

**San Juan Montessori**  
32143 Alipaz Street, San Juan Capistrano, CA 92675  
(949) 496-2927

Date: \_\_\_\_\_

To the Family of: \_\_\_\_\_

**Welcome to San Juan Montessori! Inside the folder you will find:**

1. Admission Agreement Packet
2. Parent Handbook
3. Monthly Tuition Schedule
4. School Calendar
5. Business Card with address & phone number

**Please make sure that you read all the information provided to you. Then fill out all appropriate papers and attach a copy of your child's immunization records. Return the folder with the completed papers to the front office.**

**In addition, if your child is going to be in either the Preschool Class or the Pre-K Class, he/she will need the following items in their classroom cubby:**

1. One set of extra clothes (weather appropriate)
2. One small blanket (for nap time only)
3. One small crib sheet (for nap time only)
4. One small soft toy (for nap time only)

**If your child is going to be in the Kindergarten Class, he/she will need the following items in their classroom cubby:**

1. One set of extra clothes (weather appropriate)
2. One small crib sheet (for rest time only)

Thank you for choosing San Juan Montessori for your child's education. We look forward to teaching your child and working with you. Please do not hesitate to ask questions that concern you.

Sincerely,

Sandhya Sharan.  
Director

# SAN JUAN MONTESSORI ADMISSION AGREEMENT

This Admission Agreement, herein after referred to as the "Agreement", is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between San Juan Montessori, hereinafter referred to as the "School", and \_\_\_\_\_ hereinafter referred to as "Parent or Guardian."

The School is licensed by the State of California, Department of Social Services, and Community Care Licensing.

## A. Basic Services

The School shall provide the following basic services for:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Whose Parents or Guardians are \_\_\_\_\_ Relationship \_\_\_\_\_

1. Child shall be enrolled as follows:
  - \_\_\_\_\_ Full day program (7:00AM to 6:00PM)
  - \_\_\_\_\_ Part time program (8:00AM to 3:00PM)
  - \_\_\_\_\_ Half day program (9:00AM to 12:00PM)

On    M   T   W   TH   F    (circle days preferred) per week, as prearranged.
2. The child shall be given assistance with personal care as needed.
3. For those enrolled in the full day or part time programs, the child shall be provided with an opportunity to nap between 12:30pm and 2:30pm on a mat provided by the School.
4. The child shall be placed in a group of peers based on age and/or special needs as determined by the staff.
5. The child shall be involved in a program of learning experiences and play which are appropriate for the ages of the children enrolled in the School. A balance of active and quiet time is provided for with individual and group activities which are geared toward the emotional, social, physical, aesthetic, and individual growth of young children.
6. The School shall assume responsibility for the child after the child has passed the required morning health inspection and has been signed in by a Parent or Guardian. The School shall retain responsibility until the child is signed out by a Parent or other adult as designated by Parent or Guardian.
7. No medication, prescription, or nonprescription will be administered without prior written consent by Parent or Guardian or the child's physician.
8. The School shall give appropriate first aid to a hurt child. Parent or Guardian shall be immediately contacted if it is the judgment of the School staff that immediate medical attention is necessary. It is further the judgment of the School staff that if the injury is of an emergency nature, paramedics shall be called to the School.
9. An ill child shall be isolated and given appropriate care until called for by Parent or Guardian. If you are unable to pick up your child at the given time, 30 minutes is allocated to make other arrangements to pick your child up at the School.
10. The School staff shall notify Parent or Guardian of a suspected exposure to a communicable disease.
11. The School shall make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or damaged items.
12. The School Director or any other staff member shall report to Children's Protective Services or the Police Department, as required by the state, of any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.

