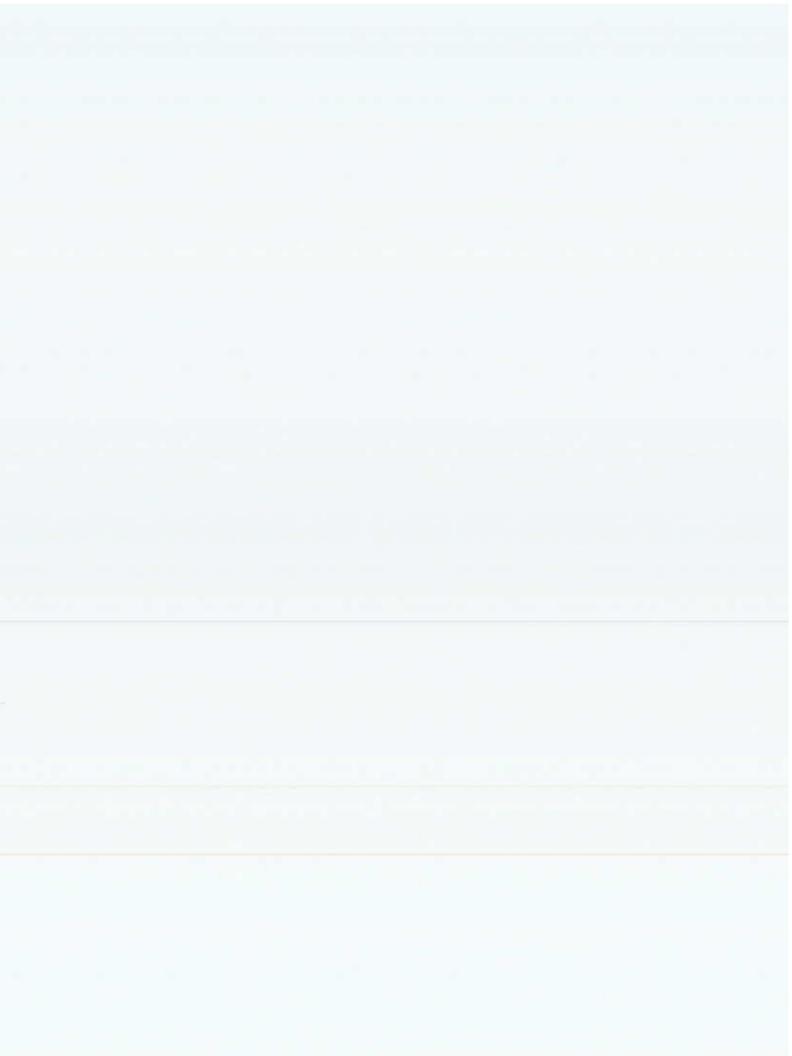
PCOM Preschool 2025-2026 Registration Form Please Circle Family Status

gift. Please describe any limitations...

Child's First, Middle and Last Name			
DOB	Gender M/F		
Nick Name_			

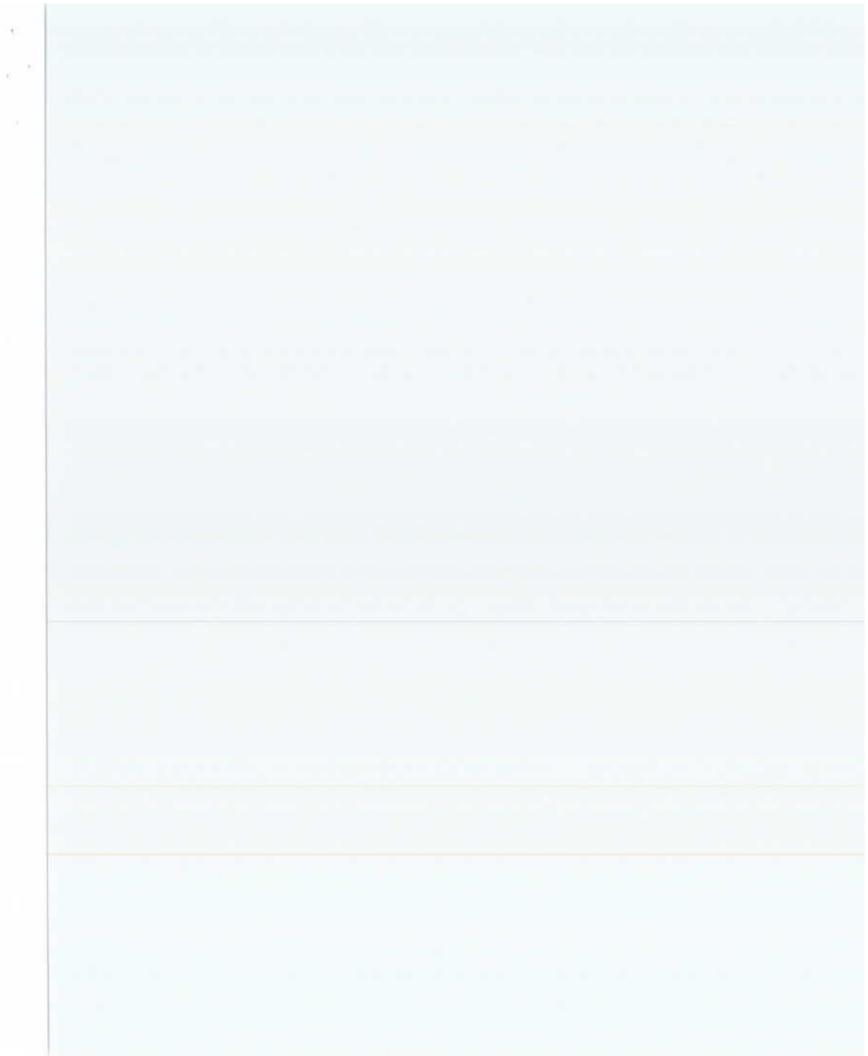
	Nick Name	er.
Life Threat Nebulizer/	ening Yes or No. EPI_ Inhaler(medical p	Benadryl
	_City	Zip
Prima	ry Email	11 9
Paren	t's Name:	
Second Parent	ary cell occupation	
cannot be re	eached, I give legal con Phone:	sent for PCOM Preschool
preform neo t deemed adv	essary treatment. risable.	
	Policy#	
	S	
		7
our child's na	me, child's gender, ade	dress, phone number and
other classr	nates YES NO	_? Do we have your
our child YES	NO? All phot	ographs and videos will
y in our schoo	ol or sent home with y	our child as a project or
	Life Threat Nebulizer/I Please list_ Prima Parent Second Parent cannot be refr preform neo t deemed adv our child's name our child YES	Allergies and Special Needs- Ye Life Threatening Yes or No. EPI_ Nebulizer/Inhaler(medical pelease list



PCOM Preschool Financial Registration Form

- 1. School Hours: 8:45-11:30am
- 2. School Year: September 3, 2025, to May 27, 2026
- Registration Fee: \$200.00 per child, per year and must be paid through Brightwheel.
 Registration Fee covers administration costs related to your application and is non-refundable.
- 4. Enrollment Fee:
 - \$380.00 for 2 days/week
 - \$485.00 for 3 days/week
 - \$670.00 for 5 days/week
 - Due July 1, 2025, for the 2025- 2026 school year. If it is not paid by July 3, 2025, at midnight, you forfeit your child's spot for the school year. The enrollment fee is refundable until July 4, 2025, at 4pm. A written notice must be sent to vanessa.renich@mypcom.com. After July 4, 2025, at 4:01pm the enrollment fee in non-refundable for any reason.
- 5. Required Forms and Fees: Completion of the Registration Form and payment of both the Registration Fee and Enrollment Fee reserves your child's spot in the Preschool program in the order the Registration Form and fees are received. LIC 701 Physician's Report and proof of all state required immunizations must be received no later than August 1, 2025 or your child will not receive a class placement, may delay start date.
- 6. Tuition: Monthly tuition is due on the first day of each month and is late after the 5th. A \$15.00 late fee will be invoiced to your child's account. If tuition payment is not received by the 10th of the month, your child will be disenrolled and withdrawn from PCOM Preschool.
- 7. **Tuition Payment Plans:** We offer 3 flexible monthly payment plans for your choice: 9-, 10-, and 11-month equal payments. ACH payments are free. Credit card payments will have a 3% convenience fee added to them. Any payment returned for NSF will be assessed a \$15 fee. Please circle your preferred payment plan below. If one is not circled, you will automatically pay 9 payments (September May).

