

NEW ENROLLMENT REGISTRATION PACKET

All registration paperwork must be completed per child (not per family). No registration forms will be accepted without completed paperwork. **NO EXCEPTIONS.** Any delay in paperwork will result in delayed start date.

	TUITION EXPRESS FORM REGISTRATION FORM – TO MAKE PAYMENTS ONLINE
	IDENTIFICATION AND EMERGENCY INFORMATION (LIC 700)
	CHILD'S PREADMISSION HEALTH HISTORY REPORT (LIC 702)
	CONSENT FOR EMERGENCY MEDICAL TREATMENT (LIC 627)
	PERSONAL RIGHTS (LIC 613A)
	NOTIFICATION OF PARENTS' RIGHTS (LIC 995)
	CONSENT FOR EMERGENCY TREATMENT (CVPS FORM)
	PARENT INTEREST SURVEY
	MEDIA/PHOTOGRAPHY CONSENT & RELEASE FORM
	ENRICHMENT CLASS PARTICIPATION A VARIETY OF ENRICHMENT CLASSES WILL BE OFFERED DAILY ON OUR CAMPUS. ALL PAYMENTS AND SCHEDULED CLASSES ARE COORDINATED DIRECTLY WITH OUR VENDORS.
	PERMISSION TO RE-APPLY SUNSCREEN FORM AND/OR TOPICAL OINTMENT CREAM (CVPS FORM) ALL STUDENTS ENROLLED IN FULL DAY OR EXTENDED DAY SCHEDULES, WILL HAVE SUNSCREEN RE-APPLIED FOR THE AFTERNOON HOURS.
	GPC LIABILITY WAIVER
	PARENT HANDBOOK RECEIPT PLEASE READ OUR HANDBOOK AND SIGN
	PARENT HANDBOOK RECEIPT (ADDENDUM COVID-19)
	PHYSICIAN'S REPORT (LIC 701) *MUST BE SIGNED & STAMPED BY YOUR CHILD'S DOCTOR
	AUTHORIZATION TO ADMINISTER SUNSCREEN AND/OR TOPICAL OINTMENT AT SCHOOL ALL STUDENTS ENROLLED IN FULL DAY OR EXTENDED DAY SCHEDULES, WILL HAVE SUNSCREEN RE-APPLIED FOR THE AFTERNOON HOURS. *MUST BE SIGNED & STAMPED BY YOUR CHILD'S DOCTOR
	A COPY OF YOUR CHILD'S IMMUNIZATION RECORD *MUST BE UP-TO-DATE



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of Carmel Valley Preschool (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only

Date Received

Employee Signature

A service of



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**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:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Carmel Valley Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

()

PERSONAL RIGHTS

Child Care Centers

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

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

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

NAME

Community Care Licensing

ADDRESS

7575 Metropolitan Drive Suite 110

CITY

San Diego

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

(619)767-2200

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)

Carmel Valley Preschool

(PRINT THE ADDRESS OF THE FACILITY)

13340 Hayford Way San Diego, CA 92130

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 7575 Metropolitan Drive Suite 110

Licensing Office Telephone #: (619)767-2200

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 (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.

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



CARMEL VALLEY PRESCHOOL

13340 Hayford Way San Diego, CA 92130

www.cvpreschool.org (858)481-7933

CONSENT FOR EMERGENCY TREATMENT

As the parent or authorized representative of _____,

I hereby give consent to Carmel Valley Preschool to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.S.), or Dentist (DDS). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

CARMEL VALLEY PRESCHOOL IS NOT RESPONSIBLE FOR PAYMENT OR PHYSICIAN'S FEES OR EXPENSES. I HEREBY RELEASE CARMEL VALLEY PRESCHOOL, ITS STAFF AND VOLUNTEERS OF THE LIABILITY FOR INJURY OR DAMAGE AND ASSUME ALL RISKS STEMMING FROM MY CHILD'S PARTICIPATION IN CARMEL VALLEY PRESCHOOL AND SPECIAL EVENTS.

MY CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Please list any FOOD or ENVIRONMENTAL allergies below, as well as the reaction caused and any medications required if child is exposed to allergen. If emergency medication (such as an epi-pen) is needed, you will be required to provide the medication and medical documentation to the school which will then be stored appropriately on campus.

ALLERGY

REACTION (hives, anaphylaxis, etc.)

