



HARBOR CHRISTIAN SCHOOLS

Christ in Everything:

Faith, Family, Community

Parents can be confident that at Harbor Christian Schools we uphold the vision to raise children as disciples of Christ, and that Christ is at the center of everything we do – the faith we model, the partnership we share with families, and the community we serve.



2023/2024

SERVING THE STUDENTS AND FAMILIES
OF OUR COMMUNITY FOR MORE THAN 40 YEARS

harborchristianschools.net



Harbor Christian Schools offers more **choices** in education.

Parents should have the power and freedom to choose the education that best meets their child's needs, both academically and spiritually. Helping students develop a Christian worldview is of the highest importance and at Harbor Christian Schools, you can expect a high-quality teacher who not only loves children and education but also loves the Lord and is committed to Christian values and seeking Christ first.

How we "Do" Christian Education

- ▶ We are a true partner with parents to help children understand their calling and place as disciples of Christ.
- ▶ We ensure that experiences both in and out of the classroom will help students better understand how to make an impact as Christ's ambassadors.
- ▶ We strive for low-profit margins to welcome as many students as possible and open doors where others may find them closed.
- ▶ Church partnerships across Southern California speak to the heart of ministry and quality of education provided to the community for over 40 years.

Christ in Everything

As parents consider public or private school for their child's education, what many hope to find is a place where their vision for their child and the school's vision for learning overlap. Areas such as athletics, formational practices, theater, choir, dance, science labs, and community service projects, might all be part of their vision for their child's education.

But if all these programs are stripped away – at the core of both visions will be this – Jesus Christ. That is why all programs at HCS are distinct because all areas and teachings begin with a Christ-first and biblical foundation.



WE CAN HELP YOU MAKE CHRISTIAN EDUCATION A REALITY!

Needs-based tuition assistance, tuition discounts, and the Parent Ambassador (Referral) Program. See the "Invest in your child's future..." information page.

harborchristianschools.org

1530 N. Wilmington Blvd.
Wilmington, CA 90744 / 310-835-5665

HARBOR CHRISTIAN SCHOOLS

Invest in
your child's
future...



and we can help!

PARENT AMBASSADOR PROGRAM

At HCS, partnership with parents is one of our core values. The biblical mandate for training up children is given by God to parents, and we recognize that children learn best when the adults in their lives team up. We make every effort to meet and exceed the expectations of our current families. As we are successful, it is our hope that parents will serve as ambassadors (advocates, representatives, promoters, champions and supporters) for Christian education and HCS in their communities. **Tell your friends about our schools!**

**As a thank you, current HCS families
that refer a new student that enrolls will receive a \$500 credit!***

*The referring family must be identified on the application by the NEW family at time of registration. For every new student, the referring family will receive a \$500 credit to be applied to the UPCOMING school year. No limit on the number of student credits available; refer four new students that all enroll and you will receive a \$2,000 credit. The credit is non-transferrable and has no cash/pay out value. Does not apply to new students from HCS families. Does not apply to current HCS employees. Tuition credit will be posted 30 days after the new students' start date. Offer expires August 31, 2023. Other restrictions may apply.

TUITION DISCOUNTS

(One discount type per family)*

- 3%** If Paid in Full (PIF) at the time of registration.
- 5%** YMCA Members (provide proof of current members)
- 5%** Pastor's Discount (must provide document)
- 10%** Military, Fire or Police Dept. Discount (provide proof of employment)
- 15%** Harbor Christian Center Active Members (verification required)

**Highest single discount will apply.*

TUITION ASSISTANCE

Tuition Assistance is available for families in financial distress. Assistance is awarded based on need and available funding. Tuition assistance information is available in the School Office.



