

**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

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

DATE OF ADMISSION

DATE LEFT

## CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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

\_\_\_\_\_ TO PROVIDE 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 WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

**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 THIS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**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?
	LUNCH	BREAKFAST
	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*	

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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**PHYSICIAN'S REPORT—CHILD CARE CENTERS  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)  
\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_ : \_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td <small>[DIPHTHERIA, TETANUS AND [CELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY]</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /	/ /	/ /	/ /

**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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### 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 Division

Licensing Office Address: 744 P Street, Sacramento, CA 95814

Licensing Office Telephone #: 1(916) 651-8848

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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Montessori of Ladera Ranch

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](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), 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 Division

ADDRESS

744 P Street

CITY

Sacramento, CA

ZIP CODE

95814

AREA CODE/TELEPHONE NUMBER

1(916) 651-8848

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)

Montessori of Ladera Ranch

(PRINT THE ADDRESS OF THE FACILITY)

2101 Corporate Drive, Ladera Ranch CA 92694

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## **Facing the Facts of Child Abuse:**

### **A Parent's Guide to the Understanding of Child Sexual Abuse**

The state of California requires that parents of children enrolled in preschools receive information about child sexual abuse. At this time the official pamphlet is being revised and is unavailable. Schools have been instructed to provide the following information in this format until the new brochures have been completed. **Complete and return the form after you have read the information with the other registration papers.**

#### **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 "non-touching" behaviors such 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, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the 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 out of every ten boys become victims of 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 fingers in my privates. "He said, you better not tell."*



Children may keep sexual assault a secret for many reasons. They may fear rejection, blame, punishment, or abandonment; they may think that people won't believe them. Boys are less likely to report 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 that a child has been molested. 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 abuse may have taken place:

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

While everyone should report child abuse and neglect, the California Penal Code provides that certain professionals and laypersons must report suspected abuse to the proper authorities. The mandated reporters include:

- Any Child Care Custodian – teachers, licensed daycare workers, foster parents, social workers
- Medical Practitioners – physicians, dentists, psychologists, nurses



- Nonmedical Practitioners – public health employees, counselors, county welfare

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a \$1,000 fine or both.

Please sign the form in the space below to indicate that you have received a Child Abuse Prevention Document. This page will be kept in your child's file.

I/we, the parents of \_\_\_\_\_, have received a copy of "A Parent's Guide to the Understanding of Child Sexual Abuse" from Adventures in Learning Early Childhood Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print name parent#1 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print name parent #2 \_\_\_\_\_

## DIRECTORY INFORMATION

### FIELD TRIP PERMISSION

#### DIRECTORY

As your child makes friends at Montessori of Ladera Ranch, you may wish to contact other parents occasionally. To help you do so, we periodically publish a Parent's Directory, which will be kept in the office. If you would like to be included in the next directory, please fill out the following information.

Name of Child or Children \_\_\_\_\_

Name of Parent(s) or Guradian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cel) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Other Parent(s) or Guradian(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cel) \_\_\_\_\_ (Work) \_\_\_\_\_

#### FIELD TRIP PERMISSION

My child, \_\_\_\_\_, has my permission to attend any school sponsored activity or field trip. I understand that field trips may involve transportation by parent/teacher carpool or by private school bus.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## ECONO KITS- DISASTER PREPAREDNESS

Montessori of Ladera Ranch has a disaster plan to maintain the safety and care of the students and staff. Everyone on our staff holds current first aid and CPR certification. Our disaster plan outlines roles, responsibilities and procedures for students and staff that include monthly fire and earthquake drills.

In the event of a disaster, it is our policy to be prepared to house and care for enrolled children for a period of up to three days. Montessori of Ladera Ranch **requires** all enrolled students to purchase an Econo Life Pak Kit. The cost is \$25.00 and it includes the following items: 2400 calories of emergency food for three days, nine packets of emergency water, one solar blanket, one chemical twelve hour light stick, and a personal first aid kit. The food and water in these kits have a five year shelf life. Each kit will be marked with your child's name and expiration date and kept at school during the time of your child's enrollment. If for any reason your child leaves our facility, you are welcome to take the Econo-Kit with you.

Also, please supply us with a current photo of your child. We will be attaching your child's photo to their emergency form. This is for identification purposes, if there is an emergency we want the proper authorities to know what your child looks like. The emergency contact information is kept in the office in a red binder labeled Emergency Information.

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Econo Kit

Child's Name \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

# SIGNATURE SHEET

Child's Name \_\_\_\_\_ Starting Date \_\_\_\_\_

I have received, read, and understand the following forms will comply with the policies set forth.