MEDICATION

1. _____
2. _____
3. _____
4. _____

Current Insurance Provider & Member Number: _____

Please list any medical condition(s) that hospital or emergency personnel should be made aware of:

Home Address: _____

Home Phone: (____)____-____ Work/Cell Phone: (____)____-____

Parent Signature: _____

Date: _____



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PARENT INTEREST SURVEY

Child's Name: _____

ALL ABOUT DAD

Dad's Name: _____

Vocation: _____

Hobbies: _____

ALL ABOUT MOM

Mom's Name: _____

Vocation: _____

Hobbies: _____

☐ I do not wish to volunteer in my child's classroom

☐ I am interested in volunteering in my child's classroom

POTENTIAL VOLUNTEER ACTIVITIES:

- ☐ SERVING AS A ROOM PARENT
- ☐ HELPING CHILDREN COOK
- ☐ GUIDING ART ACTIVITIES
- ☐ ASSISTING WITH MUSIC
- ☐ READING BOOKS TO CHILDREN
- ☐ DRIVING OR ACTING AS CHAPERONE ON FIELD TRIPS
- ☐ ASSISTING WITH LEARNING CENTERS
- ☐ SHARING HOBBIES OR COLLECTIONS
- ☐ TALKING ABOUT YOUR VOCATION
- ☐ HELPING PLANT A GARDEN
- ☐ HELPING WITH HOLIDAY CELEBRATIONS

- ☐ CORPORATE SPONSORSHIP FOR LARGE PURCHASES (THANKSGIVING TURKEYS, PLAYGROUND EQUIPMENT, ETC.)
- ☐ HELP WITH SPECIAL EVENTS (THANKSGIVING FEAST, CHRISTMAS PROGRAM, EASTER, GRADUATION, ETC.)
- ☐ DONATING CREATIVE PLAY ITEMS (CLOTHES, HATS, POTS, ETC.)
- ☐ OTHER _____

YOUR CHILD WILL BE DELIGHTED TO SEE YOU PARTICIPATING!



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www.cvpreschool.org (858)481-7933

MEDIA/PHOTOGRAPHY CONSENT & RELEASE FORM

We would appreciate it if parents completed this consent form in order to allow their children to be photographed during special events or normal day to day activities organized at Carmel Valley Preschool. In order for a child to have their photograph taken, they must have a consent form on file at Carmel Valley Preschool. If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child at Carmel Valley Preschool, I agree to the following:

- I understand that my child whose name is listed below may be photographed at Carmel Valley Preschool during normal hours, field trips, and/or activities.
- I understand that these photographs may be used in school newsletters or on the Carmel Valley Preschool website.
- I understand that my child's name will never be posted and I can revoke my consent at any time by contacting the office and signing a new form.

(Please print your child's full name):

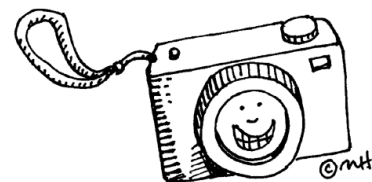
☐ **Yes, I confirm that I have read and understood the above, and agree to have my child's photos taken and/or posted on the Carmel Valley Preschool website or newsletters.**

☐ **No, I do not wish to have my child photographed.**

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____

Date: _____





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ENRICHMENT CLASS PARTICIPATION

In order for your child to participate in any of our Enrichment Classes (any class provided by an outside company.) This authorization form will be completed and kept on file in the preschool office. We will keep it on file for future classes. If you ever want this to be removed from your child's file you must inform the office staff.

The enrichment teachers have fingerprints and education units on file. California state approved ratios are maintained for each enrichment class. If you have any questions about the classes, sizes or qualifications, please see us in the office.

Thank you.

CONSENT FOR ENRICHMENT TEACHER PICK-UP

AS PARENT/LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO THE ENRICHMENT TEACHERS AT CARMEL VALLEY PRESCHOOL TO PICK UP MY CHILD, _____ FROM CLASS TO ATTEND ENRICHMENT PROGRAMS.

DECLINE PARTICIPATION IN ENRICHMENT CLASS

☐ I DECLINE PARTICIPATION FOR MY CHILD, _____ TO ATTEND ENRICHMENT PROGRAMS HELD AT CARMEL VALLEY PRESCHOOL.

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____

Date: _____



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PERMISSION TO APPLY SUNSCREEN AND/OR TOPICAL OINTMENT OR CREAM

I give my permission for personnel at Carmel Valley Preschool to apply sunscreen product of SPF-15 or higher to my child, as specified as below, when he or she will be playing outside, especially during the months of March through October and between the daily time of 10:00am and 4:00pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

☐ I have provided the following brand/type of sunscreen for use on my child:

☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

I give my permission for personnel at Carmel Valley Preschool to apply topical ointment or cream to my child.

