

Bethlehem Preschool
ADMISSION POLICY

Bethlehem Preschool is open to all children, and their families, regardless of race, creed, color, or nationality who may benefit from a loving Christian environment.

PROCEDURES FOR ENROLLMENT

The child must be a minimum of two years old.

A registration fee will be paid at the time of pre-enrollment, for both new and returning students. The fee will accompany the application forms. The registration fee is **non-refundable** and must be paid at the time of application.

Application forms to be completed are:

Enrollment application	Pre-admission Health History (LIC702)
Method of Payment	Personal rights (LIC613A)
Discipline and Guidance Policy	Notification of Parent's Rights (LIC995)
Consent for Emergency Medical Treatment (LIC627)	Parent Handbook Statement of Acknowledgement
Identification and Emergency Information (LIC700)	
Physician's Report (LIC701)	
Immunization Record/TB clearance (LIC701)	

Parents will meet with the Director to discuss the goals, philosophies and policies of the school. Parents may share information regarding their child and family life during this time.

During the first two weeks, the child will be evaluated to see if he/she is ready for the preschool experience. Children whose needs cannot be met at this facility will be removed. If it is determined that our staff are unable to meet your child's needs, you will be given a two week written notice before removal from our facility.

Along with a non-refundable registration fee, month fees are required. Tuition is due on the first day of each month and delinquent by the 11th day of that month. A \$25.00 late fee will assessed after that date.

When a child is dropped off in the morning and picked up in the afternoon, by state law, the responsible party shall sign their full name. If, during a site inspection by Social Services, they find an improper signature and levy a penalty, the responsible party will be liable for that penalty.

Our facility is open Monday through Friday from 6:30am to 6:30pm. We are closed on the following days:

Labor Day	New Year's Day
Thanksgiving Day	Martin Luther King Jr. Day
Day after Thanksgiving	Presidents Day
Christmas Day	Memorial Day
Christmas Break (dates to be announced)	Independence Day

Parents are responsible to pay for all school closures

Signature

Date

Student Name

METHOD OF PAYMENT

Bethlehem Preschool operates as a self-supporting ministry of Bethlehemscv and is financed by tuition receipts.

Tuition may be paid one of the following ways:

1. A monthly payment due by the first day of each month
2. A bi-monthly payment due the 1st and 15th of each month.

Unless prior arrangements are made, tuition payments received after the 11th day of the month will be assessed an additional charge of \$25.00.

Checks should be made payable to Bethlehem Preschool. All checks returned due to insufficient funds will be charged a \$25.00 fee. The check must be replaced with cash or a cashier's check and include the late charge as well as the charge for the returned check.

Students whose tuition is not paid within two weeks of the due date may be removed from the school.

Name of child: _____

I agree to pay my child's tuition on a:

_____ Monthly basis _____ Bi-monthly basis

Signature of parent/guardian _____

Date _____

A two week written notice is required for each student withdrawing from the school.
One month of tuition is required for each student withdrawing from school without notice.

Bethlehem Preschool & Daycare

DISCIPLINE AND GUIDANCE POLICY

As a Christian school we view “discipline” as a teaching experience. Jesus disciplined his close friends in order to help them in their Christian walk. The word discipline comes from the root word *disciple*, meaning to teach by example. It is our desire to teach the children by example and correct them in love as necessary.

Teachers are encouraged to treat children with love and respect, using eye contact when talking to them- not at them. Children are always watching us, so it is necessary to treat them with loving firmness, as Jesus did.

At times, children will break rules and will need to be corrected. When this happens, the teacher will do as follows:

1. Correction-The teacher will verbally correct the child, making certain that the child understands what has been done.
2. Distraction-The teacher may need to remove the child from the area where the infraction occurred and allow him/her to play in another area.
3. Separation-If the child’s disposition is such that he/she is throwing a fit, the child will be separated from the group for one minute per age of the child or until such time that he/she has composed himself enough to rejoin the group.
4. Exclusion-If the child cannot be calmed down or worked with in the classroom without taking the teacher away from the class as a whole, the child will be taken to the Director’s office. This is considered “isolation.” The Director will sit down with the child and discuss the problem and the rules together concerning the child’s behavior. It is not routine for a child to come to the office unless the problem is a recurring one. If the problem occurs a second time, the parents and the Director will be called to work out a solution to the problem.

Usual steps 1 and 2 are sufficient to solve the problem.

5. In the most extreme cases in which the child is deliberately harming the teacher, the other children, or both, the parents will be asked to remove the child from the school.
6. No corporal punishment or the violation of the child’s personal rights will ever be permitted.

It is our objective in this disciplinary procedure to bring about a willingness to cooperate, a positive attitude and a Christ-like behavior.

Signature of Parent/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					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME 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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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

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

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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*
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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:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

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:

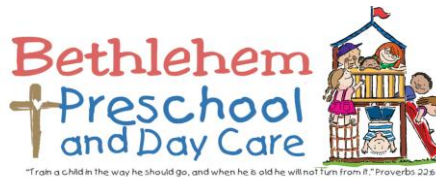
- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

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://cld.ca.gov/contact.htm>.



