

# Zion Child Care Center & Preschool

## A Ministry of Zion Lutheran Church

### Admission/Enrollment Agreement Form

Zion Child Care Center & Preschool is a licensed childcare center providing care to children between the ages of 6 weeks and 6 years old, who are not enrolled in Kindergarten, Child Care hours are from 7:00 a.m. to 5:30 p.m. We offer full and part time care.

Name of Child \_\_\_\_\_  
(last) (first) (middle)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ M \_\_ F \_\_

#### Family Information

Father's Name \_\_\_\_\_ occupation: \_\_\_\_\_

Lives in home with child \_\_Y\_\_ N

Mother's Name \_\_\_\_\_ occupation: \_\_\_\_\_

Lives in home with child \_\_Y\_\_ N

Child's Legal Guardian \_\_\_\_\_

Email \_\_\_\_\_

List other members of Household:

Brothers/Sisters	Date of Birth	Lives with child	Grade in school	School attend

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Does child have a room alone? \_\_\_\_\_ If no, whom does he/she share with? \_\_\_\_\_

Are meals served regularly with family at the dinner table? \_\_\_\_\_

Church Affiliation? \_\_\_\_\_ If so, where \_\_\_\_\_

I understand that it is my responsibility to inform the center of any changes to the information on this forms and on the Emergency Information form, including but not limited to address, home and work phone numbers, pick up authorization and medical conditions.

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Zion Child Care Center & Preschool

## Social and Developmental History

**Child's Name** \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

### Social Experience

Has your child been cared for by others? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Describe you child's play experiences:

Outside? \_\_\_\_\_

With other children? \_\_\_\_\_

Have they been involved in a playgroup? \_\_\_\_\_ Does your child get along well with other children? \_\_\_\_\_

What is your child's favorite:

Games? \_\_\_\_\_ toys and activities? \_\_\_\_\_ foods? \_\_\_\_\_

Things my child does **not** like: \_\_\_\_\_

### Personal Development

Does your child need help in dressing?

Washing hands? \_\_\_\_\_ Toileting? \_\_\_\_\_ Eating? \_\_\_\_\_

When Did your child start:

Talking? \_\_\_\_\_ Walking? \_\_\_\_\_

Does your child have any Allergies? \_\_\_\_\_ if so, what? \_\_\_\_\_

Does he/she have any special problems or fears? \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ if so, what kind and for what? \_\_\_\_\_

### More information about my child....

Important people in my child's life: \_\_\_\_\_

My child communicates his/her wants and needs by: \_\_\_\_\_

My child is really special. Here are some neat things about him/her that I want you to know: \_\_\_\_\_

Some of my concerns are: \_\_\_\_\_

I need more information about: \_\_\_\_\_

*Here at Zion Child Care Center, we care about making a program that is developmentally appropriate and challenging for your child.*

# Zion Child Care Center & Preschool Tuition Contract

Child's Name _____	Date of Birth _____
<b>Financially Responsible:</b>	
Name: _____	Date of Birth: _____
CDL# _____	SS#: _____
Name: _____	Date of Birth: _____
CDL# _____	SS#: _____
Billing Address _____	
Attendance Schedule: M T W TH F Full Day/ Half Day From _____ am/pm to _____ am/pm	
Tuition Amount: \$ _____ Paid Option 1: Monthly/ Option 2: Bi-Monthly	

**Registration/Annual Fee** - We have a registration fee of \$ 100.00. This is required on the first day of attendance and a \$100.00 annual fee billed in the month of September. All registration fees are non- refundable.

**Tuition** - Billing statements will be distributed on the 25th of each month. A payment schedule can be set up accordingly. The first option: Tuition is to be paid in full by the first of the month. Payment is considered late after the fifth of the month. **The second option: Tuition is paid in two payments each month, on the first and fifteenth of the month. If a family chooses this option each individual payment will equal to one-half the monthly payment plus \$5.00 for the additional bookkeeping required.** If a family wishes to change options, they must notify the Director at least 30 days in advance. Any unpaid balance after the 5th day of each month will be assessed \$50.00 late charge.

**A 30 day written notice is required to withdraw children from the program.**

**Holidays** - The school closes for most federal holidays. A list will be published the first of the year and will be given when enrolled., they are not subject to credit. If a holiday falls on a Tuesday or Thursday, the school may be closed on the adjacent Monday or Friday.

**Illness** - Sick days are not subject to credit. One week MAJOR illness may be given at the Director's discretion. (Chicken Pox, Pneumonia, Operation, Hospitalization, etc.)