harborchristianschools.net

1530 N. Wilmington Blvd.

Wilmington, CA 90744 / 310-835-5665

HARBOR CHRISTIAN SCHOOLS

TUITION AND FEE SCHEDULE 2023-2024

PRESCHOOL PROGRAM | 2-6 YEARS

1530 Wilmington Blvd, Wilmington, CA 90744 | 310-835-5665 | Happy Harbor Preschool FACILITY #191603259

REGISTRATION FEES | TUITION

NEW STUDENT: REGISTRATION FEE \$200

RETURNING STUDENT: REGISTRATION FEE \$100 ON OR BEFORE MARCH 26, 2023
\$150 AFTER MARCH 26, 2023

POTTY-TRAINED MONTHLY RATE

DAYS ATTENDING	FULL-DAY
5 Days	\$799

NOT POTTY-TRAINED MONTHLY RATE

DAYS ATTENDING	FULL-DAY
5 Days	\$899

5 FULL-DAY PROGRAM: 6:30AM-6:00PM | **MULTICILD DISCOUNT:** \$50 monthly discount for 2nd and 3rd child

TERMS AND POLICIES

- ♦ Registration is an annual fee. It is first due at time of enrollment and each year thereafter during the re-enrollment period. The registration fee is non-refundable.
- ♦ Registration Fee includes office records, student accident insurance, and consumable supplies.
- ♦ Tuition fees are effective August 28, 2023. Tuition is due in full at the start of each month.
- ♦ Our preschool is open year-round. Mid-month enrollment will be pro-rated for new families only.
- ♦ Tuition rates take effect at the beginning of each September.
- ♦ Multi-child discount applies to families with two or more children enrolled in our preschool. A monthly discount of \$50 will be applied to the preschool tuition for 2nd and 3rd child.
- ♦ Tuition is a monthly fee and is the same regardless of how many days or weeks are in a month. Tuition is the same regardless of sick days, vacation days, or holidays. Credit is not given for missed days; there is no swapping of days.
- ♦ Payments are to be made in the school office or over the phone.
- ♦ HCS accepts checks and money orders in addition to Discover, Mastercard, and Visa. Checks/money orders are to be made to: HARBOR CHRISTIAN SCHOOLS
- ♦ A \$40 fee will be charged for returned checks. A Late Fee of \$75 will be added if your account is not paid in full by the 10th of each month.
- ♦ Payments are applied to the oldest outstanding charges.
- ♦ If full payment is not received by the 10th of the month, your child(ren) will be excluded from school until full account balance is received.
- ♦ A ***two-week written notice*** to the school office is required upon withdrawing your student. Mid-month withdrawals will be subject to a tuition pro-rate only if the required two-week written notice is given to the school office. Families withdrawing their students the last day of the month ***who do not give*** the required two-week notice to the school office will be charged two week's pro-rated tuition.
- ♦ June tuition covers attendance for the entire month of June. Tuition adjustments will not be made for families who do not attend through the end of June.
- ♦ **NEW!** Tuition Assistance (TAP) is limited and will be determined through a third-party FACTS. Offered for K-8 students and full-time, 5-day preschool programs only. Families that qualify for state subsidies are excluded. Other restrictions may apply. Please see the school office for more information.
- ♦ The preschool is open Monday-Friday from 6:30AM to 6:00PM.
- ♦ Our school is a faith-based school, and thus there is a Christian emphasis throughout every aspect of your child's daily experience with us including, but not limited to, instructional settings, weekly chapel, and playtime. Your signature indicates you understand and support our Christian emphasis.
- ♦ Our school has adopted an official harassment policy, which is in the registration packet. Your signature indicates you have read and understand the policy.
- ♦ Causes for possible removal from the program include, but are not limited to disciplinary issues, reckless or dangerous behaviors, repeat biting, harassment, verbal or physical abuse of staff or students, non-cooperation with staff, non-payment of account, and philosophical differences with the values of Harbor Christian Schools.
- ♦ The California Department of Social Services has the right to interview children and/or staff and has the right to inspect and audit child and/or childcare records relating to the operation without prior consent. (Title XXII, 101200)

HARBOR CHRISTIAN SCHOOLS DOES NOT RACIALLY DISCRIMINATE IN THE ACCEPTANCE OF OUR STUDENTS, FACULTY, OR STAFF.
TO DO SO WOULD BE IN VIOLATION OF CHRISTIAN PRINCIPLES AS SET FORTH IN GOD'S WORD.

