



BUNDY CANYON PRE-SCHOOL



Today's date _____

Date enrolled _____

Student's full name First _____ Middle _____ Last _____ (Nickname) _____

Home address _____

Street _____ City _____ Zip _____

Date of Birth _____ Place of Birth _____ Home Phone _____

Please check the following: Full time _____ Part time _____ What days _____ Extended day _____

Do you attend Church? Regularly Occasionally Not currently attending

Who is your child living with _____

Father's name _____ Mother's name _____

Father's address _____ Mother's address _____

Father's place of employment _____ Mother's place of employment _____

Father's work/cell phone _____ Mother's work/cell phone _____

Billing address if different from above _____

E-mail address _____

People to contact in case of emergency or illness:

| Name | Relationship to child | home ph# | work# | Cell# |
|-------|-----------------------|----------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any person who is ***not allowed*** to pick up your child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Does your child have any physical disabilities or limitations? _____

List any allergies (include bee stings) _____

Is your child taking any medication? Yes No

Does it need to be administered at school? Yes No

Additional comments or concerns you would like us to know about _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (WE), THE UNDERSIGNED, PARENT(S) OF _____
(STUDENT'S NAME)

A MINOR, DO HEREBY AUTHORIZE _____
(SCHOOL NAME)

AS AGENT(S) FOR THE UNDERSIGNED TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS TO BE RENDERED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF OF A LOCAL HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL, IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC AUTHORITY AND POWER ON THE PART OF OUR AFORESAID AGENT(S) TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF HIS BEST JUDGMENT MAY DEEM ADVISABLE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL _____, 20_____
UNLESS SOONER REVOKED IN WRITING, DELIVERED TO SAID AGENT(S).

DATE: _____ FATHER: _____

WITNESS: _____ MOTHER: _____

WITNESS: _____ LEGAL GUARDIAN: _____

NAME AND ADDRESS OF PERSONS WHO WILL CARE FOR CHILD IN AN EMERGENCY:

PARENT NAME: _____ ADDRESS _____

PHONE #: _____

NEAREST RELATIVE: _____ ADDRESS _____

PHONE #: _____

NEIGHBOR: _____ ADDRESS _____

PHONE #: _____

OTHER: _____ ADDRESS _____

PHONE#: _____

PHYSICIAN'S NAME ADDRESS PHONE #

FATHER'S EMPLOYER ADDRESS PHONE #

MOTHER'S EMPLOYER ADDRESS PHONE #

PLEASE LIST ANY DRUGS OR MEDICINES YOUR CHILD IS ALLERGIC TO:

LIST ANY HEALTH DISABILITIES: _____

ONLY THE FOLLOWING WILL BE PERMITTED TO PICK UP MY CHILD:

"Enrollment Agreement"
Bundy Canyon Christian School
23411 Bundy Canyon Road
Wildomar, CA 92595

I understand that the standards of Bundy Canyon Christian School do not tolerate profanity, obscenity in word or action, possession or use of drugs, alcohol or cigarettes, dishonor to the Word of God, disrespect to the personnel of the school or the continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline. (See Handbook).

I understand that arrangements for tuition and other financial obligations must be completed before my child starts classes. The school financial policies are as follows,

***ANNUAL PAYMENTS:** Full payment of tuition made directly to the school is due by July 1st. You will receive a 10% discount on the first child rate only.

Refund Policy: I understand if I withdraw my child before the end of the school year that I only will receive a 50% .

***Weekly installments :** I understand a written notification must be given to the school office 2 weeks in advance of withdrawing my child from school. Failure to give such notice will result in being charged for the two week period. (See price sheet for current rates and fees.)

I understand that the spot I have reserved for my child will be charged to my account whether My child is here or not. I understand that I need to notify the office in order to change my child's spot, because we are limited to a certain amount of children.

