

Withdrawal Date

CALVARY CHAPEL RIALTO PRESCHOOL ENROLLMENT INFORMATION

| Pastor Terry | | yely Ramire | ez | | Grey sha | aded areas ar | e for of | fice use o | nly. White a | areas are for | parent use. |
|---------------------------|---|-----------------|-------------------------|------------|-------------------------------|------------------------------------|-----------|-------------------------|---------------------|-------------------------|------------------|
| CHILD INFO | | Child's N | /liddle Name | | (| Child's Last Name | | | Nickname | | |
| O.ma o r mot rtan | | O | aa.o rranio | | | 71 | | | T HOLLIGATIO | | |
| Date of Birth | Sex □ Female □ Male | Child's Primar | ry Language | | Parent's/Guar | dian's Primary Lang | uage | Home E-ma | il Address | | |
| Child's Home Ad | idress | | | ' | | | | Home Phon | e | | |
| | | | City: | | Zip: | | | | | | |
| PRIMARY C | ONTACT & RELEAS | E PERSON | S (Include I | Parents | and Guard | ans) | | | | | |
| Primary Parent/0 | | | Relationship to | | | Home Phone | | | Cell Phone | | |
| Home Address | | | | | | | Home F | -mail Address | | | |
| riome / taurede | | | City: | | Zip: | | 1.00 | man / laar ooo | | | |
| Employer & Add | ress | | | | | | Work P | hone & Extens | ion | | |
| Driver's License | (DL) Number | | City: DL State | | Zip: | DL Expiration Date | | Verify ID (DL) | | Electronic 4-Dig | jit Code |
| | . , | | | | | · | | Initials of Dire | | | |
| Other Parent/Gu | ıardian | | Relationship to | Child | | Home Phone | | | Cell Phone | | |
| Home Address | | | | | | | Home E | -mail Address | | | |
| | | | City: | | Zip: | | | | | | |
| Employer & Add | ress | | 011 | | - - | | Work P | hone & Extens | ion | | |
| Driver's License | (DL) Number | | City: DL State | | Zip: | L Expiration Date | | Verify ID (DL) | | Electronic 4-D | igit Code |
| | | | | | | | | Initials of Dire | ctor: | | |
| EMERGENC | CV CONTACT AND D | EL EACE DE | TREONE F |) | aluda Dana | nto and Cuare | liono | | | | |
| | CY CONTACT AND Rease notify the school if a | | | | | | | safety of you | ır child, we will ı | request all autho | rized pick-up |
| persons with v | whom staff are not familia | r to provide go | overnment issu | | o ID at time of ship to Child | pick-up. All Rele | | ons must be ne Phone | 18 years of ag | e or older. Cell Phone | |
| | | | | | | | | | | | |
| Home Address | | | | | | | Hom | ne E-mail | | Electron | ic 4-Digit Code |
| Name #2 | | | City: | Relations | ship to Child | Zip: | Hom | ne Phone | | Cell Phone | |
| Harris Address | | | | | | | | E ii | | Floring | la 4 Diale Carla |
| Home Address | | | City: | | | Zip: | ПОП | ne E-mail | | Electron | ic 4-Digit Code |
| Name #3 | | | Oity. | Relations | ship to Child | Ζιρ. | Hom | ne Phone | | Cell Phone | |
| Home Address | | | | | | | Hom | ne E-mail | | Flectroni | c 4-Digit Code |
| Tiome / tauress | | | City: | | | Zip: | 11011 | io E maii | | Licotroni | 0 4 Digit Code |
| Licensi | ctronic check-in/che | a unique c | required polode must be | created | d by the chil | pel Rialto Pres d's parent/guar | dian for | each eme | rgency conta | ct agent. This | s information |
| | e kept current. It is that ation. This will ensure | | | | | hool immediate | ely when | never chan | ges occur reg | garding emerg | ency contact |
| CCR P | reschool staff will onl | y release yo | our child to | you or t | o those em | | | | | | |
| • In an e | nic 4-digit code. If you extreme emergency | or extenuati | ng circumsta | ance, yo | ou may cal | in a pick-up | authoriz | zation. Pa | • | | • |
| · | ns will be used to veri | | | • | | | • | | | | |
| Your ch | nild will not be release | d to anyone | other than th | nose liste | ed above wit | hout prior auth | orizatior | n code, writ | ten, verbal or | otherwise. | |
| Start Date | | | Class | | | | | Teacher | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1st D (2) | andian Ciarratura | | | D 1. | .lama | | | | 5 | | |
| r™ Parent/Gua | ardian Signature | | | Print N | vame | | | | Date | e | |
| 2 nd Parent/Gu | uardian Signature | | | Print N | Name | | | | Date | e | |

Reason



CALVARY CHAPEL RIALTO PRESCHOOL ENROLLMENT INFORMATION

Megan's Law Volunteer Background Check

Pastor Terry Hlebo D
BACKGROUND CHECK

Director Mayely Ramirez

Grey shaded areas are for office use only. White areas are for parent use.

