

The Learning Box Childcare and Enrichment Center
Admission Agreement
(310) 627-9593

Child's Name: _____ Age _____ Nickname: _____

Parent's Name/ Relationship #1: _____

Parent's Name /Relationship #2: _____

Address: _____

Home Phone #: _____

Work Phone #: _____

Cell #: _____

In case of an emergency contact: _____

Phone#: _____

Doctor's name: _____ Phone#: _____

Parent/Guardian (circle one)

(name),
Of _____ (child's name), agree to comply with the following
rules and regulations of TLBCEC (Director) Teliscia Martin beginning on _____, 20____.
This Preschool/Childcare license operates on 24 hour 7 days a week basis; however, The Childcare
operates:

Hours:

1. Care hours 5 a.m. to 6 p.m. **Monday-Friday** After school care hours 3 p.m. to 6 p.m.
Monday-Friday
2. Children may be dropped off or picked up at any time during the specific care hours.
3. **Fees: \$50.00 Registration Fee per child due upon enrollment and on anniversary date of child. This fee is not refundable.** All documents must be completed and turned in at time of fee remittance.

Fees will be paid weekly on Fridays in advance for the following week. Fees for the first week are due upon signing this contract. Additional fees for late pick-up or early drop-off, as described below, must either be paid on the date they accrue or be included in the following payment:

Full time care: \$ _____ per week

Part-time care: \$ _____ per week
Daily care: \$ _____ per day

Late pick-up fees: Arrival after _____ p.m., \$ _____ per 15 minutes,
after an hour **You will be charge that same amount by the minute.**

Early drop-off fees: \$ _____

4. **Absence Policy:** Full fee will be charged for all absences. **Please notify by 8:00 a.m., if child will be absent for the day.**
5. **Child Illness Policy:** Provider reserves the right not to provide care for a child who is, in provider's sole judgment, seriously ill or contagious, i.e., or **a temperature of over 100 degrees exists. Child will NOT be allowed in childcare center for 24 hours after the fever,** or a child who Director feels would jeopardize the health of the other children being cared for. **When infants take live polio shots, they may NOT come to childcare for a period of 24 hours because of the live virus.** If a child is sent home due to illness, this will be considered an absence in accordance with paragraph 4. **Parent/Emergency Contact** will be notified promptly and asked to pick up child if the situation warrants will be notified. If the person is not available, Paramedics will be called along with the Dept of Social Services Community Licensing **(NOTE: At that moment mandatory termination will take place)**. All financial responsibilities will be that of the child's parents.
6. **Medication:** When a child is taking any medication, **Parents MUST fill out and SIGN the medication form** for their child indicating the name, dosage of medication and the time to be administered. **Physician MUST also prescribe over the counter medication.**
7. **Withdrawal of Child by Parent:** This contract may be terminated during the first 30-days of the probationary period by the Parent/Guardian prior to written notice. If Parent/Guardian decides to terminate contract after probationary period, a 2-week advance written notice must be submitted. If the child is withdrawn without notice, parent agrees to pay TLBCEC the amount listed under **Total Weekly Fee for Two Weeks**. If the child is withdrawn with less than two weeks' notice, Parent agrees to pay TLBCEC the amount listed under **Total Weekly Fee for Two Weeks**, prorated on a daily basis for the number of days' notice provided **(NOTE: THERE IS A 2- WEEK TERMINATION FEE EQUAL THE AMOUNT OF TOTAL WEEKLY FEES)**
8. **Cancellation by TLBCEC:** Director reserves the right to terminate this contract with a 30-Day Notice. In case of a gross misconduct by either the Parent or Child, Provider will waive the right to care with notice. Also, spoiled children will be on a 3-week trial and will be terminated if they have not gotten any better after the end of that trial period.
9. **Holidays:** The Childcare Center **WILL** be closed on the following **PAID** holidays: **New Year's Eve, New Year's Day & day after & Martin Luther King's Birthday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and the Day after, Christmas Eve, Christmas Day and the day after.**

10. **Vacation:** TLBCEC **WILL** be closed every year the last week in

JULY and resume regular business hours in August (**NOTE: Advance notice will be given**).

11. **Modification/Amendment:** Provider reserves the right to modify and/or amend this agreement within 30-days with written notice of any changes in the basic rates or services provided however that any changes in government - subsidized reimbursement rates shall be effective immediately and DO NOT require any prior notice to Parent/Guardian. No amendment or modification here of shall be valid unless in writing and signed by all involved parties.

12. **Guidelines for Releasing Children:** TLBCEC will release a child only to parents with legal custody, to the child's legal guardian, to anyone the custodial parent has authorized prior with Director in writing or to Police/Welfare Workers with proper authorization.

13. **Refund:** Refunds will only be given for the week that the child is not in attendance, and the reason for refunds must be a valid dissatisfaction with the care provided. If a child has attended one day or more within that current week a refund will not be given. All guidelines including a two week notice must be within the refund policy. For example, if a parent prepay for childcare for one month and then after the first week of the month realizes that they must change centers we must have a formal two weeks notice. Only the last week of the month will be refunded.

