

HERITAGE CHRISTIAN PRESCHOOL

West Campus

10949 Zelzah Avenue
Granada Hills, CA 91344
Phone: 818-488-8888 Fax: 818-488-8960
License #197418525

2024-2025 SCHEDULE OF TUITION & FEES

Effective August 1, 2024

Full Day Program 7:00 a.m. - 6:00 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	1,220	1,080
4 Days	1,050	905
For 2 year olds only:		
3 Days	830	715
Occasional Day	75	70

Partial Day Program 9:00 a.m. - 3:30 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	1,050	920
4 Days	910	800
For 2 year olds only:		
3 Days	715	635
Occasional Day	65	60

Half Day Program 9:00 a.m. - 1:00 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	805	705
4 Days	710	620
For 2 year olds only:		
3 Days	575	500
Occasional Day	55	40

Other Fees:

Registration & Materials Fee - \$300 until May 1, 2024
- \$325 after May 1, 2024

Summer Activity Fee \$100
(Due 6/1/2025)

Tuition is due on the 1st of each month.

The enrollment fee and materials fee are nonrefundable.

A **\$30 returned fee** will be assessed on all returned payments by FACTS.

A **\$25 late fee** will also be charged if payment is returned for any reason.

PRESCHOOL TUITION PAYMENT INFORMATION

Heritage Christian School uses electronic direct debit through FACTS Tuition Management Company to collect your monthly tuition payments. You may set up your account to debit your checking, savings, or credit cards through their secure site. FACTS will impose an additional service fee if you use a credit card.

Please go online and create your FACTS account at:

<https://online.factsmgt.com/signin/4KK7R>

FACTS customer support can be reached at 866-441-4637 if you have any problems with the setup process.

Select the **2024-25** school year. If your child will be attending preschool through the **2025** summer, please choose the payment plan ending in JULY. If your child will **not** attend preschool during June and July, please select the payment plan ending in MAY. (You may change your mind next year by notifying the office.)

Payments will be scheduled to be withdrawn from your account beginning August 1, 2024, or the first of the month your student will start school (e.g., if you enroll your child in July however, they will not begin attending until September, the first payment will be deducted on September 1.)

If your student enrolls after the first of a month, you will be required to pay the current month's tuition at enrollment, and payment will be scheduled to be withdrawn on the first of each month after that. (e.g., you enroll your child on September 10, and their first date of attendance will be September 15. Payment for September will be paid with enrollment. Beginning with your October payment and all payments after that, they will be withdrawn on the first of each month.)

***PLEASE NOTE:** This FACTS account is for **Preschool students only**. Do not set up here for any students on the North or South Campus in TK-12th Grade. If you currently have a FACTS account for another student on the North or South Campus in TK-12th Grade, do not add your preschool child to that account. You must set up a separate account using the link above.

Heritage Christian Preschool Admission Agreement

Heritage Christian Preschool provides a quality early education program and childcare for young children ages two years to five years. Parents may choose from a variety of different programs to best fit their child's and family's needs. Optional services include extra childcare hours or an occasional extra day.

Please Print or Type Legibly

Student's Legal Name _____	_____	_____	_____	Date _____
Sex _____	Birthplace _____	Last _____	First _____	Middle _____
Age _____	Birthdate _____			
Phone(_____) _____	Address _____			
City _____				ZIP _____
Child Resides With: (Check all that apply) _____ Mother _____ Father _____ Grandparent _____ Guardian				
Church Attendance (Name of Church) _____				
SIBLING INFORMATION: First and last name and age or grade level of any sibling and where they attend school.				

Name _____	Custody _____
<u>Check one:</u> <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	Street Address _____
Title _____	City & Zip Code _____
	Home Phone (_____) _____
	Occupation _____ Employer/Business _____
	Email _____
Work Phone (_____) _____	Extension _____ Cell (_____) _____

Name _____	Custody _____
<u>Check one:</u> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian	Street Address _____
Title _____	City & Zip Code _____
	Home Phone (_____) _____
	Occupation _____ Employer/Business _____
	Email _____
Work Phone (_____) _____	Extension _____ Cell (_____) _____

School mailings will be sent to the above address/addresses unless you have a different mailing address. Specify your different mailing address: _____

Non Discriminatory Policy

Heritage Christian Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available at the preschool. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, financial aid, or and other school-administered programs. Our mission is to serve our community at large by providing a Christian-based early education to students of all religious backgrounds.

