

BETHANY LUTHERAN SCHOOLS



Living God's Word through
Caring, Sharing, and Teaching.

Bethany Lutheran School is
a family of hope-filled Christian believers
dedicated to nurturing all children
to love, honor and serve God.

Family Information

2018 / 2019

Family Name: _____

Family Information

Bethany Lutheran School • 1011 Ulatis Drive • Vacaville, CA • 95687 • (707) 451-6683
Bethany Lutheran Prechool • 621 S. Orchard Drive • Vacaville, CA • 95688 • (707) 451-6678

STUDENT(S) ENROLLMENT INFORMATION

(1) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(2) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(3) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(4) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

NOTE: A copy of current custodial orders must accompany registration & remain on file with BLS.

Siblings Not attending BLS: Name:(s) _____ Grade: _____

School they attend (if any): _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____ Relationship: _____

Address: _____

(Street)

(City)

(Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: (Please print clearly.) _____

Employer: _____ Business/Occupation/Title: _____

Mother/Guardian Name: _____ Relationship: _____

Address: Same or _____

(Street)

(City)

(Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: (Please print clearly.) _____

Employer: _____ Business/Occupation/Title: _____

CHURCH AFFILIATION

Bethany Church Members: Yes No If no, Church Currently Attending: _____ None

City: _____ Pastor's Name: _____ Telephone: _____

How often does student attend church? weekly monthly Parents/Family attend church: weekly monthly

Enrollment Procedures

- Enrollment at Bethany is on an annual basis.
- Registration must be received before the deadline for both continued and initial enrollment.
- **Registration for enrollment does not constitute acceptance.**
- Fees and tuition are applicable to all students entering Bethany Lutheran Schools. **Fees are not refundable.**
- **Registration fee(s) must accompany registration or the application will not be processed.**

All new Enrollees

Students may be evaluated or required to take a placement test (K-8) for best placement of that student. A copy of the student's birth certificate and current immunization record must be presented at the time of registration. Enrollment and placement of transfer student(s) will be conditional until all information (student referral forms, report cards, cumulative records, immunization and medical forms, etc.) has been received and evaluated.

ALL Enrollees

In accordance with applicable law, ALL students enrolling at Bethany are required to present the most current immunization record at the time registration is submitted.

Statement of Faith

Bethany Lutheran School and Preschool teaches and responds to the love of the Triune God: the Father, creator of all that exists; Jesus Christ, the Son, who became human to suffer and die for the sins of all human beings and to rise to life again in the ultimate victory over death and Satan; and the Holy Spirit, who creates faith through God's Word and Sacraments. The three persons of the Trinity are coequal and coeternal, one God.

We accept and teach Bible-based teachings of Martin Luther that inspired the reformation of the Christian Church in the 16th century. The teaching of Luther and the reformers can be summarized in three short phrases: **Grace alone, Faith alone, Scripture alone.**

Grace alone

God loves the people of the world, even though they are sinful, rebel against Him and do not deserve His love. He sent Jesus, His Son, to love the unlovable and save the ungodly.

Faith alone

By His suffering and death as the substitute for all people of all time, Jesus purchased and won forgiveness and eternal life for them. Those who hear this Good News and believe it have the eternal life that it offers. God creates faith in Christ and gives people forgiveness through Him.

Scripture alone

The Bible is God's inerrant and infallible Word, in which He reveals His Law and His Gospel of salvation in Jesus

Acknowledgement

For admission of my/our child to Bethany Lutheran School, I/we certify that the information given is complete and accurate and understand that it is my/our responsibility to provide updated information to the school. I/We acknowledge the "Statement of Faith" printed above and the Bible-based education that Bethany provides and support such teaching. With my/our signature(s) below I/we acknowledge that I/we have read and understand the terms of this covenant and agree to support, uphold and abide by the school's policies and procedures (i.e. admissions terms, student/parent handbook, etc.) for the duration of my/our child's attendance at Bethany.

(Both signatures are required, as applicable.)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Financial Agreement

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This contract is a partnership between Bethany Lutheran Schools (hereinafter referred to as BLS) and the parents or guardians of the student(s) listed, I/We hereby enroll said student(s) for the academic year stated with the following agreements.

