

# ADMISSION AGREEMENT

Parents using Extended Child Care services agree to the following:

I have received the Parent Handbook and understand it contains program policies, descriptions of services and our behavior management system, payment expectations, a list of current center staffing, complaint procedures, copies of Child and Parent Rights, and our licensing status.

1. I understand that I am required to pay a one-time non-refundable registration fee of \$50 upon enrollment of my family. If I am enrolling my child for care during the current school year, I understand that I must also pay the first month's fees, based on my child's schedule. If I am enrolling my child for care that starts in the next school year, I understand that I am required to pay a non-refundable deposit of \$75 towards my family's first month fees.
2. I understand that with morning care my child will be offered breakfast, and with afternoon care my child will be offered a snack. On non-school days we will be serving breakfast, lunch and an afternoon snack. These meals are at no additional cost and are included in our monthly rate. I also understand that to keep this program in effect, Extended Child Care requests that families fill out an annual state application form so Extended Child Care can be partially reimbursed for these meals.
3. I understand all children, with no exceptions, must be able to maintain good behavior to stay in the childcare program. I also understand that I will be expected to work with and cooperate with the childcare staff to help my child maintain good behavior. I further understand that Extended Child Care has the right to immediately drop any child whose behavior endangers themselves, other children or child care staff.
4. I understand that my childcare fees are based upon my contract, not on days of attendance. If my child attends days we are not contract for, I will be charged accordingly. I further understand that Extended Child Care reserves the right to drop my child from the program at any time for any unpaid fees. I further understand that childcare fees are not fixed and can be changed with a one-month notice.
5. I understand that all centers close promptly at 6:00 p.m. Cell phone times are used to determine the exact time of pick up. All late pick-ups will generate a fee. You will be charged a minimum of \$15.00 for the first five minutes and \$1.00 for every minute after. Repeated "Late Pick Ups" (in excess of three) can result in the termination of your childcare services. If you are going to be late, please call the center. It helps both the center staff and your child prepare for your late arrival.
6. I give my permission for photographs to be taken of the enrolled child/children for the purposes of classroom curriculum, decorations, and gifts to enrolled children or to take home and Extended Child Care publications (including but not limited to brochures, newsletters, newspapers, and our website). **Parent Initials** \_\_\_\_\_
7. I agree that my contract(s) at the time of enrollment is the following:
  - a. **Child's Name:** \_\_\_\_\_
  - b. **Schedule:** \_\_\_\_\_
8. I understand and agree to give Extended Child Care 2 weeks advance notice of cancellation of childcare during the school year, and 2 weeks advance notice of cancellation of childcare during the summer.

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

\_\_\_\_\_  
Date



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**CHILD ENROLLMENT & EMERGENCY FORM**

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<b>CHILD'S NAME:</b>			
<b>DATE OF BIRTH:</b>	<b>GENDER:</b>	<b>School Year:</b>	<b>GRADE:</b>
<b>SCHOOL:</b>		<b>CENTER:</b>	
<b>MEDICAL CONTACT/DOCTOR:</b>		<b>DR. TELEPHONE:</b>	
<b>MEDICAL CONTACT/DENTIST:</b>		<b>DENTIST TELEPHONE:</b>	
<b>CODE WORD:</b>		<b>MED INSURANCE NAME/MEMBER:</b>	

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**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

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<b>ALLERGIES: YES / NO:</b>	<b>IF YES LIST:</b>
<b>MEDICAL NOTES:</b>	
AS THE PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO EXTENDED CHILD CARE TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.). THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD, AT YOUR EXPENSE.	
_____ SIGNATURE OF PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE	_____ DATE

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**FIELD TRIP AUTHORIZATION**

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I HEREBY GIVE MY PERMISSION FOR MY CHILD TO LEAVE THE EXTENDED CHILD CARE CENTER UNDER THE SUPERVISION OF A STAFF MEMBER FOR NEIGHBORHOOD WALKS AND/OR FIELD TRIPS IN AN AUTHORIZED VEHICLE.	
_____ SIGNATURE OF PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE	_____ DATE

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**CHILD ENROLLMENT & EMERGENCY FORM**

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<b>CHILD'S NAME:</b>			
<b>DATE OF BIRTH:</b>	<b>GENDER:</b>	<b>School Year:</b>	<b>GRADE:</b>
<b>SCHOOL:</b>		<b>CENTER:</b>	
<b>MEDICAL CONTACT/DOCTOR:</b>		<b>DR. TELEPHONE:</b>	
<b>MEDICAL CONTACT/DENTIST:</b>		<b>DENTIST TELEPHONE:</b>	
<b>CODE WORD:</b>		<b>MED INSURANCE NAME/MEMBER:</b>	

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**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

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<b>ALLERGIES: YES / NO:</b>	<b>IF YES LIST:</b>
<b>MEDICAL NOTES:</b>	
<p>AS THE PARENT, DOMESTIC PARTNER OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO EXTENDED CHILD CARE TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.). THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD, AT YOUR EXPENSE.</p>	
_____ SIGNATURE OF PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE	_____ DATE