The Administrator shall accept children who are physically handicapped or emotionally or mentally handicapped only after evaluation. The decision will be based on the following:

1. The child's attendance will have no adverse effect on other children either through the direct behavior of the child or through requiring staff time needed by other children.
2. The preschool can meet the needs of the child.

Continued on reverse

State Licensing Rights

The Department of Social Services Licensing Division has the authority to interview staff or children, and to inspect the facilities and childcare records without prior consent.

1. The licensee shall make provisions for private interviews with any child or staff members.
2. The Department has the authority to inspect, audit, and copy child or childcare center records.
3. The Department has the authority to observe the physical condition of the child.
4. The Department has the authority to make any number of visits to a childcare center to determine compliance with applicable laws and regulations.

Heritage Christian Preschool complies with all applicable licensing regulations and standards. The facility is subject to yearly inspection by state and city fire, health, and licensing representatives.

INFORMATION TO BE COMPLETED FOR ALL STUDENTS:

What language(s) is/are spoken in the home? _____

Has the student had any health-related problems? _____ Explain _____

Physical difficulties? _____ Explain _____

Has the student had any learning or academic difficulties or been tested for a learning disability? _____

Explain _____

Both parents/guardians must sign below.

Are there any court orders regarding custody, parental rights, or guardianship that affect this child? _____ Yes _____ No
If yes, a Custody Information Sheet must be obtained from the office, completed, and returned with the application or court custody papers supplied.

Signature of Father, Step-father, Grandfather, Guardian

Date

Signature of Mother, Step-mother, Grandmother, Guardian

Date

NEW FAMILIES ONLY

Please explain why you wish your child to attend Heritage Christian Preschool.

How did you learn about Heritage Christian Preschool (Please check all that apply.)

- _____ 1. Personal Referral or Recommendation: (Name) _____
- _____ 2. Parent is an Alumni: (Name) _____
- _____ 3. Other School: (Name) _____
- _____ 4. School Sign: _____
- _____ 5. Pole Banner / Billboard: _____
- _____ 6. Church Referral: List church name. _____
- _____ 7. Website: _____
- _____ 8. Direct Mail/Postcard: _____
- _____ 9. Flyer invitation to an open house: _____
- _____ 10. Other: _____

**HERITAGE CHRISTIAN PRESCHOOL
PARENTAL CONTRACT
2024-25 School Year**

Student's Name _____ Grade _____
Student's Name _____ Grade _____
Student's Name _____ Grade _____

The following contract between Hillcrest Christian School a California nonprofit corporation dba Heritage Christian Preschool (hereinafter "Heritage") and _____ hereby states:
(Parent's/Guardian's Names)