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**Forms received:**

Admission Information	Permission to Photograph, Directory Information, and Field Trip Permission
Identification and Emergency Information	Signature Sheet
Consent for Emergency Medical Treatment	Admission Agreement
Child's History & Health History	First Day of School
Physician's Report and Immunization History	Information from the Health Office
Child Abuse Information	Snack and Practical Life Sign-up
Parents' Rights	School Calendar
Child Rights	Parent Handbook

Signature of Parent/Guardian \_\_\_\_\_

## Gel and Foam Hand Sanitizer Permission Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to Montessori of Ladera Ranch staff members to apply gel or foam hand sanitizer to my child's hands for part of Montessori of Ladera Ranch's school hand hygiene program.

This permission will stay in force unless otherwise notified to Montessori of Ladera Ranch in writing, to discontinue use of these products with my child.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

## Montessori of Ladera Ranch Photo Release Form

(October 2021 version)

Montessori of Ladera Ranch ("MOLR") requests your permission to use any printed, audio, visual, or electronic means activities in which your child has participated in his/her education program with MOLR. Your authorization will enable us to use specially prepared materials relating to MOLR, including but not limited to yearbook, marketing brochures, newsletters, magazines and website usage, and to use the photographs on display boards, and to use such images in electronic versions, without notifying you. These include any materials that are authored by you or others. Please read carefully and sign in the section you choose. You may choose from the following sections : 'PERMISSION GRANTED' or 'PERMISSION DENIED'

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### PERMISSION GRANTED

I, as the parent or legal guardian of the child name above, fully authorize and grant permission to Montessori of Ladera Ranch and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named student on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.

I hereby waive any right to inspect or approve the Recordings that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree that Montessori of Ladera Ranch and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signed,

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Date

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### PERMISSION DENIED

I deny this request for the child named above. If choosing 'DENIED', please check the following boxes you are denying on a more specific basis. Please mark 'YES' or 'NO' in the spaces provided, as well as sign and date. We will note this in all classrooms to ensure your child's privacy. We will also keep a copy of this form in your child's file.

My child has/does not have the following photography permission in the cases listed below:

<u>Photo Permission regarding:</u>	<u>YES</u>	<u>NO</u>
Photos in emails to child's parents only		
Photos in emails to all parents of this classroom		
Social media (Instagram, website, Facebook)		
Yearbook		

Signed,

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Date



Montessori of Ladera Ranch is GOING GREEN!

We are excited to inform you that Montessori of Ladera Ranch is going green! For many years, we have relied on sending letter home and posting notes on the classroom doors. Often, we are informed that the notice or letter never made it home. By going paperless, we are hoping to improve the efficiency of our communication and getting important information to you in the quickest way possible.

This means that all classrooms letters, newsletters, PTU notifications, events and parent/teacher correspondence will be emailed directly to you. We will also use email as a tool for communication in the event of an emergency or alert.

Additionally, please check out our website page [www.montessoriofladeraranch.com](http://www.montessoriofladeraranch.com) ! We have social media accounts on Facebook (Montessori of Ladera Ranch) and Instagram (@montessoriofladeraranch) where we post daily pictures, events, and special occasions. If you have any questions, please stop by the office.

Thank you!

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

Mother's Name : \_\_\_\_\_ Email : \_\_\_\_\_

Father's Name : \_\_\_\_\_ Email : \_\_\_\_\_

Other Name : \_\_\_\_\_ Other Email : \_\_\_\_\_

Other Name : \_\_\_\_\_ Other Email : \_\_\_\_\_



## Montessori of Ladera Ranch Policy and Precautions!!!

With the flu season in full force, we are requesting complete cooperation from each family to abide by our "Illness Policy". Unfortunately, many students are being sent to school sick or are being sent back before they are completely symptom free. We understand that many of our families are working parents; however, we are obligated to maintain the best health environment for our students and staff. When children are sent to school sick, this spreads communicably throughout the classrooms. Not only does this affect our children and staff, but their family members are being exposed as well. This is especially dangerous for those who may have chronic illnesses or comprised immune systems.

**Influenza**, also known as the flu, is a contagious disease that is caused by the Influenza virus. It attacks the respiratory tract in humans (nose, throat, and lungs). The flu is different from a cold. Influenza usually comes on suddenly. These symptoms are usually referred to as "flu-like symptoms." Most people who get Influenza will recover in one to two weeks.