27265 Luther Dr., Canyon Country, CA 91351
661-251-6027
Lic# 197418346

Dear Parents,

Due to a large number of severe NUT allergies I am asking all parents to please refrain from sending any type of Nut butter or nut snacks to school in your child's lunch.

I'm sorry for any inconvenience this may cause but the health and safety of all our children is our first priority.

If you have any questions, please contact Miss Toni.

Miss Toni
Director

Please sign below and return to the preschool office in acknowledgement of the letter regarding nut allergies and policy at Bethlehem Preschool.

✂-----

I have read and understand the policy concerning nut allergies and nuts at Bethlehem Preschool.

Child's name

Signature of parent

Date

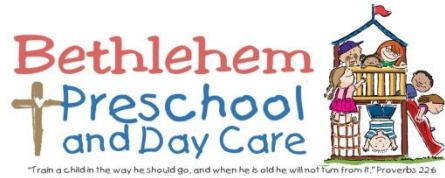


Photo Use Agreement

I, _____, hereby grant, voluntarily and with full understanding, to Bethlehem Preschool & Daycare, permission to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to any activities of Bethlehem Preschool & Daycare.
2. Use of any stored data including my name and image in printed publications of Bethlehem Preschool & Daycare.
3. Use of any stored data including my name and image in electronic publications of Bethlehem Preschool & Daycare.
4. Use of any stored data including my name and image in any Web site created by or for Bethlehem Preschool & Daycare for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with Bethlehem Preschool & Daycare upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Full name of child (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

Parent or guardian's signature: _____
(if the above named person is under 18)

Parent's name (please print): _____

27265 Luther Drive, Canyon Country, CA 91351

License # 197418346

661-251-6027 www.bethlehemscv.com



PARENT HANDBOOK STATEMENT OF ACKNOWLEDGEMENT

I have received a copy of the parent handbook and have read or had it read to me carefully. I understand all matters set forth in the handbook and agree to abide by and adhere to the policies and requirements during the time my child is enrolled at Bethlehem Preschool & Daycare.

I further understand and agree that any provision of the handbook may be amended, revised, or eliminated at any time by the Church and School.

I hereby acknowledge receipt of the Parent Handbook.

Parent's Name (Please Print) _____

Signature _____

Date _____

Feb 10, 2017

Dear Parents,

The State of California has passed a law requiring any and all volunteers within the Preschool program, to have a current TB test, flu immunization (or a signed exemption form), and Pertussis and Measles vaccinations. Licensing analysts consider "*anyone*" participating in any way whatsoever with the children, as a volunteer, whether they are parents, family, or friends..... *volunteers*. The guideline they use is the Cupcake Theory. If you participate in any manner other than simply "dropping off cupcakes" or *whatever*, you are considered a volunteer.

We have always valued and encouraged family participation in all aspects of our preschool program. Our school has always operated as a family-centered program. We will not change what I feel to be one of the most important aspects of our program that has taken many years to fully develop. Family participation is vital for our children and the success of this preschool.

I have attached paperwork from the State of California with the explanation of this law and it's requirements for *every* volunteer, which for us is virtually every parent, family member, or friend.

PLEASE, help us to accommodate this law and provide necessary documentation to include in your child's file so that we will be in compliance. Thank you so much for your continued support and participation.

Loving your kids,

Miss Toni
Director

**BETHLEHEM PRESCHOOL & DAYCARE
27265 LUTHER DRIVE, CANYON COUNTRY, CA. 91351
661-251-6027**



Senate Bill No. 792

CHAPTER 807

An act to amend Sections 1597.055 and 1597.54 of, and to add Sections 1596.7995 and 1597.622 to, the Health and Safety Code, relating to day care facilities.

[Approved by Governor October 11, 2015. Filed with Secretary of State October 11, 2015.]

LEGISLATIVE COUNSEL'S DIGEST

SEC. 4.

Section 1597.622 is added to the Health and Safety Code, to read:

597.622.

(a) (1) Commencing September 1, 2016, a person shall not be employed or volunteer at a family day care home if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.

(2) If a person meets all other requirements for employment or volunteering, as applicable, but needs additional time to obtain and provide his or her immunization records, the person may be employed or volunteer conditionally for a maximum of 30 days upon signing and submitting a written statement attesting that he or she has been immunized as required.

(b) A person is exempt from the requirements of this section only under any of the following circumstances:

(1) The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.

(2) The person submits a written statement by a licensed physician providing that the person has evidence of current immunity to the diseases described in subdivision (a).

(3) The person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.

(4) The person was hired after December 1 of the previous year and before August 1 of the current year. This exemption applies only to the influenza vaccine during the first year of employment or volunteering.

(c) The family day care home shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this section, in the person's personnel record that is maintained by the family day care home.

(d) For purposes of this section, "volunteer" means any nonemployee who provides care and supervision to children in care.

Bethlehem Preschool & Daycare

27265 Luther Drive, Canyon Country, Ca. 91351

Lic#197418346

I _____, have declined an influenza
vaccination.

Signature _____ Date _____

Must be signed by any person that interacts with children.