☐ I have provided the following brand/type of topical ointment for use on my child:

**we cannot apply any OTC or RX creams or ointments to rashes or sores without written consent from a doctor as well as a physician statement confirming the rash/sores are NOT contagious.*

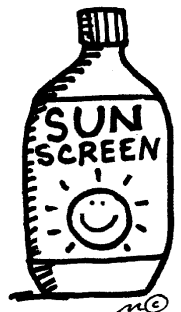
diaper rash creams will only be applied to children still in diapers unless there is a physician's order and appropriate completed paperwork.

Sunscreen and/or topical ointment or cream cannot be left in reach of children. Please label all items with your child's name and leave with their teacher. Licensing requires a physician's note to apply sunscreen and any topical ointment or cream.

Parent/ Guardian full name (print): _____

Parent/Guardian signature: _____

Date: _____



CORONAVIRUS DECLARATION & RELEASE¹

(“CDR”)

The purpose of this Coronavirus Declaration & Release (“CDR”) is to inform the members of Grace Point Church (“Church”) of the risks associated with Coronavirus (“COVID-19”), a worldwide pandemic which can be a risk to the health and wellbeing of attendees. Depending on numerous factors, such as a compromised immune system, COVID-19 can be life threatening with a mortality rate that may be greater than the common flu. By signing this CDR and participating in this service, you acknowledge that the Church has provided you with notice of the risks associated with COVID-19 as well as the potential for contracting the virus despite best efforts to abide by the below recommended guidelines.

Declaration

By signing this CDR you represent and warrant that you are voluntarily attending the Church, that you agree to take any and all necessary precautions including but not limited to the following:

- Follow all applicable Federal, State, or local laws and guidelines related to COVID-19 that may be amended from time to time;
- Take any and all reasonable precautions to protect yourself and others such as washing your hands with soap and water, applying hand sanitizer, or wearing a protective face mask to the extent recommended by health officials or required by law; and
- Maintain social distancing by maintaining a minimum of six (6) feet between yourself and other members who do not reside in your residence while on the Church premises.

In addition to the above, you are representing and warranting that, to the best of your current knowledge, you do not have COVID-19 and are not experiencing symptoms including but not limited to a fever, respiratory complications, shortness of breath, or difficulty breathing. Moreover, by signing this CDR, you represent and warrant that, to the best of your knowledge, you have not been in contact with anyone who was infected by COVID-19 within the last fourteen (14) days. Notwithstanding the above, you also acknowledge that individuals with COVID-19 can be asymptomatic and unable to self-diagnose or otherwise disclose a potential for infecting others.

¹ DISCLAIMER: TYLER & BURSCH PROVIDES THIS GENERAL RELEASE OF LIABILITY FOR CHURCHES AND SIMILAR ORGANIZATIONS IN THE STATE OF CALIFORNIA AS A GUIDE TO FACILITATE RE-OPENING ONCE PERMITTED BY CALIFORNIA LAW. THIS DISCLAIMER IS NOT IN ANY WAY INTENDED TO OFFER SPECIFIC LEGAL ADVICE OUTSIDE CALIFORNIA OR TO ANY PARTICULAR INDIVIDUAL. IF YOU HAVE ANY QUESTIONS REGARDING RE-OPENING, YOU SHOULD CONTACT AN ATTORNEY AS THIS WAIVER SHOULD NOT BE USED AS INDIVIDUALIZED LEGAL ADVICE.

Release of liability

By signing this CDR, you represent and warrant that you understand the risks and ramifications associated with participating in the service and agree to assume any and all risks of bodily injury or death, whether said risks are known or unknown at this time. In consideration for the Church permitting attendance and providing a worship experience for you, you hereby agree to forever release and discharge the Church, its subsidiaries, affiliates, agents, employees, officers, directors, owners, heirs, successors, assignees, and related companies from any and all claims, demands, debts, liabilities, obligations, costs, expenses, actions, or causes of action of every kind, nature, and description whatsoever including but not limited to wrongful death or negligence, whether known or unknown at this time, which you may have against the individuals set forth above as a result of attending or otherwise participating in the services provided by the Church.

In the event that you fail to abide by the safety precautions established above, the Church reserves the right to immediately remove you from the premises for the safety of staff and others. If you have any questions, the Church encourages you to seek an attorney to review this CDR. By signing below, you agree, represent, and warrant that you have read the contents of this CDR, that you are understand its contents, and agree to comply with the safety precautions set forth herein.