**How the Influenza Virus is Passed Around:** The flu is spread, or transmitted, when a person who has the flu coughs, sneezes, or speaks and sends flu virus into the air, and other people inhale the virus. The virus enters the nose, throat, or lungs of a person and begins to multiply, causing symptoms of Influenza. Influenza may, less often, be spread when a person touches a surface that has flu viruses on it – a door handle, for instance – and then touches his or her nose. The Flu Is contagious, a person can spread the flu starting one day before he or she feels sick. Adults can continue to pass the flu virus to others for another three to seven days after symptoms start. Children can pass the virus for longer than seven days. Symptoms start one to four days after the virus enters the body. Some persons can be infected with the flu virus but have no symptoms. During this time, those persons can still spread the virus to others.

**Montessori of Ladera Ranch Illness Policy (listed in our Parent Handbook):** An ill child will not be allowed to enter the classroom. If a child becomes ill at School, the parent will be contacted to arrange for the child's care. The child must be picked up by the parent or authorized person within 30 minutes of notification. If you are unable to meet the 30 minute requirement, we will then call an authorized person on the Emergency List. Any child that has been sent home with a fever, diarrhea, persistent cough and/or discolored nasal drainage will not be allowed to return to school until the child is symptom free for a complete 24 hours. For example, if your child is sent home Monday at 3:00pm, and the fever breaks that evening at 10:00pm, he/she may not return to school until Wednesday. Also, any child that has contracted an infectious or communicable disease will be required to submit a doctor's release in order to return to school.

Please know, we are actively encouraging all children and staff to practice preventive measures with this flu season. We encourage all children to wash their hands frequently, grace & courtesy with coughing and sneezing, and to wear warm clothing when outdoors. We ask that you take these measures at home as well. Please notify us if your child becomes ill and will be absent from school.

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### Illness Policy Notice

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

My signature below indicates that I have read the terms of this policy, and I agree to cooperate with the "Illness Policy" set forth by Montessori of Ladera Ranch.

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date



*Hop aboard the Tuition Express  
and never write a check again!*

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com)

*For Bank Account Authorization, complete this side and return to center management.*

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

<hr/> Your Name	<hr/> Phone #	<hr/> DEPOSITORY - Bank or Credit Union Name
<hr/> Address	<hr/> Bank or Credit Union Address	
<hr/> City	<hr/> State	<hr/> Zip
<hr/> Routing Transit Number (see sample below)	<hr/> Account Number (see sample below)	

Type:  Checking  Savings

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

---

Signature 

---

Date

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**(Please attach a copy of a voided check below - deposit slips not accepted)**

John Smith 8454 3rd St 171 Main Street Anytown, CT 01234	12345678 1234	
PAY TO THE ORDER OF _____ \$ _____ Dollars	DATE _____	
Anytown Bank Anytown, CT 01234	Memo _____	
@ 10574 210412 578 245 1* 1420		
Routing Transit Number	Account Number	Check Number

# Frequently Asked Questions!

## Signing in and out via Procure Connect

All children will need to be signed in when they are dropped off. Additionally, all children will need to be signed out when they are picked up. We use an app called Procure Connect for sign-in and sign-out purposes. The Procure Connect app is only for sign-in and sign-out purposes. Please do not message the teachers through the app, as this will not reach them. Pictures and updates will be sent through email via your child's Lead Teacher, not through the app. We feel if the teachers are always updating the app with information, this takes time away from the children's learning. Again, the Procure Connect app is only to be used for signing in and signing out daily.

All parents will be able to download the Procure Connect app on their phones to sign in and out. From your phones, you can even sign in and out from the parking lot. Each parent/guardian will be sent their own individual codes via the emails provided. These emails will contain each parent's individual 10-digit code. All parents, please, do not use each other's codes. Please sign up as soon as you can, as the codes will expire. If you are unable to find the email with the code from Procure Connect, please check your spam folder as the emails sometimes go there. I have attached instructions to this letter on how to use the Procure Connect app mentioned above. I can also help with this if needed on the first day.

## Front Door Codes

Each family will have their own unique 4-digit door code to open the front doors. Our front doors are always locked from the outside. This prevents stranger danger and anyone without authorization to open the front doors of our school. This is one of our first lines of security. Please **DO NOT** share your door code with anyone outside of your family. Each family will be able to pick their own 4-digit code. Each code will consist of 4 numbers. Please press **START, your 4-digit code, then OPEN** to unlock the front doors.