	9 Payments (Sept-May)	10 Payments (Aug-May)	11 Payments (July-May)
2 DAYS	\$380.00	\$342.00	\$310.90
3 DAYS	\$485.00	\$435.00	\$396.82
5 DAYS (TK	\$670.00	\$607.50	\$552.27

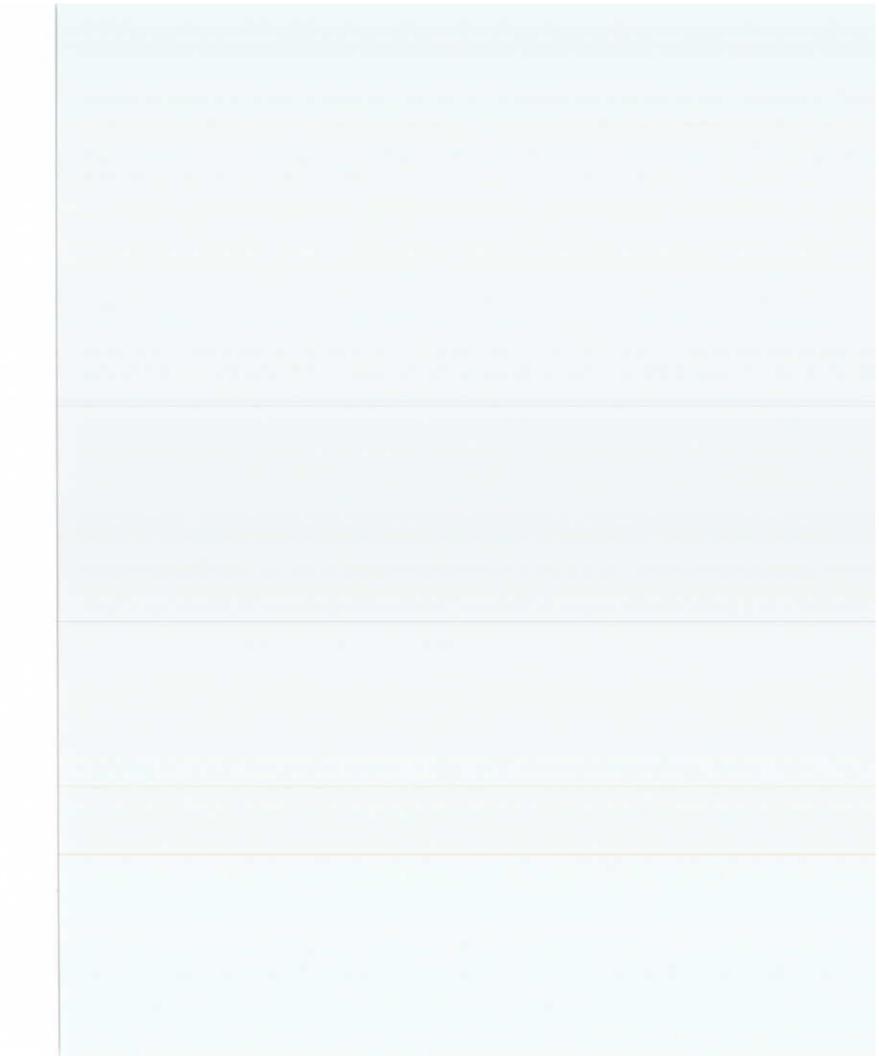


- 8. Early Drop Off & Lunch Bunch:
 - Early Drop Off: 8:00-8:45am. \$10/day.

I agree to abide by the above financial arrangements.

- Lunch Bunch: 11:30am-12:45pm. \$10/day.
- Both are charged as part of a single batch of 8 "punches" invoiced for \$80 that can be used for either early drop off or lunch bunch.
- 9. Force Majeure If the Preschool is unable to offer in-person classes due to force majeure, the Preschool will offer alternative educational programming ("Virtual Preschool") via Zoom or similar computer application. Tuition during Virtual Preschool will be reduced by 50%.
- 10. **Tuition is Non-Refundable**. No credit will be given for family vacations, missing preschool due to illness, withdrawal, or any other reason.
- 11. Notification of Withdrawal Form: If you intend to withdraw your child from the Preschool during the school year, written notification must be received 30 days prior to the child's last day of attendance. The Notification of Withdrawal Form must be completed, signed, and emailed to vanessa.renich@mypcom.com.

DATE:	_SIGNED
PCOM Signature	Date
philosophy, financial, medical, organic policies and herewith enroll my child my rights outlined in the Personal Rigitorm. I understand there is no siblin volunteering and not allowed on the all times. I understand that PCOM Prunderstand that my child may not be Preschool including without limitation child is toilet-trained and can use the	icies set forth in the Parent Handbook including purpose, izational, and educational. I agree to abide by these . I have received and read the Parent Handbook and know ghts Form, Parent Rights Notice, and this Registration g policy. Siblings are not allowed in classrooms while I am playground. I understand that the playground is closed at reschool is completely peanut free and tree nut free. I also ing any technology or similar personal device to the in cell phone, IPad, electronic toy, watches, or GPS. My e restroom independently. Continuous enrollment of my support of and cooperation with the Preschool staff and
Parent Signature	Date



THE PRESBYTERIAN CHURCH OF THE MASTER PRESCHOOL BY LAWS

ARTICLE I

NAME

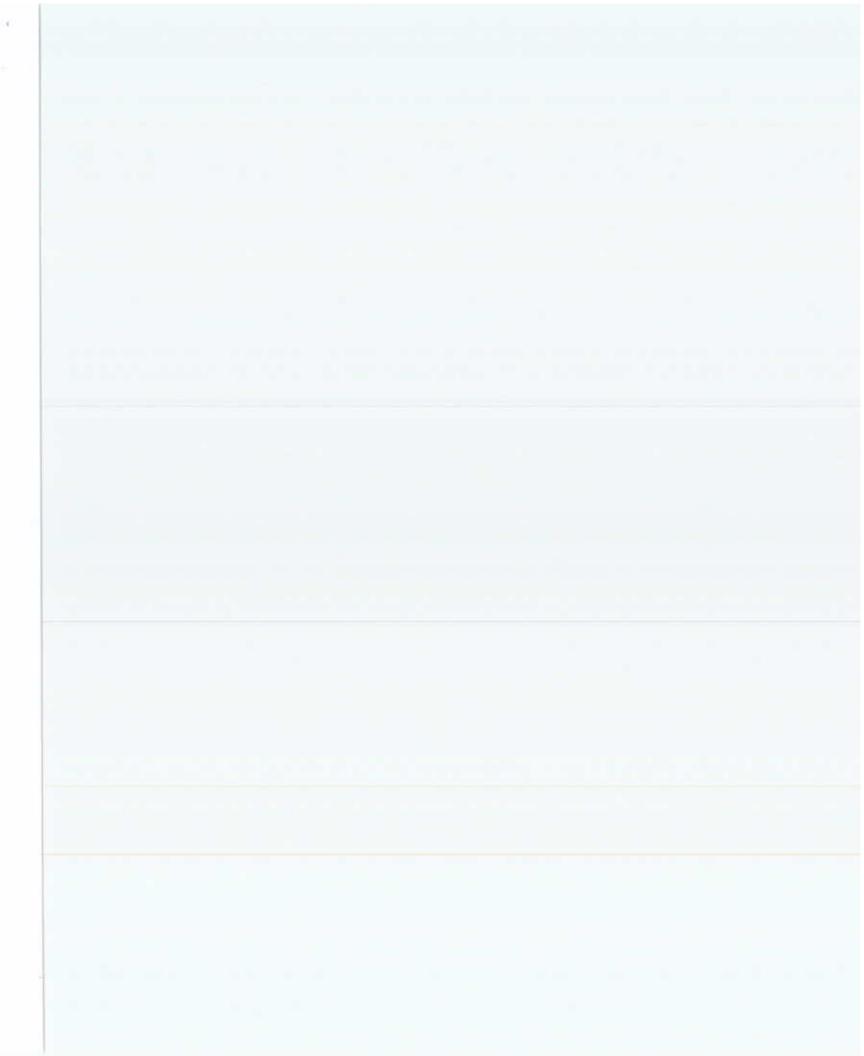
A. The name of this organization shall be "The Presbyterian Church of the Master Preschool", henceforth referred to as the Preschool.

ARTICLE II

PURPOSE AND PHILOSOPHY

- 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
- B. The Preschool shall be a non-profit organization.
- 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.
- D. The philosophy under which the Preschool shall operate is the belief that:
 - 1. We believe each child is God's unique creation and should know the joy of feeling
 - We honor each child's development in cultivating new skills at their own pace.
 - 3. We calebrate 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
 - 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 and understand the PURPOSE AND PHILOSOPHY	y of Presbyterian Church of the Master Preschool
I have read and understand the PURPUSE AND	
	Date
Signature of parent/guardian	