To provide a safe and protective environment for our students, Calvary Chapel Rialto Preschool is using the Megan's Law database to complete background checks on all school volunteers. This database identifies adults who are registered sex offenders.

Because you have volunteered to help at our school, to participate in school activities, or school sponsored field trips, you are subject to a background check utilizing the Megan's Law database.

| Child's First Name | Child's Last Name | Relationship to Child | ship to Child | |
|-------------------------------------|-----------------------|---------------------------------------|---------------|--|
| Child's Class | | Child's Teacher | | |
| /OLUNTEER / PARENT(S) / CARE | GIVER | | | |
| First Name | Middle Name | Last Name | | |
| Date of Birth | Sex ☐ Female ☐ Male | Driver's License (DL) Number | | |
| Home Address | City: | Contact Number Zip: | | |
| | | Please attach a copy of your State IE | or DL card. | |
| First Name | Middle Name | Last Name | | |
| Date of Birth | Sex ☐ Female ☐ Male | Driver's License (DL) Number | | |
| Home Address | City: | Contact Number Zip: | | |
| r st Volunteer Signature | Print Name | | | |
| 2 nd Volunteer Signature | Print Name | Date | | |
| | Office Use | e Only | | |
| | | | | |
| Completed On: | Ву: | | | |
| Permitted to be in Classroom: Ye | s 🗆 No If no, explain | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



CALVARY CHAPEL RIALTO PRESCHOOL ENROLLMENT INFORMATION

Developmental/Medical Information

Director Mayely Ramirez

Grey shaded areas are for office use only. White areas are for parent use. Pastor Terry Hlebo

| CHILD'S DEVELO | OPME | NT HISTORY | | | | | | | | |
|--|-----------------------|------------------|---------------|-------------------|--------------------------------|----------------------|------------------|-----------------|-------------------|------------------|
| Child's First Name Child's Midd | | e Name | | Child's Last Name | | | Date of Birth | | | |
| Height | Weigh | nt | Hair Color | | Eye Color | Distinguishing Marks | | | | |
| Walked at | alked at Began Ta | | | - | | | Toilet Training | | | |
| Year What time does child ge | et up | Mo | | What tim | Year e does child go to bed | Mo | | Does child slee | Year p well | Мо |
| Does child sleep during | the day | | | When | | | | How long | | |
| Is child potty trained | □ Yes | Are bowel mover | nents regular | ☐ Yes | Usual time of bowel n | novement | Word used for bo | owel movement | Word used for u | urination |
| What does child usually | □ No | | | □ No | | | | | | |
| Breakfast | | | | Lunch | | | Dinner | | | |
| What are usual eating h | ours | | | Editori | | | | | | |
| Breakfast | | | | Lunch | | | | Dinner | | |
| Any food dislikes | | | | | | Any eating p | roblems | | | |
| Describe your chil | d's pe | rsonality | | | | | | | | |
| | | | | | | | | | | |
| Does child get ald | ng witl | h parents, brot | hers, sister | s and ot | her children? | | | | | |
| | | | | | | | | | | |
| Has child had gro | up play | y experiences' | ? | | | | | | | |
| Does child have a | ny spe | ecial problems | fears/needs | s? Expla | ain | | | | | |
| | , , | • | | • | | | | | | |
| Can your child eff | ectivel | y communicat | e his or her | needs? | □ Yes □ No | If no, expla | ain | | | |
| | | | | | | | | | | |
| Does your child re | equire a | any assistance | e at mealtim | ie? □\ | ∕es □ No If ye | s, explain | | | | |
| | | | | | | | | | | |
| Does your child re | equire a | any assistance | in the rest | room? | □ Yes □ No I | f yes, expla | in | | | |
| Child's previous s | chool / | / Reason for n | reschool pla | acement | | | | | | |
| Office of provious s | 0110017 | reason for p | occinoor pic | | - | | | | - | |
| | | | | | | | | | | |
| CHILD'S MEDICA | AL HIS | TORY | | | | | | | | |
| Is child presently | under : | a doctor's care | e? □ Yes | □ No | If yes, give nam | e of doctor | and explain cir | cumstances | | |
| Special medical c | onditio | ns | | | | | | | | |
| Chronic illnesses | | | | | | | | | | |
| History of serious | injurie | s or hospitaliza | ations of wh | ich we s | should be aware _ | | | | | |
| All medications, | ointm | nents, Chap-s | stick, lotion | ns etc., | must be given to | o the direc | tor or teache | er for proper | validation and st | torage purposes. |
| NEVER leave your child's medication inside your child's cubby or backpack. See Student Handbook for additional requirements and details. Medication that will be administered regularly | | | | | | | | | | |
| | | | | | | | | | | |
| | Physical restrictions | | | | | | | | | |
| • | | | | | | | | | | |