**Added Days** - Children may attend days that are not on their schedule provided that the class has an open space to accommodate them and is pre-approved by the Director.

Charges for Added days: **Full day \$40.00                      Half day \$25.00                      Extended day \$20.00**

**Late Pick up Fee** - For every 15 minutes your child is left after his/her normal pick-up time, there will be a \$15.00 charge. Example: 6:01 - 6: 15pm = \$15:00 or portion there of : 6:01 - 6:17 = \$30.00

**Returned Checks** - There is a \$ **50.00** Service Charge for all returned checks.

**Suspension/Termination** - When an account is more than two weeks past due, your child may be suspended from the program until the balance is brought current. In addition a 10% late charge will be assessed. Delinquent accounts may be forwarded to an attorney or collection agency, and any cost or fees related to this process will be the responsibility of the parent.

**Breaks:** If children are removed from the program during the summer, parents must pay the equivalent of the minimum allowed schedule ( 2 half days). Otherwise children will be placed on the waiting list.

**Refund Policy:** In the event that a child is withdrawn from the center by the parent and with the required 30 days written notice, if there is an account balance, it will be refunded. There is no refund for days missed for illness, doctor's appointments, family necessity, If the center must close due to unforeseen circumstances no refunds will be given.

*Zion Child Care has a policy of not raising tuition unless financially necessary. If this does become a necessity we will give a minimum 30 day notice. We are grateful for your understanding and cooperation in following our policies, as stated above. All policies and other miscellaneous charges are listed in your Parent Handbook.*

**I have read and agree to all conditions stated in this contract.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Zion Child Care Center & Preschool

## **Tuition, Fees and Charges 2020** **Weekly & Monthly Tuition Rates**

Your child must attend a minimum of two days per week, This may be a combination of full or half days.  
Tuition is to be paid in advance before child attends.

### **Infant/ Toddler Care Tuition**

<u>Full Time</u>	<u>Tuition per Month</u>	<u>Tuition per Week</u>
5 Days	\$ 945.00	\$ 218
4 Days	\$ 880.00	\$ 203
3 Days	\$ 810.00	\$ 187
2 Days	\$ 745.00	\$ 172

<u>Half Time</u>	<u>Tuition per Month</u>	<u>Tuition per Week</u>
5 Days	\$ 803.00	\$ 185
4 Days	\$ 771.00	\$ 177
3 Days	\$ 699.00	\$ 161
2 Days	\$ 609.00	\$ 135

### **Preschool Tuition**

<u>Full Time</u>	<u>Tuition per Month</u>	<u>Tuition per Week</u>
5 Days	\$ 732.00	\$ 169
4 Days	\$ 653.00	\$ 151
3 Days	\$ 557.00	\$ 129
2 Days	\$ 433.00	\$ 100

<u>Half Time</u>	<u>Tuition per Month</u>	<u>Tuition per Week</u>
5 Days	\$ 570.00	\$ 132
4 Days	\$ 524.00	\$ 121
3 Days	\$ 422.00	\$ 97
2 Days	\$ 318.00	\$ 73

\* 2nd Child discount- 10%      \*Church Member Discount --10%

Discounts are not cumulative and will be rounded to the nearest dollar.

### **Additional Fees and Charges**

Annual Registration Fee	\$ 100.00– Max \$150.00 Per Family
Forgotten Lunch	\$ 10.00
Late Pick up	\$ 15.00 for every 15 minutes late or portion there of
Late Tuition Payments	\$ 50.00
Return Check Fee	\$ 50.00

**Refund Policy:** In the event that a child is withdrawn from the center by the parent and with the required 30 days written notice, if there is an account balance, it will be refunded. There is no refund for days missed for illness, doctor's appointments, family necessity, If the center must close due to unforeseen circumstances no refunds will be given.

# Zion Child Care Center & Preschool

## Discipline Policies

We believe that many potential discipline problems are prevented by providing an enriched curriculum that teaches social skills, a non-competitive environment and prayer for each child. In learning to get along with people, however, problems do arise. The following are some specific items related to discipline, rules and behavioral difficulties.

1. **Rules:** Rules are explained to the children at the beginning of the year. As each new activity or piece of equipment is introduced, new instructions are given and then that activity is closely supervised until the children are handling it properly. Teachers are consistent in seeing that rules are obeyed so that the children realize their importance.

