



New Hope Preschool 2024-2025
Admission Agreement for **New Students**

(Revised February 2024)

The following agreement is made by and between parent(s)/guardian(s) and provider:

_____ (Child's Name) _____ (Date of Birth)

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Provider Name: **New Hope Preschool**
2720 Olympic
Parkway Chula
Vista, CA 91915

Our Mission:

New Hope Preschool will provide:

A Christ-Centered environment with a carefully balanced program that will have a positive influence on the spiritual, cognitive, social, and physical development of each child.

Our Philosophy:

The purpose of our program:

The purpose of New Hope Preschool is to prepare each child for kindergarten, socially, academically, and spiritually. We seek to provide a loving caring environment where children can feel secure and successful away from home, and become familiar with "school." Our goal is to help them develop wholesome attitudes about themselves and others, develop self-confidence, self-expression, self-control, responsibility, and the ability to be self-directed and grow awareness of God and the world around them.

SEMESTER TUITION RATES & PAYMENT POLICIES:

This program services children 3-5 years of age. The child must be 3 and FULLY potty trained before the first day of class to be eligible.

- There is a \$175 non-refundable registration fee, due at time of registration. Registration includes one New Hope Preschool t-shirt.

Semester Tuition Rates 3-5 year olds: The child must be 3 and FULLY potty trained before the first day of a 3 year old class to be eligible.

HALF-DAY TUITION RATES PER SEMESTER (not monthly)

HOURS: M-TH 9AM - 12PM, F 9AM-1PM

- 2 Days M/W or T/TH \$1,025.00
- 3 Days M/W/F* or T/TH/F* \$1,710.00
- 5 Days M through F * \$2,735.00

FULL-DAY TUITION RATES PER SEMESTER (not monthly)

HOURS: M-TH 9AM-2PM, F 9AM-1PM

- 2 Days M/W or T/TH \$1,710.00
- 3 Days M/W/F* or T/TH/F* \$2,395.00
- 5 Days M through F* \$4,105.00



**New Hope Preschool 2024-2025
Admission Agreement for New Students**

(Revised February 2024)

(Continued)

- ***Friday Semester Specialty Classes** are offered on Fridays from 9:00am-11:00am and/or 11:00am-1:00pm and will run from 5 months or about 18 weeks. Each class will be \$325 plus \$20.00 supply fee for the whole semester (18 days), due at the time of registration. Or you can choose to make 2 quarterly payments for a small fee of \$15.00 per transaction for 2 payments
- **Dual Language Spanish** class is offered to 3-year-olds and Pre-k students (students who will be entering Kindergarten July of 2025). The Dual Language Spanish class is offered 9-2 pm with an added fee (to the above prices) of \$150 per semester.

PAYMENT OPTIONS:

- Full-year payment
- 2 scheduled semester payment **\$25.00 per transaction fee*
- 4 scheduled quarter payments **\$25.00 per transaction fee*
- Payment options are selected at checkout
- The first payment being due at time of registration: 2nd due September 1st, 3rd due November 1st, and 4th due by March 1st.

ADDITIONAL FEES:

- **Late pickup** fees are due on the date of the infraction. (\$5 for the first 10 minutes, with an additional \$1 per minute afterward.)
- Parent/Guardian agrees to pay \$25 and any additional costs incurred if a check is returned to the provider. Thereafter, the payment will need to be made in cash or money order.
- Parent/Guardian agrees to pay a \$25 nonrefundable **transfer fee** if changing registration days and/or transferring from one class to another



Refund Policy:

Refunds for classes/events held at New Hope are as follows: After you have attended the first class, if you decide it is not a good fit for whatever reason, we will refund you 100% of what you have paid, less registration fee. After you have attended more than one class, we do not offer refunds. For New Hope preschool, if you register annually, you are not obligated or locked in the second semester if you have not yet attended the first week of that semester. If after the 1st week of the 2nd semester you do not feel it is a good fit for whatever reason, we will refund in full for that 2nd semester.

Licensing Rights:

New Hope Preschool is licensed by the California Department of Social Services, Community Care Licensing: #376701082. Any authorized agent of Community Care Licensing may, upon presentation of proper identification, enter and inspect the premises, interview the children and/or staff, and examine and audit child and center records without prior notice to ensure compliance.

