

PCOM Preschool 2019-20 Registration Form

26051 Marguerite Parkway  
Mission Viejo, CA 92692  
PH. 949.582.2910 FAX: 949.582.1111  
www.pcompreschool.com

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

DOB \_\_\_\_\_ Sex \_\_\_\_\_

Nickname \_\_\_\_\_

Please circle the session choice:

- Sessions: 3 year olds T/TH or W/F
- 4 year old MTTH or MWF
- 5 year old M-F TK program (5 by Dec.1)

- Church Member YES or NO
- Current Family YES or NO
- Previously Enrolled YES or NO
- New Family YES or NO

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Child Resides with (please check) Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

In case of serious illness/accident and I cannot be reached, I give legal consent for PCOM Preschool to:  
(check all that apply) \_\_\_\_\_ Call Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Call 911 and release paramedics to perform necessary treatment.

\_\_\_\_\_ I authorize all necessary treatment deemed advisable.

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder Full Name (please print) \_\_\_\_\_

Parents or legal Guardian's Signature \_\_\_\_\_

**Allergies and Special Needs** (Please Circle one) Yes or No Life Threatening Allergies Yes or No

Epi Pen \_\_\_\_\_ Benadryl \_\_\_\_\_ Nebulizer/inhaler \_\_\_\_\_ ( medical paperwork due by 7-15-19).

Please list all allergies or special needs \_\_\_\_\_

Do we have your permission to print your name, child's name gender, address, phone number and email on a class list to be distributed to other classmates Yes \_\_\_\_\_ No \_\_\_\_\_ ? Do we have your permission to photograph and video your child Yes \_\_\_\_\_ No \_\_\_\_\_ ? All photos and videos will be used for *internal use only*, on display in our school or sent home with child as a project or gift. Interested in volunteering? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PCOM Preschool Time, Start Date, Registration Fee, Sessions, and Tuition**

TIME: 8:45am-11:30am    Registration fee: 2 days \$130.00, 3 days \$140.00

and 5 days \$150.00 annually per child (non-refundable)

Sessions: 3 year olds T-TH or W-F        \$265.00 per month

4 Year olds MTTH or MWF        \$345.00 per month

5 Year olds M-F (5 by Dec.1st) \$520.00 per month

The Registration Fee of \$130.00, \$140.00 or \$150.00 depending on the chosen session and must accompany this form unless paid through our on line service. It is NON REFUNDABLE. Your child's place will be held in order of receipt of this form and registration fee.

The ANNUAL TUITION for children attending 2 half days per week is \$2,650.00, \$3,450.00 for those attending 3 half days per week and \$5,200.00 for 5 half days. No credit is given for illness or vacation. For your convenience tuition is calculated in 10 equal installments (September—June). Tuition installments are due on the 1st of the month and late after the 15th. A late fee of \$15.00 will be assessed unless prior arrangements have been made with the preschool office. The enrollment fee is 1/10 of the annual tuition. 2 half days = \$265.00/month, 3 half days = \$345.00/month, and 5 half days = \$520.00. The enrollment fee is your June 2020 tuition installment in advance. It is due on or before June 1, 2019 and is refundable until July 15, 2019. After July 15, 2019, a 30 day in advance written notice is required to receive a refund of the enrollment fee. Prepaid tuition is refundable on a pro-rated basis determined by the number of sessions in the school based on the following conditions: (1) 30 written notice withdrawal notice is provided (2) a new student fills the vacancy within thirty days. The enrollment fee will be forfeited if a student is withdrawn after April 1, 2020. Checks returned for non-sufficient funds will be assessed a \$15.00 fee. ACH is accepted and Credit Cards are accepted with an added convenience fee.

I agree to abide by the above financial arrangements.

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

PCOM Representative Signature \_\_\_\_\_ DATE: \_\_\_\_\_

I understand all school policies: purpose, philosophy, financial, medical, organization and educational. I agree to abide by these policies and herewith enroll my child. I have received and read the parent handbook and know my rights outlined in the Personal Rights Form, Parents Rights Notice and this financial agreement. I understand there is a no sibling policy. Siblings are not allowed in classrooms while I'm volunteering nor allowed on the playground. I understand the playground is closed at all times. I understand that PCOM Preschool is completely peanut, and tree nut free. I understand PCOM Preschool is a technology free campus for all students. Not limited but including: phones, Ipads, toys, watches, GPS and other personal devices. My child is potty trained and is able to use the restroom independently. Continuous enrollment of my child is dependent on my continued support and co-operation for the preschool staff and the school policies.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# THE PRESBYTERIAN CHURCH OF THE MASTER PRESCHOOL BYLAWS

## ARTICLE I

### NAME

The name of this organization shall be "The Presbyterian Church of the Master Preschool," henceforth referred to as the Preschool.