Print Name

Signature

Date:_____

Name of Minor

Print Name of Parent or Legal Guardian

Parent or Legal Guardian's Signature

Date:_____

Amendments to CVPS parent handbook due to COVID-19 Pandemic

Effective August 2020 until further notice

All amendments are in accordance with mandates by Community Care Licensing, San Diego County Department of Health, State of California, CDC and best practice recommendations by NAEYC & CAEYC. They are subject to change at any time with little to no notice. Some policies may be modified or lessened before others.

Please read each line carefully and initial on the designated line. Please return the initialed copy to CVPS (must be received before your child can begin attending). A copy will be available on our website at all times for quick reference. These are amendments made to our standard policies & procedures and negate any lesser policies in the original handbook, but do not eliminate any other specifics of the standard handbook.

Hours of Operation

Due to very strict mandates surrounding child to staff ratios, disinfecting procedures, California labor laws and the requirement to keep stable groups of children and staff that do not mix, we must modify our hours for the time being.

Our hours at this time will be 7:30am-5:30pm

Drop off times will be scheduled and you will be notified of your drop off time and location.

Pick up times will be 12:15pm-12:30pm (half day), 2:45pm-3:00pm (late pickup fees may apply) & 5:15pm-5:30pm (late pickup fees may apply)

Please be on time and expect a short wait as we screen each family. Children arriving after 9:00am will not be accepted onto campus that day. If you need to make a special arrangement to drop your child after 8:30am (but before 9:00am), you must contact CVPS in advance, as our campus is closed and a special arrangement will need to be made for a CVPS staff member to screen your family in the parking lot and escort the child to campus. Each family is limited to a maximum of 3 late drop off accommodations in an 8 week period. When picking up, please park and walk up to your child's designated area to claim your child from their teacher. Please do not park in the loading zones or motorcycle parking areas. Please maintain at least 6ft of space between yourself and other families. Drive slowly and cautiously as foot traffic will be much higher than normal. **Masks must be worn by all adults on campus at all times.**

_____ Parent/Guardian Initials

The following schedule options are being offered:

Half Day: 8:30am-12:30pm

Full Day: 8:30am-3:00pm

Extended Day: 7:30am-5:30pm

5 Days (Monday-Friday)

3 Days (Monday, Wednesday, Friday)

Due to the requirement to maintain stable groups of children, no 2 day schedule is being offered at this time as it increases the amount of exposure and violates mandates and best practice guidelines.

_____ Parent/Guardian Initials

Sign In & Sign Out

To minimize contact and follow best practices for social distancing, CVPS staff may need to take over signing each child in and out each day. This does not allow CVPS staff to take any child off campus for any reason other than emergency purposes without additional written consent.

_____ Parent/Guardian Initials

Additional Hours

At this time, additional hours are very limited and requests must be made 24hours in advance. We cannot guarantee that we can accommodate requests.

_____ Parent/Guardian Initials

Absences

Please notify us via email or phone by 9:30am if your child is not attending due to illness. If you are leaving a message or sending an email, please let us know if any symptoms of COVID-19 are present with your child, any member of the immediate household, or anyone your child has been in contact with. _____ Parent/Guardian Initials

Illness Policy

Children who begin exhibiting any of the following symptoms while at school will be sent home immediately (within 30 minutes of school contacting parent/guardian/designated pickup person) and cannot return until they are symptom free for a full 3 days without the aid of medication. The day they are sent home does NOT count as part of the 3 days. A note from a physician will be required before they can return. **A note from a physician will not permit them to return sooner than the 3 days.**

- Fever (99.9 or greater)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. We will use the most up to date list as posted on the CDC website.

If your child or any member of their immediate household begins to exhibit any of the symptoms listed above, we ask that you report it to CVPS immediately and remain off campus for a full 3 days once all symptoms are gone, without the aid of medication.

If your child or any member of the household comes into contact with a COVID positive person or suspected positive person, please report it to CVPS immediately and remain off campus for 14 days or until a negative test has been obtained by the suspected positive person. _____ Parent/Guardian Initials

Lunches & Snacks

At this time, no snacks will be provided by CVPS so as to limit possible exposure to COVID-19. All snacks and lunch items should be brought from home each day in packaging that your child can open independently. If possible, please bring these items in a lunch box that can be disinfected with wipes or spray before we take them into the classroom. Please send your child with a refillable water bottle that is spill proof and made of a material that can be disinfected. Make sure lunch boxes and water bottles are labeled with your child's name. As always, water will be made available to every child in each classroom. We have eliminated drinking fountains and will offer individual bottles or pitchers that can be used (by staff only) to refill water bottles sent from home. **At this time, we will not be warming food.**

1 snack should be sent for all children enrolled in a Half Day schedule.