Provider Agreement:

- The provider agrees to provide services for the above-named child for the hours and days stated except in the case of illness or emergency.
- The provider agrees to provide a safe and loving Christian environment for the children.
- The provider agrees to provide appropriate activities and toys for the children.
- The provider agrees to communicate with the parent/guardian about the needs and achievements of the child.

The parent/guardian may visit at any time during normal hours to check on their child.

Policies and Procedures:

In order to assure that all parents/guardians clearly understand the policies and procedures of the New Hope Preschool Program, we ask that you **read and initial** the following items:

_____ I understand that I (or a designated adult 18 or older) must walk my child to their classroom and make sure that my child is signed in and out of the attendance book each day they attend New Hope Preschool. I will also make sure that a staff member is aware that my child has been dropped off.

_____ I agree that if my child is ill, I will keep him/her home until they have been symptom free for 24 hours. (Fever, vomiting, diarrhea, etc.)

_____ I will inform New Hope Preschool in writing of any changes in address, phone number, emergency contact information or any changes in the family situation.

_____ I understand that toys from home will not be allowed. Any toy brought from home will be taken up and given back to the parent. New Hope Preschool and its staff are not responsible for toys brought from home.

_____ I understand that I need to send my child with appropriate clothes to be played in, including close-toed shoes. (NO flip-flops.) I also understand that there should always be a change of clothes or 2 in his/her backpack.

_____ I understand that the program is built to prepare my child for Kindergarten and classes are set up for certain age groups with age cut off dates for each class. Teachers are not obligated to teach outside of their age range. New Hope Preschool will place children in classes first because of their age and then after 1 month if you and the teacher feel the age is not appropriate for your child, we will meet and discuss holding back or moving up your child.

_____ I have read and understand the New Hope Preschool Family Handbook (available on the New Hope Preschool Webpage, as well as in the church lobby).



Termination of Service:

We reserve the right to terminate any enrollment at New Hope Preschool due to the following reasons:

- Non-sufficient funds
- Abuse of children, staff or property
- Violation of New Hope Preschool program policies
- Disruptive or dangerous behavior towards children or staff
- The program's inability to meet the child's needs

By signing this contract, all parties agree they have read the Admission Agreement, and acknowledge and agree to all terms and policies stated.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Director Signature _____ Date: _____

Participant's Name (Last, First): _____

BIRTHDAY (Month/Day/Year): ____/____/____

NEW HOPE COMMUNITY CHURCH
ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
FOR PARTICIPATION IN NEW HOPE'S PROGRAMS, CLASSES, ACTIVITIES, CHILD CARE, TRANSPORTATION, AND FACILITY USE

NEW HOPE COMMUNITY CHURCH is committed to conducting all of its programs and activities in a safe manner and holds the safety of church members, children, and guests in the highest regard. NEW HOPE COMMUNITY CHURCH continually strives to reduce associated risks and insists that all participants follow safety rules and instructions that are designed to protect all participants' safety. However, in consideration of participating in any program or activity, NEW HOPE COMMUNITY CHURCH and its facilitators must limit their liability.

Some forms of activities or programs, by their very nature, challenge and engage the physical, mental, and emotional resources of the participant. In this regard, it must be recognized that it is impossible for NEW HOPE COMMUNITY CHURCH to guarantee absolute safety of the participant in the activity. These risks include, but are not limited to, exposure to COVID-19 (coronavirus). Consequently, it is mandatory that each participant execute this ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT as a condition precedent and in consideration of engaging in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes, childcare, and facility use (including transportation services/vehicle operation.)

PLEASE READ THIS FORM CAREFULLY

By signing this form you acknowledge that you understand the specific risks inherent in participating in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes child care, and facility use (including transportation services/vehicle operation.)

By signing this form you recognize and acknowledge that there are certain risks of injury to participants, including exposure to COVID-19 (coronavirus), in such programs and activities, and you voluntarily agree to assume the full risk of any and all liabilities, claims, losses, obligations, demands, expenses, injuries, including death, damages, or loss whatsoever, regardless of severity, that you, or your child/ward may sustain as a result of such participation.

