

# Sunshine School

## 2017 ADMISSIONS AGREEMENT (PRESCHOOL)

This agreement is between Sunshine School and \_\_\_\_\_ (parent or guardian's name) for the care of \_\_\_\_\_ (child's name).

### SCHEDULE

Our Preschool Program cares for children ages 2 months to 1<sup>st</sup> grade. Our school is open from Monday to Friday 8:30AM to 6:00PM. The School is closed in observation of these holidays:

President Day	Feb 20	Labor Day	Sep 4
Memorial Day	May 29	Thanksgiving Holidays	Nov 23, Nov 24
Independence Day	July 4	Christmas & New Year	Dec 25 – Jan 1, 2018

### PAYMENT PROVISIONS

- **Services:** The parent or guardian agrees that s/he is contracting for the services, which are check marked below and will pay the stipulated rate. We provide Morning Snack and Afternoon Snack for our full day program. Parents must provide a daily lunch for the children. Snacks are provided as part of the basic service. There is no deduction in your tuition if you choose not to partake of the meals. Optional Services can be paid directly to the instructors or providers. A 5% discount is given to full time (5 days a week), full pay clients who have more than one child enrolled at Sunshine Schools.

#### Basic Services – Care and Supervision

DAYS:

( ) M, T, W, TH, F    Time \_\_\_\_\_ - \_\_\_\_\_  
 ( ) \_\_\_\_\_    Time \_\_\_\_\_ - \_\_\_\_\_

RATE:

\$ \_\_\_\_\_ per Month/Week  
 \$ \_\_\_\_\_ per Month/Week

#### Available Optional Services

SERVICES:

( ) Art Lesson    \$ \_\_\_\_\_  
 ( ) Hip Hop Dance Lesson    \$ \_\_\_\_\_  
 ( ) Ballet & Tap Lesson    \$ \_\_\_\_\_  
 ( ) Soccer Lesson    \$ \_\_\_\_\_

- **Due Date:** Fees are payable monthly and are due by the 1st day of the month for that month, delinquent after the 7th day. There is a 10% late charge for payment received after the 7th day of the month and 20% late charge for payments received after the 14<sup>th</sup> day.
- **Method of Payment:** Unless otherwise expressly provided in this Agreement, any payment to be made by Parent to Center under this Agreement or otherwise may be made by cash, or by check or money order made payable to Sunshine School. There is a \$25.00 fee for any return check. Should this occur more than once, future payments must be made in cash or money order. All payments must be made directly to the Director at the Center address.
- **Late Pick-up Penalty:** Each day a child is picked up at the Center later than the scheduled pick-up time for such day, Parent shall be assessed a fine of \$1.00 per minute for each minute after such time (Late Pick-up Fee). Parent shall pay that fee on the day of the late pick-up.
- **Absence Policy:** Parent shall pay in full to the Center the monthly Fee for the child enrolled regardless of whether the child is absent for any reason, including but not limited to illness or vacation. Parent shall notify the Center if child is absent. Parent shall provide the Center with one week notice if child is to be absent for vacation or other planned absence.

## **MODIFICATION CONDITIONS**

- **General:** Parent understands and acknowledges that, under California law, Center may modify this agreement whenever circumstances covered in this agreement change, provided that any such modification shall be in writing and shall be signed and dated by Parent and Center.
- **Full fee Families:** Parent shall be given 30 days prior written notice for any basic rate change.
- **Subsidized families:** Rate changes for subsidized families are government prescribed and the effective date is the date the new rate is prescribed. No prior notice is necessary.
- **Additional charges:** Additional charges may be levied for field trips or in instances where increase in number of staff needed results in increased cost to Center.
- **Refund conditions:** Refunds will be given only if Center terminates Child's enrollment.

## **RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN**

Parent understands and acknowledges that Center is a licensed childcare center and that, under California law, the California department of Social Services has the right at any time, without notice or prior consent, to privately interview children or staff at any licensed child care center, to inspect and audit children's records, to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examination of children. (Community Care Licensing)

## **WITHDRAWAL BY PARENT**

Parent may withdraw Child from Center's program any time provided Parent gives 30 days prior written notice of intent to withdraw. Failure to give 30 days notice shall result in charges for the month of care in lieu of notice. If student withdraws with intention to return, s/he needs to pay two weeks tuition to secure enrollment space. This amount is the minimum the school needs to operate without enrolling a new student from our long waiting list. It is non-refundable and does not apply to future tuition payment.

