

LIVE OAK PRESCHOOL APPLICATION FOR ENROLLMENT

Child's Name _____ Sex _____
Birthday _____

Home Phone _____ Cell Phone _____
Fax _____

E-mail Address _____

Mother's Name _____

Mother's Address _____

Mother's Occupation _____ Work Phone _____

Mother's Employer (with address) _____

Father's Name _____

Father's Address _____

Father's Occupation _____ Work Phone _____

Father's Employer (with address) _____

Siblings and others living in home: _____

Person Responsible for Tuition Payments: _____

Do you need financial assistance? Yes _____ No _____
(If yes, we will forward an application to you.)

Would you like to work in the class? Yes _____ No _____
(There is \$20.00 per day tuition reduction for working in the class if desired)

Would you like to clean the school for tuition reduction? Yes _____ No _____
(One time per month = \$40.00 weekend cleaner and \$30.00 midweek cleaner.)



Live Oak Preschool
75 West Matheson Street Healdsburg CA 95448
433-1543 liveoakpreschool@sbcglobal.net
License #490102376

2011 ADMISSION AND FINANCIAL AGREEMENT

Live Oak Preschool is a non-profit school which provides the basic service of a preschool program for 2.9 - 5 year old children without discrimination of race, color, creed, or national origin. The two day per week program has two separate sessions on Tuesday and Thursday. The morning session is from 8:30 am to 11:30 am. The afternoon session is from 1:00 pm to 4:00 pm. The three day per week program, meeting Monday, Wednesday, and Friday, also has two sessions during the same hours.

- A. The payment provisions for the programs are as follows: **Tuition rate for the Tuesday/Thursday program, morning or afternoon session, is \$2800 per school year. Tuition rate for the Monday/Wednesday/Friday program, morning or afternoon session, is \$3830 per school year.** The tuition can be paid in one sum at the beginning of the school year or, for your convenience, the tuition can be paid in ten equal monthly increments, due on the first day of each month. **The first payment is collected by June 1st of 2011 and is nonrefundable.** This payment will serve as your last month's payment for the 2011/2012 school year. Subsequent payments are due September thru May.
- B. Space is limited in all sessions, and there is typically a waiting list. Therefore a **\$150 nonrefundable enrollment fee** is required at the time of application for all new enrollees. There is a **\$75 nonrefundable re-enrollment fee** for returning students. This fee guarantees your child's space in the session available.
- C. During the enrollment or re-enrollment process, should it be discovered that there are any prior unpaid balances owed to Live Oak Preschool, we will require that the unpaid balances be paid in full. Failure to pay these balances will result in denial of admission. The enrollment fee will be retained to cover costs of processing.
- D. **Tuition is due on the first of the month and is delinquent after the tenth.** A late fee of \$25 will automatically be charged to your account when it becomes past due. The fee may be waived only by contacting the Office Manager in advance to make arrangements for late payment. Should circumstances arise when you cannot make tuition payments in a timely manner, please discuss this with the Office Manager.
- E. There is a \$15 fee assessed for any returned checks. If two checks bounce in one school year, a Cashier's Check, Money Order, or cash will be required for all further tuition payments.
- F. Late tuition one month will result in the above mentioned \$25 late fee. Late tuition (not received by the 10th) a second month will result in termination of enrollment unless both month's tuitions, two late fees, and June tuition are paid in full. No refunds will be given and past due amounts must be paid or they will be sent to Collection.
- G. There will be no credit given for vacations or absences of any type.
- H. Live Oak Preschool is required to provide at least 30 calendar days written notice of any tuition rate change.
- I. The school requires written and signed notice two weeks prior to withdrawal of your child from the program. All fees accumulated to date of withdrawal must be paid in full. Failure to comply with this procedure will result in an accumulation of tuition and other mandatory fees until the requirements for withdrawal have been met.
- J. Live Oak relies on fundraisers to meet expenses. While participation in fundraisers is optional, the income generated is essential to the financial well being of our school. We appreciate all that the parents and community do.

- K. Any questions regarding fees and fee payment should be directed to the Office Manager, not to the Director or Teachers.
- L. There are a limited number of hours available for work exchange for tuition reduction. Parent Aide sign-up calendars are at the sign-in desk at least one month in advance. Please put your name down for the day (or days) that you are able to volunteer. It usually works out that those interested can work once or twice a month. Occasionally we have a class where we have more days available. Please check the sign-up calendars to see what is available for your class. You receive a \$20 tuition credit each time you work. If you would like to assist as a weekend or midweek cleaner to reduce your tuition, please speak to the Director or Administrative Assistant. Tuition credit for cleaning is \$30 for the light midweek cleaning and \$40 for the more thorough weekend cleaning.
- M. There is financial aid available for those families with a qualified need. Requests for financial assistance may be made at any time during the school year by completing a financial aide application which may be obtained from the Office Manager.

The California Department of Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The Department of Licensing Agency shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed physician examine the client. Parents have the right to call or write the Licensing Agency if fault is found in the operation of the facility or treatment of their child.

**Call or Write: Department of Social Services
 Community Care Licensing Division District Office
 101 Golf Course Drive - Suite A-230
 Rohnert Park, CA 94928-1718
 (707) 588-5036**

Parents understand that they have the right to visit and observe the school anytime their child is in care.

Please sign and return the bottom portion of this form. Retain the remainder of this agreement as it contains valuable information you may wish to refer to at a later date.

We, the undersigned, agree to the conditions of this Admission and Financial Agreement as pertains to the admission of _____ to Live Oak Preschool, and understand that both the enrollment fee and payment for June's tuition are non refundable. We have read and understand the Parent Handbook as well.

Parents/Guardians _____ Date _____
 _____ Date _____

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
()

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

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)

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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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

Emergency and Pick-up Information

Child's Name: _____ Class: _____

Allergies: _____

Doctor's name and #: _____

Dentist's name and #: _____

Parent's Names: _____

Home Telephone: _____

Mom Cell: _____

Dad Cell: _____

Mom Work: _____

Dad Work: _____

Other relatives/friends allowed to pick-up my child

PLEASE PLACE A NUMBER (1,2,3 etc) BY ONLY THOSE PEOPLE YOU ALSO WANT US TO CALL IN AN EMERGENCY IF WE CANNOT REACH YOU AT YOUR NUMBERS LISTED ABOVE.

Name

Telephone Number

Name: _____

VOLUNTEER JOBS AT LIVE OAK SCHOOL

We can always use a helping hand at Live oak. If you can help with any of these categories, please circle the number. We will contact you when the need arises or check in with Therese or Kacy.

1. Handyman - Repairs, Maintenance, Painting
2. Contractor - Carpentry, Plumbing, Electrical
3. Green Thumb - Gardening, Landscaping, Yard Maintenance (assisting with playground bark/sand)
4. Seamstress - Repairing or sewing dress up clothes.
5. Cooking with a class
6. Sharing Cultural Heritage & Traditions
7. Class Preparation - At Home_ cut, glue, trace, color, etc.
8. Make play dough at home 1 x per month (We provide the supplies)
9. Willing to be a class parent and work with director & teachers to keep your class up to date on school/community events and arrange play dates. (Easy via Email)
10. Willing to wash a load of towels 1 x per month.
11. Do you have a job, particular interest, or hobby you'd like to share with the children? Children love to have their parents come to school and join with us.

Thank you!!!