2 snacks should be sent for all children enrolled in a Full Day Schedule. _____ Parent/Guardian Initials

Miscellaneous

-Sunscreen should be applied by a parent/guardian right before dropping off, but we will reapply each afternoon for our full and extended day children. Due to social distancing requirements, we are currently only accepting spray style sunscreen that will be stored in each child's classroom. _____ Parent/Guardian Initials

-Though masks are not currently required in licensed childcare centers, they are strongly recommended, especially when children cannot maintain 6ft of distance when indoors. We will encourage children to wear a mask in those instances but **we will not and cannot force a child to keep a mask on**. If you would like your child's teacher to encourage your child to wear a mask outside of the circumstance listed here, please let us know and we will do our best. A clean mask labeled with your child's name should be sent with him/her each day. We also require 2 masks stored in each child's cubby at all times. Please label them and store them in a ziplock style bag. Soiled masks will be sent home and should be replaced with clean ones the next day. _____ Parent/Guardian Initials
_____ I do not want my child to wear a mask at any point, but understand 2 must still be stored in their cubby.

-Please send your child in shoes that can be sprayed with disinfectant if needed. Remember that we do not allow flip flops, crocs, open toed shoes, high-heels or dress up shoes. _____ Parent/Guardian Initials

-Absolutely no toys, games, books, comfort items, pillows or sleeping bags are permitted. _____ Parent/Guardian Initials

-Nap items (fitted crib sheet and small blanket only) should be brought to school in the designated bag on Monday and taken home Friday. _____ Parent/Guardian Initials

-No backpacks should be brought to and from school each day. The only items that should come/go on a daily basis are a lunch box and reusable water bottle. _____ Parent/Guardian Initials

If any member of the household has traveled outside of California for work or pleasure the enrolled child will not be permitted to attend for a full 14 days. _____ Parent/Guardian Initials

We realize these policies seem strict and may at times be inconvenient for our families. The professionals overseeing the childcare sector are erring on the side of caution for the greater good of all children and staff currently in childcare settings. Our main goal each day is to keep ALL of our enrolled children safe and healthy.

We must screen for symptoms each day. We realize that symptoms are at times due to teething, ear infections, basic colds, etc. Please understand that if a CVPS staff member tells you your child cannot be signed in because they have observed symptoms listed in our illness policy (above) it is because we are doing as directed by one or more agencies and because we want to keep all of our children, families and staff safe. We ask that you are patient and respectful. If you are denied attendance and have questions, please email holly@gracepointsd.com _____ Parent/Guardian Initials

We understand that often times parents try to treat symptoms with OTC medications such as Motrin or Tylenol. We ask that if you have given your child any medication that may reduce or mask any of the symptoms listed in our illness policy (above), you keep your child home until they are no longer in need of any medications for a full 3 days. _____ Parent/Guardian Initials

Please reach out to us with any questions and visit our website often for updates under our "covid" tab.

Thank you and many blessings.

CVPS Staff



Parent Handbook Receipt

I have received a copy of the CVPS Parent Handbook. I am responsible for reading the rules, policies and requirements in the handbook and I agree and will comply with all the policies as stated. I also agree and understand that I am responsible for keeping myself updated and informed regarding CVPS policies and understand that I will be responsible for complying with any changes made. I understand that failure to follow these policies may lead to termination of childcare services. Each year I will be given a new handbook with any revisions and required to sign a new receipt for that handbook.

Initial: _____ I have read page 5: "Sign in & sign out" policy

Initial: _____ I have read page 7: "Late Pick-Up Charges"

Initial: _____ I have read pages 8 & 9 in their entirety

Initial: _____ I have read pages 14 & 15: "Discipline Policy"

Child's name: _____

Parent/Guardian printed name: _____

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

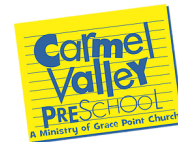
Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner



Sun Protection Authorization Form for Carmel Valley Preschool

To Whom It May Concern:

_____ [CHILD'S NAME]

should be allowed to practice proper sun protection during school hours. This includes:

- ☐ Bringing sunscreen to school, applying when going outdoors and reapplying as needed for times when child will have exposure to the sun.
- ☐ Wearing a wide-brimmed hat when outdoors [parent provided]
- ☐ Wearing sunglasses when outdoors for medical condition [parent provided]

Signed,

[PHYSICIAN NAME]

[PHYSICIAN SIGNATURE]

Practice name/phone/address [Stamp ok]: _____

[PARENT NAME]

[PARENT SIGNATURE]

This form approved by:



www.SkinCancer.org