



BOYS & GIRLS CLUBS
OF HUNTINGTON VALLEY

ROBERT MAYER
Child Development Preschool
Licenses: Infant 304370205, Preschool 304370204

Severe allergic reaction ____ Yes ____ No Parent's Initials ____

PRESCHOOL PROGRAM CONTRACT 2019

Child's name _____ Age _____ Birthdate ____/____/____

Parent's name _____ Start date _____

INFANT (6 weeks-14 months, non-walker)
Full-Time (M-F 6:30am-6:00pm) \$257/week (Initials)

INFANT (12 months-24 months,-walker)
Full-Time (M-F 6:30am-6:00pm) \$252/week (Initials)

TODDLER PRESCHOOL PROGRAM (24+ months)
Full-Time (M-F 6:30am-6:00pm) \$227/week (Initials)

PRESCHOOL & PREPPY K PROGRAM (Ages 36 months+ and Fully Potty-Trained)
Full-Time (M-F 6:30am-6:00pm) \$182/week (Initials)

Part-Time, 3 days (M,W,F 6:30am-6:00pm) \$152/week (Initials)

Part-Time, 2 days (T, Th 6:30am-6:00pm) \$127/week (Initials)

TRANSITIONAL KINDERGARTEN (TK) (Ages 4½ to 6 years)
Full-Time (M-F 6:30am-6:00pm) \$187/week (Initials)

Part-Time, 3 days (M,W,F 6:30am-6:00pm) \$157/week (Initials)

Part-Time, 2 days (T, Th 6:30am-6:00pm) \$132/week (Initials)

For Emergencies: A \$50 fee will be charged for each non-scheduled contract day. Non-scheduled days are subject to availability and pre-approval from Director is required.

REGISTRATION: \$75.00 (Initials)

My child's total weekly tuition fee is \$ _____

Fees are due the Friday before each week or a late fee of \$10.00 will be charged, with no deductions for illnesses, absences, vacations or holidays. All fees are non-refundable and non-transferable unless activity is cancelled by Boys & Girls Clubs.

Parent/Guardian Signature Date

Director Signature Date

OFFICE USE ONLY

TOTAL AMOUNT PAID \$ _____

DATE _____

STAFF INITIALS _____

CLUBHOUSE ACADEMY PERFORMING ARTS

ClubHouse Academy provides opportunities for children as young as 2½ years old to participate in fun and exciting performing arts and fitness classes. Located right next door to the Learning Center Child Development Preschool, ClubHouse Academy makes it easy for kids to have fun and be active. Boys & Girls Club staff members walk participating children between their classrooms at the Learning Center and the ClubHouse Academy, so there are no worries about transportation. This is an affordable, no-hassle way to add fitness and enrichment opportunities into your child's day! Classes located at:

10200 Slater Avenue, FV (between FV City Hall and Library)

DANCE (pricing applies for all dance classes)

50-minute classes: \$45/month • 70-minute+ classes: \$60/month
 Discounts for multiple classes: \$15 off your 2nd class, \$10 off your 3rd-5th classes, \$5 off your 6th+ class

Ballet	Level 1	5 yrs+	S	11:00AM - 11:50AM
Hip Hop	Preschool	2½ - 5 yrs	Th	2:30PM - 3:00PM
	All Levels	5 yrs+	W	6:00PM - 6:50PM
	Level 1	5 yrs+	Th	4:00PM - 4:50PM

Pre-School Dance



2½-3½ yrs	W	10:00AM - 10:45AM
3-5 yrs	Th*	3:00PM - 3:45PM*
3½-5 yrs	W	11:00AM - 11:45AM
3½-5 yrs	S	10:00AM - 10:45AM

GYMNASTICS (pricing applies for all gymnastics classes)

_____ \$55/month - 1 class/week _____ \$80/month - 2 classes/week

Beginning I	3½ - 6 yrs	W	3:15PM - 4:00PM
	3½ - 6 yrs	Th	3:00PM - 3:45PM*

KARATE (pricing for preschool classes)

_____ \$45/month - 1 class/week _____ \$70/month - 2 classes/week

Preschool	3½ - 6 yrs	T	3:15PM - 3:45PM
	3½ - 6 yrs	Th	3:15PM - 3:45PM*

* Transportation is available for these classes for an extra fee.

