

Dear Parents,

We are excited you have chosen TCNS for your child's nursery school years! In the next year your child will experience the fun and love that our dedicated staff has offered year after year. We hope these experiences will be remembered years after your child has left.

Information regarding school tuition/fees and important dates

**Tuition:** \$7,100/year (plus registration fee and insurance fee) Monday-Thursday class

**Hours:** 8:30am- 1:30 pm

### **Fees**

Registration Fee (one time)- \$50 paid at time of registration.

Photo/insurance Fee- \$150 paid by first day of school

September 2026 tuition – \$710 paid by first day of school

June 2027 tuition- \$710 paid by first day of school

Bright wheel is available for payment

### **Important Dates**

School Orientation at TCNS- Monday, August 24<sup>th</sup> at 5:30 PM

This meeting is for parents of new students. We would like at least one parent to attend, this is a no children meeting.

First Day- Wednesday, August 26<sup>th</sup>

- These dates may change\*

If you have any questions please email Angela Bourque at [Director@tahoeschool.com](mailto:Director@tahoeschool.com) or for more information [www.tahoeschool.com](http://www.tahoeschool.com)

Dear Parents and Prospective TCNS Students

Welcome to the Tahoe Community Nursery School Registration Process. The teachers and parent Board of Directors are so happy that you are considering our preschool.

Students entering TCNS in the fall must be 3 years old by December 31<sup>st</sup>. School is Monday- Thursday (Tuesday- Friday will be considered for weeks with holidays on Mondays) 8:30 am- 1:30 pm

Please print the information below; a registration fee of \$50 is required, made payable to TCNS.

CHILD'S FULL NAME: \_\_\_\_\_

CHILD'S BIRTHDAY: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_

(MOTHER'S CELL) \_\_\_\_\_

(FATHER'S CELL) \_\_\_\_\_

# 2026-2027 Admission Agreement

Child's Name & Date of Birth \_\_\_\_\_

## Parent Handbook

I have received a copy of the TCNS Preschool Parent Handbook ([www.tahoeschool.com](http://www.tahoeschool.com)). I have read and understand its policies and procedures, and agree to comply with the program rules and regulations.

\_\_\_\_\_  
(Initials)

## Services Offered

TCNS is based on the philosophy that fun is essential to learning. We incorporate learning through play, songs, and themes. We believe that each child develops at his/her own rate. We encourage growth and development as your child is ready.

\_\_\_\_\_  
(Initials)

## Holidays

We celebrate holidays. If you have any concerns with the celebration of holidays because of your religious or cultural background, please let us know.

\_\_\_\_\_  
(Initials)

## Admissions Policies

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, and ancestry. TCNS preschool program is for children 2.75-5 years old.

\_\_\_\_\_  
(Initials)

The following forms must be completed and turned into TCNS before your preschooler may be admitted into the program:

- \_\_\_\_\_ Copy of Admissions Agreement
- \_\_\_\_\_ Notification of Parents' right (LIC 995)
- \_\_\_\_\_ Personal Rights (LIC 613A)
- \_\_\_\_\_ Identification and Emergency Information (LIC 700)
- \_\_\_\_\_ Child's Preadmission Health History- Parents report (LIC 702)
- \_\_\_\_\_ Child's Preadmission Health Evaluation- Physician's report (LIC 701)
- \_\_\_\_\_ Consent for medical Treatment (LIC 627)

## Registration Fee

I understand that I must submit the one-time, non-refundable, non-transferable registration fee of \$50 before my child can attend the program. We have the right to make any rate change throughout the school term with a 30 day notice of change.

\_\_\_\_\_  
(Initials)

### **Monday-Thursday tuition \$7100/year**

Ten equal payments of \$710 (September- June) are due the first of every month. There will be a \$5 late fee after the 15<sup>th</sup> of the month. Anyone unable to make the payment by the 15<sup>th</sup> of the month must contact the Director. TCNS has the right to terminate services for delinquent payments.

\_\_\_\_\_  
(Initials)

### **Returned Checks**

Tuition checks returned by the bank are subject to a \$10 return check charge. If two checks are returned within a three month period, payment by cash or money order will be required.

\_\_\_\_\_  
(Initials)

### **Bright wheel App**

Bright wheel is available for payments. Credit card/payment fees are to be paid by families.

\_\_\_\_\_  
(Initials)

### **Days and Hours of Operation**

TCNS is open Monday through Thursday 8:30 am – 1:30 pm

\*Weeks with a Monday holidays will be considered for a Tuesday-Friday week.

\_\_\_\_\_  
(Initials)

### **Sign-in/Sign-Out**

California law requires Sign-in/Sign-out sheet.

A designated adult must use your full signature, not initials. You will be assigned a 4 digit code from bright wheel that will be used for signing in and signing out

\_\_\_\_\_  
(Initials)

### **End of day child Pick up**

Pick up time is 1:30 pm. If you are running late contact the preschool 530.583.3331. There will be a \$5 per 10 minute late fee.