## B. OBLIGATIONS OF PARENTS OR GUARDIANS

1. Parent or Guardian shall furnish requested medical information on or before the child's first day of school.
2. Parent or Guardian shall sign the child in on the appropriate register before leaving the child on the premises.
3. Parent or Guardian shall sign the child out on the appropriate register before taking the child from the premises.
4. Parent or Guardian shall notify the School, in writing, when someone other than those named on the emergency information card will be calling for the child.
5. Parent or Guardian shall provide the child with a nutritious lunch. The contents of the lunch shall follow the guidelines as specified in the Parent Handbook.
6. For those enrolled in the full time or part time programs, Parent or Guardian shall provide the child with one small sheet and/or one small blanket or other covering to use during nap periods.
7. Parent or Guardian shall see that the child is brought to School appropriately dressed for the weather and in accordance to the guidelines as specified in the Parent Handbook.
8. Parent or Guardian shall notify the School when the child is absent for more than two days.
9. Parent or Guardian shall attend all School conferences as scheduled by the staff.
10. **Parent or Guardian shall give two weeks written notification to the School of withdrawal of the child OR two weeks tuition to be given to the School if there is no notification given.**

## C. PAYMENT OPTIONS

1. In accordance with the fee schedule in the Parent Handbook:  
**Tuition is due on the 15th of the previous month. The first payment is due at the time of enrollment. If payment is not received by the first of the month, it will be considered past due and a 10% late fee will be charged. No checks will be accepted after the first of the month. Late payments must be made by money order or cash. If payment is not received by the fifth of the month, the child will be considered no longer enrolled in the School and attendance will be terminated.**
2. **Payments are equal regardless of the number of days of school during a particular month or the number of days a child attends. There are no reductions in tuition for holidays or absences due to illness, family vacations, or any other reason.**
3. **A \$25.00 fee will be assessed for a returned check. If two returned checks are received by the School, the child's account will be placed on a cash only basis for the remainder of the school year.**

## D. TERMINATION OF THE AGREEMENT

This Agreement shall be terminated if any one or more of the following occur:

1. The school year, which runs from September to August, has come to an end.
2. The child has a serious illness, preventing school attendance.
3. The School, in its sole, absolute and unfettered discretion, determines that it is unable to meet the needs of the child.
4. The School, in its sole, absolute and unfettered discretion, determines that it is not in the best interest of the School or other children enrolled at the School to have the child in attendance.
5. Failure of Parent or Guardian to cooperate with the School, which the School determines, in its sole, absolute and unfettered discretion, is serious enough to warrant termination.

Procedure for termination: In exercising its discretion to terminate this Agreement under Section D, the School may require the child and/or the child's Parent(s) or Guardian(s) to attend one or more conferences with School personnel regarding issues that could potentially warrant termination of this Agreement. The child's Parent(s) or Guardian(s) may request a conference with School personnel regarding any issue that could potentially warrant termination of this Agreement. The School's Director or other personnel have the sole right and responsibility to determine any disputed factual matters regarding termination of this Agreement.

**E. MODIFICATION CLAUSE**

This Agreement may be modified upon change of any circumstances covered by this Agreement. Such modifications must be made in writing and must be signed and dated by all parties to this Agreement in order to be binding and effective. Oral modifications are not binding under this Agreement and shall no be enforceable under any condition.

**F. OTHER**

The parties to this Agreement are aware of the right of the Department of Social Services to interview the child and School personnel and to inspect and audit all records maintained by the School without securing prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the child, including conditions indicating abuse or neglect, and to have a licensed medical professionally physically examine the child.

**SIGNATURES TO AGREEMENT**

For services listed in this Agreement and in accordance with the terms of this Agreement, I agree to pay San Juan Montessori the following:

- Monthly Tuition: \_\_\_\_\_
- Nonrefundable Registration Fee: \$100.00 per child
- Material Fees: \$125.00 per child (Kindergarten program only-due in August)
- Yearly Re-Enrollment Fee: \$50.00 per child (due every year in March)
- School T-Shirt Fee: \$10.00 per child (Due at enrollment)
- 10% sibling discount (tuition only) is given to the second child of the same family.*

I further agree to abide by the general policies of the School, to perform the obligations of parents or guardians as set forth in Section B, and to abide by the rules and regulations as set forth in the Parent Handbook provided by the School. My signature below indicates that I have read and understand the terms of this Agreement and that I have read the Parent Handbook. This material has been explained to me and any question(s) have been satisfactorily answered.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

To Be Completed by Parent or Authorized Representative

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

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

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

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

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

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

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

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

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

## 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: Department of Social Services - Child Care Center

Licensing Office Address: 750 The City Drive, Suite #250, Orange, CA 92868

Licensing Office Telephone #: (714) 703-2800

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.