MORE CLUBHOUSE ACADEMY CLASSES

ClubHouse Academy has lots to offer during evenings and weekends, too. Please pick up a flyer from the front office today to find out more about classes like:

- Acting
- Cheerleading
- Dance - Tap, Jazz, Pre-Pointe, Dance Fitness
- Music - Piano, Voice
- Musical Theatre
- Tae Kwon Do
- And lots more!



SPORTS LEAGUES

COED ARENA SOCCER

Season runs from March 18-May18, 2019

Cost includes jersey, socks, awards, clinic or games & playoffs for Divisions I-III.

Early Registration: Jan. 1 - Feb. 3, 2019

_____ \$95 *Tiny Tots Clinic, Pee-Wee & K-League

_____ \$100 Division I

Registration: Feb. 4 - March 2, 2019

_____ \$125 *Tiny Tots Clinic, Pee-Wee & K-League

_____ \$130 Division I

***Tiny Tots Clinic-Parent participation required- 9am Saturday mornings.**

Divisions: Age Determined as of Feb. 1, 2019.

Tiny Tots Clinic 2 - 3½ yrs

Pee-Wee 3½ - 4½ yrs

K-League 4½ - 5 yrs

Division I 6 - 7 yrs

Evaluations: Saturday, March 2 at our Huntington Beach Branch.

Division I - 9AM

No evaluations needed for Tiny Tots Clinic, Pee-Wee and K-League

Late registrations subject to availability.



COED BASKETBALL

DIVISION _____

Season runs from March 18-May18, 2019

Cost includes jersey, awards, games & playoffs for Divisions II-V.

Early Registration: Jan. 1 - Feb. 3, 2019

_____ \$100 All Divisions

Registration: Feb. 4 - March 2, 2019

_____ \$130 All Divisions

Divisions: Age Determined as of Feb. 1, 2019.

K-League 5 yrs

Division I 6-7yrs

No evaluations needed for K-League or Division I

Late registrations subject to availability.



Parents, the Club also offers basketball leagues for youth ages 6-16 and soccer leagues for youth ages 6-13. If you have older children who would enjoy organized sports at the Boys & Girls Club, find out more and **register online at bgchvsports.com.**

**Total from ClubHouse Theatre, ClubHouse Academy
 Performing Arts Classes and Sports Leagues**

Total: \$ _____



IDENTIFICATION FORM

CHILD'S NAME _____ AGE _____ BIRTHDATE ____ / ____ / ____ M ____ F ____
(FIRST) (LAST)

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE (____) _____ EMAIL ADDRESS _____

SCHOOL _____ CITY _____

CHILD LIVES WITH: (CHECK BOX) BOTH PARENTS MOTHER FATHER GUARDIAN OTHER _____

FEMALE HEAD OF HOUSEHOLD? YES NO NUMBER IN FAMILY _____

ETHNICITY: (CHECK ONE) CAUCASIAN AFRICAN-AMERICAN HISPANIC ASIAN AMERICAN INDIAN
 PACIFIC ISLANDER OTHER _____

INCOME LEVEL: (CHECK ONE)

\$25,000 & UNDER \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000 \$45,001-\$50,000
 \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000 \$80,001-\$90,000 \$90,001-\$99,999 \$100,000+