HARBOR CHRISTIAN SCHOOLS

NEW PRESCHOOL STUDENT ENROLLMENT PACKET

Dear Parent,

Welcome to the enrollment process for Harbor Christian Schools Preschool Program! Please follow these simple steps to complete the application and enrollment process.

Please fill out and return the following forms to the school office. All forms are due before your child starts their first day:

- ✓ New Student Registration Form
- ✓ Emergency Card
- ✓ Parent-Student Partnership Agreement
- ✓ Consent for Emergency Medical Treatment (*State Form–LIC 627*)
- ✓ Identification and Emergency Information (*State Form–LIC 700*)
- ✓ Pre-Admission Health History (*State Form–LIC 702*)
- ✓ Physicians Report with copy of Immunizations and TB Test Results (*State Form–LIC 701*)
- ✓ Parent's Rights (*State Form–LIC 995*) (*Lower portion*)
- ✓ Child's Personal Rights (*State Form–LIC 613A*) (*Lower portion*)

Please also review the attached informational pieces:

- ✓ Philosophy of Preschool
- ✓ First Day of Preschool
- ✓ Parent Ambassador Program
- ✓ Disaster Kit Flyer
- ✓ Preschool Sign In/Out Sheet
- ✓ Official Harassment Policy
- ✓ Preschool Bedding Bag Info
- ✓ Healthy Schools Notice

Enrollment fees are due at the time of registration. Please note that enrollment is not secure until all forms and fees are received. We are blessed to partner with you! If you have any questions, please feel free to call or email. We are here to help!

-HARBOR CHRISTIAN SCHOOLS ADMINISTRATION

HARBOR CHRISTIAN SCHOOLS

NEW PRESCHOOL STUDENT CHECKLIST 2023-2024

FOR OFFICE USE ONLY

Student Name _____

DOCUMENTS FOR PARENTS TO COMPLETE AND RETURN:

- _____ Preschool Registration Form
- _____ Emergency Card
- _____ Parent-Student Partnership Agreement
- _____ Consent for Emergency Medical Treatment (*State Form – LIC 627*)
- _____ Identification and Emergency Information (*State Form – LIC 700*)
- _____ Pre-Admission Health History (*State Form – LIC 702*)
- _____ Physicians Report with copy of Immunizations, TB Test Results (*State Form – LIC 701*)
- _____ Parent's Rights (*State Form – LIC 995*) (*Lower portion*)
- _____ Child's Personal Rights (*State Form – LIC 613A*) (*Lower portion*)
- _____ Immunization Record

OFFICE USE ONLY

Start Date:

Date Payment Rec: Amount:\$

Ck# Cash Credit

NEW PRESCHOOL STUDENT REGISTRATION for 2023-2024*The preschool year begins August 28, 2023***CHILD INFORMATION**

Last Name	First Name	Birth Date	Age
Address, city, state, zip			
Home telephone: ()		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Father and Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er			
Family's regular place of worship:		Family's Religious Affiliation:	
How did you hear about us?			
Has this child ever been enrolled at our preschool in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list any siblings enrolled at any of our schools:			
Please list the last preschool your child attended:			
Reason for leaving:			

PARENT/LEGAL GUARDIAN INFORMATION

1. **Parent** Full Name (or legal guardian): _____ Relationship to Child: _____
Home Address, city, state, zip _____ Home Phone: () _____
Home Email: _____ Cell Phone: () _____
Work Email: _____ Work Phone: () _____
Job Title: _____ Employer Name: _____
Employer Address, city, state, zip: _____
☐ Custody Rights ☐ Financial Responsibility ☐ Receive Correspondence
2. **Parent** Full Name (or legal guardian): _____ Relationship to Child: _____
Home Address, city, state, zip _____ Home Phone: () _____
Home Email: _____ Cell Phone: () _____
Work Email: _____ Work Phone: () _____
Job Title: _____ Employer Name: _____
Employer Address, city, state, zip: _____
☐ Custody Rights ☐ Financial Responsibility ☐ Receive Correspondence