I do hereby fully and forever indemnify, release and hold NEW HOPE COMMUNITY CHURCH, its employees, volunteers, agents, representatives, members, assigns and successors harmless from any and all liabilities, claims, losses, obligations, demands, expenses, injuries, including but not limited to COVID-19 (coronavirus), including death, damages or loss whatsoever, regardless of severity, that I or my child/ward may sustain as a result of participating in any NEW HOPE COMMUNITY CHURCH program and activity, including, but not limited to, classes, child care, and facility use (including transportation services/vehicle operation.)

I have read and fully understand the important information above regarding assumption of risk, holding NEW HOPE COMMUNITY CHURCH harmless, and the release of all claims.

DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT.
OUR STAFF WILL GLADLY ADDRESS YOUR QUESTIONS & CONCERNS.

Participants Signature: _____ Date Signed: ____/____/____

(A parent or legal guardian must sign this form for any individual under the age of 18)

Print Name of Parent/Guardian: _____ Parent/Guardian's Signature: _____

Date Signed: ____/____/____

Participant Information

Child's Name: _____

Birthday: _____ Age: _____

Mother's Name: _____

Cell: _____ Work: _____

Email: _____

Father's Name: _____

Cell: _____ Work: _____

Email: _____

Emergency Contact (other than parent):

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies/Important Medical Information: _____

People authorized to pick me up:

Name: _____ with note / without note

Name: _____ with note / without note

Name: _____ with note / without note

Name: _____ with note / without note

Additional notes:

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

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

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

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

New Hope Preschool
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

_____. 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

()

CHILD'S PREADMISSION HEALTH HISTORY — PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
--	------------------------	---

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?

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

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 Address: _____

Licensing Office Telephone #: _____

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

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. New Hope Preschool
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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

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

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

7575 Metropolitan Dr., Suite 110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

619-767-2300

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)

New Hope Preschool

(PRINT THE ADDRESS OF THE FACILITY)

2720 Olympic Parkway Chula Vista, CA 91915

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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)

New Hope Preschool
(NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from _____ : _____

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) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (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.



2024/2025 PHOTO RELEASE FORM

Please fill out and sign the appropriate statement to either GRANT or REFUSE permission to use pictures of the participant on the church website and/or for other church publicity.

To **GRANT permission** to use participant's pictures:

_____ (Please print your name) GRANT permission for New Hope Community Church to publish photos of participant, _____ (please print participant's name) in the church's various forms of publications, or on the church's various websites. I give New Hope Community Church the perpetual, royalty-free right to use my photo(s) in any manner including, but not limited to publications, social media, and websites.

I understand that both the various publications and websites have a large audience and the participant's photo will be available to the general public. I further understand that New Hope Community Church assumes no liability or responsibility whatsoever concerning any consequences of such use.

I further state that I have the right to give this permission as I am the participant's parent legal guardian.

Publication of these photos may include first names for identification purposes only.

SIGNED _____ Date _____

To **REFUSE permission** to use the participant's pictures:

_____ (Please print your name) REFUSE permission for New Hope Community Church to publish photos of the participant, (Please print participant's name) in the church's various forms of publications, or on the church's various websites. I further state that I have the right to refuse this permission, as I am the participant, the participant's parent or legal guardian.

SIGNED _____ Date _____



New Hope Preschool



Information about life-threatening peanut/Tree nut allergies.

Dear Parent,

This letter is to inform you that multiple students in your child's school have a severe food allergy to peanuts/nuts. It is important that there is strict avoidance to this food in order to prevent a life-threatening allergic reaction. We are asking your help to provide the student with a safe school environment.

Any exposure to peanuts/nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products to school with your child that will be eaten in the classroom. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hands and face have been thoroughly washed before entering the school.

We appreciate your support of these procedures. Please complete and return this form so we are certain you have received this information. Please contact me if you have any questions.

Director: _____ Date _____

I have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the classroom peanut and nut free.