## Children's Temperatures Upon Arrival

We ask that all parents have their children's temperatures taken each morning at our kiosk to the right when you initially walk through our front doors. The light will turn green if your child's temperature is within a normal range. Please see the illness policy and COVID waiver sent to you for all questions regarding illnesses.

## Paperwork

All paperwork needs to be submitted before your child's first day of school. All items in the General Enrollment Packet (*including the Physician's Reports signed by their doctor*), a copy of your child's complete immunization record, the Admissions Agreement for the school year, and the COVID waiver. Please let us know if you have lost or misplaced any of this paperwork and we can get that to you. Again, all paperwork **MUST** be submitted at the latest by your child's first day. This is a Licensing requirement, and we are mandated to follow all Licensing requirements under whom we are governed.

## Class Schedules

If your child is signed up for morning daycare starting at 7:00 am until your child's class time, please go to Room 2 or follow the signs to the correct playground to drop off your child after placing their lunches/items in their actual classroom. **If your child is not signed up for morning daycare, please note that the earliest time your child can arrive is 15 minutes before their class time.**

Class start times are as follows:

- Toddlers in Room 1: Class begins at 9:00 am
- Preschool in Rooms 2, 3, 4, and 5: Class begins at 9:00 am
- Elementary in Rooms 6 and 7: Class begins at 8:30 am. This new start time is different than last year!

Parents may only enter the classroom before class time begins and after class time ends in the afternoon. Parents will not be able to enter the classroom during class time. If you are picking up your child at noon, please do not enter the classroom or open the classroom door. The teacher will open the door at noon to release your children to you.



### Important Items to Bring to School

Please bring the following to school for your child:

- Lunchbox with lunch and a few snacks inside
- Extra items of clothing (pants, underwear, socks, and shirts) in a Ziploc bag with your child's name on the front
- Nap items (for preschool and toddlers) if staying for a full day, please bring a roll-up OR 2 blankets. Crib sheets will no longer fit on the cots.
- Diapers/pull-ups if applicable\*

### Nap Time

Nap items go home at the end of each week to be laundered. Nap items will need to be brought back to school at the beginning of each week. All full-day children in the preschool classrooms (Rooms 2, 3, 4, and 5) and toddlers (Room 1) will need to bring nap items, regardless of whether your child sleeps during nap time. Nap time runs from 12:30 pm to 2:30 pm. The children will have a quiet time from 12:30 pm to 1:00 pm. Any children that are awake at 1:00 pm will be able to join their friends on the playground until 1:30 pm, then they will return to their classrooms to choose quiet work. We do not and cannot force any child to sleep. We do not and cannot force any child to stay awake. **We now using new cots! Please bring a roll-up or 2 blankets; crib sheets will not fit.**

### Hot Lunch Program

We offer hot lunches on the following days we are open:

- **Taco Tuesday:** Taco Tuesdays will include a chicken taco with a side of rice and beans.
- **Quesadilla Thursday:** Quesadilla Thursdays will include a quesadilla with a side of rice and beans.
- **Pizza Friday:** Pizza from Pizza Hut is offered on Fridays with applesauce.

Each day of hot lunch is offered at \$5. Please sign up in advance, as we will need to let Xclusive Taqueria Moderna and Pizza Hut know by the day before how many lunches will need to be provided. It is difficult for us to get a count on who needs to have lunch the day of or the morning of. The restaurants we will be working with need time to prepare the children's lunches. Again, let us know by the day before at the latest if your child will participate in the hot lunch program the next day. **We cannot charge your ledgers/Tuition Express accounts for hot lunches\***

### Practical Life Snack Host Sign-Up

As part of our Practical Life activities in the classroom, we will have a monthly snack host sign-up calendar just outside the classroom door. Please feel free to sign up for your child to be the Snack Host for the day! This will allow the children when they sign up to experience the full process of creating a meal: shopping for the snack, preparing the food, and helping serve it to their friends. The Snack Host also gets special responsibilities for the day including, but not limited to, holding the flag for the Pledge of Allegiance, being the Line Leader, and helping around the classroom.

If your child is signed up to be the Snack Host, please keep a couple of things in mind:

- We do have a low sugar policy for lunches and snacks.
- Please bring in enough snacks for all students in that classroom.
- Please bring the snack in upon your arrival. The children are free to help themselves to snacks throughout the morning work period.

### Share Day for Preschool Classrooms

Each classroom has its own designated Share Day. Please keep an eye out for an email from your child's Lead Teacher about when this day will occur each week. Please note that toys will not be able to be brought in for Share Day. Please consider bringing in a share that your child will be able to speak independently about, including a book, an item from a vacation, something your child learned about, songs and dances, etc.