2023-2024 PROGRAM SELECTION

Program selection effective as of: <input type="checkbox"/> August 28, 2023 <input type="checkbox"/> Other Date: / /	Program Enrollment: <input type="checkbox"/> Preschool: 2-6 yrs
Program Attendance: <input type="checkbox"/> Full-Day (6:30AM-6:00PM)	Is child potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Days Attending: <input type="checkbox"/> 5 days <input type="checkbox"/> Other, per Director's Approval: _____ Director Signature: _____	

MORE ON REVERSE SIDE

GENERAL INFORMATION

- ◆ Our preschool is open year-round. Our “traditional preschool year” runs from September through the 3rd week of June, and our “summer session” runs from the end of June through August.
- ◆ The Registration Fee is an annual fee. It is first due at time of enrollment and each year thereafter during the re-registration period. The Registration Fee is non-refundable.
- ◆ Registration Fee covers office records, student accident insurance, and consumable supplies.
- ◆ Tuition rates take effect at the beginning of each September.
- ◆ Multi-child discount applies to families with two or more children enrolled in our preschool. A monthly discount of \$50 will be applied to the preschool tuition for 2nd and 3rd child.
- ◆ Tuition is a monthly fee and is the same regardless of how many days or weeks are in a month. Tuition is the same regardless of sick days, vacation days, or holidays.
- ◆ **NEW! Preschool will be closed Thanksgiving Week (Monday-Friday) for Professional Development Days and the Thanksgiving Holiday.**
- ◆ Payments are to be made in the school office or over the phone.
- ◆ Checks/money orders are to be made to: HARBOR CHRISTIAN SCHOOLS
- ◆ A \$40 fee will be charged for returned checks.
- ◆ A Late Fee of \$75 will be charge if your account is not paid in full by the 10th of each month.
- ◆ Payments are applied to the oldest outstanding charges.
- ◆ If full payment is not received by the 10th of the month, your child(ren) will be excluded from school until full balance of account is received.
- ◆ Mid-month enrollment will be pro-rated for new families only.
- ◆ A two-week written notice to the school office is required upon withdrawing your student. Mid-month withdrawals will be subject to a tuition pro-rate only if the required two-week written notice is given to the school office. Families withdrawing their students the last day of the month who do not give the required two-week notice to the school office will have their account charged two week’s pro-rated tuition.
- ◆ June tuition covers attendance for the entire month of June. Tuition adjustments will not be made for families who do not attend through the end of June. Billing for the summer session is July 1 and August 1.
- ◆ Credit is not given for missed days; there is no swapping of days.
- ◆ The preschool is open Monday-Friday from 6:30AM to 6:00PM.
- ◆ Our school is a faith-based school, and thus there is a Christian emphasis throughout every aspect of your child’s daily experience with us including, but not limited to, instructional settings, weekly chapel, and playtime. Your signature indicates you understand and support our Christian emphasis.
- ◆ Our school has adopted an official harassment policy, which is in the registration packet. Your signature indicates you have read and understand the policy.
- ◆ Causes for possible removal from the program include, but are not limited to disciplinary issues, reckless or dangerous behaviors, repeat biting, harassment, verbal or physical abuse of staff or students, non-cooperation with staff, non-payment of account, and philosophical differences with the values of Harbor Christian Schools.
- ◆ The California Department of Social Services has the right to interview children and/or staff and has the right to inspect and audit child and/or childcare records relating to the operation without prior consent. (Title XXII, 101200)

I, the undersigned, am the person financially responsible for the Tuition payments. I have read and understand this “Preschool Registration Form” and agree to the conditions of admission set forth in this form. I agree to keep my account balance current. I agree to pay any late fees, returned check charges, late pick-up fines, or other fees that might be incurred during my child’s enrollment.