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_____ SIGNATURE OF PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE	_____ DATE

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**HEALTH HISTORY**

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**Child Full Name:** \_\_\_\_\_

HOW MANY MONTHS HAS IT BEEN SINCE YOUR CHILD WAS SEEN BY A DOCTOR?\_\_\_\_\_

COMMENT:\_\_\_\_\_

HOW MANY MONTHS HAS IT BEEN SINCE YOUR CHILD WAS SEEN BY A DENTIST?\_\_\_\_\_

COMMENT:\_\_\_\_\_

IN ORDER TO BETTER SERVE YOUR CHILD'S NEEDS, ARE THERE ANY SPECIAL NEEDS OR SPECIAL MEDICAL CONDITONS WE SHOULD BE AWARE OF?

COMMENT:\_\_\_\_\_

DOES YOUR CHILD TAKE ANY DAILY PRESCRIBED MEDICATONS?          YES          NO

COMMENT:\_\_\_\_\_

HAS YOUR CHILD EVER HAD A SERIOUS ILLNESS OR ACCIDENT THAT COULD COME UP IN CONVERSATION OR WE MIGHT SEE A SCAR?                          YES          NO

COMMENT:\_\_\_\_\_

HOW IS YOUR CHILD'S HEALTH IN GENERAL?

EXCELLENT          VERY GOOD          GOOD          AVERAGE          POOR

COMMENT:\_\_\_\_\_

HOW IS YOUR CHILD'S COORDINATION?

EXCELLENT          VERY GOOD          GOOD          AVERAGE          POOR

COMMENT:\_\_\_\_\_

HOW PHYSICALLY ACTIVE IS YOUR CHILD? (CIRCLE ONE)

VERY ACTIVE          USUALLY VERY ACTIVE          ACTIVE AT TIMES          NOT VERY ACTIVE

COMMENT:\_\_\_\_\_

CIRLCE AREAS WHERE YOUR CHILD HAS PROBLEMS OR HAS HAD PROBLEMS IN THE RECENT PAST.

PERSISTENT FEARS    USING THE BATHROOM    ASKING TO USE THE BATHROOM    EATING WEIGHT  
SIZE    CONFLICT RESOLUTION    SPEECH PROBLEMS    LOW SELF -ESTEEM    APPROPRIATE HYGIENE  
ANGER MANAGEMENT    RESPECT FOR OTHERS    HEARING PROBLEM    PHYSICAL AGRESSION

COMMENT:\_\_\_\_\_

ANY OTHER ISSUES YOU WOULD LIKE TO TELL US ABOUT?          YES          NO

COMMENT:\_\_\_\_\_

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**PARENT'S INVENTORY OF KINDERGARTNER'S NEEDS AND INTERESTS**

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**Child Full Name:** \_\_\_\_\_

DO YOU FEEL YOUR CHILD IS OR WAS PREPARED FOR KINDERGARTEN?    YES    NO

HAS YOUR CHILD BEEN IN ORGANIZED CHILDCARE BEFORE?                    YES    NO

HOW ARE YOUR CHILD'S SOCIAL SKILLS?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD'S BEHAVIOR?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD AT EXPRESSING THEIR FEELINGS?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

CIRCLE SKILLS YOUR CHILD MAY NEED ASSISTANCE WITH

NUMBER RECOGNITION      LETTER RECOGNITION      COUNTING    TYING SHOE LACES  
WRITING FIRST NAME      HOLDING PEN CORRECTLY      WRITING LETTERS      WRITING NUMBERS  
CUTTING WITH SCISSORS      KNOWING COLORS      KNOWING COMMON SHAPES      BOUNCING A BALL

COMMENT: \_\_\_\_\_

CIRCLE ACTIVITIES YOUR CHILD IS INTERESTED IN

ARTS & CRAFTS    COMPUTERS    BOOKS    BUILDING & CONSTRUCTION    MUSIC    PRETEND PLAY    PUZZLES  
COLORING    BASKETBALL    SOCCER    JUMP ROPE    GROUP GAMES

COMMENT: \_\_\_\_\_

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**PARENT'S INVENTORY OF CHILD'S NEEDS AND INTERESTS**

**GRADES 1ST – 3RD**

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**Child Full Name:** \_\_\_\_\_

HAS YOUR CHILD BEEN IN CHILDCARE BEFORE? YES NO HOW LONG: \_\_\_\_\_

HOW IS YOUR CHILD'S ACADEMIC PROGRESS IN SCHOOL SO FAR?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

HOW ARE YOUR CHILD'S SOCIAL SKILLS?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD'S BEHAVIOR IN SCHOOL?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN EXPRESSING THEIR FEELINGS?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN MAKING AND MAINTAINING FRIENDSHIPS?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN DOING THEIR HOMEWORK?

EXCELLENT VERY GOOD GOOD AVERAGE POOR

COMMENT: \_\_\_\_\_

WHAT SOCIAL AREAS MIGHT YOUR CHILD NEED HELP IN?