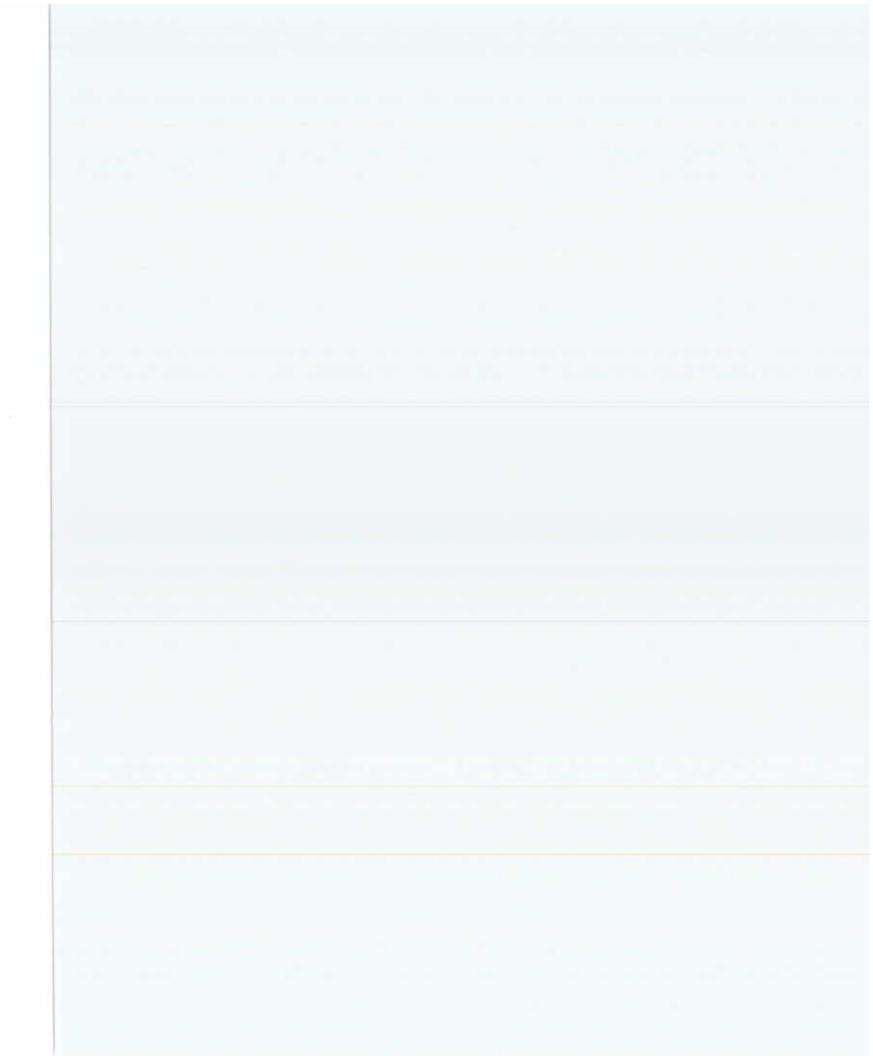
PCOM PRESCHOOL ELECTED TUITION PAYMENTS SELECTION AND NOTIFICATION OF BRIGHTWHEEL FOR ALL INVOICES AND PAYMENTS FOR 2025-2026 SCHOOL YEAR

All PCOM Preschool invoices for tuition and all fees issued through Brightwheel, our school's communication, check-in, and payment app. Once issued, you will be notified of their availability and due date.

Through Brightwheel, we offer two options for payment methods:

- ACH withdrawal directly from your bank account- No cost to you
- Credit Card Payments- 3% processing fee on all transaction in addition to the tuition and other invoices generated

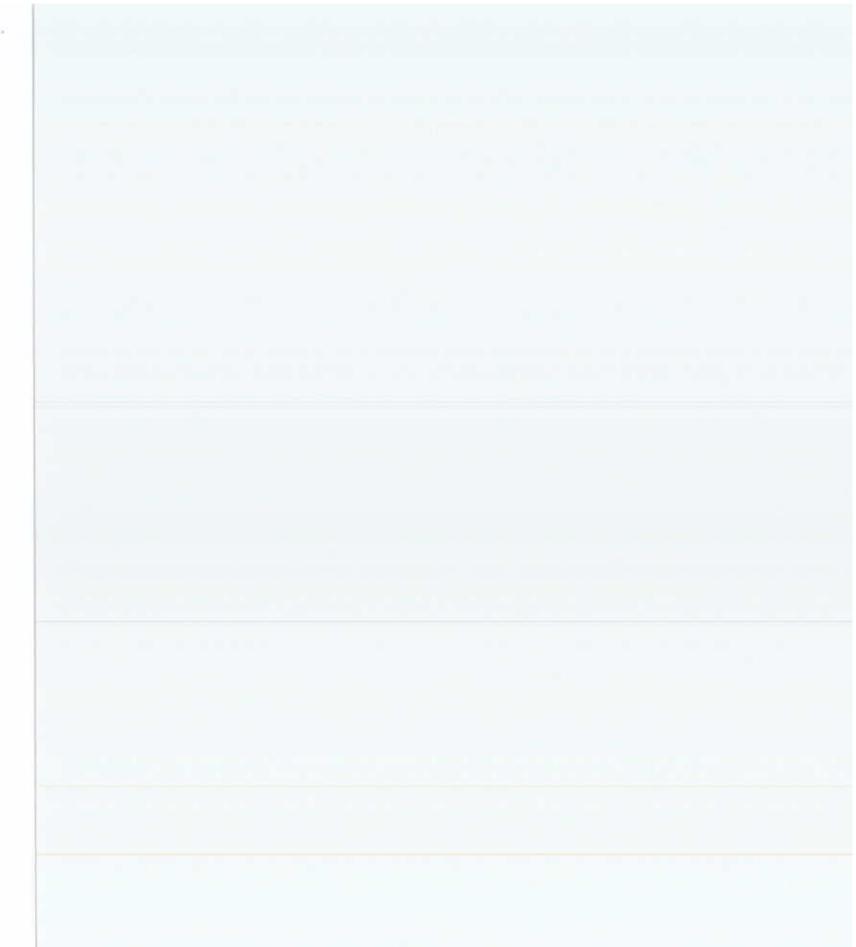
school y fees list	relect the payment method you rear. If you check the credit can be above.	ard paymer	nt method, y	ou agree to pa	y the processing
Botn pa	yment options can be set up for	or automati	c payment fr	om your Bright	twheel account.
19	ACH, which is FREE. Credit Card Payment, for which	h a processi	ng fee will bo	e charged (see	above).
prescho the ema billed fo	ecide to change your original pool office via email 10 business all at least 10 business days in the invoice paid with the crecredit card and the processing	days before advance, yo dit card pay	e the next inv u will be resument methor	voice is sent. If ponsible for the od. Your accour	we do not receive e processing fee nt will change fror
	Responsible Payer Signature	Date	Responsib	e Party Print N	ame



PCOM PRESCHOOL

On Campus Enrichment Field Trip Permission Form

following:	may attend and participate in the
Date	2025-2026 School Year Time 8:45am- 11:30am
Location	Room 103, The Sanctuary, The Commons, Youth Room and or the Courtyard
Enrichment Activity	Chapel, Lizard Wizard, Captain Carl, Petting Zoo, Year End Concert, Christmas Concert, Chancy and Bruce, Photos Sessions, and free play.
Transportation	walking
Notes	We will remain on campus at all times.
and attend the understand my	nission for my childto participate above enrichment activities during the 2025-2026 school year. I v child will remain on campus and the locations list above are where will take place.



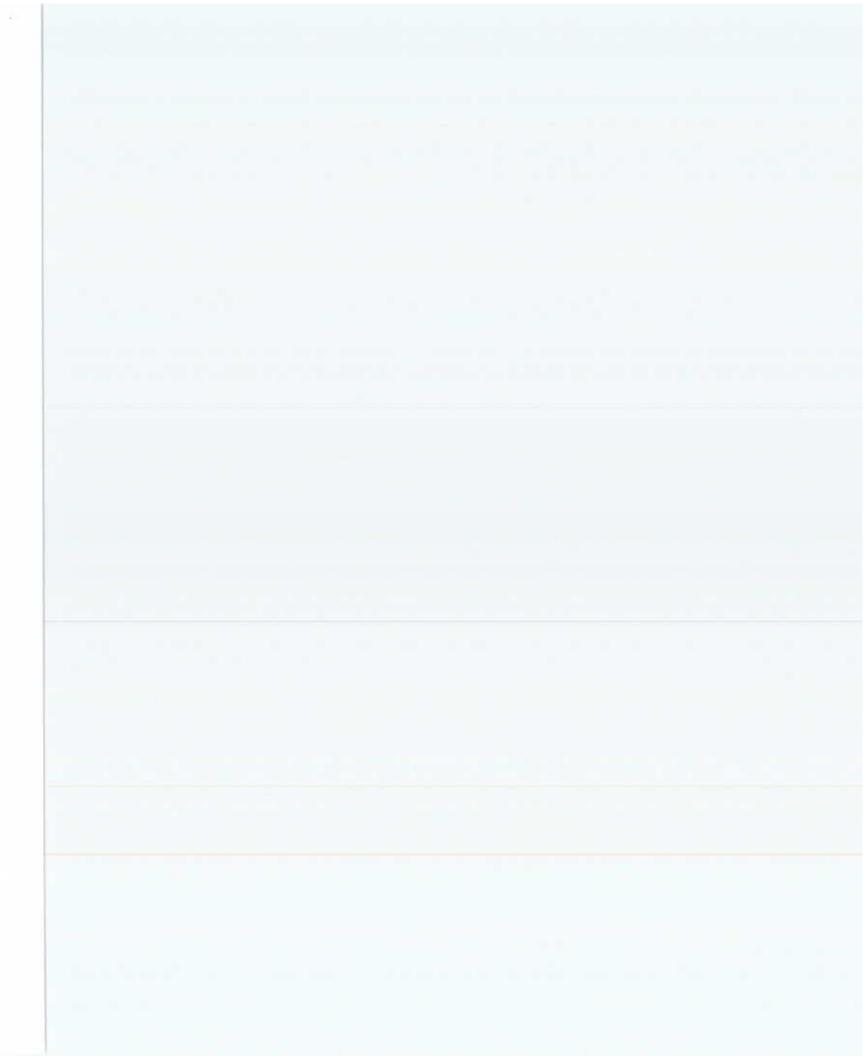
Presbyterian Church of the Master Preschool Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, limited groups of people from congregating. Presbyterian Church of the Master Preschool (the "Preschool") has enacted preventive measures to reduce the spread of COVID-19: however, the Preschool cannot guarantee that you or your child will not become infected with COVID-19. Further, attending the Preschool could increase your child's risk of contracting COVID-19.