San Juan Montessori

\_\_\_\_\_  
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

Department of Social Services - Child Care

ADDRESS

750 The City Drive, Suite #250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

(714) 703-2800

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)

San Juan Montessori

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

32143 Alipaz St., San Juan Capistrano, 92675

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# PARENT CONSENT FORM FOR USE OF STUDENT IMAGES

At **San Juan Montessori** we take the issue of child safety very seriously, and this includes the use of images of students. Including images of students in school publications and on the school website(s) can be motivating for the students involved, and provide a good opportunity to promote the work of the school.

We ask that parents consent to the school taking and using photographs and images of their children. Please complete, sign and return this form to **San Juan Montessori**.

I **agree / do not agree** (please circle one) to photographs and digital images of the child named below, appearing in **San Juan Montessori** printed publications or on the school website(s). I understand that the images will be used only for educational purposes and that the identity of my child will be protected.

Name of Child: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ADMISSION AGREEMENT

I have read and understand and will comply with the policies set forth by San Juan Montessori School. My child will attend \_\_\_\_\_ days per week at \$ \_\_\_\_\_, payable in advance.

X \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Facility Representative \_\_\_\_\_ Date \_\_\_\_\_

## PARENT'S RIGHTS

This will acknowledge that We, the Parent's of \_\_\_\_\_, have received a copy of "Parent's Rights" from the licensee or authorized representative of San Juan Montessori School.

X \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## CHILDREN'S PERSONAL RIGHTS

I, as the designated representative and/or parent/guardian of \_\_\_\_\_, (name of child) have been personally advised and have received a copy of these rights at the time of his/her admission to San Juan Montessori School.

X \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## PARENT DIRECTORY

Would you like to be included in the Parent Directory?

Name	Yes _____	No _____
Address	Yes _____	No _____
Telephone	Yes _____	No _____

X \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## WEBSITE PICTURES

Would you like your child to be included in pictures taken at the school for school publications and school website(s)? (Please read the following page for more information)

X \_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## 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, 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://ccl.dss.cahwnet.gov/RegionalOf\\_1829.htm](http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm)

**WALKING FIELD TRIP PERMISSION SLIP**

My child, \_\_\_\_\_, has permission to attend walking field trips with his/her class and accompanied by his/her teachers in the vicinity of San Juan Montessori School where he/she is enrolled. I understand that I will be notified of field trips involving transportation of the children in advance; however, supervised walks in the neighborhood might occur without prior notification to the parents.

X \_\_\_\_\_  
Signature of Parent Date

**CONSENT FOR MEDICAL TREATMENT**

As the parent, agency representative of legal guardian, I hereby give consent to San Juan Montessori School to provide all emergency dental or medical care prescribed by a duly licensed Physician (MD) or Dentist (D. D. S.) for \_\_\_\_\_ (name of child). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

X \_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone # Work Phone # Work Phone #  
(Mother) (Father)

# Preschool Child Roster

The State Department of Social Services requires that the preschool maintain a complete roster with the following information on each child being provided care in the facility. (Health & Safety Code Section 1596.841)

**Please complete the following information.**

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

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Tel. #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Tel. #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date ENROLLED: \_\_\_\_\_

<b>For office Use ONLY</b>
<b>Date LEFT:</b> _____

**DRIVING FIELD TRIP PERMISSION SLIP**

My child, \_\_\_\_\_, has permission to attend school sponsored field trips in conjunction with the program of the San Juan Montessori School. The excursions will be supervised at all times by the teachers of the San Juan Montessori School staff and by parent volunteers. The children will be driven to and from the field trip sites by teachers and parent volunteers with valid drivers licenses in insured private vehicles with seat belts fastened at all times. The dates, times, and field trip locations will be posted in advance at the attendance sign-in-area.