Name (print)

Name (signature)

Date

HARBOR CHRISTIAN SCHOOLS

PRESCHOOL EMERGENCY CARD 2023-2024

1530 Wilmington Blvd, Wilmington, CA 90744 | 310.835.5665

HAPPY HARBOR PRESCHOOL FACILITY #191603259

Child's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Age:
Child lives primarily with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian						
Name of Father/Guardian				Name of Mother/Guardian		
Father's Home Address (street, city, zip)				Mother's Home Address (street, city, zip)		
Father's Home Phone ()		Father's Work Phone () ext.		Mother's Home Phone ()		Mother's Work Phone () ext.
Father's Cell Phone ()		Father's Home Email		Mother's Cell Phone ()		Mother's Home Email
Job Title		Father's Work Email		Job Title		Mother's Work Email
Father's Employer				Mother's Employer		
Employer Address (street, city, zip)				Employer Address (street, city, zip)		
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name		Address (street, city, zip)		Phone ()		Relationship
2.Name		Address (street, city, zip)		Phone ()		Relationship
3.Name		Address (street, city, zip)		Phone ()		Relationship
4. Name		Address (street, city, zip)		Phone ()		Relationship
5. Name of person outside California		Address (street, city, zip)		Phone ()		Relationship
Name and number of your child's physician:				Phone ()		
In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.						

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

I (we) the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be 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 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 judgment 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 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Father or Legal Guardian
Date	Signature of Mother or Legal Guardian

HARBOR CHRISTIAN SCHOOLS

PARENT-STUDENT PARTNERSHIP AGREEMENT

Student's Name: _____ Age/Grade: _____

Campus: ☐ HCS Preschool Program ☐ HCS K-8 Program

School/Parent Relationship

Thank you for choosing Harbor Christian Schools (HCS) to partner with your family in the education of your child. It is our honor to come alongside you in this endeavor. We are centered on Christ, focused on all students, and rooted in partnership with parents. Our goal is to provide a learning environment in which all students will know Christ personally, excel academically, think Biblically and positively impact their communities for Christ.

We believe that for our schools to be effective, it is essential that a spirit of cooperation, trust and support exist between the school and the parents. For this reason, parents are asked to become familiar with the mission, vision, philosophy, policies, and procedures developed and enforced by HCS.

It is an express condition of enrollment that the students and parents/guardians shall conform themselves to standards of conduct that are consistent with the Christian principles of the school, as determined by the school in its discretion. These principles include, but are not limited to, the following:

- Parents/guardians are expected to work courteously and cooperatively with the school to assist the student in meeting the academic, moral, and behavioral expectations of the school.
- Students and parents/guardians may respectfully express their concerns about school operation and its personnel. However, they may not do so in a manner that is discourteous, scandalous, rumor driven, disruptive, threatening, hostile, or divisive.
- These expectations for students and parents/guardians include, but are not limited to, all school-sponsored programs and events (extended day care, athletics, field trips, etc.).

Enrollment at HCS is a privilege, not a right, and suspension or termination of enrollment is at the sole discretion of the administration. If a family becomes non-supportive of the school, its representatives and/or mission, HCS may deem that the necessary relationship between school and parents no longer exists, and the family will be required to withdraw their child from HCS. The school reserves the right to determine, in its discretion, when conduct is of such a severe nature as to warrant immediate action without warning and/or without an intermediate step short of withdrawal.

Parent Statement

I/we will comply with the HCS policy and procedures and actively support the school faculty, staff, and administration. I/we understand that we may contact the Administration with specific questions, clarification, or if we need further assistance, but understand and agree to accept all final decisions of the administration as final.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

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

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

HAPPY HARBOR PRESCHOOL 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

()

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
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

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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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

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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE 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.