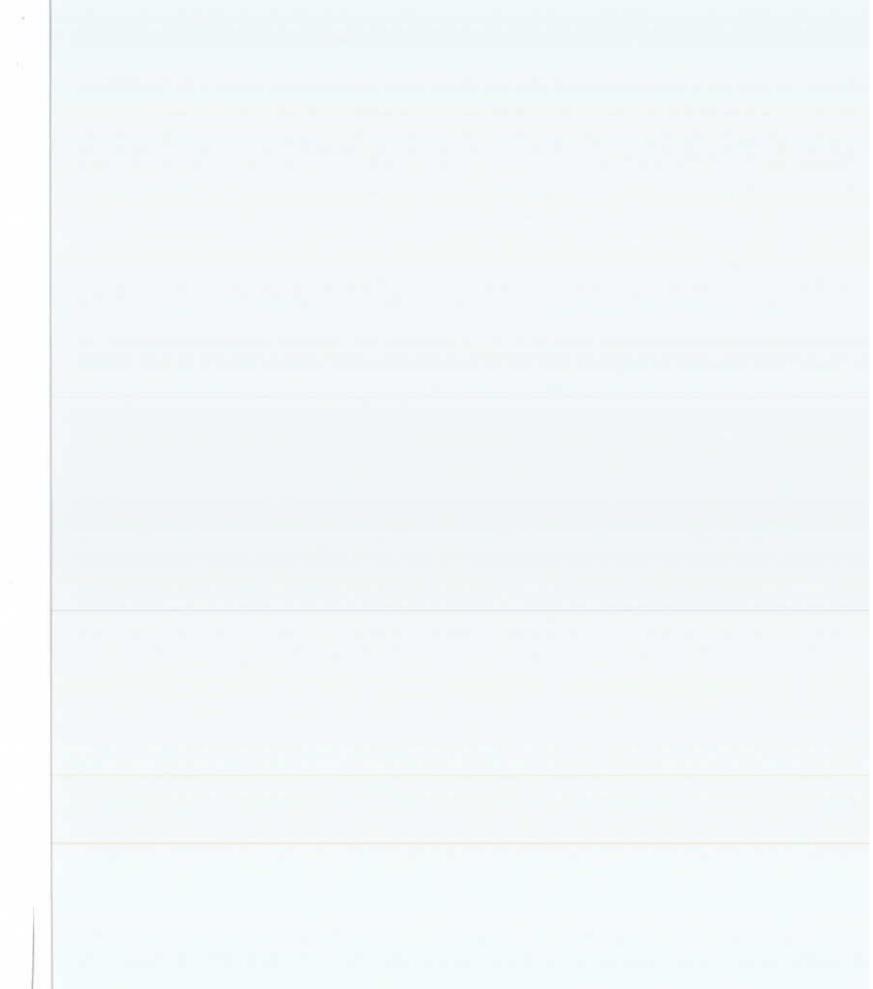
By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending the Preschool and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending the Preschool may result from the actions, omissions, or negligence of myself and/or others including but not limited to Preschool employees, volunteers, and other parents and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my children or myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with me or my child attending the Preschool ("Claims"). On behalf of myself and my child. I hereby release, covenant not to sue, discharge, and hold harmless the Preschool, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Preschool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending the Preschool.

I understand and agree that the laws of the State of California will apply to this Waiver of Liability. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER OF LIABILITY, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Student Name		
is the parent of legal guardien of the nighting below, I hereby consent to the	minor named above. I have the legal right to continuous and conditions of this Waiver of Liability	onsent to and, b
Signature	Date	
Print Name		
Signature	Date	
Print Name		
Signature		
Print Name	(4	



Children and Child	uthorized Pick Up List, Emergency list, and	d Consent for Medical Treatment
	Teacher	
The following are people	are authorized to take my child	5033;013
	F	from the facility
Name	Polotional	
	Relationship	- 11001C MUNICIPAL
Child's Name	Emergency Information	
D- 11-	DOB	Sex
Dr. Figure	Dr. Phone Number	
Delicist dal 16	Dentist Phone Number	
Medical Plan and Mumber_		
Mother's Full Name		
Father's Full Name	Primary Co	ntact Number
	Primary Con	
no use parent or authorized	Pantarantest II	
Surgeon (M.D.) Osteonarb (i	10 los Donies (D. D. T. L.	by a duly licensed physician
given under whateyer condi	tions are possessed.	. This care may he
doove. If it is not possible to	reach the parent - 11	min of wellbeing of the child named
child's care, consent is given	to the abscision and the social manned of	elow to receive instructions for the
reatment, to administer do.	to and according	o whom the child is taken for
emergency requires for relie	f of pain or to process at the	surgical procedure as the existing
or all expenses incurred by s	such an Illness or injury.	or the child. I will be responsible
Date	Signature of Parent	
Print Parent's Name		



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

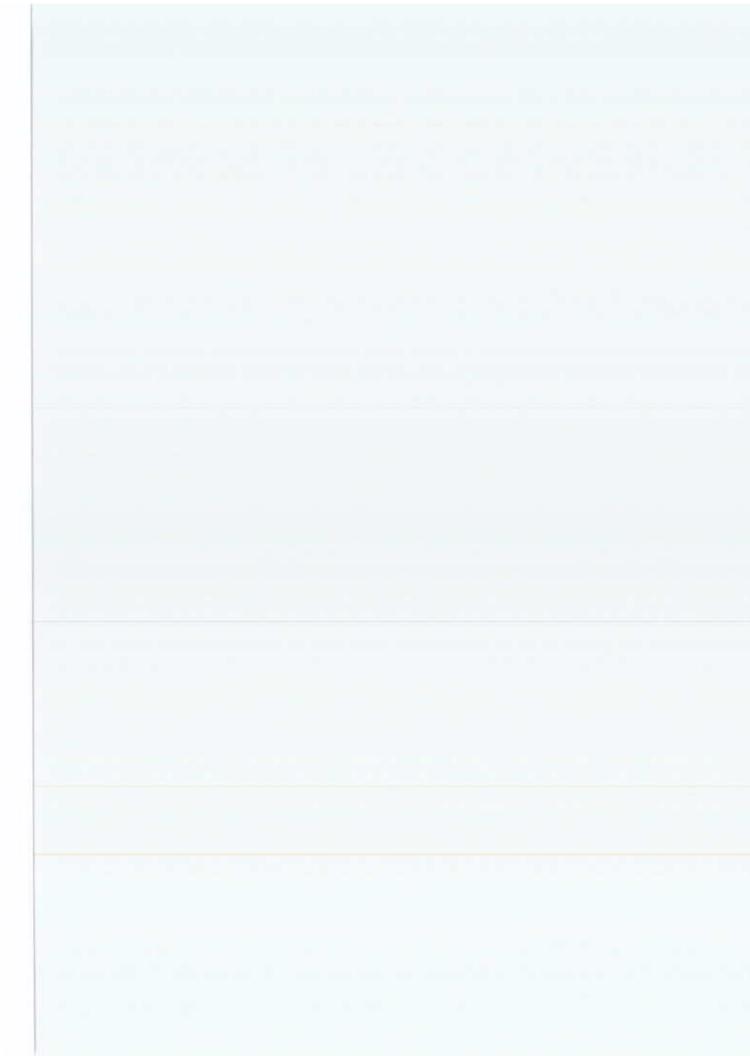
CHILD'S MAME	LAST	MIDI	DLE	FIRST		SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	ST	ATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MID	DLE	FIRST			BUSINESS TELEPHONE
HOME ADDRESS	NUMBER	STREET	CITY	ST	ATE	ZIP	HOME TELEPHONE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LĄST	Ollw	DLE	FIRST			BUSINESS TELEPHONE
HOME ADDRESS	NUMBER	STREET	CITY	ST	ATE	ZIP	HOME TELEPHONE
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE		FIRST	HO: TEL	ME _EPHOME)	BUSINESS TELEPHONE
ADDI	TIONAL PER	rsons who	MAY E	BE CALLED IN AN	4 EM	TERGENC	Υ
MAME		ADDRESS		TELEPHONE	,-	RELA	ATIONSHIP
	HYSICIAN O	a dentist	TO BE	CALLED IN AN E	NEF	RGENCY	
PHYSICIAN	ADDR			EDICAL PLAN AND	_		TELEPHONE
DENTIST	ADDR	ESS	iti	EDICAL PLAN AN	D AL	JABER	TELEPHONE
IF PHYSICIAM CAI	NNOT BE RE	ACHED, WH	AT ACTI	ON SHOULD BE T	AKE	N?	
CALL EMERGEN							
LIC 700 (10/19) (CO	NFIDENTIAL)						Page 1 c

8a

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	RELATION	SHIP
TIME CHILD WILL BE PICKED UP		
SIGNATURE OF PARENT/GUARDIAN OR AUTHO	RIZED REPRESENTATIVE	DATE
TO BE COMPLETED BY FACILITY I	DIRECTOR/ADMINISTRATO	R/FAMILY
CHILD CARE H	OMES LICENSEE	
DATE OF ADMISSION	LAST DATE OF ENROLLME	NT