\_\_\_\_\_  
(Initials)

### **Withdrawal**

If your child is no longer going to attend TCNS we need a 30 day notification written letter from the parents indicating last day of school.

\_\_\_\_\_  
(Initials)

### **School Closings**

I understand that TCNS follows Tahoe Truckee Unified School district holidays and Snow Days. Tahoe Community Nursery School will not make up snow days. A school calendar is available at [www.ttusd.org](http://www.ttusd.org)

\_\_\_\_\_  
(Initials)

## **Change of Information**

I understand that it is my responsibility to inform TCNS of any changes to the information on the Emergency Information form, as well as other forms in the registration packet, including, but not limited to: address, home phone number, parents' work phone numbers, medical conditions, and pick-up authorizations.

\_\_\_\_\_  
(Initials)

## **Emergency Contacts**

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself.

Information must include the following: full names, home and work addresses, and home, work and cell phone numbers.

I understand that in the event of an emergency for which I or my emergency contact cannot be reached, the staff may contact police or other emergency authorities.

\_\_\_\_\_  
(Initials)

## **In the Event of an Emergency**

In the event of an emergency, if I cannot be reached, TCNS has my permission to contact the physician(s) listed on my child's registration forms, or have my child transported to a local hospital for care. I will not hold TCNS or its employees liable. I understand that I am responsible for all expenses incurred.

\_\_\_\_\_  
(Initials)

## **Release of Child**

I understand that my child will be released only to myself, a legal guardians, the other parent (except where prohibited by court order), and to those persons whose names I have listed on my child's emergency information form. I understand that if someone other than my child's parents/ guardians is to pick up my child on a specific day, I must notify TCNS, even if they are listed on the emergency information form. The designated person will be required to show a picture ID.

\_\_\_\_\_  
(Initials)

## **Communicable Disease**

I understand that I must inform TCNS within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life threatening diseases must be reported immediately.

\_\_\_\_\_  
(Initials)

## **Immunization Requirements**

Children must be immunized against Polio (3), Measles, Mumps, and Rubella (1), Diphtheria-Pertussis-Tetanus (DPT-4), Hib, Hepatitis B, and Varicella (or give date of the disease). The last TB test must have been within the past two years. Up-to-date immunization records must be present for the first day of school.

\_\_\_\_\_  
(Initials)

**Fundraisers**

Parents are asked to participate in all fundraisers we may have within the school year.

\_\_\_\_\_  
(Initials)

**Violent or Unsafe Behavior**

TCNS has the right to terminate a child at any time due to behavior endangering other children or staff members.

\_\_\_\_\_  
(Initials)

**Rights of Licensing Agency**

The Department of Social Services Licensing Department has the authority to inspect as specified in the Health and Safety Code Section 1596.852, 1596.853, and 1596.8535. They have the right to interview children attending TCNS, or TCNS staff without prior consent. This authority includes the right to inspect, audit, and copy the child’s records upon demanding during normal business hours.

\_\_\_\_\_  
(Initials)

**Terms of this Admission Agreement**

This admission agreement is valid for the 2025-2026 school year.

\_\_\_\_\_  
(Initials)

**Conditions of Termination**

As mentioned above, TCNS has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- The child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation
- On-going late pick-up
- Inappropriate parental behavior to children, teachers, or staff
- Chronic lack of payment

\_\_\_\_\_  
(Initials)

I have read, understand, and will comply with the policies and procedures included in the admission agreement and in the TCNS Parent Handbook.

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

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



Tahoe Community  
3125 N. Lake Blvd  
P. O. Box 1265

Tahoe City, CA 96145  
Telephone: (530) 583.3331  
Website: [www.TahoeSchool.com](http://www.TahoeSchool.com)



### General Photo Release Form

I grant to Tahoe Community Nursery School, the right to take photographs of me and my family in connection with school experiences at the facility and on outings to field trips. I authorize Tahoe Community Nursery School, its assigns and transfers to copyright, use and publish the same in print and/ or electronically.

I agree that Tahoe Community Nursery School may use such photographs of me without my name and for any lawful purpose, including for examples such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Child's Name \_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

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

To Be Completed by Parent or Authorized Representative

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

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**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
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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?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# 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
<b>POLIO (OPV OR IPV)</b>	/ /	/ /	/ /	/ /	/ /
<b>DTP/DTaP/DT/Td</b> (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
<b>MMR</b> (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
<b>HIB MENINGITIS</b> (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
<b>HEPATITIS B</b>	/ /	/ /	/ /	/ /	
<b>VARICELLA</b> (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

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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.
- 

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

\_\_\_\_\_ 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

( )

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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](http://www.meganslaw.ca.gov)**

LIC 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, \_\_\_\_\_  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

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

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

LIC 995A (8/08)

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:****PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)