

Big Future Preschool

Enrollment Packet



Big Future Preschool, San Marcos

933 W San Marcos Blvd
San Marcos, CA 92078
(760) 744-3900

Big Future Preschool, Carlsbad

2634 El Camino Real
Carlsbad, CA 92008
(760) 434-2688

Big Future Preschool, Poway

15010 Pomerado Rd
Poway, CA 92064
(858) 883-2985

Big Future Preschool, Temecula

40295 Winchester Rd.
Temecula, CA 92591
(951) 296-1855

Introduction

We are excited to have your child start at Big Future Preschool. Our goal is to provide high quality early childhood education that nurtures children's emotional, physical and social development. We will strive for this by adhering to rigorous standards in reading language and mathematics and by engaging children in the arts, sciences and technology. We will achieve this through a teacher-directed balance of child-initiated, free-choice activities and intentional teacher-directed instruction. The end goal is to make the transition to Kindergarten as smooth as possible.

Our journey begins now, the first step in moving towards our goals is to supply our students with the following items. Please help us by preparing your child for his or her first day of school.

Here is a list of items your child will need on their first day:

- ✓ Blanket & crib sheet
- ✓ Complete change of clothing
- ✓ Coat or jacket (depending on season)
- ✓ Lunch
- ✓ Reusable Water Bottle

Special Instructions:

- Label all of your child's belongings with their first and last name; this helps misplaced items to be returned.
- Explain to your child that they will be starting a new school and it is a place where they will go to learn and make friends. They will have a teacher with them all day that will take care of them and help them when they need it. Also let them know when your expected pick up will be (ex: after nap or after circle time).

Sometimes it takes children a few days to get comfortable in their new setting and routine. During this time the teachers will assist in every way possible to make this an exciting time so we can start to build those lifelong memories.



Child File Checklist

Child's Name _____

Start Date _____

___ Tuition Agreement

___ Registration Form

___ Authorization of Medical Treatment - Form LIC 627

___ Identification and Emergency Information - Form LIC 700

___ Child's Preadmission Health History - Form LIC 702

___ Authorization and Consent/Child Release Form

___ Sunscreen Application Permission Form

___ Photo Release Form

___ Notification of Parents' Rights – Form LIC 995

___ Personal Rights – Form LIC 613A

___ Physical Report Health Care - Form LIC 701 pages 1 & 2

___ Acknowledgement of Parent Handbook

___ Immunization Card (Copy)

Please sign below when all documents listed have been received:

Director of Preschool Signature _____ **Date** _____

Tuition Agreement

Please Initial

_____ I agree to pay the monthly fee of \$_____ for _____ full / half days a week.

_____ I agree to pay by the 5th of every month or I will be charged a late fee of \$25.00.

_____ I agree to provide a minimum of 2 weeks written notice if we are leaving the school.

_____ I understand that a 2 week notice must be given in order to use my Vacation Credit.

_____ I understand that field trips are optional and I will be billed extra for them.

_____ I understand a late pick up fee of \$1 per minute will be charged to my child after closing.

The school's hours are from 6:45 am – 6 pm. For your child's safety, you understand they will only be released to the persons listed on the authorized pick up list. Please refer to the **Parent Handbook** for other terms and conditions.

I have read and understand the pricing, policies and procedures above.

Parent or Guardian Name (Printed)

Child's Name (Printed)

Parent or Guardian Signature

Date

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Big Future Preschool Registration Form

Date of Enrollment _____

Name of Child _____

Name of Parent _____

Email Address _____

Name of Parent _____

Email Address _____

Birthdate _____ Sex M ____ F ____

Eye Color _____ Hair Color _____ Identifying Marks _____

Languages spoken other than English _____

Health Care Information

Child's Insurance Carrier _____ ID # _____

Child's Doctor (Name, Address, Phone #) _____

Child's Dentist (Name, Address, Phone #) _____

Hospital of Choice _____

Are your child's immunizations up to date? Yes ____ No ____

If no please explain _____

Anything Else You Want Us to Know:

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		HOME TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					BUSINESS TELEPHONE ()
LAST NAME	MIDDLE	FIRST	HOME 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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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
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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	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
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Authorization and Consent/Child Release Form

By signing this form I understand the Big Future Preschool will not release my child to any other person unless I notify them in advance following these guidelines.

- If the person is listed, I must notify the school verbally.
- If the person picking up my child is not listed on this form I must notify in writing.
- Photo identification will be required by the person picking up my child.

Child's Name _____ **Date of Birth** _____

I understand that every effort will be made to reach me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I understand that the emergency contacts listed will be called. I give permission to **Big Future Preschool** to obtain whatever treatment may be deemed necessary for my child.

When appropriate, Big Future Preschool will call 911 and the parent(s). If I cannot be reached, I understand that the emergency contacts will be called. To ensure my child's safety, Big Future Preschool will release my child only to the parents/guardian indicated in this enrollment packet as undersigned by the parent/guardian.

Parent or Guardian Signature

Date

SUNSCREEN PERMISSION FORM

Topical Ointment & Sunscreen Form

Child's name _____

Non-prescription Topical Children's Ointments: can be applied with authorization from the parent/guardian according to the manufacturer's instructions for a period not to exceed **one year**. This includes diaper cream, sunscreen and insect repellent and other non-medicated (free from antibiotic, antifungal or steroidal components) topical ointments designated for use for children.

Note: All topical ointments must be provided in the original container, labeled with the child's full name.

I further agree to hold harmless Big Future Preschool and their staff, against all claims as a result of any and all acts performed under this authority and according to the instructions below.

Parent/Guardian Signature: _____ Date: _____

Physician's Information:

Medication: _____ Expiration Date: _____

Reason for Medication: _____

Medication Storage: _____

Side Effects _____

Dosage: _____

Times of Administration: _____

Start Date _____ End Date _____ (Not to exceed 1 year)

Six Rights of Medication

1. Verification that the *right* child receives
2. The *right* medication
3. In the *right* dose
4. At the *right* time
5. By the *right* method
6. And the right documentation completed

PHOTO RELEASE FORM

Dear Big Future Preschool Parent,

Child's Name: _____

I grant Big Future Preschool, its representatives and employees the right to take photographs of my child/ren during school activities. I authorize Big Future Preschool to post pictures on the private school website Shutterfly or in the preschool. They may use such photographs of me and my child without our names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing I also agree to not use photos for anything other than personal use for my family. I have read and understand the above:

Signature _____

Printed name _____

Date _____

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: 3737 Main Street, Suite 700 Riverside, CA 92501

Licensing Office Telephone #: 951-782-4200

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 905 (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.

Big Future Preschool
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

3737 Main Street, Suite 700

CITY

Riverside

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

951-782-4200

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)

Big Future Preschool

(PRINT THE ADDRESS OF THE FACILITY)

40295 Winchester Rd., Temecula, CA 92591

(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)

Big Future Preschool _____ . 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: _____
other: _____

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.