PARENT #1 _____ COMPANY _____ PHONE (____) _____

CELL PHONE (____) _____ OCCUPATION _____ D.L. # _____

PARENT #2 _____ COMPANY _____ PHONE (____) _____

CELL PHONE (____) _____ OCCUPATION _____ D.L. # _____

EMERGENCY CONTACT OTHER THAN PARENTS (NAME, HOME/WORK PHONE & RELATIONSHIP TO CHILD)

LIST ALL ALLERGIES, HEALTH PROBLEMS, OR PHYSICAL IMPAIRMENTS THAT MAY AFFECT YOUR CHILD'S PARTICIPATION IN CLUB ACTIVITIES:

IS CHILD ON MEDICATION? _____ IF YES, WHAT _____

Additional persons authorized to take the child from the facility or to be called in an emergency
(Child will not be allowed to leave with any other person without written permission from parent/guardian)

Name _____ Phone _____ City _____ Relationship _____

Name _____ Phone _____ City _____ Relationship _____

Name _____ Phone _____ City _____ Relationship _____

Name _____ Phone _____ City _____ Relationship _____



**Preschool Program Policies and Procedures Agreement
Between Parent & Robert Mayer Child Development Preschool**

CHILD'S NAME: _____

PLEASE READ THE FOLLOWING AGREEMENT VERY CAREFULLY BEFORE SIGNING

The conditions for this Agreement provide protection for our parents as well as the Preschool. In order to assure that we can provide the services that your children are entitled to, it is essential that the financial status of the Preschool be stable. The Preschool's salaries and overhead expenses cannot be reduced because of "absentee losses" in income.

In essence, this Agreement is a personal guarantee to the Preschool that you will financially support the enrollment space guaranteed for your child.

GENERAL INFORMATION

1. Robert Mayer Child Development Preschool is open from **6:30am to 6:00pm**. Each child must be picked up by 6:00pm. A late charge will be applied for anyone picking up a child after the times outlined above. The charge will be **\$10.00** for the first 1-10 minutes after 6:00pm followed by **\$1.00** for every minute thereafter. If this fee is not paid, your child's enrollment can be discontinued. After the 3rd late pick up you will be called with a warning. After the 5th late pick up you will be asked to find another childcare facility.
2. The Robert Mayer Child Development Preschool will be closed the following holidays or the day the holiday is observed: New Year's Day (1/1), President's Day (2/18), Memorial Day (5/27), Independence Day (7/4), Labor Day (9/2), Thanksgiving and the day following (11/28 & 11/29), Christmas Eve (12/24) Club closes at 2pm, and Christmas (12/25).
3. Parents are expected to sign their child in and out daily, and make sure that he/she is under the supervision of his/her teacher before leaving the premises. Children will not be released to any adult not listed on the identification form. Children may not be released to anyone under the age of 18 without written authorization from the parent releasing the Preschool of all liability. There will be a **\$5.00** charge per day for children not signed in/out. Please sign your child in and out listing your full name - no initials please! The sign in/out sheets are located in each individual classroom.
4. The Preschool will provide a nutritional morning and afternoon snack with weekly menus posted. Parents may bring breakfast for their child until **8:00am only**. **Please do not include the following items in your child's lunch as they are choking hazards:** hot dogs whole or sliced into rounds, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonfuls of peanut butter, chunks of raw carrots or meat larger than can be swallowed whole. Hot lunches are non-refundable.
5. The Department of Social Services requires that you provide a sheet and blanket for your child at naptime. There will be a **\$50.00** fine for each day that your child does not have a sheet and blanket.
6. Parents must provide an adequate supply of disposable diapers and wipes for their child if the child is not fully potty-trained. If your supply of diapers or wipes runs out we will provide 2 days supply at the cost of **\$20.00**, which will be added to your bill. After the third day without necessary supplies your child will not be permitted in the Preschool.

PAYMENT AND CONTRACT INFORMATION

7. **\$10.00 discount for each additional child enrolled full-time in the Robert Mayer Child Development Preschool.**
8. All fees must be paid in full by the Friday prior to the week of use. Payments made after Monday of the current week are considered late and will be charged a \$10 late fee. NO deductions in program fees will be made for absences, vacations, or holidays.
9. A \$25 service charge will be collected for all returned checks.



