

### Licensing File Checklist

Child's Name	D.O.B	1st Day:
		Last Day:
☐ ID and Emergency Information LIC 700 (Simple	e Copy to Class)	
☐ Personal Rights LIC 613A		
☐ Parents Rights LIC 995		
☐ Parents' Health History LIC 702 - Copy to Clas	S	
☐ Consent for Medical Treatment LIC 627 - Copy	to Class	
☐ Physician's Report LIC 701		
☐ Immunization Record		
☐ California School Immunization Record (Blue F	orm)	
☐ Meal Benefit Forms		
<ul><li>☐ Infants Needs &amp; Services Plan (Infant/Toddler I</li><li>☐ Individual Infant Sleeping Plan (12 months and</li></ul>		s/Renew every 3 mos.
<ul><li>☐ Photograph/Video Consent - Copy to Class</li><li>☐ Sunblock Form - Copy to Class</li></ul>		
☐ Inquiry Application		
☐ Items List - Parent Keeps		(9)
☐ School Calendar - Parent keeps		
☐ Tuition Agreement/Subsidizing Program		
☐ Financial Enrollment Contract		
☐ Parent Handbook - Parent retains packet copy	/Sign sheet in file	
☐ Admissions Agreement		
☐ Signing In/Out agreement		
☐ Civil Rights Procedures - Parent initials/Provide	e copy upon request	
☐ Liability Waiver - COVID19		
Parent Signature	Date	

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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CHILD'S NAME	LAST		MIDDLE	E		FIRST	SEX	TELE	PHONE
ADDRESS	NUMBER	STREET			CITY	STATE	ZIP	BIRT	HDATE
FATHER'S/GUARDIAN	S/FATHER'S DOMEST	IC PARTNER'S NAME L	AST	MIDD	LE	FIRST		BUSI	NESS TELEPHONE
								(	)
HOME ADDRESS	NUMBER	STREET			CITY	STATE	ZIP	ном	E TELEPHONE
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IC 700 (8/08)(CONFID	DENTIAL)								

#### 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:

Community Care Licensing		
ADDRESS 1000 Corporate Center Drive #200B		
Monterey Park	2IP CODE 91754	AREA CODE/TELEPHONE NUMBER 323) 981.3350
	CH HERE	
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESE	NTATIVE:	PLACE IN CHILD'S FILE
Upon satisfactory and full disclosure of the personal rights as expla	ained, complete the following a	cknowledgment.
ACKNOWLEDGMENT: I/We have been personally advised of, California Code of Regulations, Title 22, at the time of admission to	and have received a copy of	
(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACIL	
First Christian Church Pomona Child Development Center	1751 North Park Ave	enue Pomona CA 91768
(PRINT THE NAME OF THE CHILD)		
, and the state of the state of		
		~
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)  (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)		(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

#### PARENTS' RIGHTS

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

- Enter and inspect the child care center without advance notice whenever children are in care.
- 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.
- Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- 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.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1000 Corporate Center Dr Monterey Park 91754

Licensing Office Telephone #: 323) 981-3350

- 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.

(Detach Here - Give Upper Portion to Parents)

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.

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

ACKNOWLEDGEMENT	OF NOTIFICATION OF PARENTS	RIGHTS

	(Parent)	Authorized Representative Signature Re	equired)	
, the p	arent/authorized represent	ative of		. have
eceiv	ed a copy of the "CHILI GIVER BACKGROUND CH	O CARE CENTER NOTIFICATION OF IECK PROCESS form from the licensee. t Christian Church Pomona Child Development Center	PARENTS' RIGHT	S" and the
	_	Name of Child Care Center		
-	Signature (Parent/Authorize	d Representative)	Date	
VOTE:	This Acknowledgement m	ust be kept in child's file and a copy of the N	lotification given to	

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

LIC 995 (9/08)

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Chicken Pax	PAST ILLNESSES — Check illnesse	s that child ha	s had and specify appro	ximate dates of illness	es:			
Asthrna	E	DATES		DATES			DATES	
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Hay Fever	☐ Asthma		☐ Epilepsy		☐ Ten-	Day Measles		
Mumps (Rubella)  Mumps	☐ Rheumatic Fever		☐ Whooping coug	h	250	270		
DOES CHILD HAVE FREQUENT COLDEY	☐ Hay Fever		☐ Mumps		(Rub	ella)		
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PARENT'S SIGNATURE DATE	2					<u> </u>		
	REASON FOR REQUESTING DAY CARE PLACEMEN	Γ						
LIC 702 (8/08) (CONFIDENTIAL)	PARENT'S SIGNATURE					DATE	No. Addressed Services	
	LIC 702 (8/08) (CONFIDENTIAL)							

# **CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities**

AS THE PAREN	T OR AUTHORIZED REP	RESENTATIVE, I H	EREBY GIVE CON	SENT TO
	AN CHURCH POMONA- CDC			
	FACILITY NAME	TO PROVI	DE ALL EMERGEN	NCY MEDICAL OR DENTAL CARE
PRESCRIBED I	BY A DULY LICENSED PH	YSICIAN (M.D.) OS	TEOPATH (D.O.) OI	B DENTIST (D.D.S.) FOR
		, , , , ,	(2.3.)	(5.5.0.) (6.1
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CONDITIONS A	ARE NECESSARY TO PRE	SERVE THE LIFE I	IMB OR WELL BE	ING OF THE CHILD NAMED
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ABOVE.				
CHILD HAS THE	FOLLOWING MEDICATION A	LLERGIES:		
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	DATE		PARENT OR AL	JTHORIZED REPRESENTATIVE SIGNATURE
HOME ADDRESS		5		=
OME PHONE		WORK PHO	NE	
) IC 627B (9/08) (CONFIDENT			)	

### PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

	- FAILLINI 3	CONSENT (10	BE COMPLETED	BY PARENT)		er and a second
(NAME OF CHILD)	, born	(BIRT)	H DATE)	is being studied f	or readiness	to enter
First Christian Church Pomona Child Development (NAME OF CHILD CARE CENTER/SCHOOL)	. Thi	V#1,000,000	**************************************	program which exter	nds from 7	_:
m./p.m. to 6:00 a.m./p.m. , 5	days a week.					
lease provide a report on above-named eport to the above-named Child Care C	I child using the f enter.	orm below. I hereby	authorize release	e of medical informati	on contained	in this
	(SIGNATURE OF	PARENT, GUARDIAN, OR C	HILD'S AUTHORIZED REPI	RESENTATIVE)	(TODAY'S	DATE)
PART B -	PHYSICIAN'S	S REPORT (TO E	BE COMPLETED E	BY PHYSICIAN)		
roblems of which you should be aware:	Д.					
earing:		Alle	ergies: medicine:			
sion:		Ins	ect stings:			
evelopmental:		Foo	od:			
anguage/Speech:		Ast	hma:		- Wiscons	
ental:	1 - 1 - 1 - 1 - 1 - 1 - 1					
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	out or enclos	e California Imr	E EACH DOSE W	AS GIVEN	5th	
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VACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)	out or enclos	e California Imr	E EACH DOSE W	AS GIVEN	5th /	/
VACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTaP/ Trd (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	out or enclos	e California Imr	E EACH DOSE W	AS GIVEN	5th /	1
VACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)	out or enclos	e California Imr	E EACH DOSE W	AS GIVEN	5th /	/
VACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND IACELLULARI PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)	out or enclos	e California Imr	E EACH DOSE W	AS GIVEN	5th /	/
VACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND IACELLULARI PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)	1st / / / / / / / / / / / / / SS (listing on reversion test not required)	e California Imr  DATI  2nd / / / / / / / / / / / / / / rse side)	E EACH DOSE W	AS GIVEN	5th /	/
VACCINE  VACCINE  (DIPOTATE / (DIPHTHERIA, TETANUS AND FACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sl  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / / / / / / / / SS (listing on reve kin test not require TB skin test perfoumented). e not present.	e California Imr  DATI  2nd / / / / / / / / / / / / / / rse side)	3rd / / / / / / / / / / / / / / / / / / /	AS GIVEN  4th / / / /	5th /	
OLIO (OPV OR IPV)  TP/DTaP/ (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOF  Risk factors not present; TB sl  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / / / / / / / / SS (listing on reve kin test not require TB skin test performented). e not present. reviewed the	e California Imr  DATI  2nd / / / / / / / / / / / / rse side) ed.  ormed (unless	ith the parent/guar	AS GIVEN  4th / / / / / / / / / / / / / / / / / / /		1



# PHOTO RELEASE

1, the	parent and/or legal guardian of					
(child	d) hereby grant First Christian Church Pomona					
Child Development Center (FCCPCDC) the right	to photograph my physical likeness, my child's					
physical likeness and the right to record my voice and/or my child's voice and any other soun						
effects made by my me or my child.						
I hereby consent to the use of my full name and/or	my child's full name, photographs, likeness					
and any reproductions of the recordation of my vo						
all affiliates, licensees, successors in connection w						
advertising and use on social media.						
I understand that I shall not be used assured.						
I understand that I shall not be paid, compensated photograph and/or my child's photograph, voice re						
photograph and/or my child's photograph, voice re	ecording of video recording.					
Parent Name & signature:	Data					
a di citt i vanic et signature.	Date:					
Check below to accept the following:						
In class use:	Social Media Photos:					
Address:						
Phone number:						



## Parent's/Guardian's Permission To Apply Sunscreen

(Name of Child and Date Of Birth):
As the parent or guardian of the above child, I give my permission for personnel at:
First Christian Church Pomona Child Development Center
To apply a sunscreen product of SPF-15 or higher to my child, as specified below, whenever exposed to the sun outdoors. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:
I have provided the following brand / type of sunscreen for use on my child:
I do not know of any allergies my child has to sunscreen.
☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen provided:
For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:
Parent/Guardian full name(print):
Parent/guardian signature
Date://



Pear Parents,

### Before your child starts please bring the following items:

- One gallon of water
- A twin sheet & blanket for his or her cot (must be taken home on Fridays, washed and returned back on Mondays)
- TWO extra changes of clothes (including socks & underwear) and one extra set of shoes (no open toes/crocs ok). Whenever clothing is soiled/sent home, a clean replacement must be provided the following day.
- One box of tissue paper
- Diapers and wipes (if not potty trained)
- A backpack (Pre-K class)
- Emergency Kit (place the following items in a 1 gallon Ziploc bag):
  - 1 current family photo
  - 1 note/letter to the child
  - Name & contact info of relative(s) living closest to the Center that can pick up your child
  - 1 small comforting toy or book

Each of the above items must be <u>labeled with your child's name and last</u> <u>name initial</u>.

Thank you!