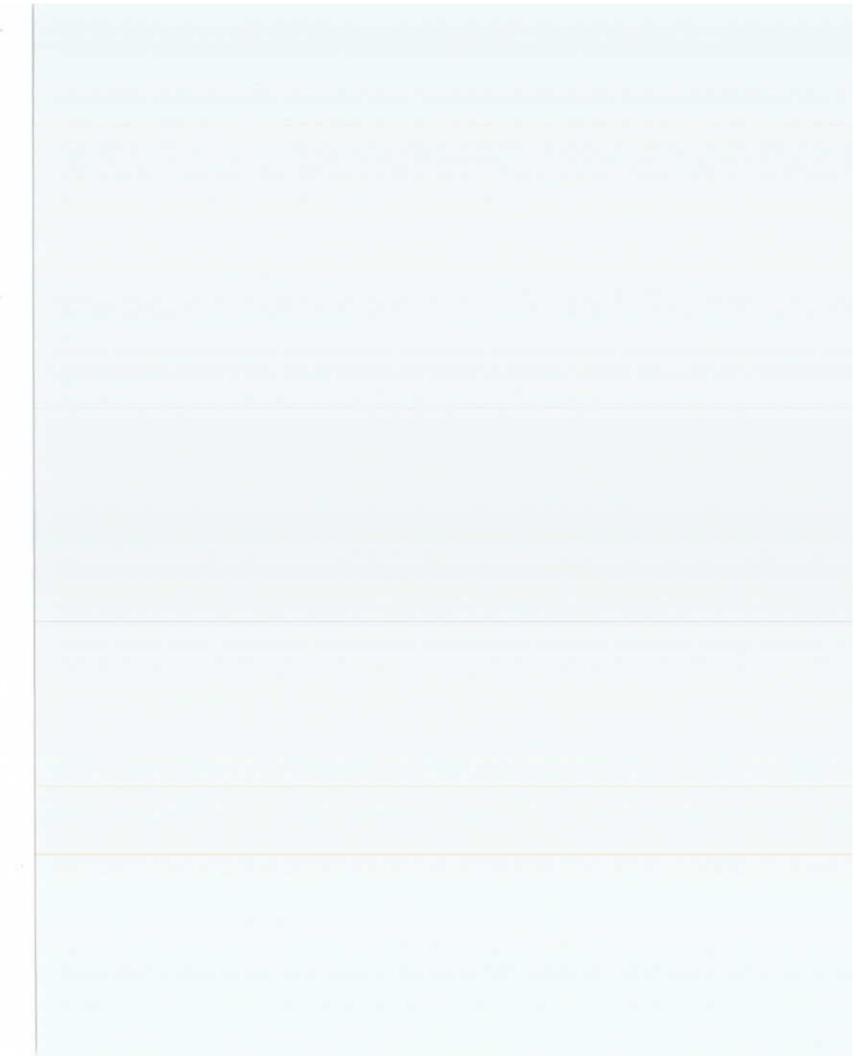
8b



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

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

Presbyterian	Church of the Master Preschool	TO OPTIMI AN ENTROPHICAL PROPERTY OF THE	
1	FACILITY NAME	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE	
PRESCRIBED BY A	A DULY LICENSED PHYSI	CLAM (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR	
	1		
	MAME	. THIS CARE MAY BE GIVEN UNDER	
WHATEVER COND	ITIONS ARE MECESSARY	TO PRESERVE THE LIFE, LIMB OR WELL BEIMG OF THE CHILD)
NAMED ABOVE.			
IILD HAS THE FOLLO	DWING MEDICATION ALLERG	GIES:	
	j.		
100			
	DALE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE	
CATE ADDRESS	·		
ONE PHONE		WORK PHONE	
)		()	



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CHILD'S PREAL	DMISSIO	N HEALT	H HISTORY—PA	RENT	SREF	PORT			
SEX					SEX BIRTH	DATE			
FATHER'S FATHER'S DOMESTIC F						DOES	FATHER/FATHE	R'S DOMESTIC PARTNER LIV	E IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC						DOES	MOTHER/MOTH	ER'S DOMESTIC PARTNER L	IVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REG								CAL/MEDICAL EXAMINATION	
DEVELOPMENTAL HIS	TORY (*For it	nfanta and presc	hool-age children only)						
WALKED AT*	M	ONTHS	BEGAN TALKING AT*		MONTHS		TOILET TRAININ	G STARTED AT*	
PAST ILLNESSES — Ch	eck illnesse	that child he	sa had and specify appro	oximate da	tes of Ille	necese:			MONTHS
		DATES			DAT				DATES
Chicken Pox			☐ Diabetes				☐ Polio	myelitis	DATES
☐ Asthma	-		☐ Epilepsy					Day Measles	
☐ Rheumatic Fever			☐ Whooping coug	h			(Rub	eola)	
☐ Hay Fever			☐ Mumps			1	☐ Three (Rub	e-Day Measles	
SPECIFY ANY OTHER SERIOUS OF	R SEVERE ILLNES	SES OR ACCIDENT			-		ווייייייייייייייייייייייייייייייייייייי	ena)	
DOES CHILD HAVE FREQUENT OF	DLDS? Y	ES NO	HOW MANY IN LAST YEAR?	Lin	CT AAN	noire e	701104		
				L	DI ANY ALLI	THES STAFF	SHOULD BE AV	WARE OF	
DAILY ROUTINES (*For WHAT TIME DOES CHILD GET UP?	intaints and pre- *	School-age child	Iren only) WHAT TIME DOES CHILD GO TO E	BED?*			DOED CLB C		
DOES CHILD SLEEP DURING THE	DAY?*		WHEN?=					SLEEP WELL?*	
DIET PATTERN:	2 (2m).		ANTERIAL .				HOW LONG:	7±	
(What does child usually eat for these meals?)	BREAKFAST						WHAT ARE LISUAL EATING HOURS? BRIEAKFAST		
wat wa aread medas;)	LUNCH						LUNCH		
	DINNER						DIMNER		
ANY POOD DISLIKES?					ANY EATIN	IG PROBLEMS	7		
S CHILD TOILET TRAINED?*		OF YES, AT WHAT	Property and the second						
YES D NO		TES, KI MINA	SIRSET	ARE BOWE		TS REGULAR:		WHAT IS USUAL TIME?*	
WORD USED FOR THOWEL MOVEM	ENT's			WORD USE					
PARENT'S EVALUATION OF CHILD'S	SHEALTH				_				
S CHILD PRESENTLY UNDER A DO	CTOR'S CARE?	F YES, NAME OF	DOCTOR:	I normalis in the					
☐ VEB ☐ NO				YES		NO NO	CATION(S)?	IF YES, WHAT KIND AND AN	Y SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DE	VICE(S):	PYES, WHAT KIN	D:	DOES CHELL	USE ANY S	PECIAL DEVIC	E(S) AT HOME?	IF YES, WHAT KIND:	
VES L NO	DETERMAN ON A			☐ YES		NO		2	
The state of the late of the l	P CONSCIENT Y								
OW DOES CHILD GET ALONG WIT	H PARENTS, BROT	HERS, SISTERS AN	AD OTHER CHILDREN?						
AS THE CHILD HAD GROUP PLAY	EXPERIENCES?								
OES THE CHILD HAVE ANY SPECU	N. PROBLEMS/FE	ASMEETS? (EVD)	A SM)						
HAT IS THE PLAN FOR CAPIE WHE	NTECHLOSI	L?							
EASON FOR REQUESTING DAY CA	RE PLACEMENT					11			
						1			
ARENT'S SIGNATURE								DATE	
IC 702 (8/08) (CONFIDENTIAL)									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			70						



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.
 - 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:

State of California Community Car	e Licensing	
750 The City Mive, Suite 2 Drange CA	50	
CITY	92 LALS	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:

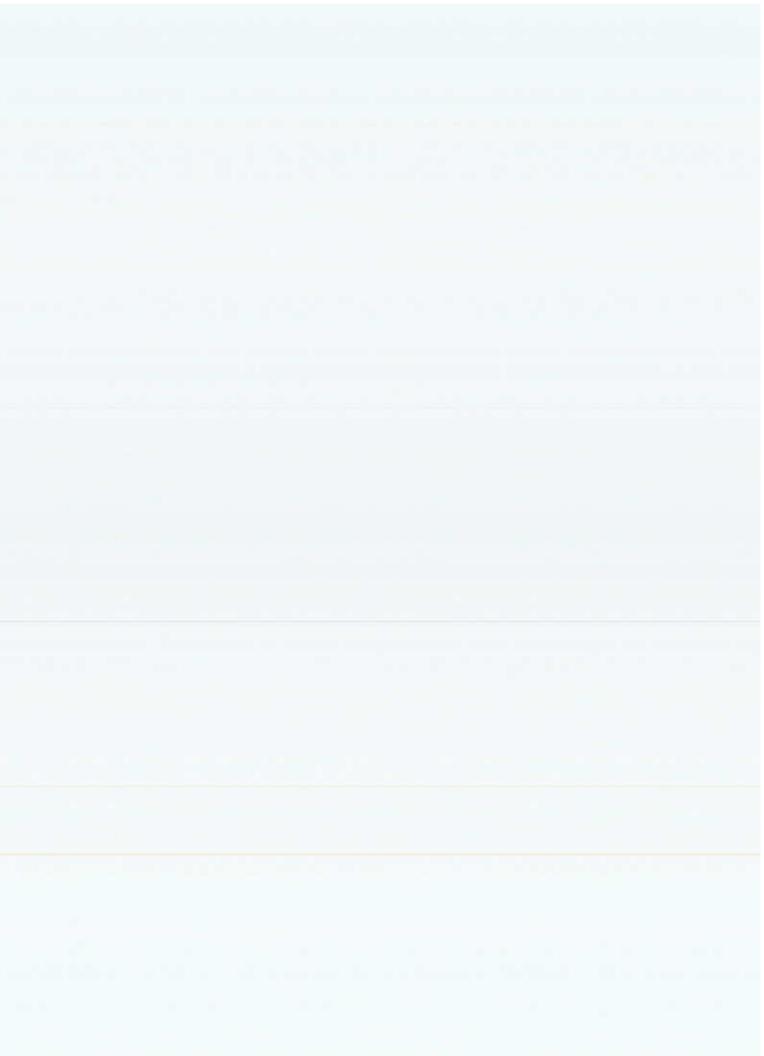
ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

PRINT THE ADDRESS OF THE EACH PA

		180 St
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)		(DATE)
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)		
(PRINT THE NAME OF THE CHILD)	J)
Presbyteriun Church of the Muster Preshod	26051 Margue	MITE PKWM MY MA926

LIC 613A (8/08)

(DOINT THE NAME OF THE EACH ITS



FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

LIC 995A (8/08)

LIC 995A (8/08)

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

- Enter and inspect the family child care home without advance notice whenever children are in care.
- 2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- 3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
- Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. (NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).
- Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.