- 1 I/We understand that this contract is for the entire school year. Under extenuating circumstances, early withdrawal may be considered. Approval of early withdrawal is at the sole discretion of Bethany Ministries. To officially withdraw a student from BLS, a withdrawal form is required and must be submitted to the BLS office. I/We understand and agree that we are responsible for the balance of tuition regardless of the reason for the withdrawal. Under extenuating circumstances, tuition for early withdrawal may be prorated, and an early withdrawal penalty will be charged. No exception will be given for students removed after February 28. **Initial:** _____
- 2 I/We agree to pay the tuition in accordance with the terms set forth by BLS and conclude all required payments as agreed. I/We understand that tuition & extended care payment plans must be authorized by ACH which transact each month. I/We agree that all payments are subject to clearance by the banking system. Any returned payment will result in a fee the higher of 10% of the payment amount or \$25.00. Drop-In Extended Care payments are drawn the month following use with your scheduled ACH. **Initial:** _____
- 3 Tuition for late enrollment will be pro-rated from the student's start date.
3. I/We understand that fees are **non-refundable** (i.e., testing, registration, annual, family, etc). Fees are refundable only if initial proper placement for your student(s) cannot be accommodated.
- 5 I/We understand that if we wish to make a change in the student's Extended Care program, we must notify BLS by completing a change form in the school office (K-8 only).
6. I/We understand that by assuming responsibility for the tuition account, we are responsible for and agree to pay any and all fees and charges incurred while the student is attending BLS. Accounts must be paid in full to receive final exams, grades, report cards, diplomas, or to participate in programs, ceremonies, etc. I/We understand that student records will not be released until the account is paid in full.
- 7 I/We understand that students with accounts 30 days past due may be removed from school. All costs incurred by BLS to collect on past-due accounts are our responsibility and will be billed to us.
8. I/We understand that we are responsible to complete Partnership Hours for our student(s) or pay \$10.00 per uncompleted hours by May 15 for non-returning families and July 31 for returning families. Refer to the department listing for total hours required.
9. I/We understand that for the safety and well-being of all, Extended Care & PS sign-in/out sheets for all students must be signed; otherwise, I/We agree to be charged until 6:00 PM. Billing sheets will be presumed correct unless disputed within 30 days of the billing date.

I/WE HAVE READ AND THIS CONTRACT FOR PAYMENT AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS ENROLLMENT.

I/We, agree to be financially responsible for paying the annual tuition and all fees.

(Signatures required of all parties agreeing to be financially responsible i.e. husband and wife, etc.).

Signature **Print Name** **Date**

Signature **Print Name** **Date**

Tuition and Fees

- Tuition is based on instructional school days.
- Testing fee applies only to new students not currently enrolled in Bethany School or Bethany Preschool (with teacher recommendation).
- Annual fee (K-8) provides funds at the beginning of the year for equipment and supplies.
- Facility Fee offsets some of the costs of facility maintenance.

Discounts

- Discounts apply to tuition only, not fees.
- Multi-student discounts apply to siblings enrolled PS-8th grade. The discount is applied to the least expensive tuition.
- Active-duty Military members are eligible to receive a 10% discount of tuition (K-8 only). Requesting families must provide proof of active duty status for the custodial parent.
- Full-time clergy (primary income source) are eligible to receive a 10% tuition discount.

Refunds

- All fees are non-refundable.
- Students are enrolled for the entire school year. Under extenuating circumstances, early withdrawal may be considered. If approved, a withdrawal fee will apply. Approval of early withdrawal is at the sole discretion of Bethany Lutheran Schools. To officially withdraw a student from BLS (PS-8th), a withdrawal from must be submitted to the BLS office.

Method of Payment

- Payment in Full (by check, credit card, or EFT (electronic funds transfer))
- Monthly payments are offered as a way to help our BLS families manage the overall cost of tuition. Tuition can be paid in 10 or 12 installments through EFT (mandatory for all installment plans). A \$5 per month processing fee will apply for all installment plans.

Extended Care

- Extended Care/PS programs are for instructional days (including minimum days for K-8) only. All non-school days are excluded.
- Extended Care fees may either be paid in full by June 30 or in installments.
- Extended Care is non-refundable, even if the family chooses not to utilize all the days and/or hours offered by the program.
- A late pick-up fee of \$15 for every 15 minutes or any fraction thereof is assessed when picking up a student late (after hours).