### 2. Discipline Structure

We believe in providing a structured and consistent environment: The following procedures are used to teach the children to cooperate and comply with the rules set:

- a. **Instruction:** Explain what and why in as concrete and visual terms as possible.
- b. **Warning:** At this time a child is reminded of the rule and given what behavior is appropriate.
- c. **Follow- Through:** If the child has not complied with the warning. The teacher will remove the child from the activity and the child is asked about what he has done. This is to see if he/she understands the rule and how he/she has broken it and strategize what he/she can do next time.
- d. **Redirection:** After the teacher has done the "Follow - Through," he/she will engage the child in a different activity.
- e. **Time-in:** If a child uses a harmful or otherwise negative behavior we will practice Time-in. This strategy is to give the child a choice to make amends for the behavior now, or calming down first by going to a quiet area and then making amends. In this strategies the child is in Time-in only as long as they need to calm down and choose to rejoin the group. This strategy teaches the child how to control his/her own emotions.
- f. **Positive Reinforcement:** This is discipline brought about by reinforcing what is acceptable behavior in the child care environment. Many kinds of positive incentives are used to promote, motivate and reward good behavior. Included are hugs, stickers and effective praise.
- g. **Extreme Cases:** In extreme cases, a non-cooperative child that is being abusive could be sent home.

Corporal Punishment is never used at Zion Child Care Center & Preschool. This is including physical punishment, name calling, verbal abuse, restriction from lunch, or distant isolation. The value and importance of each individual child and the modeling of respectful behavior by teachers toward children and each other is stressed.

### 3. Discipline Issues

When the regular discipline structure has not been successful, we sometimes need to try other options:

- a. **Consequences:** These are a part of our training and discipline process and teaching responsibility. These consequences are clearly defined to the student before hand. They are used to correct unacceptable behavior. They are always administered in love, with firmness. For offenses deemed less serious, the loss of a privilege is usually effective with child this age. In more serious offense, the parents are notified with an Incident Report. For serious offenses or for repeated offenses, a parent/teacher or parent/teacher/director conferences may be called.
- b. **Suspension:** This is used for serious, rebellious acts to staff, continuous disobedience, bodily injury, continuous inappropriate behavior with outright and deliberate acts of disrespect to other children, staff, materials, and property. Children who have been suspended will probably be placed on a Behavior Contract.
- c. **Behavior Contract:** This contract is used to clearly define unacceptable behavior and to implement a plan of action to correct the behavior. This contract will be established with the parents, staff and child.
- d. **Removal from program:** When all attempts to bring about correct behavior have proven unsuccessful, the Director will call a parent conference to discuss removal from the program.

( - over - )

# Zion Child Care Center & Preschool

## Biting Policy

Our program recognize that biting is not unexpected when preschoolers are in group care. We are always upset when children are bitten in our program and we recognize how upsetting it is for parents. While we feel that biting is never the right thing for children to do, we know that they bite for a variety of reasons. If your child bites, we will investigate the circumstances regarding the offense and make a determination accordingly. When biting occurs, we have three main responses.

1. Care for and help the child who was bitten.
2. Help the child who bit learn other behavior.
3. Work with the child who bit and examine what we can do to help stop the biting.

The determination of consequences depends upon the seriousness of the event. Consequences could include a warning, suspension or removal of your child from the program.

Biting that leaves a mark or breaks the skin will have a follow-up report sent to the Department of Social Services and Community Cares Licensing.

I have read and understand the Discipline Policy for Zion Child Care Center & Preschool.

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Parent's Signature

Date

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Parent's Signature

Date

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Director's Signature

Date

## Description of Communicable Diseases

**Colds & influenza**- Incubation period is 1- 3 days. Symptoms - fever, chills, aches and pains in back and limbs, sore throat and cough. Exclusion from school for three days. Returning to school depends upon recovery. Child must be free from heavy cough and nose discharge. **NO FEVER FOR 24 HOURS PRECEDING RETURNING TO SCHOOL.**

**Conjunctivitis (Pink Eye)** - Any inflamed or eye discharge is considered contagious and the child will be excluded from school until they have been released by a doctor. (Which is usually 24 hours after they have been on medication. With very small children, it may be longer due to the fact that they are touching their eyes.)

**German Measles** - Incubation period is 14-21 days (usually 16 days). Symptoms- mild fever, rash, enlargement of glands behind ears and in back of neck at hairline. Exclusion from school until fully recovered.

**Hepatitis** - Incubation period is 10-40 days (usually 25 days). Symptoms - fever, headache, nausea, loss of appetite, fatigue, abdominal discomfort. Later, there may be Jaundice. Exclusion from school until fully recovered. Permission to return to school must be signed by family doctor or the Health Department.