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
 Licensing Office Name: CCLD REGIONAL OFFICE
 Licensing Office Address: 300 CONTINENTAL BLVD., STE 290A, EL SEGUNDO, CA 90245
 Licensing Office Telephone #: 424.301.3077
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the 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

CCLD REGIONAL OFFICE

ADDRESS

300 CONTINENTAL BLVD., SUITE 290A

CITY

EL SEGUNDO

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

424.301.3077

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)

HAPPY HARBOR PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

1530 Wilmington Blvd., Wilmington, CA 90744

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

HARBOR CHRISTIAN SCHOOLS

PHILOSOPHY OF PRESCHOOL EDUCATION

Our Christian preschool was established as a service to the families and children of the community. This service has grown from a sincere love for children and a desire to help them properly develop and adjust in our modern world. We believe a comprehensive preschool education should be age appropriate and based on solid principles of child development. Because each child develops at his/her own pace, each student should be treated as an individual. Therefore, the children are surrounded by a Christian atmosphere of respect and loving appreciation for each person and for the wonders of God's world. Each child is encouraged to progress at his/her own rate toward enriched experiences, self-discipline, and the ability to make wise choices. Our aim is to assist in developing the total personality of each child by providing an educational experience of lasting value.

Our program promotes the child's social, emotional, physical, cognitive and spiritual development. Equipped and staffed with qualified teachers to give the best possible care, our preschool provides a group setting in which the child can feel secure, learn to separate easily from parents, and interact with other children of the same age in group settings.

Throughout each day and every activity, an emphasis is placed on biblical integration of Christian values and helping students to develop an understanding of God and His love for them. The teacher/student ratio is intentionally low, providing teachers with the opportunity to observe play and creative expression, while providing a balance between child-selection and teacher-guided activities.

In addition to meeting the growth and developmental needs of young children, our program prepares them academically for the next level with instruction in language and literacy, math and science concepts, creative expression, self and community awareness, and large and small motor development. Reports of Progress throughout the school year keep parents apprised of student progress and growth.

HARBOR CHRISTIAN SCHOOLS

FIRST DAY OF PRESCHOOL

WHAT TO BRING:

Our preschool will provide you with a Preschool Bedding Bag in which to place your child's belongings each day. As you prepare for your child's first day, please provide:

- Diapers and diaper wipes (if not potty-trained).
- Blanket and crib-size sheet (we require both) / or 1 bed roll.
- One complete change of seasonally appropriate clothing to be left at school, including underwear, socks, and shoes in a labeled zip-lock bag.
- A daily lunch of nutritious food.
- Dress your child in comfortable, washable play clothes. Clothes should be suitable for active and messy play; clothes should be easy to manage and encourage independence.
- Emergency Food Kit (*bottled water, ready-to-eat pre-packaged snacks/food items*)

NOTE: Please label ALL your child's belongings with your child's first and last name. This includes food containers and lids.

TIPS FOR SMOOTH DROP-OFF:

Routine is the key to success! We recommend that parents consistently follow morning protocols for drop-off:

1. Sign your child in
2. Say "good-bye" (please do not slip away without saying good-bye)
3. Do not linger

It is normal for children (and parents) to experience some anxiety with departure from one another. Please feel free to schedule a visit to our preschool with your child prior to the first day of school. This will help begin a relationship of trust and security for your child.

We are here to help! Please let us know how we may assist you!

Your child's safety and well-being is our top priority!

**PLEASE READ:
IMPORTANT
MESSAGE**

Disaster Kit for **EVERY HCS Student!**

(PRESCHOOL - 8TH GRADE)

For the well-being of the children in our care, we are asking every HCS student to bring a disaster kit of emergency food and water. This will be stored at the school for their use should there be a situation that requires them to stay on campus until their family comes for them.

Please bring your disaster kit with you to meet the teacher or the first day of school. And please note...



**YOUR STUDENT MUST HAVE THIS
FOR THE FIRST DAY OF SCHOOL!**



*If you have any
questions, contact
your School Office.*

DISASTER KIT REQUIREMENTS:

- Must be in a gallon-sized Zip-lock bag (no other size)
- On the front of the bag, write your child's:
Name, Grade, Teacher/Homeroom/Preschool Program
- Include: (1) 16.9 bottle of water, age-appropriate packaged snacks-ex. chips, crackers, cup of prepackaged fruits (no perishables), etc.