1. I/We understand that enrollment and re-enrollment at Heritage is by invitation only. Strict adherence to the Parent Handbook is required for continued enrollment. Current enrollment and attendance at Heritage does not guarantee or create a right of re-enrollment for subsequent school years.
2. I/We understand that Heritage requires its students to comply with conduct standards as set forth in the Parent Handbook. I/we agree that we will do our utmost to encourage and support my/our child to adhere to these standards and will provide the family support as required by the Family Support and Cooperation Policy set forth in the Parent Handbook.
3. I/We understand the general philosophy of education, and agree with the purpose and intent of Heritage.
5. I/We agree with the standards of conduct and discipline and grant authority to the teacher and administration to discipline my/our child(ren) when necessary. I/We understand that any use of illegal substances, profanity, obscenity, immorality, bullying behavior, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school are not tolerated by Heritage Christian Preschool.
6. I/We will support the school by my/our involvement at school-sponsored meetings and activities, including parent/teacher/administration conferences.
7. I/We will uphold the spiritual emphasis of Heritage Christian Preschool by allowing our child(ren) to attend chapel services on campus and to receive Bible class instruction.
8. I/We agree to cooperate and faithfully support the preschool and its ministry through prayer and with a positive attitude. All grievances, complaints, or comments will be made only for constructive purposes and in all cases will be made first directly to the teacher, administrator, or person involved and, in no case, repeated to others including my/our child(ren) or other parents. I/We further agree to follow the Biblical principles for resolving all grievances with the school and its staff and to strictly adhere to the Complaints and Criticisms Policy as set forth in the Parent Handbook.
9. I/We agree to pick up my/our child(ren), or make arrangements to do so, should any problems arise concerning illness/health-related problems or because of behavior problems.
10. I/We give permission for my/our child(ren) to participate in all preschool activities and preschool sponsored field-trips.
11. I/We understand and agree to pay tuition and fees according to the terms of the financial policy as stated on the 2023-2024 Tuition Payment Information sheet, the 2024-2025 Tuition Schedule, and the current Parent Handbook.
12. I/We understand there are financial fees and assessments which may be charged to each student's general account. I/We agree to pay all amounts due on a timely basis and to keep our child(ren)'s general account current.
13. I/We understand there is no supervision for our child(ren) before or after the hours as specified in the current Admission Agreement. We will not allow our child(ren) to be on campus before or after official hours without supervision.
14. I/We further agree that any claim or dispute between us arising from or related to this Parental Contract shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Preschool Handbook and which is reprinted on the back of this document. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of myself/ourselves and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except as otherwise provided in the Mediation and Arbitration of Disputes Agreement.
15. I/We have discussed the current Parent/Student Handbook with our children and have emphasized the importance of abiding by the policies, rules and provisions contained therein. I/We acknowledge that I/we have been provided with a copy of the current Parent/Student Handbook. I/We have carefully read, understand, and agree to be bound by all of the doctrines, policies, rules and provisions contained therein. I/We further understand that a new Parent/Student Handbook is issued at the beginning of each new school year. I/We further understand that as a condition to my/our child(ren)'s continued enrollment at Heritage, I/we are required, within ten (10) school days of my/our receipt thereof, to provide the school with a written acknowledgment, signed by both parents/guardians, that I/we have read and understand the contents thereof and agree to be bound by its provisions. I/We acknowledge that failure to return this written acknowledgment will cause my/our child(ren) to be suspended until received by the preschool office.

I/We are the parent(s) or legal guardian(s) with the custodial rights of the student(s) listed above and have the legal right to sign this Parental Contract and by my/our signature(s) hereto, agree to these conditions and obligations.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