**Measles** - Incubation period is 9 -11 days. Symptoms- rash after 13th to 15th day, cold with watery eyes, cough and fever, rash on face then spreads down to body. Exclusion from school for seven (7) days after appearance of rash and the absence of fever or other symptoms.

**Mumps** - Incubation period is 12 -26 days. Symptoms-fever, swelling of one or both glands in front of ears (occasionally gland under jaw swells). Exclusion from school until all swelling is gone (usually about 10 days).

**Impetigo** - Incubation periods is within 5 days. Symptoms - crusted, moist sores, usually on face and hands. Exclusion from school - may attend school if under doctor's treatment and sores are covered.

**Ringworm** - Incubation period is 10-14 days. Symptoms - flat, spreading ring-shaped areas. Edges are reddish, may be dry and scaly. Exclusion from school, may attend if under treatment and sores can be covered.

**Head Lice** - Small egg-like modules accompanied by small lice in hair. Itchiness occurs. Prescribed head treatment is necessary, initially with home/school areas treated (such as bed linens, desk area). A repeated treatment for the larvae is required in approximately 2 weeks. According to County Policy, children must be nit-free to return to school.

**Ringworm of the Scalp** - Incubation period is 10-14- days. Symptoms - scaly, bald patches on the scalp. Exclusion from school- Special regulations are made by the County Health Department. Student may not return until released by the County Health Officer.

**Scarlet Fever, Strep Throat** - Incubation period is 2-7 days. Exclusion from school - may return to school after recovery, but must have doctor's note to return. Other children in school may attend school, if they have been immunized. Call your family doctor regarding school attendance.

**Chicken Pox** - Incubation period is 14-21 days (usually 16-18 days). Symptoms- small water blisters on back or chest, slight head cold, may or may not have fever. Exclusion from school - 7 days after spots appear or until all crusted areas are dry.

# Zion Child Care Center & Preschool

## Head Lice Policy

A Head Louse is an insect that lives on the human scalp and feeds on blood. While feeding, lice inject saliva into the skin, which causes itching. Anyone can get head lice, but they are most common on young children. Personal cleanliness does not prevent a person from getting head lice.

An infested person is more likely to pass lice on to close contacts. Such as family members or overnight visitors in the home. To a lesser extent, a child might get head lice from schoolmates. (Facts about Head Lice, State of California, Department of Health Services).

### **What To Look For:**

1. Nits on the hair. These look like tiny oval objects glued to the side of the hair shafts. The length is less than 1/2 the diameter of the head of a pin.
2. Lice among the hair. Lice and nits are most likely to be found near the scalp, where the hair is thickest, usually behind the ears and around the nape of the neck. Lice avoid the light. They grow from slightly larger than the nit, up to 1/8 inch in length.

### **Zion Child Care & Preschool Policy:**

Zion Child Care & Preschool will conduct, on a regular basis, head checks for head lice and nits. We will also spot check children that we are suspicious of having head lice. We follow the following procedure for children that have contracted head lice:

Removal of child from the classroom to prevent further infestation.

1. Parents will be notified and will need to have the child picked up immediately so treatment may begin.
2. Treatment needed to kill lice and remove nits. This must be done with a pediculicide or other reputable treatments.
3. Nit free policy. In compliance with the San Joaquin Public Health Service, children will not be readmitted into the center until hair is checked by the Preschool Director or Assistant Director (Plan on availability after 9 a.m.)
4. Children should have a follow-up treatment between 11-14 days after first initial treatment. The crucial element is to comb your child's hair with a nit comb on a daily basis between treatments.
5. To prevent re-infestation, we suggest that you follow the guidelines provided by the medication that you used to treat your home, car and household.
6. Non-compliance to this policy could result in removal from the Center.

Child's Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zion Child Care & Preschool procedure for Head Lice-when notified or detected.

- 1) Isolate the Child.
- 2) Disinfect area and vacuum carpet.
- 3) Remove and wash dramatic play items.
- 4) Do head check on children that the child has come in contact with. (Staff doing checks must wear a new pair of gloves for each child., or wash their hands and nails thoroughly between checking children.)
- 5) Isolate and wash bedding.
- 6) Place notice so that other parents will be made aware of the situation.
- 7) Discourage parents from bringing brushes, combs or other items for the hair. This would also include caps and hats that are not attached to coats.