## ARTICLE II

### PURPOSE AND PHILOSOPHY

#### Section A.

The purpose of the Preschool shall be to help each child grow spiritually, emotionally, socially, intellectually and physically through Christian nurture and enriched experiences as a supplement to the home environment. The Preschool is a ministry of PCOM's Children's Ministries and therefore shares mutual goals, functions, and purpose in raising children in Christ.

#### Section B.

The Preschool shall be a non-profit organization.

#### Section C.

Employees of the Preschool shall be required to have a professed belief that Jesus Christ is the Son of God and their personal Savior. A written statement confirming this shall be submitted at the time of application and included in the employee's personnel file.

#### Section D.

The philosophy under which the Preschool shall operate is:

1. We believe each child is God's unique creation and should know the joy of feeling valuable and loved.
2. We honor each child's development in cultivating new skills at their own pace.
3. We celebrate each child's freedom while giving them healthy boundaries and teaching them to respect the rights of others.
4. We celebrate God's world by teaching each child to discover and enjoy God's good creation.
5. We count on our staff and teachers to nurture each child in their life and faith, and to teach them the love of Jesus Christ.

I have read the PURPOSE AND PHILOSOPHY of Presbyterian Church of the Master Preschool.

Signature of Parents/guardian \_\_\_\_\_ 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
BIRTHDATE					BUSINESS TELEPHONE ( )
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	STATE	ZIP
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					BUSINESS TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	STATE	ZIP
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					BUSINESS TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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
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**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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE	DATE
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# 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

Community Care Licensing

ADDRESS

750 The City Drive So. Suite 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

714-703-2800

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)

Presbyterian Church of the Master Preschool

(PRINT THE ADDRESS OF THE FACILITY)

26051 Marguerite Parkway MV CA 92692

(PRINT THE NAME OF THE CHILD)

(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:

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: Community Care Licensing

Licensing Office Address: 750 The City Drive So. Suite 250 Orange CA

Licensing Office Telephone #: 714-703-2800

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](http://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.

Presbyterian Church of the Master Preschool  
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](http://www.meganslaw.ca.gov)*



# 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)

Presbyterian Church of the Master Preschool . This Child Care Center/School provides a program which extends from 8 : 45  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 11:45 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

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**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.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

PCOM Preschool Authorized Pick Up List, Emergency list, and Consent for Medical Treatment

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Session \_\_\_\_\_

The following are people are authorized to take my child \_\_\_\_\_ from the facility:

(pick up names on this page need to match those are page 4)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Information

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Dr. Name \_\_\_\_\_ Dr. Phone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone Number \_\_\_\_\_

Medical Plan and Number \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

As the parent or authorized Representative, I hereby give consent to Presbyterian Church of the Master Preschool to obtain all emergency medical or dental care prescribed by a duly licensed physician, surgeon (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of the child named above. If it is not possible to reach the parent or the doctor named below to receive instructions for the child's care, consent is given to the physician or dentist called for or to whom the child is taken for treatment, to administer drugs and or medicine, and to perform such surgical procedure as the existing emergency requires for relief of pain or to preserve the life and health of the child. I will be responsible for all expenses incurred by such an illness or injury.

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

Print Parent's Name \_\_\_\_\_

# NOTICE OF SITE VISIT

## BY A CHILD CARE LICENSING OFFICE REPRESENTATIVE

A site visit or complaint investigation was conducted at:

PRESBYTERIAN CHURCH OF THE MASTER PRE SCHOOL

300600806 ON .05/12/2014

1. Were regulatory violations issued during this visit?  Yes  No
2. If regulatory violations were cited, would they pose an immediate risk to the health and safety of children in care, if not corrected (Type A)?  Yes  No
3. If regulatory violations were cited, could they become a risk to the health, safety, or personal rights of children in care if not corrected (Type B)? (Examples include a recordkeeping violation that would impact the care of children or a violation that would impact those services required to meet children's needs.)  Yes  No

**ONLY VISIT REPORTS DOCUMENTING TYPE A VIOLATIONS AND CORRECTIONS OF VIOLATIONS MUST BE POSTED IN THE CHILD CARE FACILITY FOR 30 CONSECUTIVE DAYS.**

Regardless of whether or not this child care facility is required to post a copy of today's site visit report, you may view the report at the facility or obtain one by contacting the local Child Care Regional Office at:

