

Southland Christian Preschool

Student Enrollment



Enter Date _____
Exit Date _____

Student's Name _____
Last First Middle

Address _____
Street City Zip

Home Phone (____) _____ Cell phone (____) _____ carried by (mom) (dad)

Date of birth ____ / ____ / ____ Birthplace _____ Age at enrollment _____
Mo Day Yr City and State

Previous preschool _____
Name Address City

General description of health _____

Medication taken/used on a regular basis _____ Allergies _____

Child's doctor _____ Dr's office phone (____) _____ Insurance _____

Dr's address _____
Street City Ins. policy # _____

Mother's name _____
First Last (if different than child's) Social Security number

Employer _____
Company name Address City Phone Ext

Father's name _____
First Last (if different than child's) Social Security number

Employer _____
Company name Address City Phone Ext

Marital status () married () separated () divorced () other If divorced or separated explain any rights or restraints the noncustodial parent has, other than normal visitation rights _____

Typical behavior when angry _____

Has any special testing been recommended or given at a previous school? _____ If yes, please explain _____

Has this child had behavioral problems at a previous preschool? _____

If yes, please explain _____

Denomination or church affiliation _____ Church attending _____ City _____

Pastor's name, or other reference from the church _____

Is your family participation at church active? (Y) (N)

Family church attendance is: () Faithful () Fairly consistent () Occasional () Rare

I give permission for my child to be released to the following individuals

_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone

I give the following adults authorization to grant emergency treatment for my child:

_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone
_____	_____	(_____) _____
Name	Relationship	Phone

Out-of-state person to contact in the event of a major earthquake

_____	_____	(_____) _____
Name	Relationship	Phone

AGREEMENTS AND AUTHORIZATIONS

1. I have received and read the Southland Christian Preschool (SCP) Parent Handbook. By signing this form I understand, agree to, and will comply with all policies listed therein and with other school policies that may not be listed therein.
2. I authorize my child to participate in all school sponsored activities, including off-campus field trips.
3. I authorize the administration of First Aid or any needed emergency medical treatment to my child.
4. I agree to SCP's Expectations of Parents and Home Environment, Correction policies, and Financial Policies.
5. I understand that Community Care Licensing has authority to interview my child and inspect his/her records without prior parental consent.
6. It is my responsibility to provide the following completed and signed forms *prior* to the first day of school:
Preschool Enrollment form (this form) Preadmission Health Screening form
Personal Rights of the Child form Authorization to Treat a Minor form
7. SCP is a Christian preschool, and as such believes that the Bible commands us to make every effort to live in peace, and resolve disputes with each other in private or within the Christian church (see Matt.18:15-20.) Therefore, I agree with SCP that any claim or dispute arising from enrollment, attendance, or issues relating to these Agreements and Authorizations shall be settled by biblically based mediation and, if necessary legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgement upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

BY SIGNING BELOW I ACCEPT AND AGREE TO THE AGREEMENTS AND AUTHORIZATIONS LISTED ABOVE.

Parent/Legal Guardian's Signature

Date

Southland Christian Preschool

CHILD and PARENT RIGHTS FORM

Southland Christian Preschool operates under a license granted by the Department of Social Services, Title 22, which stipulates certain rights for each child and parent or guardian.

Personal Rights of the Child

Each child has the right:

- To be accorded dignity in personal relationships with staff.
- To be accorded accommodations and equipment which is safe and comfortable, and designed to meet his needs.
- To not be subjected to humiliation, ridicule, other forms of mental abuse, corporal punishment, or the withholding of any function which is part of the child's overall health and welfare.
- To have his parents or authorized representatives informed of the provisions of the law regarding complaints.
- To be free to attend religious services.
- Never to be locked in any room or building, or placed in any restraining device.
- To receive any needed medical or health related services. (code # 101212)

Parent's Rights

Parent or guardians, upon presentation of identification, have the right to enter and inspect the child care facility in which their child(ren) are receiving care, without advance notice to the provider. Entry and inspection is limited to the normal operating hours while their child(ren) is receiving care.

- The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.
- The law requires that parents/guardians be notified of their right to enter and inspect and that this notice be posted in the facility in a location accessible to parents/guardians.
- The law authorizes the person in charge of the child care facility to deny access to a parent/guardian under the following circumstances:
 1. The parent/guardian is behaving in a way which poses a risk to children in the facility, or
 2. The adult is a non-custodial parent and the facility has been requested in writing by the custodial parent to not permit access to the non-custodial parent. (code # 101319.1)
- The law further provides that parents/guardians can contact the Department of Social Services if there is a belief that any of these rights are in violation.

Department of Social Services, Community Care Licensing Division
9660 Flair Drive, Suite 200. E./Monte, CA 91731
(818) 575-6603

(To be detached and retained in the child's file)

Receipt for copy of Personal Rights of the Child and Parent's Rights form

This receipt will acknowledge that I, the parent/guardian of _____ have received the detached copy of the Personal Rights of the Child and Parent's Rights form from an authorized representative of Southland Christian Preschool.

Signature

Date

Southland Christian Preschool
Pre-Admission Health Examination

_____ requires a health exam for enrollment at Southland Christian Preschool.
Child's name _____

GENERAL HEALTH

Overall description of this child's health: _____

Physical conditions requiring special attention (including special dietary restrictions and allergies):

Vision screening results: _____ Audiometric screening results: _____

IMMUNIZATIONS

Immunizations and doses listed are required for admission. Immunizations must be listed on this form.

Varicella (Chickenpox) _____

Poliomyelitis (Either TOPV or IPV series)				
<u>TOPV</u>	<u>IPV</u>	<u>DPT</u>	Rubella	<u>Hib</u>
#1 _____	#1 _____	#1 _____	Rubella _____	#1 _____
#2 _____	#2 _____	#2 _____	Mumps _____	#2 _____
#3 _____	#3 _____	#3 _____	Hep B #1 _____	#3 _____
#4 _____	#4 _____	#4 _____	Hep B #2 _____	#4 _____
	#5 _____	#5 _____	Hep B #3 _____	

If the 3rd dose of TOPV was administered before the age of 2 years, an additional dose is required.
If the 4th dose of IPV was administered before the age of 2 years, an additional dose is required.
If TOPV and IPV doses were combined, then 4 doses are required. One additional dose is required if the 4th dose was administered before the age of 2 years.

TUBERCULOSIS TEST

The only TB tests currently accepted are a MANTOUX or a chest x-ray.

Type _____ Date given _____ Date read _____ Results _____

OTHER

I verify that I have examined this child and find him/her in good physical health with no relevant conditions that would keep him/her from full-time enrollment at Southland Christian Preschool.

Health Examiner's signature

Medical office

Date