MEDIATION AND ARBITRATION OF DISPUTES

1. Hillcrest Christian School, a California nonprofit corporation dba HERITAGE CHRISTIAN SCHOOL (the "School") is a Christian institution which believes that the Bible commands individuals to make every effort to live at peace and resolve disputes with one another in private and within the parameters set by the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the School, and the parents, legal guardians, and legal representatives of its students (hereinafter the parties) agree that except as expressly exempted from these provisions, any and all claims or disputes which would otherwise be the basis for legal or court action, which arise from or are related to the School and its operation, including all aspects of a student's relationship with the School, its administrators, faculty, and staff, shall be settled by biblically based mediation and, if necessary, legally binding arbitration.
2. The parties hereto agree to mediate any dispute or claim as above described arising between them before resorting to arbitration. Mediation is a process by which parties attempt to resolve a dispute or claim by submitting it to an impartial, neutral mediator, who is authorized to facilitate the resolution of the dispute, but who is not empowered to impose a settlement on the parties.
3. The mediation shall be conducted in accordance with the Guidelines and **Rules of Procedure** for Christian Conciliation of the Institute for Christian Conciliation, which can be found at <https://www.AORHOPE.org/icc-rules>. The mediation shall be conducted at a location in the San Fernando Valley, as determined under the **Rules of Procedure**. The parties to the dispute may mutually agree to the selection of an alternative method of mediation and/or a mutually acceptable alternative mediator to resolve the dispute.
4. If any party commences an arbitration or court action based on a dispute or claim to which the mediation provision applies without first attempting to resolve the matter through mediation, then in the discretion of the arbitrator(s) or judge, that party shall not be entitled to recover attorney's fees, even if they would otherwise be available to that party in any such proceeding.
5. The parties hereto agree that any dispute or claim in law or equity arising between them which is not settled through mediation, as above provided, shall be decided by neutral, binding arbitration and not by court action, except as provided by California law for judicial review of arbitration proceedings.
6. The dispute shall be submitted to legally binding arbitration in accordance with the **Rules of Procedure** promulgated by the Institute for Christian Conciliation, and judgment upon the arbitration award may be entered in any court having jurisdiction. In the event the arbitrator or arbitrators selected pursuant to the **Rules of Procedure** above described decline to act, either party may submit the dispute to arbitration which shall be conducted in accordance with the Rules of either ADR Services, Inc. (ADR) or Judicial Arbitration and Mediation Services, Inc. - Endispute (JAMS/Endispute). The selection of ADR or JAMS/Endispute shall be made by the party first filing for arbitration. The parties to an arbitration may agree in writing to use different rules and/or arbitrator(s). The cost of mediation and/or arbitration shall be governed by the Rules of Procedure. The parties shall have the right to discovery in accordance with Code of Civil Procedure Section 1283.05. In all other respects, the arbitration shall be conducted in accordance with Part III, Title 9 of the California Code of Civil Procedure. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.
7. Exempted from the provisions of these mediation and arbitration provisions is the collection of monies due the School for tuition or other charges. Such collections may be enforced directly by legal action. The mediation and arbitration provisions created herein are not intended and do not give parents, guardians, or other legal representatives standing to arbitrate matters arising from the administration and implementation of the School's educational functions. Also exempted from the provisions of this Mediation and Arbitration of Disputes Agreement are any disputes which by law are required to be resolved by a governmental agency or are by law expressly exempted from arbitration.
8. If a dispute or claim involves an alleged injury or damage to which the School's insurance applies, the School's insurer may elect not to submit the dispute or claim to mediation or arbitration as described in this Agreement, in which event unless the parties otherwise agree, this Mediation and Arbitration of Disputes Agreement shall no longer be binding with regard to that part of the dispute or claim to which the School's insurance applies. Except as otherwise provided herein, the parents, legal guardians and legal representatives of their student agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute between them, their children, or students, and the School and do hereby waive, on behalf of themselves, their children and students, the right to file any legal action against the School in a civil court or agency, except to enforce an arbitration award.

I/We have read the Mediation and Arbitration of Disputes Agreement printed above and agree to be bound thereby.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

HERITAGE CHRISTIAN PRESCHOOL

HEALTH POLICY - ILLNESS GUIDELINES 2024-25

Our Preschool is licensed for well-child care. We do not have facilities or staffing for children who are ill. If your child has any of the following symptoms, please do not bring your child to school. If a child is sent home from school with any of these symptoms, they may not return until the infectious period has passed. If the child is too ill to participate fully in the program, the child should remain at home.