HARBOR CHRISTIAN SCHOOLS

PRESCHOOL SIGN-IN, SIGN-OUT NOTICE

Dear Parents,

Signing your child in and out on a daily basis is required by law and is also necessary for the safety of your child. Please be diligent in signing your full ***first and last*** name each time you sign in and out. It is not acceptable to use only initials or just sign “mom” or “dad.” It must be your full name.

The Safety Issue: When a child is not signed in or out this jeopardizes the safety of our students by our class counts not being accurate. Counts have to be retaken, roll books rechecked, names added, and phone calls made to parents to correct the problem. This all wastes precious time that could be spent teaching your children.

The Legal Issue: By law, all students under the age of six **MUST** be signed in and out at the beginning and end of each school day. The person dropping the students off or picking them up **MUST** use their full first and last name. Initials, “mom” or “dad” are not acceptable! When these regulations are not followed our school is then in jeopardy of being charged large fines each time we are not in compliance.

The following policy is in effect:

- First occurrence: Those forgetting to sign their child in or out, those using initials, or “mom” or “dad” will be charged \$5.00 each time it is found on the sign in and out sheet.
- Second and continuing occurrences will be charged \$5.00 for each occurrence and the parent will be called and expected to come to the school and correct the sign in and out sheet.

Thank you in advance for your help in solving this problem. We know it can easily be solved by each family doing their part.

HARBOR CHRISTIAN SCHOOLS

OFFICIAL HARASSMENT POLICY

Dear Parents,

Our school has adopted an official harassment policy per California State requirements. Please share the contents of the following letter with your child.

Dear Children,

In our school, everyone is to be treated with respect. Teachers are to respect children and children are to respect teachers. Children are also to respect each other.

God has made each one of us different. Some of us He made girls. Some of us He made boys. Some of us have blonde hair. Some of us have brown hair. Some of us have blue eyes. Some of us have brown eyes. Some of us have dark skin. Some of us have light skin. The things that make us different are very special gifts from God.

Sometimes people make fun of people who are different from them. Sometimes, for example, boys make fun of girls because they are different. Sometimes girls make fun of boys because they are different. When we make fun of people who are different from us, we are not respecting them. We call this being disrespectful. When we are disrespectful to each other, we hurt each other's feelings. After awhile, if we continue to be disrespectful to each other, school becomes an unhappy place. The children whose feelings have been hurt do not do as well in school as other children, and sometimes, they choose not to go to school any longer.

It is not appropriate to threaten anyone in any way, even if you are very mad. If someone threatens you, let your teacher or the director know immediately. In our school, we want to be sure that everyone who is a part of our school is happy to be here and has the chance to do their very best. So, if someone, whether it is a teacher or another child, says something which is mean or disrespectful to you, we want you to tell the director right away. She will find out what happened and make sure that it does not happen again.

Please remember that you should never be afraid to tell your teacher or the director when something disrespectful happens. It is not tattling, and it will not get you in trouble. If you always tell someone when something disrespectful happens, we can make sure our school remains a happy place where everyone respects each other's differences.

HARBOR CHRISTIAN SCHOOLS

PRESCHOOL BEDDING BAGS

WHAT IS A BEDDING BAG?

A Bedding Bag is a 15" x 11" x 3" bag that comes in 5 colors- black, royal blue, green, orange and red. It is up to the parent to choose the color they prefer for their child and with a permanent marker write the child's name inside the white printed rectangle on the front of the bag.

WHY DOES MY PRESCHOOLER NEED A BEDDING BAG?

Children enrolled in a full-time preschool program are required to provide a crib-size sheet and a lightweight crib-size blanket to be used during their nap time. These items must fit inside the bedding bag. The bag will go home on Friday and be brought back to school each Monday with the student's bedding inside the bag. If your little one requires a small plush toy to assist them in getting to sleep at nap time, it too must fit inside the bag. The importance of the bedding bag is to fulfill the Title 22 state requirement of student's personal bedding not being allowed to touch one another.

WHERE DO I GET MY BEDDING BAG?

Please stop by the preschool office and pick up your preschool student's Bedding Bag. These bags will be provided free of charge at the beginning of each school year to all full-time students. Should the bag be lost or damaged, it will be the responsibility of the parent to purchase a new one at the cost of \$2.50 per bag.

