Academy Parent & Student Handbook. I agree with and support all of the policies and guidelines outlined in this handbook. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established.

Student Name(s): _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return completed form to the preschool office.

