

Dear Parents,

The following is a list of forms needed by APJCC Preschool Camp prior to your child's attendance. You can use this list as a checklist for your reference. All forms are due in the Katan / Preschool office before your child can attend camp. Thank you.

Returning / Current family forms

- Katan Service Contract - **be sure to fill out both sides (fill out on First Day of camp)**
- Identification & Emergency Information form
- Authorizations form
- Child Health History - Update form

First Time Camper forms

\*Not applicable to Returning Campers or Current Preschool Families

- Katan Service Contract - **be sure to fill out both sides (fill out on First Day of camp)**
- Identification & Emergency Information form
- Authorizations form
- Physician's Report - **Must be completed by doctor.**
- Copy of Immunization record
- Child's Pre-Admission Health History-Parent Report
- Notification of Parent's Rights
- Personal Rights
- Emergency procedures
- Emergency Kit Order Form

# IDENTIFICATION AND EMERGENCY INFORMATION

To Be Completed by Parent, Domestic Partner, or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	BEST TELEPHONE NUMBER		
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	CHILD'S BIRTHDATE	
PARENT/GUARDIAN/DOMESTIC PARTNER NAME 1					LAST	FIRST	CELL/BUSINESS # (CIRCLE ONE)
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	ALT TELEPHONE	
PARENT/GUARDIAN/DOMESTIC PARTNER NAME 2					LAST	FIRST	CELL/BUSINESS # (CIRCLE ONE)
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	ALT TELEPHONE	
BEST EMAIL AND PHONE NUMBER TO REACH PARENT/GUARDIAN/DOMESTIC PARTNER 1							
BEST EMAIL AND PHONE NUMBER TO REACH PARENT/GUARDIAN/DOMESTIC PARTNER 2							

## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY (MINIMUM TWO NAMES REQUIRED)

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, GUARDIAN, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP & PHONE NUMBER

SIGNATURE OF PARENT/GUARDIAN/DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE	DATE
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## TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT
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# APJCC Preschooland Camp Shalom Programs Authorizations

## Consent for Emergency Medical Treatment

I authorize the Addison-Penzak Jewish Community Center Preschool, Camp Shalom, and other program departments to call an emergency ambulance in case of accident or acute illness and to arrange for possible medical, surgical or dental care in case of emergency. I agree to accept the expense of such services.

**Parent/ Legal Guardian's signature** -----

## Newsletter Photo Permission

I hereby give permission for my child to be included in photographs posted on the Preschool/Camp Shalom newsletter that is sent only to current Preschool/Camp families.

**Parent/ Legal Guardian's signature**-----

## Publicity Release Permission

I hereby give permission for my child to be included in: photographs, videos or news stories about the Addison-Penzak Jewish Community Center Preschool, Camp Shalom, and other program departments to be submitted for publication; photographs posted on walls within the Preschool; and photographs posted on the Preschool/Camp Shalom website.

**Parent/ Legal Guardian's signature**-----

## Social Media Permission

I hereby give permission for my child to be included in photographs or videos posted on the social media pages (such as Facebook and Twitter) of the Addison-Penzak Jewish Community Center, Camp Shalom, and other program departments.

**Parent/ Legal Guardian's signature**-----

## Visitation Policy

Visitation is a legal right, the exercise of which may have significant consequences for you and your child(ren). The APJCC Preschool and Camp Shalom strive to balance your child's growing independence with the interests, rights and involvement of you as parents and guardians. Parents/Legal Guardians may visit at anytime by checking in at the Preschool office first. If the visitation needs of the parents or legal guardians cannot be satisfactorily accommodated, the APJCC may request that you remove your child from our program.

Other people may visit a child at the Preschool or Camp Shalom with prior notification to and approval of the appropriate department head. That department head, in consultation with his/her supervisor, will determine if the visitation is in the best interest of the child, the program and the APJCC.

**Parent/ Legal Guardian's signature**-----

## Sunscreen

I authorize the APJCC Preschool/Camp Shalom staff to apply sunblock to my child as needed.

**Parent/ Legal Guardian's signature**-----

## Child Health History-Update Form

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Potty Training instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nap:  Yes  No

Other: \_\_\_\_\_

No changes to my child's health

Parent Signature: \_\_\_\_\_ 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)

APJCC Preschool . This Child Care Center/School provides a program which extends from 7:30am to 6pm  
(NAME OF CHILD CARE CENTER/SCHOOL)

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/DOMESTIC PARTNER, 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: Please attach the most recent Immunization Record

<p><b>SCREENING OF TB RISK FACTORS</b> (listing on reverse side)</p> <p><input type="checkbox"/> Risk factors not present; TB skin test not required.</p> <p><input type="checkbox"/> Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  <input type="checkbox"/> Communicable TB disease not present.</p>
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I have  have not  reviewed the above information with the parent/guardian.