X \_\_\_\_\_  
Signature of Parent Date

**CONSENT FOR MEDICAL TREATMENT**

As the parent, agency representative of legal guardian, I hereby give consent to San Juan Montessori School to provide all emergency dental or medical care prescribed by a dully licensed Physician (MD.) or Dentist (D. D. S.) for \_\_\_\_\_ (name of child). This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

X \_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone # Work Phone # Work Phone #  
(Mother) (Father)

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

San Juan Montessori

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

( )

TO PARENTS  
MAJOR EMERGENCY PLAN INFORMATION SHEET

PLEASE READ & FILL OUT REQUESTED INFORMATION EVEN IF YOU HAVE FILLED OUT OTHER EMERGENCY INFORMATION SHEETS. THANK YOU!

**PROCEDURES:**

**WHAT WE WILL DO:**

In the event of an earthquake all children will be evacuated to the empty land between San Juan Montessori & Stonebridge Montessori. If the school building is not a safe place after the disaster all children will be moving to Del Obispo Elementary or Kinoshita Elementary School grounds/premises.

In the case of any other emergency all children will be kept on premises and supervised by staff until parents or designated persons can safely pick up child.

The school has sufficient supplies to care for your child and has made arrangements with local grocery stores for priority treatment in the event of extended emergency situations.

**WHAT YOU SHOULD DO:**

**PLEASE DO NOT CALL THE SCHOOL.** Lines must remain open for emergency personnel only.

Pick child up as soon as it is safely possible. (Follow instructions given by official radio & TV information channels.)

*(Keep upper part for your records & return bottom half to school)*

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**PLEASE SIGN & FILL OUT INFORMATION REQUESTED BELOW:**

I have received the disaster pan information sheet:

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

**CHILD'S NAME:** \_\_\_\_\_

In the event of an earthquake or other disaster emergency, the following people are authorized to take my child from school premises:

**EMERGENCY PHONE NUMBERS:**

Mom Name and #(s): \_\_\_\_\_

Dad Name and #(s): \_\_\_\_\_

**ALTERNATE PHONE NUMBERS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Special Instructions or Medical Conditions to be noted:

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## **EMERGENCY KITS**

We are requesting an emergency school kit from every parent for his or her child. These kits are kept on site and used during emergencies of all kinds and should be updated closer to the expiration date so that the items inside, particularly food items, are fresh (A note will be sent home when kits need to be updated). **This is mandatory!**

**For your information, there are companies that make prepackaged kid's emergency kits that include the basics. Safetycitystore.com, lifesecure.com, and quakekare.com are just a few that offer emergency school kits at reasonable prices.**

However, you can customize the kit with what your child likes and other items mentioned below in the list. Please place all items in a small storable bag (10"x7.25"x3.0") that shuts close.

**Your kit should contain, at minimum the following items:**

- Your child's identity information (name, address, phone numbers, parent names and cell phone/work numbers)
- Include special dietary/medical needs.
- Three-day supply of non-perishable food.
  - Avoid foods that will make your child thirsty. Choose salt-free crackers, whole grain cereals, and canned foods with high liquid content.
  - Select foods that require no refrigeration, preparation or cooking and no water.
  - Choose foods that your child will eat such as: ready-to-eat canned meats, fruits, and vegetables, protein/fruit bars, dry cereal or granola bars, dried fruit, nuts, crackers, non-perishable pasteurized milk, high-energy foods, food for infants, comfort/stress foods, etc.
- Three-day supply of water (emergency kit water pouches/boxes only)
- For Infants - make sure to include the following in your emergency kits (for 3-day supply): formula, diapers, wipes, bottles, powdered milk, diaper rash ointment, moist towelettes, and any medication.



# 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 [ACELLULAR] 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