Circle the days, and write the hours they will be attending.

| | | | | |
|-------|-------|-------|--------|--------|
| MON. | TUES. | WED. | THURS. | FRIDAY |
| ----- | ----- | ----- | ----- | ----- |
| hours | hours | hours | hours | hours |

 Child's name

 Parent or Guardian responsible for payment
 (Signature Required For BCCS Enrollment)

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 NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| MOTHER'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 OR AUTHORIZED REPRESENTATIVE _____

DATE _____

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION _____

DATE LEFT _____

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 | Dept. of Social Services | | |
| ADDRESS | Inland Empire Child Care Licensing | | |
| | 3737 Main St., Suite 700 | | |
| CITY | Riverside, CA | 92501 | |
| | 951-782-4200 | 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) |
| Bundy Canyon Christian School | 23411 Bundy Canyon Rd., Wildomar 92595 |
| (PRINT THE NAME OF THE CHILD) | |

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

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 |
|--|------------------------|---|

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 |
|--------------------|------|

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/Inland Empire Child Care

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 995 (12/08)

(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.

Bundy Canyon Christian School

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

LIC 995 (12/06)

CHILD ABUSE PREVENTION PAMPHLET RECEIPT

This will acknowledge that I/WE, the parent(s) of

_____, have received a
(Name of child)

copy of:

“Facing the Facts: A Parent’s Guide to the Understanding of Child Sexual Abuse”

From the licensee or authorized representative of Bundy Canyon Christian School.

(Signature of Parent or Guardian)

Date

... , times parents have to face issues they could rather avoid.

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such "nontouching" behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (*fondling*), to actual genital contact, to intercourse, violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy an adult's sexual needs or desires.

"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, 'Doesn't that look like fun?' I didn't think so, but I said, 'Yes.'"

Who Gets Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind . . . Although the majority of adults do not sexually assault children, most sexual abuse occurs with an adult the child knows and trusts.

Most sexual abuse goes unreported and undetected.

Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.

Children often keep sexual abuse a secret.

"When Mommy goes to work, I stay at Mrs. Jenkins's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins' son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he put his finger in my 'privates.' He said 'You better not tell.'"

Children may keep a sexual assault a secret for any reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. **The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.**

How Can You Determine If Sexual Abuse Has Taken Place?

First and foremost, if your children confide that they have been sexually assaulted, **believe them!** Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease.

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (such as a day care center or a friend)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (such as an older child sucking his or her thumb)
- Unexplained changes in behavior at school, day care, or in relations with peers
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse should not be ruled out as a possibility.

What Can You Do To Prevent Sexual Abuse?

You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers and so on. Discussions relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you don't want to. Simply make your children aware that if someone touches them or does **anything** that makes them uncomfortable, they should report it to you or another adult they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about **anything** that's upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse.

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

"Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his 'thing.' I want to tell mom, but I'm scared she'd get mad."

BUNDY CANYON CHRISTIAN SCHOOL

23411 Bundy Canyon Road
Wildomar, CA 92595
Phone (951) 674-1254

Dear Parents:

It is imperative that your children get signed in and out every day. This is a legal issue as well as a safety issue. Each child must be signed in and out daily. Following are a few reasons why this is so important:

Licensing Title 22, regulation, 101229.1 states that the person who signs the child in/out must sign his/her full legal signature and shall record the time of day. The person who drops off and picks up must be 18 years or older. Children cannot be released to siblings who are younger than 18. A full legal signature is the key, initials will not be satisfactory.

The school is not able to obtain medical attention for any child who has not been signed in. Your signature releases your child into our care.

In addition, in an emergency, if a teacher is injured or incapacitated, emergency personnel will only be able to go by the sign-in sheets to insure that all children are safely accounted for.

Please help us comply with the law and keep your children safe. Sign them in and out daily with a full signature. This is so serious that parents will be required to return to the school to sign their children in should they forget to do it.

Please sign the following receipt indicating that you have received this letter. Thank you for your cooperation. Please contact me should you have any additional questions.

Sincerely,



Phyllis Walker
Director

I understand the importance of signing my child/children in and out daily. I understand that I may be contacted and required to return to the school to sign my child in should I forget.

Name of Student

Signature of Guardian

Date