10. If my child is absent for five consecutive days between **September 2018 and June 2019**, I agree to pay half the tuition fee and provide the Center with a doctor's statement verifying the illness on the day of the child's return to school. Not to exceed two weeks per contract year.
11. A yearly registration fee of **\$75.00** will be charged. If you terminate your child's enrollment contract at any time and then choose to **re-enroll**, you will be required to pay a **new \$75 registration fee** at the time your child is enrolled with a new contract.
12. You have the option to pay online for your weekly program fees/tuition. A convenience fee will apply to all online payments. Online payment is not available for lunches, field trips, and other specialized services.
13. I understand that I may change my membership contract one time per school year. If additional changes become necessary, I agree to pay a **\$10.00 processing fee per change**.
14. **A TWO-WEEK WRITTEN NOTICE MUST BE GIVEN PRIOR TO WITHDRAWAL.** If this notice is not given, I agree to pay two weeks tuition prior to withdrawal.
15. All fees are non-refundable and non-transferable. No exceptions. This applies to lunches and field trips.

MEDICAL INFORMATION

16. The Boys & Girls Clubs of Huntington Valley, Inc. will provide incidental medical services to children enrolled at the club providing the Club can meet the child's needs at the time of admission and throughout the child's attendance at the Boys & Girls Clubs of Huntington Valley. Types of incidental medical services that may be provided include: Administering Insulin by Pump; Administering Anti-Seizure Medication; Administering Inhaled Medication; EpiPen Injections; and any other incidental medical services contingent upon approval from the Boys & Girls Clubs of Huntington Valley as authorized by the Department of Social Services – Community Care Licensing Division.
17. Children who become ill may not remain at the Preschool. Parents will be called and must pick up their child **within the hour**. It is the parent's responsibility to make sure that they have an alternate person we can call if they are not available. Children absent from the Preschool with a contagious disease will not be readmitted without a signed statement from a physician indicating that the child is no longer contagious. Please refer to the illness guidelines in the parent handbook.
18. In the event of an emergency, the Preschool has my permission to administer first aid or obtain emergency medical treatment in the child's best interest; I agree to pay all expenses incurred due to an emergency involving my child.
19. Parents must supply the Preschool with necessary health forms filled out by a physician, as required by the State of California.
20. The Department of Social Services Community Care Licensing personnel, State Health Department, School Readiness Nurses, Counselors and/or Staff have the right to access and/or review your child's file. Child care licensing personnel also have the right to interview children.
21. In order for the preschool to administer over-the-counter sunscreen and diaper cream a completed Exception to Over-the-Counter Medication Policy Form must be on file.

CLUB POLICIES

22. Parents, please send your child to school in comfortable, washable play clothes. Remember that your child will be involved in painting, water play and other messy play experiences. Jeans, shorts, and old T-shirts are very appropriate for our program. Good fitting athletic shoes are acceptable. **No cowboy boots, no open toed shoes, and no slip on shoes. ALL SUPERHEROES** related clothing, toys, lunchboxes etc. are **STRICTLY PROHIBITED**.
23. Parents must provide a complete change of usable clothing for emergency use to be kept in your child's cubby.