K-8 Extended Care

Program Code	Rate	10 Mo.	12 Mo.
MC	Morning Care: 6:30am—8:00am \$ 1,250	\$125	\$105
AC	Afternoon Care: 3:10pm—6:00pm \$2,300	\$230	\$192
AD	Morning & Afternoon \$3,250	\$325	\$271
DI	Drop-In: Morning or Afternoon \$8 per hour or fraction thereof	\$8 per hour	\$8 per hour

(1) Name: _____ Program: _____

(2) Name: _____ Program: _____

(3) Name: _____ Program: _____

(4) Name: _____ Program: _____

I/We wish to register our student(s) for the Extended Care program as indicated above. I/We understand that to drop or change an Extended Care program requires a 30 day written notice by completing a change form. We understand that all school policies/procedures of BLS also apply to extended care.

I/We assume responsibility for and agree to pay any and all fees and charges incurred while the student is enrolled in the Extended Care program.

I/We understand that for the safety and well-being of all I/We must sign-in/out our daily. Students not signed out will be billed to 6:00 PM. Extended Care billing sheets will be presumed correct unless disputed within 30 days of the billing date.

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED AND AGREE TO COMPLY.

Signature

Date

Signature

Date

Tuition and Fees Worksheet

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PAYMENT ESTIMATOR — final billing verified by business office

(PLEASE ALLOW OFFICE STAFF TO CALCULATE)	Student 1 Name: _____	Student 2 Name: _____	Student 3 Name: _____	Student 4 Name: _____
	Grade _____	Grade _____	Grade _____	Grade _____
Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Sibling Discount (5, 10, 15%)	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Active Duty Military (10%) K-8 only <i>Must provide Proof of Military Service</i>	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Other Discount:	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Annual Fee if paid monthly	\$ _____	\$ _____	\$ _____	\$ _____
K-8 Extended Care Program	\$ _____	\$ _____	\$ _____	\$ _____
Facility Fee if paid monthly	\$ _____	\$ _____	\$ _____	\$ _____
Processing Fee \$5 per month	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL TO BE BILLED				
Est Month <input type="checkbox"/> 10pymt <input type="checkbox"/> 12pymt	\$ _____	\$ _____	\$ _____	\$ _____

FEES K — 8

- Registration Fee(s) due upon registration
- Facility Fee is due by August 1 unless rolled into monthly payments
- Annual Fee (K-8 Only) is due August 1 unless rolled into monthly payments

EXTENDED CARE K — 8

Please complete the separate Extended Care registration form (page 7) to enroll a student in Extended Care. Students may be enrolled in one or more Extended Care session.

Extended Care change forms are available in the school office or on the school's website at www.gobethany.com.

FOR OFFICE USE ONLY

PAID w/Registration: App/Testing Fee Registration Student Annual Fee Facility Fee Tuition

Amt. \$ _____ CK# _____ Cash

Billing Option (* processing fee of \$5/month applies): Pay in Full by July 31 10 Month* 12 Month*

Date Registration Received _____ Time: _____ Rec'd by _____

NOTES:

Bethany Lutheran Preschool Tuition (2018-2019)