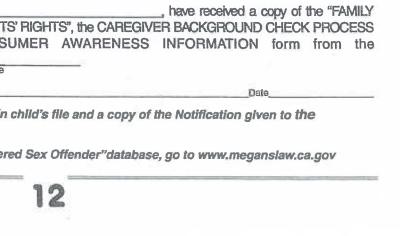
7.	Receive from the licensee the n	ame, address and telephone number of the local licensing office.
	Licensing Office Name:	LICENSIMA OFFICE STUROFCA. COMMUNICARE LIGHTSIMS
	Licensing Office Address:	7.50 this City Brive Swite 250 Orange CPA 2600
2.4	Licensing Office Telephone #:	714-703-2800

- Be informed by the licensee, upon request, of the name and type of association to the family child 8. care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
- 9. Receive, from the licensee, the Caregiver Background Check Process form.
- Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that 10. covers injury to clients due to the negligence of the licensee or employees of the facility.
- NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov (Detach Here - Give Upper Portion to Parents))

		NOTIFICATION			RIGHTS
	(Parent/Authorize	d Representative Signa	ture R	equired)	

I, the pa CHILD and the licensee		, have received a copy TS", the CAREGIVER BACKGROUND CHE AWARENESS INFORMATION for	ECK PROCESS
Signature	(Parent/Authorized Representative)	Date	
NOTE:	This Acknowledgement must be kept in child's parent/authorized representative.	file and a copy of the Notification given to	the .
	For the Department of Justice "Registered Sex	Offender"database, go to www.megansla	w.ca.gov

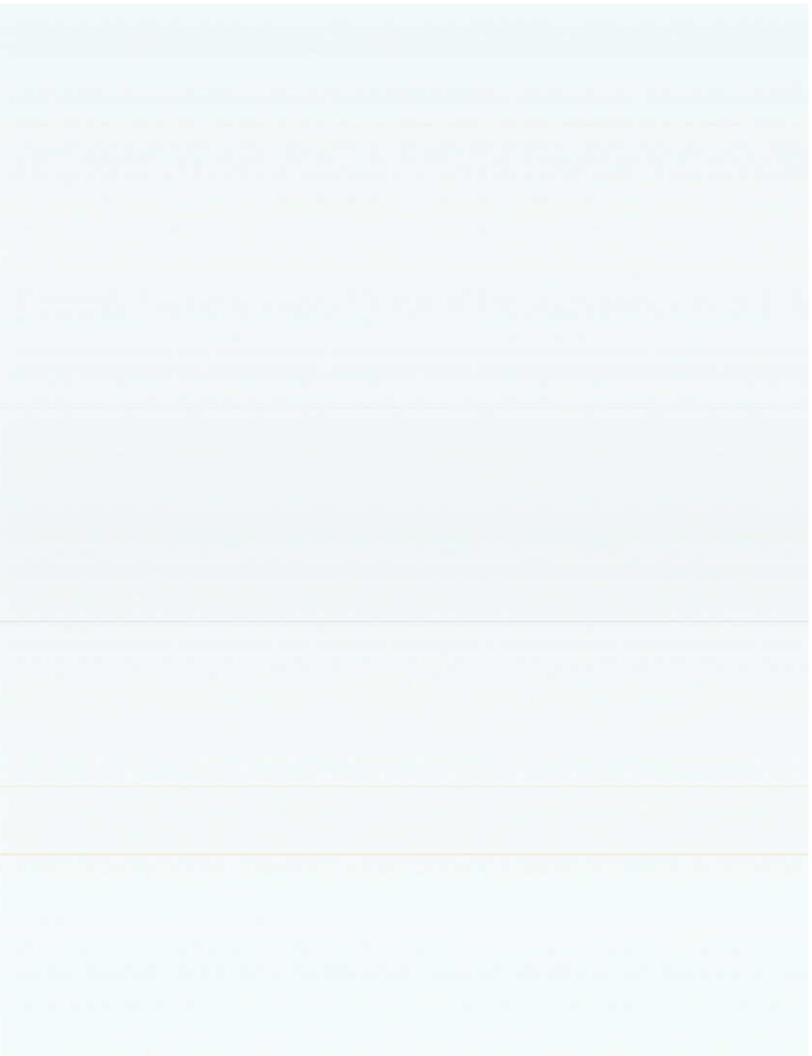




STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS

PAHI A	- PAI				BE COMP	LEIED B	Y PAREN	1)				
(NAME OF CHILD)		, born _		/RIGT	LI DATE\		_is being	studied f	or readines	s to enter		
(Table of Grand)								4.1-4	2. 6	524		
(NAME OF CHILD CARE CENTER/SCHOOL)			Uniid Ca	re Cente	Wednool bu	ovides a p	rogram w	nich exten	ds from	_:		
.m./p.m. toa.m./p.m. ,	days	a week.										
lease provide a report on above-named	child u	sing the for	m below	. I hereb	v authorize	release o	of medical	information	on containe	d in this		
eport to the above-named Child Care Co	enter.							65.				
1	(SK	ENATURE OF PA	RENT, GUA	RDIAN, OR	CHILD'S AUTHO	RIZED REPRE	SENTATIVE)		(TODAY	'S DATE)		
DADT D	DIIVC	HOLANIO	DEDO	77								
PART B	PHYS	ICIAN'S	HEPO	HI (TO	BE COMPI	ETED BY	PHYSIC	IAN)				
		li li										
roblems of which you should be aware:												
learing:				A	lergies; medici	190						
ísion:				102	sect stings:							
Pevelopmental:				F	ood:							
anguage/Speech:				A	sthma:							
Pental:												
ther (Include behavioral concerns):												
uter (include dendaroral concerns):												
omments/Explanations:												
MEDICATION PRESCRIBED/SPECIAL ROUTINES	VEESTE!	CTIONS FOR	THIS CH	11)								
MMUNIZATION HISTORY: (Fill					TE EACH D							
VACCINE	1:	st	2r		31			th	51	h		
OLÍO (OPV OR IPV)	1	1	1	1	1	1	1	1	1	1		
OTP/UTEP/ (DPHTHERIA, TETANUS AND) (ACELLULAR) PERTUSSIS OR TETANUS OT/TITAL AND DEPHTHERIA ONLY)	/	1	1	1	1	/	1	/	1	1		
(MEASLES, MUMPS, AND RUBELLA)	1	1	1	1								
(REQUIRED FOR CHILD CARE ONLY) THE MENINGITIS (HARMOPHILLIS B)	1	1	1	1	1	1	1	/				
	1	1	- 1	1	1	,		-				
EPATITIS B	-	,	1	,	1	,	Į.					
ARICELLA (CHCKENPOX)		1		/	-							
SCREENING OF TB RISK FACTOR	RS (listin	ng on rever	se side)									
Risk factors not present; TB s	kin test	not require	d.									
☐ Risk factors present; Mantoux	TD obis	a toot porfor	mod /un	loco								
			med (un	iess								
previous positive skin test docCommunicable TB diseas												
			11-6]	.,	**					
have not	revi	lewed the a	Dove into	rmation	with the pa	rent/guard	lian.					
				Date	of Physica	Exam:						
Physician:			Address:				Date of Physical Exam:					
Address:				_ Date	This Form	Complete	ed:					
Address:				_ Date	This Form	Complete	ed:					
Physician: Address: Telephone:				_ Date _ Sign	This Form	Complete	ed:	Assistant		Practitio		



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.