Physician: _____	Date _____	of _____	Physical _____	Exam: _____
Address: _____	Date _____	This _____	Form _____	Completed: _____
Telephone: _____	Signature _____			
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Nurse Practitioner	

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**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.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

## **Vaccination Requirements:**

The APJCC Preschool/Camp Katan and licensing requires that all children entering the facility be vaccinated. Below is a list of the required vaccinations. If your child is missing any of the below vaccines, please make an appointment with your child's doctor immediately so that he or she can get the required vaccinations before the first day of preschool or camp. Per licensing requirements, we cannot admit a child who does not have the required vaccinations by the first day of school/camp.

### **List of Required Vaccinations:**

Polio #1, #2, #3

DTP #1, #2, #3, #4

MMR #1

HIB #1, #2, #3, #4 (or one dose at any age)

HEP B #1, #2, #3

VAR #1

**When You Turn in Your Paperwork:** When you submit your paperwork to the APJCC Preschool/Camp Katan office, please be sure to include your Physician's Report (signed and stamped by your doctor) and a copy of your child's immunization record. If you are claiming an exemption, we need the written statement from your doctor as well. Again, we must have all of these documents in our office by the first day of school/camp. If you have any questions, please call the APJCC Preschool/Camp Katan office at: 408.357.7417.

# CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

CHILD'S NAME	BIRTH DATE
FATHER'S/DOMESTIC PARTNER'S NAME	DOES FATHER/DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/DOMESTIC PARTNER'S NAME	DOES MOTHER/DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICIAN/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="radio"/> Chicken Pox		<input type="radio"/> Diabetes		<input type="radio"/> Poliomyelitis	
<input type="radio"/> Asthma		<input type="radio"/> Epilepsy		<input type="radio"/> Ten-Day Measles (Rubeola)	
<input type="radio"/> Rheumatic Fever		<input type="radio"/> Whooping cough		<input type="radio"/> Three-Day Measles (Rubella)	
<input type="radio"/> Hay Fever		<input type="radio"/> Mumps			

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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	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="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input type="radio"/> 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/DOMESTIC PARTNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Domestic Partner/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/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Domestic Partner/Authorized Representative Signature Required)

I, the parent/domestic partner/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/Domestic Partner/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/domestic partner/authorized representative.**

For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://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), domestic partner(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/DOMESTIC PARTNER/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/DOMESTIC PARTNER/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/DOMESTIC PARTNER/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(DATE)

## JEWISH COMMUNITY CENTER PRESCHOOL

Dear Parents and Guardians,

Providing for the safety of our preschool children is a major responsibility of the school staff. We have developed the following emergency procedures for the Addison-Penzak Jewish Community Center Preschool.

- ✓ In case of an earthquake or other disaster, the students are taught to listen to the teachers' directions and to drop to a crouched position on the floor, under tables, protecting their heads.
  - ✓ We have stored flashlights, radio and first aid supplies on site. Please refer to parent handbook regarding emergency supplies to be sent in from home.
  - ✓ After a quake, we will assemble, count everyone, give aid and comfort as needed. School will remain in operation, and the students will be cared for at the school.
  - ✓ We will stay with your child until someone comes for him/her. Please discuss this with your child.
  - ✓ No child will be permitted to leave with a person other than the parent or guardian, unless we have written permission on the student's emergency form in our file.
  - ✓ When you come to school to pick up your child, remain calm and obey all traffic laws. Park on the street, leaving the driveway and parking areas clear for emergency vehicles.
  - ✓ If a major emergency occurs, please do NOT call the school. We must have the lines open for emergency calls. If the Addison-Penzak Jewish Community Center is unsafe and we need to leave the facility, we will leave a clear message on site as to our location.
  - ✓ Please post this information in an accessible place at home.
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Please cut to retain the top of this form and return the bottom signed portion of this form.

### POLICIES AND PROCEDURES FOR EMERGENCIES

I have read and understand the policies and procedures for emergencies and my role in it.

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

### How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

### How to Obtain More Information

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

# APJCC Preschool Billing Statement

## Emergency Kit Order Form

Every child must have an Emergency Kit in their preschool cubby, You can assemble or purchase one. Please refer to the Family Handbook for a list of items required in an emergency kit. For your convenience, we sell them in the Preschool Office for \$15.00. Please fill out this order form if you would like to purchase one from us.

Child's name: \_\_\_\_\_

Child's class name: \_\_\_\_\_

Code: 73902

Amount due: \$15.00

Please circle your payment method: Cash      Check      Credit Card

\_\_\_\_\_ Please use my card on file.      Signature \_\_\_\_\_

Circle: M/C      Visa      Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