- 24. Classroom phone policy: Phones in classrooms are for emergency use only. Teachers may use phones to contact the front office or to dial 911. To ensure that children in classrooms receive teachers' full attention, teachers are not permitted to make other outgoing calls or accept calls not approved by the Preschool's Director or Program Director. All incoming parent calls will be directed to the Preschool's Director or Program Director. If, after consulting with one of the Directors, the parent still needs to talk to the teacher, the Director will then forward the call to the classroom. If a Director is not available and cannot return a parent's call within fifteen minutes, the call will be forwarded to the appropriate classroom. This policy is designed to minimize classroom distractions and ensure that all children at the Preschool receive the attention they deserve from their teachers.
- 25. **Family participation in our auction and fundraising events is appreciated and helps us keep our fees low.**
- 26. The Preschool is committed to providing an all-inclusive program for your children. Our all inclusive program includes children with special needs. In adherence to the Americans with Disabilities Act (ADA), our program does not discriminate based on a child's disability, and we strive to offer reasonable accommodations to enable children with disabilities to become fully included in the program.
- 27. The Preschool recognizes that in most situations both parents have a legal right to be a part of their child's life. The Preschool denies a parent access to their child only if there is a certified copy with the original signature and certified seal of the current court order which states the rights or restraints ordered.
- 28. The Preschool is committed to working with families. We expect families to participate in every aspect of their child's program. It is very important that you, as parents/guardians, communicate your needs and desires regarding your child's development openly and honestly with your child's teachers or the Preschool's Directors. You are encouraged to discuss any developmental milestones you have encountered and share any other information that may be appropriate. We strongly encourage families to commit a minimum of 3 hours participation per year in your child's classroom.
- 29. Parent volunteers are highly encouraged. A volunteer application must be submitted. To ensure the safety of the children in our care and to comply with licensing requirements, every volunteer must have a background check, TB test clearance, and vaccines for DTAP (Pertussis), MMR (Measles) and Influenza (optional).
- 30. **You have received, read and understood the Parent Handbook, including the Assessment Plan, Discipline Policy, Potty Learning Policy, Biting Policy, the Sensory Development Statement, Safe Infant Sleep Policy, and Sunscreen Policy.**
- 31. **Should the Preschool Director determine that your child cannot adjust to the program offered, or if any of the above contract agreement is not fulfilled, your child will be withdrawn and this contract terminated.**

This agreement is subject to change with thirty days notice to comply with government regulations or for any other reason.

Signature of Parent/Guardian

Date

Signature of Administrator

Date



FAMILY INTAKE FORM

In addition to completing the "Child Pre-Admission Health History," which is required by the California Department of Social Services, we would appreciate you responding as completely as possible to the following questions. Your input will help the classroom teacher better understand your child's learning and development needs and ensure a smoother transition between home and the classroom. Please complete only items appropriate to your child's age. You will be asked to complete this form periodically as your child grows.

Child's Name: _____ Birthdate: _____

Daily Routines:

Does child walk, talk, or cry out at night? Yes No

What does child take to bed with him/her? _____

Is child usually ready to go to sleep at night? Yes No

What is child's mood upon awakening? _____

Is child usually hungry at meal time? Yes No Between meals? Yes No

What are child's favorite foods? _____

What foods are refused? _____

What eating problems does child have, if any? _____

Does child eat with a (check all that apply): Spoon Fork Hands

If another person shares in caring for the child on a regular basis, please indicate name, relationship (if any), and days/hours responsible for care:

Are there any pets in the home? Yes No If yes, please describe: _____

Social Relationships:

How does your child customarily react when separated from you?

Is your child:

Friendly Yes No Aggressive Yes No Shy Yes No



FAMILY INTAKE FORM CONTINUED

Social Relationships (continued):

How does your child get along with other adults?

Does your child know any other children at the center? Yes No

If yes, what are their names? _____

Do you feel your child will adjust easily to the child care situation? Yes No

If no, why not? _____

Does child demand a lot of adult attention? Yes No

What makes child upset or angry? _____

How does child show his/her feelings? _____

What frightens the child? _____

Favorite toys or activities at home? _____

Does your child:

Like to be read to? Yes No

Play outdoors? Yes No

Listen to music? Yes No

Know how to ride a tricycle? Yes No

Has your child experienced:

Clay? Yes No

Easel Painting? Yes No

Scissors? Yes No

Finger Painting? Yes No

Blocks? Yes No

Water Play? Yes No

Additional Information:

Any history of colic? Yes No

Is child's skin highly sensitive? Yes No

Frequent diaper rash? Yes No

Current feeding schedule: _____

Any special feeding problems? Yes No

If yes, please explain: _____

How has the child been fed? Held in lap High chair

If other, please explain: _____

Is diarrhea a problem? Yes No Constipation? Yes No

Does child use a pacifier? Yes No Suck thumb? Yes No

Can child be relied upon to indicate need to use the toilet? Yes No

Does child need to go more frequently than usual for his/her age? Yes No

Does child need help with toileting? Yes No



FAMILY INTAKE FORM CONTINUED

Potty Information:

Do you use a potty seat? Yes No Special toilet seat? Yes No Regular toilet seat? Yes No

Is child frightened of the bathroom? Yes No

Does child have accidents? Yes No

If yes, how does he/she respond? _____

Was child easy to train? Yes No

Does child wet the bed? Yes No If yes, how often? _____

Speech and Language:

Does child speak in words? Yes No Sentences? Yes No

Any speech difficulties? Yes No

If yes, please explain: _____

What language is spoken in the home? _____

If English is not spoken in the home, how well does child speak/understand English? _____

How can we support the child's home language in school? _____

How can we support your child in acquiring English? _____

Do you have any concerns about the child's speech or language? Yes No

If yes, please explain: _____

Do you need a translator for communicating at parent/teacher conferences? Yes No

Would you be willing to volunteer as a translator at parent/teacher conferences? Yes No

Family Structure:

How many other children live in the same household? _____

What are their ages? _____

In what particular ways can we help your child this year? _____

Signature of Parent/Guardian _____ Date _____



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Licenses: Infant 304370205, Preschool 304370204

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, of a Dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.B of the Civil Code of California.

This consent shall remain effective until _____, 20_____

List any restrictions: _____

Birth Date: _____ Last Tetanus Toxoid Booster: _____

Allergies to Drugs or Foods: _____

Any Special Medications
Or Pertinent Information: _____

Family Physician: _____ Physician's Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy & Group No. _____

Telephones Where Parents May Be Reached

Parent #1: _____ Home: _____ Work: _____

Parent #2: _____ Home: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent
or Legal Guardian: _____ Date: _____



EARTHQUAKE EMERGENCY INFORMATION

In an effort to make the Robert Mayer Child Development Preschool more "Earthquake Prepared," we require you to bring a complete change of clothing for your child to be kept at the Preschool. This should consist of underwear, long pants, shirt, shoes, socks, sweatshirt or light sweater. Including a familiar object or small family photo would be a good idea, as your child needs to feel secure until you get here. These items need to be placed in a brown paper grocery bag.

The Preschool will provide earthquake food for the children. If your child requires a special diet, please supply the appropriate food and place it in a one-gallon ziploc bag with your child's name clearly marked. If your child has special medical needs, bring extra medicine to the Preschool for us to store.

Earthquake preparedness is an important objective for our Preschool.

Child's Name: _____

Address: _____ City: _____ Zip: _____

Parent #1: _____

Home Phone: (____) _____ Work Phone: (____) _____

Mobile Phone: (____) _____

Parent #2: _____

Home Phone: (____) _____ Work Phone: (____) _____

Mobile Phone: (____) _____

EMERGENCY CONTACTS: (out of state/area preferred)

Name: _____

Phone: (____) _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Name: _____

Phone: (____) _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Name: _____

Phone: (____) _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____



EXCEPTION TO OVER-THE-COUNTER MEDICATION POLICY

Name of Child: _____

SUNSCREEN UTILIZATION PERMISSION FORM

As the parent or guardian of the above child, I give my permission for staff at the Robert Mayer Child Development Preschool to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily hours of 10 am to 4 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, ears, nose, bare shoulders, arms, and legs, and **it is my duty to provide sunscreen for my child.**

Additionally, I have checked and/or indicated below my directions regarding the type and application of sunscreen.