Parents,

In an effort to organize and use a minimal amount of storage space in our classrooms, all bedding must come to school in the bag provided. If you have any questions, please feel free to inquire in the School Office. We are here to serve you!

With appreciation for your assistance in this matter,
HARBOR CHRISTIAN SCHOOLS

HARBOR CHRISTIAN SCHOOLS

HEALTHY SCHOOLS NOTICE

Dear Parent or Guardian,

As per the guidelines of the Healthy Schools Act, parents or guardians of students are provided with an annual written notification of expected pesticide use on school sites. The notification will identify the active ingredient(s) in each pesticide product and will include the Internet address (<http://www.cdpr.ca.gov>) for further information on pesticides and their alternatives.

Parents or guardians may request prior notification of individual pesticide applications at the school site. If you are listed on this registry, you will be notified at least 72 hours before pesticides are applied. If you would like to be notified every time we apply a pesticide, please submit a written request to:

Harbor Christian Schools
1530 Wilmington Blvd.
Wilmington, CA 90744

Please include your name, address, phone number or e-mail address and site your child is attending so you can be contacted.

If you have any questions, please contact your campus Principal or Director.

HARBOR CHRISTIAN SCHOOLS

PESTICIDE/HERBICIDE EXPECTED USE LIST

2023-2024

Per the annual written notification requirement of the Healthy Schools Act of 2000, below are listed for parents or guardians of students expected pesticide use on school sites. This notification identifies the active ingredient or ingredients in each pesticide product. The Internet address for further information on pesticides and their alternatives is <http://www.cdpr.ca.gov>.

Per the Healthy Schools Act of 2000

Proposed materials that may be applied on school sites.

Product	Active Ingredient	Manufacturer	Usage
Advion Fire Ant Bait	Indoxacarb	DuPont	Fire Ants
Advion Insect Granule	Indoxacarb	DuPont	Insects
Advion Roach Gel Bait	Indoxacarb	DuPont	Roaches
Alpine Roach Bait	Dinotefuran	BASF	Roaches
Contrac Blox	Bromadiolone	Bell Labs	Rodents
D-Fense SC	Deltamethrin	Control Solutions	Insects
Deminsion Ultra	Dithiopyr	DOW	Weeds
Dragnet	Pyrethrins	FMC	Insects
Drione Dust	Pyrethrins	Bayer	Insects
Envoy Plus	Clethodim	Valent	Selective Grasses
First Strike Soft Bait	Difethialone	Liphatech	Rodents
Fumitoxin	Aluminum Phosphide	D&D Holdings	Burrowing Rodents
InVict Gold	Imidacloprid	Rockwell Labs Ltd	Insects
Maxforce FC Magnum Roach	Fipronil	Bayer	Insects
Master line	Bifenthrin	FMC	Insects
Nibor D	Disodium Octaborate	Nisus	insects
Nyguard IGR	Pyriproxyfen	MGK	Insect IGR
Precor IGR	(S)-Methoprene	Zoecon	Insects
Pyronyl	Pyrethrins	Prentiss	Insects
Ramik Oats	Diphacinone	Hacco Inc.	Burrowing Rodents
Rodeo Herbicide	Glyphosate	Dow Agro	Weeds
Siesta Fire Ant Bait	Metaflumizone	BASF	Fire Ants
Speedzone Southern	2,4-D, 2-Ethylhexyl Ester	Gordon	Weeds
Tempo SC Ultra	Cyfluthrin	Bayer	Insects
Temprid SC	Imidacloprid	Bayer	Insects
Terad 3 Bait Blox	Cholecalciferol	Bell Labs	Rodents
Termidor SC	Fipronil	BASF	Insects
Transport GHP Insecticide	Acetamiprid/Bifenthrin	FMC	Insects
Vanquish Herbicide	Diglycolamine salt	Syngenta	Weeds
ZP AG Oats	Zinc Phosphide	Hacco	Rodents