## Tuition Billing

During the school year from September to June, tuition installments are charged on the 15<sup>th</sup> of each month. The total tuition for the school year is divided up into 10 equal payments, over the course of the 10 months of school. Each month on the 15<sup>th</sup>, you will owe one-tenth (1/10) of the total tuition for the school year. Please see the following table for when payments are due.

<u>School Year Installments:</u>	<u>Payment due date:</u>	<u>Past due date**:</u>
1st installment	August 15 <sup>th</sup>	August 25 <sup>th</sup>
2nd installment	September 15 <sup>th</sup>	September 25 <sup>th</sup>
3rd installment	October 15 <sup>th</sup>	October 25 <sup>th</sup>
4th installment	November 15 <sup>th</sup>	November 25 <sup>th</sup>
5th installment	December 15 <sup>th</sup>	December 25 <sup>th</sup>
6th installment	January 15 <sup>th</sup>	January 25 <sup>th</sup>
7th installment	February 15 <sup>th</sup>	February 25 <sup>th</sup>
8th installment	March 15 <sup>th</sup>	March 25 <sup>th</sup>
9th installment	April 15 <sup>th</sup>	April 25 <sup>th</sup>
10th installment	May 15 <sup>th</sup>	May 25 <sup>th</sup>

*\*\*A late fee of \$50 will be added to your ledger if the payment is made past the 25<sup>th</sup> of the month. All payments are considered PAST DUE on the 25<sup>th</sup> of each month.*

Monthly morning and afternoon daycare can be added or taken away each month, so if any changes need to be made or you find that you are not using daycare, please let me know.

Additionally, we do offer an occasional daycare charge of \$20/hour in case something comes up and you need to have your child stay later one afternoon or arrive before their scheduled class time in the morning. Please let us know if you need this option the day before or the day of. We always have enough staff here for occasions like this.

All parents can see their current balances, as well as create and print receipts by visiting [www.myprocare.com](http://www.myprocare.com). Our tax ID # for tax purposes is 26-0043117.

## Payment Options

We do give parents and families a few ways to submit monthly tuition payments. Please see the following for options.

### In-Office

- You have the option to choose autopayments through Tuition Express by filling out the form and sending it to us. There is no fee for using checking and savings accounts on autopay.
- If choosing to pay via credit card, there is a 2.9% surcharge with all credit and debit cards. This will be included in the total balance.

### Online

- You may now submit tuition payments online by visiting [www.myprocare.com](http://www.myprocare.com)! Please note, that with online credit and debit card transactions, there is a 2.9% surcharge with all card charges. You will be able to sign in with your email address and view balances and print receipts from this online portal.
- We accept all FSA cards. If a partial payment is needed, please do this online before the 15<sup>th</sup> of the month.

We look forward to another wonderful year here at Montessori of Ladera Ranch!

As always, if you have any questions about anything, please let us know and we will be happy to help you 😊

## Information from the Health Office

### STUDENTS WILL BE SENT HOME FOR ANY OF THE FOLLOWING REASONS:

- Biting
- Fever
- Vomiting and/or Dysentery
- Persistent cough
- Persistent runny nose
- Any nasal discharge other than clear
- Suspect of any communicable disease
- Any wound or sore not properly covered that is oozing or draining

### FEVER

A Student with a fever, or who is sent home from school due to having a fever, must be fever free for 24 hours before returning to school.

### ANTIBIOTICS

If antibiotics are prescribed for a student, they must be on the antibiotic for 24 hours before returning to school.



## 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:

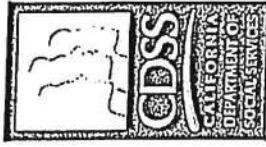
- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

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>.



## EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

## LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

### IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



## LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



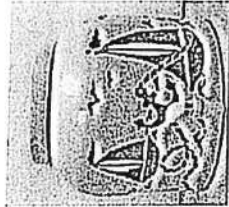
Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).
- To reduce any potential exposure to lead in tap water:
  - **Flush the pipes in your home**  
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)\*
  - **Use only cold tap water for cooking, drinking, or baby formula (if used)**  
If water needs to be heated, use cold water and heat on stove or in microwave.
  - **Care for your plumbing**  
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.\*

- **Filter your water**

Consider using a water filter certified to remove lead.

**WARNING!** Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(\*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their website or call (800) 426-4791. You can also visit the California Department of Public Health's website at [www.cdph.ca.gov](http://www.cdph.ca.gov).



## POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

## SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website, or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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