621 S. Orchard Ave. and 1011 Ulatis Drive • Vacaville, CA • (707) 451-6678

FULL-TIME PRESCHOOL (Year-Round June-May)			Paid In Full	12 pymts ⁽²⁾
PS-1	Monday through Friday	7:00am – 6:00pm	\$11,072	\$928
PS-2	Monday/Wednesday/Friday ⁽¹⁾	7:00am – 6:00pm	\$8,120	\$682
PS-3	Tuesday/Thursday ⁽¹⁾	7:00am – 6:00pm	\$5,686	\$479
FULL-TIME PRESCHOOL (school year, instructional days only, does not include breaks)			Paid In Full	10 pymts ⁽²⁾
PS-4	Monday through Friday	7:00am – 6:00pm	\$8,395	\$845
PS-5	Monday/Wednesday/Friday ⁽¹⁾	7:00am – 6:00pm	\$6,444	\$649
PS-6	Tuesday/Thursday ⁽¹⁾	7:00am – 6:00pm	\$5,226	\$528
PART-TIME PRESCHOOL (school year, instructional days only, does not include breaks)			Paid In Full	10 pymts ⁽²⁾
PS-7	Monday-Friday	8:00am – 12:00pm	\$5,820	\$587
PS-8	Monday/Wednesday/Friday ⁽¹⁾	8:30am – 11:30am or 12:30pm – 3:30pm	\$3,244	\$329
PS-9	Tuesday/Thursday ⁽¹⁾	8:30am – 11:30 am or 12:30pm – 3:30pm	\$2,575	\$263
PS-10	Monday-Friday & lunch group ⁽¹⁾	8:00am – 1:00pm	\$7,396	\$745
EARLY KINDERGARTEN (school year, instructional days only, does not include breaks)			Paid In Full	10 pymts ⁽²⁾
EK-1	Monday through Friday ⁽¹⁾	8:30am – 12:00pm	\$5,590	\$564
EK-2	Monday-Friday & Lunch Group ⁽¹⁾	8:30am – 1:00pm	\$7,396	\$745
EK-3	Monday through Friday All Day ⁽¹⁾	7:00am – 6:00pm	\$8,640	\$869
TODDLER (Year-Round June – May)			Paid In Full	12 pymts ⁽²⁾
T1	Monday through Friday ⁽¹⁾	7:00am – 6:00pm	\$13,176	\$1,098
⁽¹⁾ offered only at 621 S. Orchard Campus ⁽²⁾ includes \$5 monthly processing fee				

Preschool Fees		
Description		When Due
Registration Fee	\$200	Upon registration
Facility Fee	\$100	Paid in full or billed monthly. Max is \$300 Family
Partnership Hours	15 hours annually	For each hour not completed \$10 will be billed

*Multi-student discounts (see schedule on back)

*Payment Options: Pay in Full or installment payments by EFT w/processing fee

*School year programs are instructional days only.

K - 8th Grade Tuition and Fees (2018 – 2019)

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Tuition K-8

	Kindergarten – 8 th Grade
Annual Tuition	\$6,390 paid by June 30
10 Installments w/processing fee	\$644 monthly August - May
12 Installments w/processing fee	\$538 monthly June - May

Tuition Discounts

	2 nd Student PS – 8 th	3 rd Student PS – 8 th	4 th Student PS – 8 th	Military Active Duty, K-8 only	FT Clergy K-8 only
Discount	5%	10%	15%	10%	10%

**Multi-student discounts are applied to least expensive tuition.*

Fees K-8

Description		When Due
App/Testing Fee	\$75	Upon registration of "New" Students
Registration Fee	\$275	Upon registration
Student Annual Fee	\$300	June 30, 2017
Facility Fee	\$150/\$300 family*	paid in full or billed monthly
Partnership Hours	\$10	For each hour not completed

**Facility fee is per student and will cap at \$300 for families of two or more students.*

**Add'l costs to anticipate: spirit wear, PE clothes, uniforms, yearbook, field trips, personal supplies, elective programs, fundraising, etc.*

Extended Care Rates K-8

	Full Time (Morning and Afternoon)	Morning 6:30-8:00 AM	Afternoon 3:10-6:00 PM
Grades K—8	\$3,252	\$1,255	\$2,340
10 Installments (Aug-May)	\$326	\$126	\$234
12 Installments (June - May)	\$271	\$105	\$195

- The drop-in Extended Care rate is \$8.00 per hour and based on availability. Drop-in Extended Care charges will be billed automatically the month following the drop-in care.
- The above Extended Care programs are for instructional days (including Minimum Days) only. There is an additional cost for non-school days.

Admissions Application Checklist

A non-refundable registration fee is required upon enrollment of your child in the preschool. The following forms must be submitted with enrollment application for your enrollment to be accepted.

1. A Copy of their Birth Certificate
2. Copy of all Current Immunizations - *If immunizations are in the works, an updated record is due by 8/1/2018.
3. Admission Agreement
4. Parent's Rights (LIC 995)
5. Personal Rights (LIC 613A)
6. Identification & Emergency Form (LIC 700)
7. Child's Pre-Admission Health History (LIC 702)
8. Physician's Report (LIC 701) - *If you do not have a current physician report, one is due by 8/1/2018
9. Consent for Emergency Medical Treatment (LIC 627)
10. Personal Profile Sheet
11. Photo & Press Release Form
12. Pesticide Notification



ADMISSION AGREEMENT

We/I have read the Bethany Lutheran Preschool Handbook, and agree to comply with the policies stated therein;

Additionally, we/I, are/am aware of the "Inspection Authority by Community Licensing" Section 101195 (b) as stated below:

The 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.

