



Centinela Christian Child Development Center
525 East Hyde Park Place
Inglewood, California 90302
(310) 674-6070 Main Office



Centinela Christian Child Development Center

*Offering Quality Childcare in the Inglewood Area Giving Parents the
Peace of Mind That We're Doing Just That!*

Student Enrollment Forms



**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Children's Residential Facilities**

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

Centinela Christian Child Development Center

FACILITY NAME

TO PROVIDE 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 WHATEVER

NAME

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

()

**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

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

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:☐ Chicken Pox

DATES _____

☐ Asthma☐ Diabetes

DATES _____

☐ Rheumatic Fever☐ Epilepsy☐ Poliomyelitis

DATES _____

☐ Hay Fever☐ Whooping cough☐ Ten-Day Measles
(Rubeola)☐ Mumps☐ Three-Day Measles
(Rubella)

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS _____

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?*

☐ YES ☐ NO☐ YES ☐ 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: _____

☐ YES ☐ NO☐ YES ☐ 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: _____

☐ YES ☐ NO☐ YES ☐ 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 _____

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.

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)

Centinel Christian CDC This Child Care Center/School provides a program which extends from 10:30: 10:00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., 5 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/DTPa/ DT/DTaP (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

**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:

Community Care Licensing Division

Licensing Office Address:

6167 Bristol Parkway, Suite 400. Culver City, CA 90230

Licensing Office Telephone #:

(310) 337-4335

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

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HOME PHONE

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()

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 - Northwest Child Care Division

ADDRESS

6167 Bristol Parkway

CITY

Culver City, CA

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)

Centinela Christian Child Development

(PRINT THE ADDRESS OF THE FACILITY)

525 East Hyde Park Place Inglewood, CA

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Centinela Christian Child Development Center

*525 East Hyde Park Place
Inglewood, California 90302
(310) 674-6070 Main Office*

CCCCDC Admission Agreement

Centinela Christian Child Development Center is a Christian based childcare facility located in Inglewood California serving families in the Inglewood, Los Angeles, and surrounding areas

Centinela Christian CDC is licensed by the California Department of Social Services, Community Care Licensing North West Childcare Division and comes under their direct authority.

This Admissions Agreement is by and between Centinela Christian Child Development Center and _____ (Father/ Guardian) and _____ (Mother/Guardian)

For the enrollment of:

_____ Child's Full Name _____ Child's Current Age
_____ Child's Date of Birth

Full Home Address of the Child to be enrolled

Centinela Christian CDC agrees to provide basic childcare services to
_____ (Child's Full Name)

1. Religious Training and Christian School Education _____ (initials)

Centinela Christian CDC is a non-denominational preschool. Staff employed by our center, parents as well as visitors are allowed to openly express their love for Christ. Staff will inspire children to be kind and to love one another. Students will practice and learn about the importance of respecting ourselves, authority, and those around us. Centinela Christian CDC will use prayer, religious training and devotion in the daily preschool program. Children will be allowed to participate in age appropriate Christian songs and bible stories.

2. Permission to Participate in School Activities _____ (initials)

You are granting permission for your child to use all play equipment and supplies provided by Centinela Christian Child Development Center. You are allowing your child to participate in all onsite school activities. Please notify the center in writing if your child is unable to participate in certain school activities or if your child has activity restrictions.

3. Photos and/or Video Release _____ (initials)

Preschool days are the most precious moments of a child's life and Centinela Christian CDC will capture many of those moments. Photos captured by staff will be used for bulletin boards, posters, brochures, newsletters, classroom projects promotion of the program via website and/or social networks. I hereby grant permission for my child's photo to be published at CCCDC. If a parent objects to any of these actions please explain below:

4. Duty to Report Suspected Child Abuse _____ (initials)

All staff members employed by CCCDC are mandated reporters and as such are required to report to the Department of Children and Family Services any known or reasonably suspected instance of child abuse. The Department of Children and Family Services shall have the authority to interview children and staff. DCFS has the authority to inspect and audit children's records without prior consent. CCCDC shall make provisions for private interviews with any child or staff member. DCFS shall have the authority to observe the physical conditions of a child including the conditions which could indicate abuse and or neglect.

5. Uniform Policy _____ (initials)

Centinela Christian CDC is a preschool that participates in full uniform. Uniform must be worn Monday-Friday unless otherwise stated by the center. Children whom are not in correct uniform may not be allowed to remain at school for the day.

6. Enrollment Documents and Forms _____ (initials)

All enrollment forms including updated immunization records must be fully completed and submitted prior to a child beginning care at Centinela Christian Child Development Center and is considered part of the admissions agreement and process. The attached enrollment forms constitute the child's file and parents certify that all the information given is correct and will be updated as needed.

7. Termination Conditions _____ (initials)

Centinela Christian Child Development Center may terminate a child's enrollment for the following reasons however but not only limited to:

- The child's behavior threatens the wellbeing of the other children or adults at Centinela Christian CDC.
- A child repeatedly touches any of the children or staff in an inappropriate or uncomfortable manner.
- Parent's or child's behavior is disruptive, destructive, or detrimental to the integrity of CCCDC and its teachings as a Christian school. (continued on next page)
- Tuition accounts are outstanding and/or not paid in a timely manner.
- CCCDC is unable to reasonably meet the developmental or special needs of a child.
- Centinela Christian CDC terminates their preschool program.

**8. Release of a Child from Centinela Christian Child Development Center
_____ (initials)**

Upon enrollment and each new school year, parents/guardians will receive emergency cards that will ask parents to list individuals authorized to pick up children from the facility. Parent agrees to notify in advance via writing or telephone each time that anyone other than the parent or other authorized representatives will pick up a child from the facility. Child will not be released to any individual whom CCCDC has not received prior verbal or written authorization from parent.

**** It is legal for either parent to pick up child from the facility unless there is a court order on file at the facility.**

9. Daily Attendance Sheets _____ (initials)

CCCCDC uses the daily attendance sheets to monitor which students are absent and present for the day. In the event of an emergency, CCCCCDC will use the attendance sheets to take the attendance of the students. Parents are required to sign their child in and out daily. **This is a state requirement.** Any parent that does not follow this rule will be given written notice first and asked to seek childcare elsewhere second.

Admission's Agreement

This agreement along with the Parent Student Handbook Policy Agreement and Tuition Agreement

Completes the entire agreement for enrollment at Centinela Christian CDC.

CCCCDC reserves the right to modify this agreement at any time giving a thirty (30) written notice.

This policy is in effect as of June 2014.

Signature of Parent/Guardian

Date

Signature of Parent/ Guardian

Date

Centinela Christian Child Development Center

Centinela Christian Child
Development Center
310.674.0070

Signature of C, Jones (Administrator)

Date

Date Child Enrolled _____