CCLD Regional Office  
750 THE CITY DRIVE, SUITE 250  
ORANGE, CA 92868

Regional Office Contact Person: Mahnaz Malek

Contact Person Telephone Number: (714) 703-2810

**THIS NOTICE MUST BE POSTED FOR 30 DAYS**

### ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at \_\_\_\_\_ PCOM Preschool. \_\_\_\_\_ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: \_\_\_\_\_

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE DOCUMENTS RECEIVED:
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**PRESBYTERIAN CHURCH OF THE MASTER PRESCHOOL**

26051 Marguerite Parkway  
Mission Viejo, CA 92692  
Telephone: 949.582-2910

Regulations in Title 22, California Administrative Code, requires that upon admission of a child to preschool, parents, receive read, understand, and agree to abide by the following documents:

1. Personal Rights
2. Parent's Rights
3. Background Check Process
4. Parent Notification of Inspection Authority
5. Parent manual containing information regarding school policy, procedure, philosophy and financial arrangements. (please download manual from website [www.pcompreschool.com](http://www.pcompreschool.com))
6. Permission to have names, address, and phone numbers of family members placed on class list to be distributed for purpose of arranging car pools, playdates, and distributing invitations for birthdays.

I, as the designated representative and /or guardian of \_\_\_\_\_  
Have been personally advised and have received copies of the above items at the time of his/her  
admission to PRESBYTERIAN CHURCH OF THE MASTER PRESCHOOL.

Date \_\_\_\_\_ Signature of Designee \_\_\_\_\_ Relationship \_\_\_\_\_

**PCOM PRESCHOOL**  
**Getting to Know Your Child**

Page 1 of 2

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

Date of birth (mo/day/year) \_\_\_\_\_ Gender \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Mother's name and occupation \_\_\_\_\_

Father's name and occupation \_\_\_\_\_

Current marital status of child's parents \_\_\_\_\_

Others living in the home	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If another person shares in caring for your child on a regular basis please indicate the name, relationship and days and hours they are responsible for the care of your child \_\_\_\_\_

**Development History**

Was your child premature? \_\_\_\_\_

Were there any difficulties during birth? \_\_\_\_\_

Are there any difficulties with hearing or eyesight? \_\_\_\_\_

Any speech delays or difficulties? \_\_\_\_\_

Allergies, (food, drugs, medication, other)? \_\_\_\_\_

Is there any condition requiring special attention at our school? \_\_\_\_\_

If so, what? \_\_\_\_\_

At what age did your child walk alone \_\_\_\_\_ begin to talk \_\_\_\_\_ toilet train \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ How many/how often? \_\_\_\_\_

Sleep patterns: get up time \_\_\_\_\_ nap time \_\_\_\_\_ bed time \_\_\_\_\_

Is your child right \_\_\_\_\_ or left \_\_\_\_\_ handed?

How do you discipline your child at home? \_\_\_\_\_

Is your child able to separate easily from you? \_\_\_\_\_

**PCOM PRESCHOOL**  
**Getting to Know Your Child**

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**Social and School Experiences**

Where has your child travelled?  
\_\_\_\_\_

Is this your child's first school experience? Yes \_\_\_\_\_ no \_\_\_\_\_. If no, where did your child attend and for how long? \_\_\_\_\_

Has your child ever been left with a babysitter? \_\_\_\_\_ if yes, how frequently? \_\_\_\_\_

How much television does your child watch each day? \_\_\_\_\_

How much time does your child spend at the computer, iPad, video games etc. \_\_\_\_\_

What outdoor activities does your child enjoy? \_\_\_\_\_

What indoor activities does your child enjoy? \_\_\_\_\_

Is your child read to daily? \_\_\_\_\_ Favorite books? \_\_\_\_\_

What are your hopes for your child at PCOM? \_\_\_\_\_

Other activities child is involved in? \_\_\_\_\_

Church your family attends \_\_\_\_\_

**Culture and Heritage**

What is your ethnicity? \_\_\_\_\_

What language(s) is spoken at home? \_\_\_\_\_

If English is not spoken in the home, how well does the child speak and understand English?  
\_\_\_\_\_

Please tell us what you would like us to know about your culture, heritage, holidays or traditions \_\_\_\_\_  
\_\_\_\_\_

**Speech and Language**

Does your child speak in words? \_\_\_\_\_ Sentences \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_ if yes, please explain \_\_\_\_\_

How can we support the child's home language in school? \_\_\_\_\_

Do you need a translator for communicating at parent/teacher conferences? \_\_\_\_\_

Would you be willing to volunteer as a translator at parent/teacher conferences? \_\_\_\_\_



## 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>.