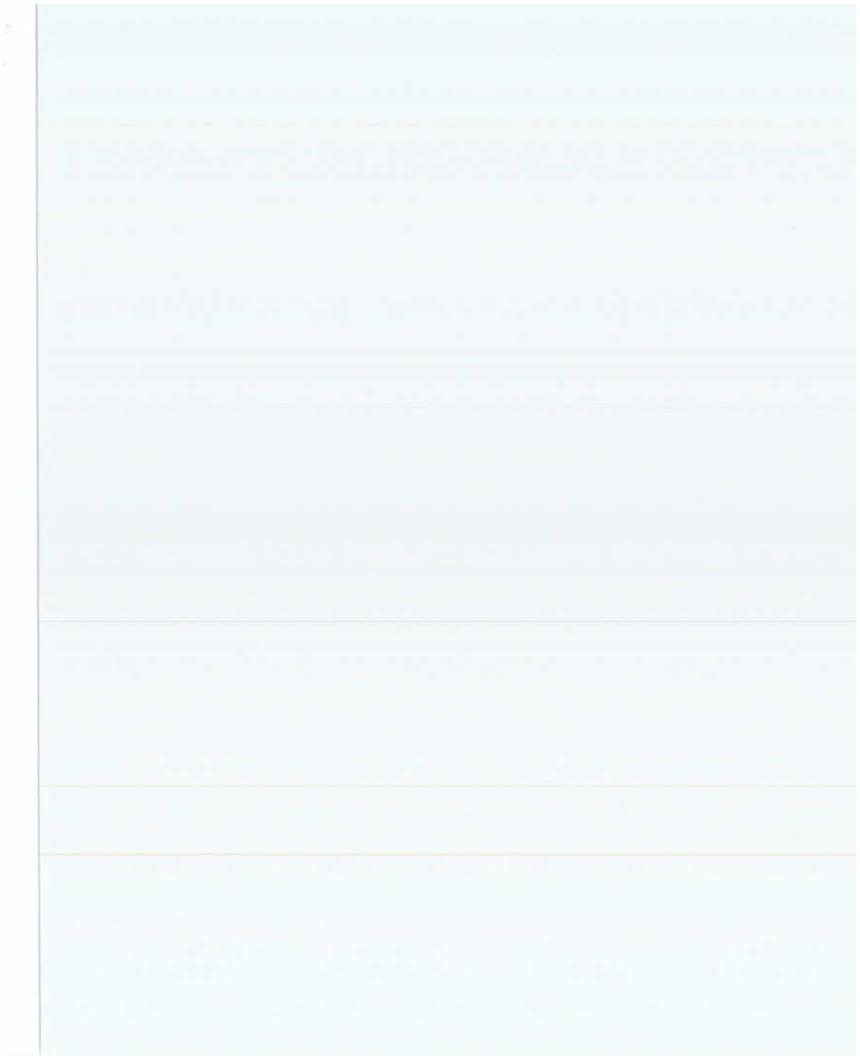
Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



PCOM PRESCHOOL GETTING TO KNOW YOUR CHILD

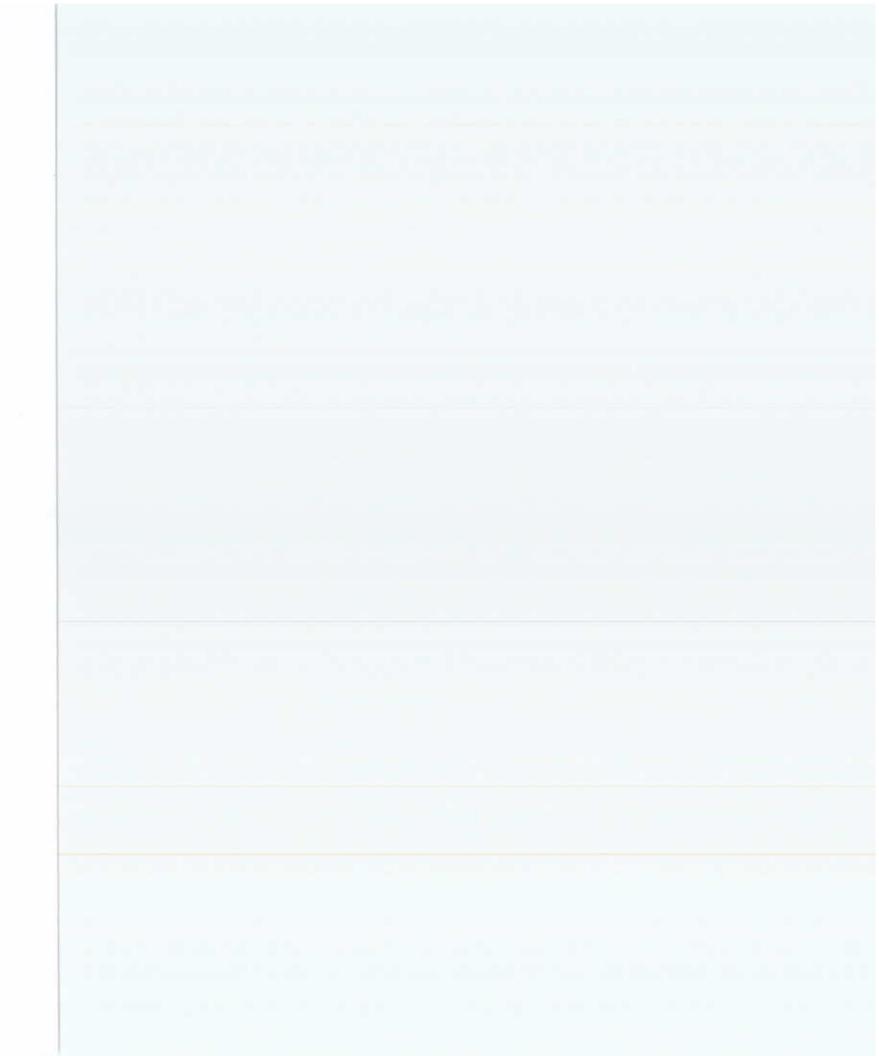
Page 1 of 2

hild's Name		Nicknam	ie	
Pate of Birth (mo/day/year)	_Gender_	Home Phone	Cell	
rimary Email Address				
9				
Mother's Name and Occupation				
ather's Name and Occupation				
Current marital status of child's paren	ts			
Others living in the home	Age		Relationship	
	-			
A	-			
If another person shares in caring for relationship and days and hours they	your child	on a regular basis sible for the care	of your child	e Halle,
1	Developme	nt History		1
Was your child premature?	th?			
Are there any difficulties with hearing				
Any speech delays or difficulties?				
Allergies, (food, drugs, medication, o	otner):	Closeder such to e		-
Is there any condition requiring spec				
If so, please explain		harin to talk	toilet train	
At what age did your child walk alor Does your child have frequent colds	15	_negm to talk	i often	
Sleep Pattern: get up time	1100	or los	# 11111 Pi =	handarl
ls your child right	hama	Ut 1511		1141146
How do you discipline your child at				
Is your child able to separate easily	Trom your			



PCOM PRESCHOOL EARLY DROP & LUNCH BUNCH SIGN UP FORM

CHILD'S NAME	ALLERGIES Y OR N (PLEASE CIRCLE)
TEACHER	ROOM #
DATE INITIALLY SIGNED UP FOR ED/LB_	
CARD FOR EARLY DROP AND LUNCH BUI September 2, 2025, UNTIL May 22, 2020 USE, PER SESSION, PER DAY. THRE IS NO ANY KIND WITH ANY PURCHASE OF EAR SCHOOL YEAR. FROM MAY 1, 2026, YOU	NCHES (\$80.00) FOR ACH AND (\$82.00) FOR CREDIT NCH CAN BE USED FROM THE BEGINNING OF SCHOOL EARLY DROP AND LUNCH BUNCH ARE \$10.00 PER REFUND, NO TRANSFERING AND NO ROLL OVER OF LY DROP AND LUNCH BUNCH DURING THE 2025-2026 J MAY PURCHASE THE EXACT REMAINING AMOUNT OF OUT THE SCHOOL YEAR AT \$10.00 PER USE PLUS FEES IF
WHAT THIS MEANS IS, WHEN YOU GET	ER BLOCK OF 8 AT \$80.00 FOR ACH AND \$82.00 FOR
IF YOU WOULD LIKE TO BE NOTIFIED BY PUNCHES PLEASE CHECK THIS BOX.	EMAIL WHEN THE ACCOUNT HAS TWO REMAINING
YOU WILL BE NOTIFIED AND ASKED IF YOU PUNCHES AT \$80.00 FOR ACH AND \$82.	OU WOULD LIKE TO PUCHASE ANOTHER BLOCK OF 8 00 FOR CREDIT CARD.
PARENT'S SIGNATURE	DATE