Child's Name: _____

Parent's Signature: _____ Date _____



NEW HOPE PRESCHOOL

TERMINATION AND SUSPENSION POLICY

Children may be suspended or terminated from the program only for reasons listed below:

SUSPENSION MAY BE NECESSARY FOR NON-PAYMENT OF TUITION. Delinquent payments must be paid in full prior to re-admittance. (Reference Payment, Policies identifying verbal contact with parent within first week of delinquency. Two weeks delinquency may result in suspension following written notice.)

SUSPENSION OR TERMINATION OF CHILD CARE SERVICES MAY OCCUR IF:

- A child has developmental or serious behavioral issues that cannot be adequately met by our staffing plan. Example: children who continually place themselves, other children or staff at risk of physical harm. (Information and referral sources are available to parents upon request.)
- Parents consistently arrive late to pick up their child. Information and referral about alternate care options available upon request.
- Non-payment of tuition.

Verbal expression of concerns, written evaluation of issues, and Parent conferences will precede suspension.

- If a parent's behavior interferes with the orderly conduct of the school or is otherwise disruptive, that parent's child may be terminated from the school without written notice

PROCESS FOR TERMINATION AND SUSPENSION FOR CHILD BEHAVIOR ISSUES

- New Hope Preschool teachers are responsible for informing the Director of serious concerns they have for a child in their classroom.
- When it is determined there are concerns for a particular child in the classroom, the Lead Teacher will informally communicate with the parents and Director. If the problem continues, a minimum of three (3) written observations of the child will be recorded. Parent conferences will be encouraged if the problem remains unsolved.
- The Director will contact the parents in person, by telephone, or by a letter sent home with the child. The Director will arrange a mutually convenient time for a conference with the Director, Teacher and parents. The Center's concerns will be clearly identified in writing.
- After the conference, should the problem seem irresolvable, New Hope will decide whether the child must leave the program. The parents will receive a written statement from the Center including the reason for termination, summary of the Center's observations, interventions made by the Center, and all efforts made by the Center.

Termination of any child's enrollment (whether Center or parent initiated) shall be managed in child-focused manner to prepare the child for termination from the program in a way consistent with the child's ability to understand.

WE WANT YOU AND YOUR CHILD'S EXPERIENCE TO BE A POSITIVE ONE. PLEASE FEEL FREE TO SHARE OBSERVATIONS, QUESTIONS, CONCERNS, AND SUGGESTIONS.

Parent /Legal Guardian: _____ Date: _____

Director: _____ Date: _____



LATE PICK-UP POLICY

(As stated in the parent Handbook)

It is important and necessary for you to pick up your child on time. A child whose ride is late experiences great anxiety and worry. It is difficult for the child/children and for the teacher who often needs to prepare for the next class or attend to duties outside of our program. We understand that emergencies do happen. If an emergency occurs, please take the time to give us a call. *There is a \$5.00 fee per child for the first 1-10 minutes you are late, and an additional \$1.00 per minute afterward which is due when you pick up your child.*

The following steps will be taken if you are more than 15 minutes late in picking up your child:

- Continue trying to contact the parents at the numbers listed on the emergency card.
- Call the alternate emergency numbers listed on the emergency cards.
- If after 30 minutes there still has been no contact with a parent or an emergency contact person, the Chula Vista Police Department will be notified.

Parents name: _____

Child's Name: _____

Date: _____



New Hope Preschool
2024-2025 INFLUENZA VACCINATION
WRITTEN DECLINATION FORM

I understand that the California Health & Safety Code section 1596.7995 requires that I obtain a flu shot between August 1 and December 1 each year or provide this declination.

I ELECT NOT TO HAVE A FLU SHOT IN 2024-2025.

I acknowledge that I was aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus is contagious for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. In California, influenza usually begins circulating in early January and continues through February or March.
- I understand that the influenza vaccine cannot transmit influenza.
- I understand that the influenza vaccine does not prevent all disease.
- I declined to receive the influenza vaccine for the 2024-2025 season.
- I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all early childhood education workers in order to prevent infection from and transmission of influenza and its complications, including death, to students, my coworkers, my family, and my community.

Knowing these facts, I chose to decline vaccination for the 2024-2025 flu season. I have read and fully understand the information on this declination form.

Print Name _____

Signature _____ Date _____