

<b>PCOM Preschool 2025-2026 Registration Form</b> <b>Please Circle Family Status</b> Church Member Current Family Previously Enrolled New Family		<b>Child's First, Middle and Last Name</b>  DOB _____ Gender M/F  Nick Name _____
<b>Please circle the session choice:</b> 3-year-old T/TH , MWF, M-F 4/5-year-old MWF 4/5-year-old M-F TK Teacher Request _____	<b>Allergies and Special Needs-</b> Yes or No (circle one) Life Threatening Yes or No. EPI _____ Benadryl _____ Nebulizer/Inhaler _____ (medical paperwork 6/9/25). Please list _____	
Home Address _____ City _____ Zip _____		
Primary Phone: _____ Primary Email _____		
Parent's Name: _____ Parent's Name: _____		
Primary Cell _____ Secondary cell _____		
Parent Occupation _____ Parent occupation _____		
In case of serious illness/accident and I cannot be reached, I give legal consent for PCOM Preschool to: (check all the apply) _____ Call Doctor _____ Phone: _____ Dr. Name _____		
_____ Call 911 and release paramedics to preform necessary treatment. _____ I authorize all necessary treatment deemed advisable.		
Insurance Carrier: _____ Policy# _____		
Policy Holder Full Name (please print) _____		
Parent or Legal Guardian's Signature _____		
Do we have your permission to print your child's name, child's 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 photographs and videos will be used for internal use only, on display in our school or sent home with your child as a project or gift. Please describe any limitations... _____		

PCOM Preschool Financial Registration Form

1. **School Hours:** 8:45-11:30am
2. **School Year:** September 3, 2025, to May 27, 2026
3. **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](mailto:vanessa.renich@mypcom.com). **After July 4, 2025, at 4:01pm the enrollment fee is 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 5<sup>th</sup>. A \$15.00 late fee will be invoiced to your child's account. If tuition payment is not received by the 10<sup>th</sup> 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).

	<u>9 Payments (Sept-May)</u>	<u>10 Payments (Aug-May)</u>	<u>11 Payments (July-May)</u>
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.
- 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](mailto:vanessa.renich@mypcom.com).

I agree to abide by the above financial arrangements.

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

PCOM Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand all PCOM Preschool policies set forth in the Parent Handbook including purpose, philosophy, financial, medical, organizational, 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, Parent Rights Notice, and this Registration Form. I understand there is no sibling policy. Siblings are not allowed in classrooms while I am volunteering and not allowed on the playground. I understand that the playground is closed at all times. I understand that PCOM Preschool is completely peanut free and tree nut free. I also understand that my child may not bring any technology or similar personal device to the Preschool including without limitation cell phone, iPad, electronic toy, watches, or GPS. My child is toilet-trained and can use the restroom independently. Continuous enrollment of my child is dependent on my continued support of and cooperation with the Preschool staff and school policies.

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 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 and understand the PURPOSE AND PHILOSOPHY of Presbyterian Church of the Master Preschool.

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_

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

Please select the payment method you wish to use for *all payments during the 2025-2026 school year*. If you check the credit card payment method, you agree to pay the processing fees listed above.  
Both payment options can be set up for automatic payment from your Brightwheel account.

- ☐ ACH, which is FREE.
- ☐ Credit Card Payment, for which a processing fee will be charged (see above).

If you decide to change your original payment method, it is your responsibility to inform the preschool office via email 10 business days before the next invoice is sent. If we do not receive the email at least 10 business days in advance, you will be responsible for the processing fee billed for the invoice paid with the credit card payment method. Your account will change from ACH to credit card and the processing fee will be attached to the invoices moving forward.

<div></div>	<div></div>	<div></div>
Responsible Payer Signature	Date	Responsible Party Print Name

On Campus Enrichment Field Trip Permission Form

My child \_\_\_\_\_ may attend and participate in the following:

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.		

I give my permission for my child \_\_\_\_\_ to participate and attend the above enrichment activities during the 2025-2026 school year. I understand my child will remain on campus and the locations list above are where these activities will take place.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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 \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent to the terms and conditions of this Waiver of Liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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:

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 \_\_\_\_\_



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

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO  
 \_\_\_\_\_  
FACILITY NAME TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
 PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR  
 \_\_\_\_\_  
NAME . THIS CARE MAY BE GIVEN UNDER  
 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



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:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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

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:

State of California Community Care Licensing		
NAME		
750 The City Drive, Suite 250		
ADDRESS		
Orange, CA		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
	92668	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)	(PRINT THE ADDRESS OF THE FACILITY)
Presbyterian Church of the Master Preschool	26051 Marquente Pkwy Mil CA 92612
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



**FAMILY CHILD CARE HOME  
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

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

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.  
Licensing Office Name: Licensing Office State of CA. Community Care Licensing  
Licensing Office Address: 7501 The City Drive Suite 250 Orange, CA 92668  
Licensing Office Telephone #: 714-703-2800
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

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

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS**  
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. \_\_\_\_\_  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.**

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995A (8/08)



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)	/ /	/ /			
HTB 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: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_  
Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_  
Telephone: \_\_\_\_\_ 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.

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 \_\_\_\_\_

Primary Email Address \_\_\_\_\_

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, please explain \_\_\_\_\_

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

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

Sleep Pattern: get up time \_\_\_\_\_ nap time \_\_\_\_\_ bedtime \_\_\_\_\_

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 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 \_\_\_\_\_

I UNDERSTAND THE PURCHASE OF 8 PUNCHES (\$80.00) FOR ACH AND (\$82.00) FOR CREDIT CARD FOR EARLY DROP AND LUNCH BUNCH CAN BE USED FROM THE BEGINNING OF SCHOOL September 2, 2025, UNTIL May 22, 2026. EARLY DROP AND LUNCH BUNCH ARE \$10.00 PER USE, PER SESSION, PER DAY. THERE IS NO REFUND, NO TRANSFERING AND NO ROLL OVER OF ANY KIND WITH ANY PURCHASE OF EARLY DROP AND LUNCH BUNCH DURING THE 2025-2026 SCHOOL YEAR. FROM MAY 1, 2026, YOU MAY PURCHASE THE EXACT REMAINING AMOUNT OF PUNCHES YOU WILL NEED TO FINISH OUT THE SCHOOL YEAR AT \$10.00 PER USE PLUS FEES IF CREDIT CARD IS USED TO PURCHASE.

IF YOU WOULD LIKE TO BE ENROLLED IN AUTO REPLENISH, PLEASE CHECK THE BOX BELOW. WHAT THIS MEANS IS, WHEN YOU GET DOWN TO TWO PUNCHES WE WILL AUTOMATICALLY BILL YOU FOR ANOTHER BLOCK OF 8 AT \$80.00 FOR ACH AND \$82.00 FOR CREDIT CARD. YOU WILL NOT EMAIL FOR AUTHORIZATION. ☐

IF YOU WOULD LIKE TO BE NOTIFIED BY EMAIL WHEN THE ACCOUNT HAS TWO REMAINING PUNCHES PLEASE CHECK THIS BOX. ☐

YOU WILL BE NOTIFIED AND ASKED IF YOU WOULD LIKE TO PURCHASE ANOTHER BLOCK OF 8 PUNCHES AT \$80.00 FOR ACH AND \$82.00 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 TOTE BAG (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 CLOTHES (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.
2. 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 one-gallon Ziploc storage bag with the child's name and room number on the outside, written in permanent marking pen. 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 – 8 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 NAPKINS.
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.



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 Polio 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 = chickenpox vaccine

Hib = hib influenza b vaccine  
MMR = measles, mumps, and rubella vaccine