Furthermore, we/I, are/am aware of the "Complaint Procedure" as stated below:

Complaint procedure:

Parents understand they 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:

Community Care Licensing
Child Care Program
520 Cohasset Road, Suite 170
Chico, CA 95926
(530) 895-4230

We/I the undersigned, agree to be financially responsible for paying the yearly tuition and all fees and to the conditions of the "Admission Agreement" and to the admission of:

(Signatures required of all parties agreeing to be financially responsible i.e. husband and wife, etc.)

Child's Name _____

Name of Facility Bethany Lutheran Preschool

Parent/Child's Representative _____
(Signature, please)

Parent/Child's Representative _____
(Signature, please)

Date _____

Facility Operator _____

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

Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95921

Licensing Office Telephone #: (530) 895-4230

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		
Community Care Licensing		
ADDRESS		
520 Cohasset Road, Suite 170		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Chico, CA	95926	(530) 895-4230

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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*	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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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

LIC 702 (8/08) (CONFIDENTIAL)

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) (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.

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

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

Bethany Lutheran Preschool 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

()

Personal Profile Sheet

Please complete this survey about your child. It will help your child's teacher(s) to become better acquainted with your child's individual interests and needs.

First Name Middle Name Last Name

Nickname _____ Birthdate _____

Allergies _____

Who will be picking up your child? _____ Phone _____

Father's Name _____ Occupation _____

Father's email _____

Mother's Name _____ Occupation _____

Mother's email _____

Marital Status of Parents _____ Does Child Live With Both Parents? _____

Explain any personal/confidential information the school/teacher needs to know of (i.e. divorce, separation, special needs, etc.) If more room is needed, please use the back or attached a sheet of paper.

Brother or Sisters (Name, Age, and School) _____

Has your child previously attended a preschool or nursery school? _____

If "yes", where? _____

Favorite things: _____

Least Favorite things (i.e. bugs, costumes, etc.): _____

How does your child separate from you? _____

What would you like your child's teacher to know?

Photo Information & Release

When your child(ren) work on lessons or participate in special events we often have many great photo opportunities. As part of our developmental portfolios (a collection of work samples showing the student's growth and accomplishments) photos are taken of children working on lessons, participating in special events, on the playground, during class time, field trips, and other activities. These photos may be posted internally in classrooms, hallways, for teacher education, and as a historical record. Photos may also be used in news articles and publicity pieces promoting the great things that occur at our school on the website, in brochures, presentations, social media, etc.

Please check the appropriate box and sign this acknowledgment granting permission for the purposes stated above.

- I understand that photos will be taken in conjunction with school activities at Bethany Lutheran Preschool and give my permission for those images to be used in the manner set forth above.
- I prefer that photos of my child(ren) not be taken.

Name of Child(ren): _____

Signature of Parent: _____ Date: _____

Print Parent Name: _____



The Healthy Schools Act of 2000 (as amended by Assembly Bill 2865, Chapter 865, Statutes of 2006) requires that all schools and child day care centers provide parents or guardians of children who are enrolled at the facility with annual written notification of expected pesticide use at schools and day care centers. The notification will identify the active ingredient or ingredients in each pesticide product and will include the Department of Pesticide Regulation's School Integrated Pest Management (IPM) Web site (<http://www.schoolipm.info>) for further information on pesticides and their alternatives. We will send out annual notifications starting August 1, 2016.

Parents or guardians may request prior notification of individual pesticide applications at the school or day care center. Beginning August 1, 2016, people listed on this registry will be notified at least 72 hours before pesticides are applied. **Please complete and return the form below only if you would like to be notified each time a pesticide is applied.**

If you have any questions, please contact Bethany Lutheran Preschool at (707) 451.6678.

REQUEST FOR INDIVIDUAL PESTICIDE APPLICATION NOTIFICATION

Bethany Lutheran Preschool

I understand that, upon request, the public school district or child day care center listed above is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified, by email, before each pesticide application at the site listed above.

Please print neatly:

Name of Parent/Guardian: _____ Date: _____

E-mail: _____

Return to Bethany Lutheran Preschool, 621 South Orchard Ave., Vacaville, CA 95688