# Zion Child Care Center & Preschool

## MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize Zion Child Care Center & Preschool to use their judgment in obtaining medical treatment for my child. I give permission to the medical, dental, or emergency room staff selected to render any emergency medical, surgical, or dental treatment necessary. I understand that any cost incurred for my child for such emergency treatment shall be my sole responsibility. It is also understood that every effort shall be made to contact the undersigned prior to rendering treatment to the child, but none of the above treatment will be withheld if the undersigned cannot be reached.

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Hospital \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

My child is allergic to the following drugs: \_\_\_\_\_

My child is allergic to bee stings or insect bites: YES \_\_\_\_\_ NO \_\_\_\_\_

My child is allergic to the following foods: \_\_\_\_\_

## EMERGENCY CONTACT

Please list relatives/ friends to be contacted in case of emergency. We must have at least 2 different contacts. If I am unable to be reached, the following person (s) are authorized to pick up my child from school in the event of an emergency or disaster such as an earthquake.

**Please list 1 out-of-state contact and telephone number, including area code.**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(out- of-state contact)

## PERMISSION TO ADMINISTER FIRST AID

To administer first aid to small scrapes or cuts, we need your permission to apply bactine. By signing below, you give Zion Child Care Center & Preschool staff permission to use these items on your child.

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Zion Child Care Center & Preschool

## Long Term Medication

(Please include this information as part of our emergency preparedness)

Child's Name \_\_\_\_\_ Current Age \_\_\_\_\_

Medication	Purpose	Projected Use of Medication	Side Effects

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Zion Child Care Center & Preschool

## Infant (6 weeks to 15 months) Needs and Service Plan

<i>Child's Name:</i> _____	
<i>Child's Date of Birth:</i> _____	<i>Age at enrollment:</i> _____

**Method of Feeding:**       Formula                       Breast Feeding  
     Table Food                       Baby Food

Feeding Schedule (Record the time of day) **Bottle fed infants shall be fed at least once every four (4) hours.**

_____ A.M.	_____ P.M.
_____ A.M.	_____ P.M.
_____ A.M.	_____ P.M.
_____ A.M.	_____ P.M.

What plan do you have for introducing new foods? Please give details of what new foods you plan to introduce and when?

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Introduction to solid and/or new foods:

Date/Age \_\_\_\_\_ Date/Age \_\_\_\_\_  
 Date/Age \_\_\_\_\_ Date/Age \_\_\_\_\_

Records of likes/dislikes for new foods:

Food \_\_\_\_\_ Reaction \_\_\_\_\_  
 Food \_\_\_\_\_ Reaction \_\_\_\_\_

Child Currently uses a cup or utensils.     yes             no

Schedule of Introduction of cup/utensils.

Date: \_\_\_\_\_ Response: \_\_\_\_\_

Comments: \_\_\_\_\_

Does your child have a food allergy? If so, please give specify information

### Sleeping/Napping

1. What time does your child get up? \_\_\_\_\_
2. What time does your child go to bed? \_\_\_\_\_
3. Does your child sleep during the day? If yes, when and for how long ? \_\_\_\_\_  
 \_\_\_\_\_
4. Does your child sleep alone or with others? \_\_\_\_\_
5. How do you usually put your child to sleep ? (e.g. singing, rocking, etc.) \_\_\_\_\_  
 \_\_\_\_\_

**Infants' and toddlers' needs change rapidly. You will be asked to update your child's Needs and Services Plan every 3 months or when the parents or teacher decide there needs to be changes.**

Parents/ Guardian Signature	Date
Director/Staff Signature	Date

# Toddler Needs and Service Plan (Children 15 months to 2 years)

<i>Child's Name:</i> _____	
<i>Child's Date of Birth:</i> _____	<i>Age at enrollment:</i> _____

Child Currently uses a cup or utensils. \_\_\_\_yes \_\_\_\_no  
Schedule of Introduction of cup/utensils.  
Date: \_\_\_\_\_ Response: \_\_\_\_\_  
Does your child have a food allergy? If so, please give specify information

\_\_\_\_\_

### **Records of likes/dislikes for new foods:**

Food \_\_\_\_\_ Reaction \_\_\_\_\_  
Food \_\_\_\_\_ Reaction \_\_\_\_\_

### **Sleeping/Napping**

1. What time does your child get up? \_\_\_\_\_
2. What time does your child go to bed? \_\_\_\_\_
3. Does your child sleep during the day? If yes, when and for how long ? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child sleep alone or with others? \_\_\_\_\_
5. How do you usually put your child to sleep ? (e.g. singing, rocking, etc.) \_\_\_\_\_  
\_\_\_\_\_

### **Diapering/Toileting**

1. Number of diapers used on a typical day \_\_\_\_\_
2. What word do you/your child use for "urination"? \_\_\_\_\_
3. What word do you/your child use for "bowel movement"? \_\_\_\_\_

Additional comments/instructions from parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Infants' and toddlers' needs change rapidly. You will be asked to update your child's Needs and Services Plan every 3 months or when the parents or teacher decide there needs to be changes.