## **TERMINATION CONDITIONS:**

**Immediate:** Center may terminate Child's enrollment in Center's program effective immediately upon written notice to Parent of such termination if any of the following conditions arise:

1. In the sole judgment of the Center Director, Child's behavior threatens the physical or mental health or well-being of one or more of the other children at the Center;
2. Parent is hostile, uses profane language, is verbally or physically abusive or threatening to staff or clients of the facility;
3. Any payment owed by Parent to Center is not paid within one month after such payment is due;
4. Child is picked up late more than three (3) times during any month;
5. Parent fails to pick up child promptly when notified child is ill;
6. Non-cooperation of Parent. Parent refuses to comply with agreed upon plan of action relating to child's behavior.

**Two weeks notice:** Center may terminate Child's enrollment in center's program effective upon two week written notice to Parent if any of the following conditions arise:

1. Any of the conditions listed under Section above, provided that Center has not exercised its right to terminate Child's enrollment immediately;
2. In the sole judgment of Center's Director, Center's program does not meet the developmental or special needs of the child;
3. Parent fails to provide items for child that Parent is required to provide under terms of this agreement or the Family Handbook; or
4. Center terminates Center program.

## **PARENTS' ADDITIONAL REPOSIBILITIES AND OBLIGATIONS**

1. **Be Informed:** Parent shall complete information on the forms listed below and certify that s/he has read and agrees to abide by all provisions in the Parent Handbook. Parent agrees to notify Center immediately of any changes in information on forms listed below:
  - a) Personal and Parents Rights
  - b) Child's Pre-Admission Health History Parent's Report
  - c) Identification and Emergency Information
  - d) Consent for Medical Treatment Form
  - e) Admission Agreement

- f) Immunization Requirement
- g) Physical Examination Requirements/TB Test Requirement

2. **Release of Child:** Parent will provide a list of individuals authorized to pick up child from Center. Parent agrees to notify Center in advance, in writing, each day that anyone other than parent or one of Parent's authorized representatives will pick up the child. Individuals other than Parent will be asked for identification.
3. **Sign in:** Parent agrees that each day Parent shall not leave child at Center until Parent or Parent's authorized representative has made personal contact with a member of the staff and signed Child into the Center program. When signing in, you must use full legal signature and shall record the time of day.
4. **Sign out:** Parent agrees that each day Parent or Parent's authorized representative shall not remove child until Parent has sign Child out and notified teacher of departure. When signing out, you must use full legal signature and shall record the time of day.
5. **Change in address or telephone number:** Parent agrees to notify Center of any change in address or telephone number of Family or of any emergency contacts.

**DESTRUCTION OF CENTER FACILITY**

If at any time during the term of this Agreement, the Center's facility is damaged or destroyed to such an extent under the sole discretion of the Center Director, that continued use would be hazardous to the safety and well-being of the children, the Center may elect to suspend this agreement, including its obligation to provide services and the Parent's obligation to pay for such services, until Center locates another facility that Center deems comparable in which to resume Center program.

**TERM**

This agreement shall be in effect until Child is withdrawn from Center unless terminated sooner in accordance with the provisions of this agreement

**ASSUMPTION OF RISKS**

The undersigned parent acknowledges that he/she has reviewed the child care program and has examined the premises in which the program is being conducted, understands the program includes campus field trips and consents to the named children participating in the program and using these facilities.

**GOVERNING LAW**

This agreement shall be governed by and interpreted in accordance with the laws of the State of California.

PARENT(S):

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

CENTER:

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized representative  
 Sunshine School

=====

**QUICK SURVEY**

1. How did you hear about Sunshine School?

( ) Advertisement \_\_\_\_\_ ( ) Word of Mouth ( ) Others \_\_\_\_\_

2. Did someone refer or recommend us? May we have a name so we may thank them?

\_\_\_\_\_ From which location? B. E. S. T. V.

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE (    )
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE (    )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE (    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE (    )					BUSINESS TELEPHONE (    )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE (    )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE (    )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE (    )					BUSINESS TELEPHONE (    )
FATHER'S EMAIL			MOTHER'S EMAIL		

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL     
  OTHER     
 EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

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

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

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**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

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### 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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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](http://www.meganslaw.ca.gov)*

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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  
( )





# Sunshine School

## PLAYGROUND/ SCHOOL GROUNDS & VICINITY RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name: \_\_\_\_\_ M F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Legal Guardian/Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In consideration of allowing my child to participate in activities associated with Sunshine School, I/we shall release, waive, discharge and covenant not to sue Sunshine School, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of Sunshine School, its agents and employees or otherwise while the named participant participates in the playground/school grounds and vicinity at Sunshine School.