14. **Discipline:** Child Care Discipline Policy Policy Statement Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, TLBCEC uses a positive approach to discipline and practices the following discipline and behavior management techniques. WE DO Communicate to children using positive statements. Communicate with children on their level. Talk with children in a calm quiet manner. Explain unacceptable behavior to children. Give attention to children for positive behavior. Praise and encourage the children. Reason with and set limits for the children. Apply rules consistently. Model appropriate behavior. Set up the classroom environment to prevent problems. Provide alternatives and redirect children to acceptable activity. Give children opportunities to make choices and solve problems. Help children talk out problems and think of solutions. Listen to children and respect the children's needs, desires and feelings. Provide appropriate words to help solve conflicts. Use storybooks and discussion to work through common conflicts. WE DO NOT Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.) Use any strategy that hurts, shames, or belittles a child. Use any strategy that threatens, intimidates, or forces a child. Use food as a form of reward or punishment. Use or withhold physical activity as a punishment. Shame or punish a child

if a bathroom accident occurs. Embarrass any child in front of others. Compare children. Place children in a locked and/or dark room. Leave any child alone, unattended or without supervision. Allow discipline of a child by other children. Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups. Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

15. Care to be Provided:

Full Time _____ Part Time _____

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Mon Tue Wed Thurs Fri Sat Sun

Parent will provide diapers, baby wipes, a photo of child's and parents vaccination records, signed agreement, due fees, infants formula (if applicable), a blanket and a change of clothing.

Day Care will provide Breakfast, Lunch and p.m. snack

Part-timers may **NOT** substitute days once arrangements have been made.

Additional days may be arranged on a space availability at the discretion of Director. Full fee at the daily rates will be charged for additional days even if days listed in this contract are not used that week.

Full Fees are non-refundable

Total Weekly Fee: \$

Date on which care will begin:

Parent/Guardian Signature

Date

Director Signature

Date

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

MONTHS MONTHS MONTHS

HEALTH HISTORY – Check boxes that child has had and specify type/dates when appropriate.

DATE	DATE	DATE
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Strep	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Cold	<input type="checkbox"/> Croup	<input type="checkbox"/> Influenza
<input type="checkbox"/> Headache	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rash	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Ringworm	<input type="checkbox"/> Strep	<input type="checkbox"/> Shingles

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
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:		
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever	DATES <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps	DATES <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)
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

Community Care Licensing



NOTIFICATION OF PARENTS' RIGHTS

THIS NOTICE MUST BE POSTED IN A PROMINENT, PUBLICLY ACCESSIBLE AREA OF THE CHILD CARE CENTER

AS A PARENT/AUTHORIZED REPRESENTATIVE, YOU HAVE A RIGHT

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive from the licensee the Caregiver Background Check Process form.

<http://www.cclcd.ca.gov>

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

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

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1000 Corporate Center Dr, Suite 200B
Monterey Park, CA 91754



Licensing Office Telephone Number: (323) 981-3350

**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: California Department Of Social Services, CCLD
 Licensing Office Address: 1000 Corporate Center, Drive, Suite 200 B, Monterey Park, CA
 Licensing Office Telephone #: (323) 981-3350

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, The Learning Box CEC
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

LIC 995A (8/08)

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:

California Department of Social Services

NAME

Community Care Licensing Division, CCLD Regional Office

ADDRESS

1000 Corporate Center Drive, Suite 200 B

CITY

Monterey Park, CA

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323) 981-3350

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)

The Learning Box Childcare and Enrichment Center

(PRINT THE ADDRESS OF THE FACILITY)

4601 East Compton Blvd, Rancho Dominguez, CA

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

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

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

_____ 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

()

Student ID Number _____
(Required)

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

☐ 0 First Grade Certificate
5
3

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: ☐ M ☐ F _____ Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ City _____ ZIP _____

Daytime _____
Nighttime _____

Race/Ethnicity:

- ☐ White, not Hispanic
☐ Hispanic
☐ Black
☐ Other _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (Chickenpox)	/ /	/ /	/ /	/ /	/ /

TB SKIN TESTS	Type* <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	Date given / /	Date read / /	mm indur mm indur	Impression <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg
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*If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Necessary if skin test positive.)

Film date: / / Impression ☐ normal ☐ abnormal

Person is free of communicable tuberculosis: ☐ yes ☐ no

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES
IMMUNIZATION BRANCH

SU-47 (REV. 06/12)

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: / /
Staff _____

Signature _____

Record presented was:

- ☐ Yellow California Imm. Record
☐ Out-of-state school record
☐ Other immunization record

Specify: _____

II. STATUS OF REQUIREMENTS

- ☐ A. All requirements are met.
☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- ☐ C. Medical Reasons—Permanent
☐ D. Medical Reasons—Temporary
☐ E. Personal Beliefs

E-91 CODE

- 0 - Incomplete
1 - Complete
3 - Personal
4 - Medical

Check on your Immunization Following Roster.
Submit corrected E-91 when status changes.

PM 286 (6/95)
95-27870

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C*. If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry.

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.