- A. **FEVER** over 100° (fever is a response to infection and is not acceptable as a part of teething). The child may not return to school until he/she is fever-free for 24 hours.
 - B. **VOMITING** is a forceful ejection of stomach contents through the mouth. The child may not return for 24 hours from the last episode.
 - C. **SKIN RASH** and/or eruptions of unknown origin. A note from your doctor is needed to readmit the child to school.
 - D. **PERSISTENT COUGHING** associated with respiratory distress or infection. The child may not return for 24 hours from the last episode.
 - E. **INFECTIOUS RHINORHEA** is a constant clear or discolored (gray, yellow, green) nasal discharge or drainage. The child may not return until the discharge has ceased or a physician has diagnosed the discharge as allergies. This requires a written note from the doctor stating the date of the office visit, the diagnosis, and the clearance to return to the classroom as non-contagious.
 - F. **DIARRHEA** Symptoms may include/but are not limited to: the passage of a loose watery stool, and a change in consistency, frequency, color, or odor of a stool. The child must be diarrhea-free for 24 hours before returning to school.
 - G. **CONJUNCTIVITIS** (pink eye) thick discolored drainage, redness & or crusting from the eyes. The child may not return for 48 hours unless the child has received specific medication that deems the infection non-contagious after 24 hours. A written physician's note must accompany the child if returning before 48 hours.
 - H. **PARASITES** i.e. nits, crabs, lice. A head check is required for head lice. The hair must be nit free for the child to be readmitted to school.
 - I. **COLDS** from the onset of symptoms, (runny nose, sneezing, coughing, congestion, fatigue, watery eyes, loss of appetite, tiredness). Children must remain at home for 24-48 hours.
 - J. **STREP THROAT** It is permissible to return to Preschool after 48 hours of antibiotic therapy.
- If a child becomes ill while in our care he/she will be isolated and the parents will be notified to have the child picked up as soon as possible. **The child must be picked up within an hour from the time of notification.** Alternative arrangements are the responsibility of the parents in cases where they are unable to pick up the ill child.
 - Notify the school ASAP if your child has or has been exposed to a communicable disease (chicken pox, mumps, etc.) We will notify parents in the child's classroom that there has been an exposure to a communicable disease.
 - The child's medical record (a completed physician form) must reflect any allergies or asthma. If the child has allergy/asthma, an additional form (Asthma/Allergy Action Plan) must also be completed by the child's physician. If sent home with severe symptoms, the child may not return for 24 hours from the last episode.
 - We are forbidden, by law, to administer ANY medicine including, Tylenol, without a Medical Request Form. **The Medical Request Form MUST be completed and signed by a Physician and a parent before the medicine can be administered. The medication must be in the original container with the child's name, doctor's name, dosage and date on the label and given to the Preschool Office.** We will make every possible effort to administer medication as directed, but cannot guarantee the medication will be given at the exact requested time.

A child's immunizations must be up to date (yearly) before he/she will be admitted to our Preschool. Parents must provide documentation of immunization dates, (including PPD tests for tuberculosis on all children one year old and above) and a completed physician's form before the start date.

(Cut here and keep above portion)

2024-25 HEALTH POLICY - ILLNESSES GUIDELINES

- ***I have read the above Heritage Christian Preschool Illness Policy and agree to comply with these Guidelines.***
- ***I hereby release Heritage Christian Preschool and any member of the staff who administers the medication from all responsibility.***

(Parents Signature)

(Date)

(Child's Name - Please Print)

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

Enrollment Financial Policies

2024 - 2025

Heritage Christian Preschool is open on a year-round basis. **The new school year starts on August 12, 2024.** Registration and tuition fees are based on yearly fees. Holidays and closures are taken into consideration when tuition rates are established. There are no refunds, deductions, or substituting days for holidays, vacations, or absences. At the time of enrollment, new students are required to pay the registration fee, the current month's tuition, and all applicable fees.

Tuition and Fees

All monthly payments are due in advance and are due on the 1st of each month. A late fee of \$25 will be charged if payments are returned for any reason as well as a \$30 return payment fee assessed by FACTS to offset banking charges and processing expenses. A thirty-day notice will be given before any rate change. **The enrollment and materials fee is nonrefundable.**

Withdrawal or Changes in Schedule

Should you desire to reduce the number of days of your child's program, the office must be notified thirty days in advance and a program revision must be signed. The first change will be at no charge, but subsequent changes will accrue a fee of \$50.00 for each change. A written letter of withdrawal is required one month prior to the departure date. There is a \$25 withdrawal fee per student. Occasional extra days, additional hours, or additional days added to the program must be prearranged through the preschool office twenty-four hours in advance.