- The Staff of Robert Mayer Child Development Preschool may use the sunscreen of their choice, in keeping with applicable federal and state standards, except for the following (if specified): _____
- Only use the following type(s)/SPF of sunscreen: _____
- For medical or other reasons, please don't apply sunscreen to the following areas of my child's body: _____

DIAPER CREAM (Non-Prescription) UTILIZATION PERMISSION FORM

As the parent or guardian of the above child, I give my permission for staff at the Robert Mayer Child Development Preschool to apply diaper cream, that I have provided as part of my diaper changing materials, as specified below. I understand that it is my duty to provide diaper cream, if I want it to be applied as directed, for my child.

- The Staff of Robert Mayer Child Development Preschool may apply the non-prescription diaper cream I have provided, as needed.
- For medical or other reasons, please don't apply diaper cream.

Parent's Full Name (print) _____

Parent/Guardian Signature _____ Date _____



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MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

My child, _____, has my permission to participate in all activities with the Boys and Girls Clubs of Huntington Valley, Inc. Should any illness or accident occur to her/him, I will not hold liable the Boys and Girls Clubs of Huntington Valley, Inc., its directors, officers, employees or volunteers. The Boys & Girls Clubs has my permission to select a physician in case of emergency and treatment may be given should the parent or authorized physician be unavailable. I will assume full responsibility for all medical costs incurred in that situation. This authorization is given pursuant to section 25.8 of the California Civil Code.

I further understand that there are risks and dangers associated with participation in Club activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe. These risks and dangers may be caused by the negligence of the participant or the negligence of others. There may be other risks not known to us or not reasonably foreseeable at this time. I/we accept and assume such risks and responsibility for the losses and/or the negligence of the Boys and Girls Clubs of Huntington Valley, Inc., its directors, officers, employees or volunteers. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the Boys and Girls Clubs of Huntington Valley, Inc.

Should the director determine that a child cannot adjust to the program, parents will be notified and the child's membership may be cancelled without refund.

May publicity photos be taken of your child? Yes No

I/we have read the above waiver and sign it voluntarily.

Signature of Parent/Guardian _____ Date _____



By initialing and signing below, you acknowledge that you have received, read and understand your copy of the following information and policies from the Robert Mayer Child Development Preschool:

- | | | |
|---|---------------------------|--------------------|
| 1. Sensory Development Statement | (Parent Handbook page 5) | Initial here _____ |
| 2. Assessment Plan | (Parent Handbook page 6) | Initial here _____ |
| 3. Discipline Policy | (Parent Handbook page 8) | Initial here _____ |
| 4. Potty Learning Policy | (Parent Handbook page 9) | Initial here _____ |
| 5. Biting Policy | (Parent Handbook page 10) | Initial here _____ |
| 6. Caregiver Background Check Process | (Parent Handbook page 14) | Initial here _____ |
| 7. Safe Infant Sleep Policy | (Parent Handbook page 15) | Initial here _____ |
| 8. Illness Guidelines | (Parent Handbook page 16) | Initial here _____ |
| 9. Sunscreen Policy | (Parent Handbook page 19) | Initial here _____ |
| 10. Parent's Guide to Understanding Child Abuse | (Parent Handbook page 20) | Initial here _____ |
| 11. Child Care Center Notification of Parents Rights | (Parent Handbook page 24) | Initial here _____ |
| 12. Personal Rights Applicable to Child Care Centers | (Parent Handbook page 25) | Initial here _____ |
| 13. Complete list of policies | (Parent Handbook page 26) | Initial here _____ |

Child's Name: _____

Parent Signature: _____

Parent's Printed Name: _____

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:

	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? <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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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*
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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)

Robert Mayer CDP BGCHV . This Child Care Center/School provides a program which extends from 6 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:00 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

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.