| Does your child use any special | equipment, such as bre | eathing machine, wh | eelchair, hearing aid, bra | aces, etc.? □ \ | ∕es □ No If yes, explain |
|---|-----------------------------|----------------------|--|---------------------|--------------------------------------|
| Is your child able to fully participa | ate in all the activities o | ffered by CCR Pres | chool? □ Yes □ No | If no, explain | |
| Please check if your child has ha | ad any of the Illnesses b | pelow (Mark all that | apply) | | |
| □ Chicken Pox | Date | | □ Epilepsy | | Date |
| □ Asthma | Date | | □ Whooping Coug | gh | Date |
| □ Rheumatic Fever | Date | | □ Mumps | | Date |
| □ Hay Fever | Date | | □ Rubella (3-day l | Measles) | Date |
| □ Diabetes | Date | | □ Rubeola (10-da | ay Measles) | Date |
| Your child's illness history (Mark | all that apply) | | | | |
| □ Frequent colds / upper resp | piratory infections | □ Fainting spe | ells | | e special instructions concerning an |
| □ Frequent sore throats | | □ Asthma/bre | athing problems | of these illness | ses, as necessary |
| □ Frequent ear infections | | | (stomach) pain | | |
| □ Frequent skin rashes | | | ct infections | | |
| □ Heart disease | | □ Persistent o | liarrhea | | |
| □ Lung disease/shortness of | breath | □ Persistent o | constipation | | |
| □ Seizures/convulsions | | □ Vision/hear | ing problems | | |
| □ Frequent nosebleeds | | □ Other | | | |
| CHILD'S ALLERGIES | | | | | |
| □ Medications | | Rea | ction | | |
| □ Food | | Rea | ction | | |
| | | | | | |
| | | | | | |
| | | | ction | | |
| Respiratory | | Rea | ction | | |
| □ Bee sting | | Rea | ction | | |
| □ Other | | Rea | ction | | |
| Are any of the allergies severe o | or life-threatening? □ Ye | es 🗆 No If yes, | explain | | |
| | | | | | |
| CHILD'S MEDICAL CARE PRO | VIDER / FACILITY | | | | |
| Primary Care Physician (PCP) Name | MIDER/TAGIETT | | Practice / Clinic | Name | |
| PCP Address | | | | Phone | |
| | | City: | Zip: | | |
| Preferred Hospital / Clinic for Acute Care ar | nd Emergency Care | | | | |
| Health Insurance Provider | Policy Number | | 2 nd Health Insurance Provide | r | Policy Number |
| | | | | | |
| PARENT'S CONSENT - For En | nergency Treatment | | | | |
| | | alesame Ohamal | Dielte Dresches | | |
| As the parent/guardian, I/we here | | - | | , to obtain all en | nergency medical or dental care |
| prescribed by a duly licensed phy | | | | | Name |
| This care may be given under wh | hatever conditions are r | necessary to preserv | ve the life, limb or well be | eing of the child r | named above. |
| | | | | | |
| | | | | | |
| 1 st Parent/Guardian Signature | | Print Name | | | Date |



CCR- PRESCHOOL ENROLLMENT INFORMATION

Pastor Terry Hlebo Director Mayely Ramirez

Grey shaded areas are for office use only. White areas are for parent use.

CHILD'S PERSONAL RIGHTS

Personal Rights, See Section 101223 of the California code of Regulations, Title 22, 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, medications 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. Not to be locked in any room, building, or facility premises by day or night.
 - 6. Not to be placed in any restraining devise, 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:

Community Care Licensing 3737 Main Street, Suite 700, Riverside, CA 92501 (951) 782-4200

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:

| Name of Facility Calvary Chapel Rialto Preschool | Phone (909) 8 | 820-9072 |
|---|-----------------------|----------|
| 1391 West Merrill Avenue, Rialto, CA 92376 | | |
| Signature of Parent or Guardian | Relationship to Child | Date |
| | | |
| | | |

------ Detach and Retain for Your Personal Files

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CCR- PRESCHOOL ENROLLMENT INFORMATION

Pastor Terry Hlebo

Director Mayely Ramirez

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PARENT'S RIGHTS

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

- Enter and inspect the child care center without advance notice, whenever children are in care, after checking in with the preschool office and receiving clearance.
- 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 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.

Community Care Licensing 3737 Main Street, Suite 700, Riverside, CA 92501 (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/guardian/authorized representative if the behavior of that person poses a risk to children in care.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

| ACKNOWLEDGMENT: I/we, the parent/guardian of "Child Care Center Notification of Parents' rights" and the "Caregiver Backg | , have received a copy of the see. | |
|---|------------------------------------|---------|
| Name of Facility Calvary Chapel Rialto Preschool | Phone (909) 82 | 20-9072 |
| 1391 West Merrill Avenue, Rialto, CA 92376 | | |
| Signature of Parent or Guardian | Relationship to Child | Date |
| | | |
| Detach and Retain | for Your Personal Files | |

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