Early Drop-Off/Late Pick-Up Children may not be dropped off before 7:00 a.m. Any pick-up after 6:00 p.m. will be charged at \$2.00 per minute. For Half Day and Partial Day Programs, dropping off more than 15 minutes early or picking up more than 15 minutes late will accrue a charge of \$15.00 for the first fifteen minutes and a minimum \$6.00 charge for each hour thereafter. Childcare that has been prearranged on a monthly basis through the office will be available for \$6.00 an hour.

Person Responsible for Tuition Payment & Other Fees

Child's Name _____ Date of Birth: _____

Siblings at HCS? If yes, Name(s) _____ Campus _____

Primary Payer's Last Name _____ First Name: _____

Mailing Address _____ Phone _____

Email Address _____ Relationship to Student _____

Annual Registration Fee (Includes Materials Fee): **New students:** \$300 before May 1, 2024; \$325 thereafter
Re-Enrollment: \$225 before March 22, 2024; \$275 until May 1; \$325 thereafter

Summer Activity Fee \$100 (due June 1, 2025)

For Office Use Only		Please Check Program Desired:		Room _____ Start Date:
Reg Fee	\$ _____	<input type="checkbox"/> Preschool (Non-potty trained)	<input type="checkbox"/> Preschool (Potty trained)	
Materials Fee	\$ _____	Days M T W TH F (Please circle)		
Monthly Tuition	\$ _____	<input type="checkbox"/> Full Day Program	7:00am - 6:00pm	
Advance Month	\$ _____	<input type="checkbox"/> Partial Day Program	9:00am - 3:30pm	
Total Due	\$ _____	<input type="checkbox"/> Half Day Program	9:00am - 1:00pm	
Paid \$ _____	Ck # _____			

Conditions Of Termination

Heritage Christian Preschool reserves the right to dismiss, refuse to enroll or re-enroll any student with a twenty-four hour notice at the school's discretion, based on but not limited to, the following:

1. Delinquent tuition payments;
2. Failure to complete any state mandated or school policy form;
3. Any behavior causing a risk of harm to the health and safety of other students or staff;
4. Violation of the principles set forth in the Heritage Christian Preschool Handbook, including, but not limited to the teaching philosophy, operation policies, objectives, and programs of the school;
5. Chronic or persistent misconduct; or
6. The preschool is unable to meet the needs of the child.

Signature of Father (Guardian) _____ Date _____ Alumni? **Y N**

Signature of Mother (Guardian) _____ Date _____ Alumni? **Y N**

Director's Signature _____ Date _____

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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.

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

LIC 995 (9/08)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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.

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

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
()

Sample Classroom Schedule

Child Care 7:00 am - 8:30 am

7:00 – 8:20	Welcome and activities in Green Room
8:20 – 8:30	Clean-up
8:30 – 9:00	Outdoor Exploration
9:00 – 9:15	Clean-up/ Potty /wash hands



Classroom 9:15 am - 12:30 pm

9:15 – 9:30	Morning Group Time (Prayer, Flag Salutes, Calendar, Weekly and Monthly Concepts)
9:30-10:25	Leaning Centers (Art, Math, Science, Creative Play, Sensory, Manipulatives) (One on One Teacher Time)
10:25 – 10:45	Clean up / Snack
10:45– 11:30	Outside Exploration
11:30—11:40	Potty and Hygiene (wash hands)
11:40 – 11:55	Bible Group Time (Songs, Tell Bible Story, Discussion, Game or Activity, Bible Verse)
11:55 – 12:15	Inside Play (free choice and science)
12:15 – 12:30	Closing Group Time (Thematic, wrap up & review)
12:30 – 1:00	Lunch in Pavilion

Child Care 1:00 pm - 6:00 pm

1:00 – 1:15	Potty / wash hands / prepare for rest time
1:15 - 3:00	Rest time
3:00 - 3:30	Wake up/ Potty / wash hands
3:45 - 4:00	Snack
4:00—4:30	Outdoor playtime
4:30 - 4:45	Clean-up / Potty / wash hands
4:45 - 5:00	Group Time (finger play, book, song)
5:00 - 6:00	Free Choice Centers in Green Room
6:00	School Closed



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