\_\_\_\_\_  
Parents/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Director/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# Zion Child Care Center & Preschool

## Absences

I understand that on a day that my child is not able to attend the center, it is my responsibility to notify the center as soon as possible and that there will be no reduction in tuition fees for missed days.

## Daily Sign-In and Sign-Out Policy

I understand that every day I must sign my child in and out. Here at Zion we will be using a computer system for sign in/out in which each parent will be issued their own PIN. **DO NOT SHARE YOUR PIN WITH ANYONE.** I recognize that failure to sign my child in or out, I will be charged a Fee of \$ 1.00 each time. In addition could result in suspension or termination of my child's enrollment in the program.

## Release of Children

I understand that my child will be released only to myself, the other parent, a legal guardian or to the people whom I have name on my child's Emergency Information Form. I further understand that if someone other than myself, other parent or legal guardian is to pick up my child on a specific day, I must notify the Center even if they are listed on the Emergency Information Form and I understand that they will be asked for photo identification.

## In the Event of Communicable Diseases

I understand that I must inform the Center within 24 hours or the next business day after my child or any member of our immediate family had developed any communicable disease. I also understand that life- threatening diseases must be reported immediately.

## In the Event of Violent or Unsafe Behavior

I understand that I may be contacted should my child display violent, unsafe or continual inappropriate behavior and I agree to pick up my child promptly upon such notification.

## Parental Behavior

I understand that as parent (s) of a child at Zion Child Care Center, I am expected to treat the staff with respect. If there is a problem, I will contact the teacher involved and make every effort to seek reconciliation. If a resolution can not be made I will contact the Director. I will refrain from using any foul or abusive language when dealing with the staff. I will also refrain from any form of intimidation but offer my support to the Church, the Center and it staff.

## Rights of the Licensing Agency

I understand that The Department of Social Services licensing department has the authority to inspect as specified in the Health and Safety Code Sections 1596.852, 1596.853. and 1596.8535. They have the right to interview children attending the Child Care Center or staff, without prior consent, (Title 22, Division 12, Chapter 1 101200 (b) (c). This authority includes the right to inspect, audit and copy child or child care center records upon demand during normal business hours.

## Terms and Conditions Under which this agreement may be terminated:

This admission agreement is valid for one year from the date of signing or until the time Zion Child Care Center & Preschool changes its policies or parents withdraw their child with a 30 day written notice. As mentioned in the preceding sections, Zion Child Care Center & Preschool has the right to terminate an agreement and ask a child to withdraw enrollment when there have been any of the following:

- The child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation
- On - going late pick up
- Inappropriate parental behavior to teachers, staff or children at the center
- Multiple late payment of fees for three or more months.

**I/we have read, understand and will comply with the policies and procedures included in this enrollment agreement and in the Parent Handbook of Zion's Child Care Center & Preschool.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Zion Child Care Center & Preschool

## Permission to Participate in Walking Excursions



As part of the variety of activities that we offer the children, we periodically take walking excursions in the neighborhood to broaden our horizons. When these trips are planned, you will be given advance notice. In order to facilitate taking these walks, we ask for your permission in this manner:

(Child's Name) \_\_\_\_\_ has my permission to go on walking excursions with Zion Child Care & Preschool. I understand that I will be notified in advance as to the walk and approximate time that the children will be away from the premises.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission To Photograph



Zion Child Care & Preschool has my permission to photograph my child \_\_\_\_\_. I understand that these photographs my occasionally be posted in the school or sent through Tadpoles.

Please circle your response:      YES                      NO

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission for Social Media

Zion Child Care has my permission to use photos of my child on any of the centers Social Media pages, possibly even be published in the local paper.

Please circle your response:                      YES                      NO

# Zion Child Care Center & Preschool



## PERMISSION TO APPLY SUN SCREEN

We need your permission to apply Sunscreen. By signing below, you give Zion Child Care Center & Preschool staff permission to use sunscreen that you have provided on your child.

Child's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_