I/we further agree to indemnity Sunshine School, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which Sunshine School, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against Sunshine School, their agents and employees on account of injury to the person or property resulting in the death of the named participant except in case of gross or willful wanton negligence of Sunshine School, their agents or employees and whether or not such liability is sole, joint or several.

I/we am (are) aware that participation on the playground may present a strain on my child's body, or its parts and there I/we represent to Sunshine School, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning playground/school grounds and vicinity activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of it significance. I/we have executed this release on this date indicated next to my name.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



# Sunshine School

## PHOTOGRAPHY & VIDEO RELEASE FORM

In consideration of the opportunity to provide certain statements and participate in photography or audio/video taping relating to certain services of SUNSHINE SCHOOL or its affiliated companies (collectively, "SUNSHINE SCHOOL"), I, \_\_\_\_\_, for myself and, in the case of a minor (the "Minor"), for myself and the Minor in my capacity as the Minor's parent/guardian, agree as follows:

1. I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of the Minor or me by SUNSHINE SCHOOL or its contractors.
2. All statements, photographs, and/or audio or video recordings taken of the Minor or me, by SUNSHINE SCHOOL or its contractors, may be used by SUNSHINE SCHOOL for promotional, commercial or other purposes as determined by SUNSHINE SCHOOL anywhere in the world in its sole discretion. Neither the Minor nor I shall have any right to control the use or publication by SUNSHINE SCHOOL of the statements, photographs, and/or audio or video recordings.
3. All statements, photographs, and/or audio or video recordings taken of the Minor or me by SUNSHINE SCHOOL or its contractors, shall be the sole property of SUNSHINE SCHOOL. Neither the Minor nor I shall receive any compensation in connection with use of these statements, photographs, and/or audio or video recordings for promotional, commercial or other purposes.
4. On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against SUNSHINE SCHOOL or any person or firm authorized by SUNSHINE SCHOOL to publish said materials ("Publisher"), Such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of SUNSHINE SCHOOL and any Publisher.
5. This Release shall be binding upon the Minor and me, and our respective successors, heirs, assigns, executors, administrators, spouse and next of kin.
6. I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF THE MINOR AND MYSELF (INCLUDING RIGHTS RELATING TO PUBLICITY AND PRIVACY WITH RESPECT TO THE COMMERCIAL USE OF ANY STATEMENTS, PHOTOGRAPHS, AND/OR AUDIO OR VIDEO RECORDINGS) AND I SIGN THIS RELEASE FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Age of Minor

# 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

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**RISK FACTORS FOR TB IN CHILDREN:**

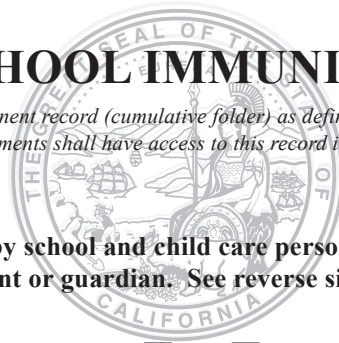
- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an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

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

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

*This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.*



**This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.**

Student Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

**Race/Ethnicity:**

- White, not Hispanic
- Hispanic
- Black
- Other: \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
<b>POLIO (OPV or IPV)</b>						
<b>DTP/DTaP/DT/Td</b> (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
<b>MMR</b> (Measles, mumps, and rubella)						
<b>HIB</b> (Required only for child care and preschool)						
<b>HEPATITIS B</b>						
<b>VARICELLA</b> (Chickenpox)						
<b>HEPATITIS A</b> (Not required)						

**I. DOCUMENTATION**

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date \_\_\_\_\_

Staff \_\_\_\_\_

Signature \_\_\_\_\_

Record Presented was:

- Yellow California Immunization Record
  - Out-of-state school record
  - Other immunization record
- Specify: \_\_\_\_\_

**II. STATUS OF REQUIREMENTS**

- A. All Requirements are met.  
Date \_\_\_\_\_
- B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- C. Medical Reasons—Permanent
- D. Medical Reasons—Temporary
- E. Personal Beliefs

**III. 7th GRADE ENTRY**

- A. All Requirements are met.  
Name \_\_\_\_\_ Date \_\_\_\_\_
- B. Currently up-to-date, but more doses are due later. Needs follow-up.  
Name \_\_\_\_\_ Date \_\_\_\_\_

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department.

## INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
  - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
  - B. If the child has met all immunization requirements, check box A and write in date.
  - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
  - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.\* If the medical exemption is temporary, check box B and box D; this child must be followed up.\*
  - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.\*

### Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

#### Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

#### Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

\* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.