PCOM PRESCHOOL SCHOOL SUPPLY LIST

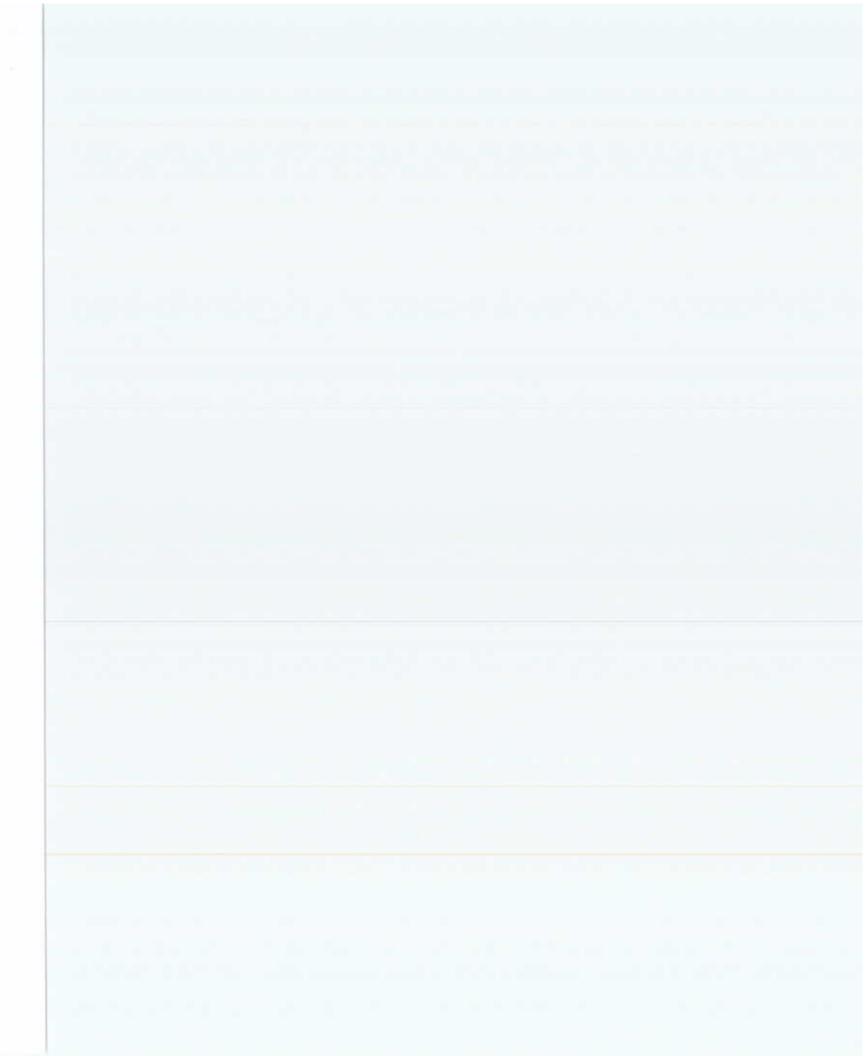
- 1. ELMER'S GLUE STICKS 4 (WHITE OR DISAPPEARING PURPLE)
- 2. CRAYOLA JUMBO WASHABLE MARKERS 1-8 PACK
- 3. CRAYOLA WATERCOLORS 2-8 COUNT
- 4. CRAYOLA BLUNT TIP SCISSORS 1 PAIR
- 5. 1 BACKPACK OR TOTEBAG (minimum height of 16 inches) Lunch box needs to fit inside backpack
- 6. 1-12 pack of dry eraser markers. Chisel tip, thick marker.
- 7. FULL CHANGE OF CLOTEES (INCLUDING SOCKS AND SHOES PLACED IN A ZIPLOC BAG) LABEL ALL ITEMS WITH CHILD FIRST AND LAST NAME.

Please place all supplies in a zip lock baggie with your child's full name on the front of the bag on the first day of school.

A backpack or tote bag needs to come to school every day with a full set of change of clothes including socks and shoes. We will send it home every day. Please look through it, as we will send home notes, paperwork and art work.

Please see the earthquake kits list. Please bring your filled gallon size Ziploc bag full of earthquake supplies on the first day of school.





EARTHQUAKE SURVIVAL KIT

Dear Parents.

Due to the possibility of "the big quake" here in California, it is always wise to be prepared. Our school has a plan should a disaster occur during the school day. In order to facilitate this plan for the classroom preparation, we are asking your cooperation. Please review the items listed below:

- 1. The director and staff will be responsible for all children until a parent or authorized person arrives. Students will be signed out only to the person(s) whose name(s) appear on the regular emergency form on file in the office. Be sure you keep the information in your child's records up to date by sending a note or email to the Preschool Office staff or personally stopping in the office whenever a change is made.
- If a disaster should occur. Please DO NOT CALL THE SCHOOL. We will need to keep the phone lines open for emergency use.
- 3. Information may be obtained from radio KEZY (95.9 FM or 1190 AM)
- 4. Maintain a calm appearance and positive attitude in the presence of the children.
- 5. If the school is evacuated, a sign posted on the school grounds will inform community members of the evacuation center.
- 6. In the event that telephone service is interrupted with California, we have made arrangements with Westminster Presbyterian Church in Eugene, Oregon, to be our out of state phone contact. The phone number is 541-343-3140.

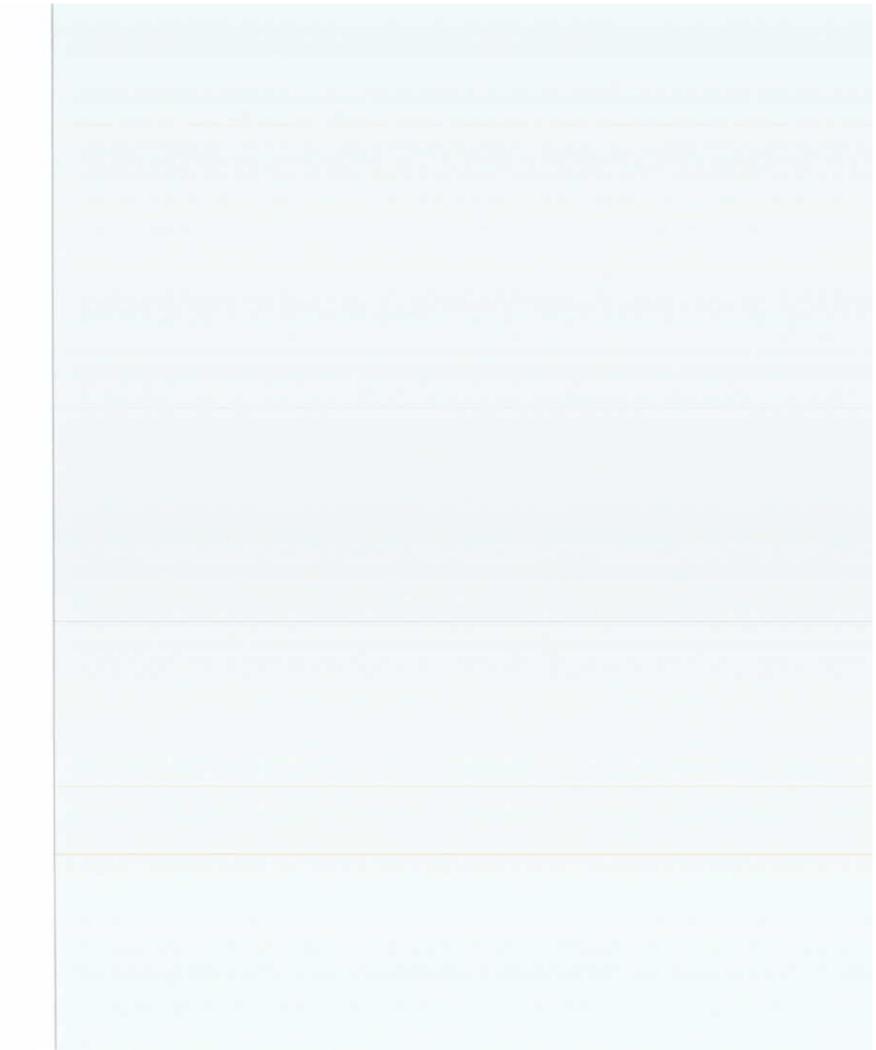
Should such a disaster occur, there would be a possibility that your child would need to remain at school through the dinner hour or, possibly even overnight. It would be necessary therefore, to have food and drink to sustain him/her during this time.

We are requesting that you provide the selected items listed below for each of your children. Please enclose them in a <u>one-gallon Ziploc storage bag with the child's name and room number on the outside</u>, <u>written in permanent marking pen</u>. Bags will be stored in classrooms, along with an adequate supply of water provided by our school.

ITEMS SUGGESTED FOR THE PERSONAL SURVIVAL KIT ARE:

- 1. 2 2 OZ CANNED JUICES WITH POP TOPS (I.E. APPLY JUICE) CARDBOARD IS NOT ACCEPTABLE
- 2. 2-4 ½ OZ CANS DICED FRUIT WITH POP TOPS OR DRIED FRUIT PACKAGES
- 3. 2-3 OZ CANS OF CHICKEN OR VIENNA SAUSAGE WITH POP TOPS OR OTHER MEAT. NO TUNA
- 4. 2 CHEESE-AND-CRACKER PACKAGES
- 5. NO FISH OF ANY KIND (INCLUDING SHELLFISH AND TUNA BECAUSE OF CHILDREN'S ALLERGIES
- 6. NO PEANUT OR PEANUT BUTTER, NO TREE NUTS, HARD BOILED EGG, HUMMUS, SESAME OR SESAME SEEDS BECAUSE OF ALLERGIES) NO FOOD MADE IN A FACILITY THAT ALSO PROCESSES NUTS.
- 7. 2 PLASTIC SPOONS OR FORKS, WRAPPED IN MAPKINS.
- 8. 2 INDIVIDUALLY WRAPPED MOIST TOWELETTES
- 9. 1 SMALL FLASHLIGHT WITH BATTERIES WRAPPED SEPARATELY
- 10. 1 SMALL MYLAR BLANKET AVAILABLE AT SPORTING GOODS STORES

PLEASE BRING YOUR CHILD'S SURVIVAL KIT TO THE CLASSROOM.



Parents' Guide to Immunizations

Required for Pre-Kindergarten (Child Care)



Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2–3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polico 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

^{*}One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
Varicella = thickenpox vaccine

Hib = rue regression in the case and a vaccine MMR = rue sies, rue sies, and rue en vaccine

18