MAKING & KEEPING FRIEND CONSIDERATION OF OTHERS TEAM WORK SHARING LISTENING

BEING UNDER SUPERVISION FOLLOWING RULES WORKING INDEPENDENTLY PROBLEM SOLVING

OTHER AND/OR COMMENT: \_\_\_\_\_

WHAT PHYSICAL SKILLS MIGHT YOUR CHILD NEED HELP IN?

HOLDING A PEN CORRECTLY PLAYING BALL RUNNING CUTTING SHOE LACE TYING

FOLDING PAPER BALANCING CLIMBING

OTHER AND/OR COMMENT: \_\_\_\_\_

WHAT SUBJECTS MIGHT YOUR CHILD NEED HELP IN?

READING WRITING SPELLING MATH PENMANSHIP

OTHER AND/OR COMMENT: \_\_\_\_\_

CIRCLE ACTIVITIES YOUR CHILD IS INTERESTED IN.

ARTS & CRAFTS COMPUTERS READING BUILDING AND CONSTRUCTION MUSIC JUMP ROPE

BASKETBALL KICKBAL SOCCER GROUP GAMES VIDEO GAMES DANCE RUNNING DRAMA

OTHER AND/OR COMMENT: \_\_\_\_\_

LIST FAMILY HOBBIES AND INTERESTS: \_\_\_\_\_

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**PARENT'S INVENTORY OF CHILD'S NEEDS AND INTERESTS GRADES 4TH – 6TH**

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**CHILD FULL NAME:** \_\_\_\_\_

HAS YOUR CHILD BEEN IN CHILDCARE BEFORE? YES NO

HOW LONG? \_\_\_\_\_

HOW IS YOUR CHILD'S ACADEMIC PROGRESS IN SCHOOL SO FAR?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW ARE YOUR CHILD'S SOCIAL SKILLS?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD'S BEHAVIOR IN SCHOOL?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN EXPRESSING THEIR FEELINGS?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN MAKING AND MAINTAINING FRIENDSHIPS?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

HOW IS YOUR CHILD IN DOING THEIR HOMEWORK?

EXCELLENT      VERY GOOD      GOOD      AVERAGE      POOR

COMMENT: \_\_\_\_\_

WHAT SUBJECTS MIGHT YOUR CHILD NEED HELP IN?

WRITING      SPELLING      MATH      HISTORY      SCIENCE      GEOGRAPHY      OTHER

COMMENT: \_\_\_\_\_

WHAT SOCIAL AREAS MIGHT YOUR CHILD NEED HELP IN?

MAKING FRIENDS      SHARING      WORKING IN TEAMS      ACCEPTING OTHERS      BEING UNDER SUPERVISION

FOLLOWING RULES      WORKING INDEPENDENTLY      LISTENING      PROBLEM SOLVING      OTHER AND/OR

COMMENT: \_\_\_\_\_

CIRCLE ACTIVITIES YOUR CHILD IS INTERESTED IN

ARTS & CRAFTS      COMPUTERS      READING      BUILDING AND CONTRUCTION      MUSIC      JUMP ROPE

BASKETBALL      KICKBALL      SOCCER      GROUP GAMES      VIDEO GAMES      DANCE      RUNNING      DRAMA

COMMENT: \_\_\_\_\_

LIST FAMILY HOBBIES AND INTERESTS: \_\_\_\_\_



**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

Licensing Office Address: 101 Golf Course Drive, #A-230, Rohnert Park, CA 94928

Licensing Office Telephone #: 707-588-5026

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)

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

I, the parent/authorized representative of \_\_\_\_\_ have

Child Name

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: Extended Child Care  
1745 Copperhill Parkway, Ste 5,  
Santa Rosa, CA 95403  
707-545-2402

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)**

LIC 995 (9/08)

State of California – Health and Human Services Agency  
California Department of Social Services

# PERSONAL RIGHTS

## Child Care Centers

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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:

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NAME: Community Care Licensing

ADDRESS: 101 Golf Course Drive # A-230

City: Rohnert Park      State: CA      Zip: 94928      Phone: 707-588-5026

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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: Extended Child Care, 1745 Copperhill Parkway, Suite 5, Santa Rosa, CA 95403 707-545-2402

**Child Full Name:** \_\_\_\_\_

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\_\_\_\_\_  
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

\_\_\_\_\_  
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

\_\_\_\_\_  
Date

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# Legal Issues

CHILD FULL NAME: \_\_\_\_\_

- CHILD AND BOTH NATURAL PARENTS LIVE TOGETHER.
  
- MOTHER AND FATHER HAVE JOINT CUSTODY, THERE ARE NO CUSTODY ISSUES.
  
- CHILD LIVES WITH NATURAL MOTHER:  
\_\_\_\_\_
  
- CHILD LIVES WITH NATURAL FATHER:  
\_\_\_\_\_
  
- MOTHER AND FATHER HAVE JOINT CUSTODY WITH THE FOLLOWING CUSTODY STIPULATIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- MOTHER AND/OR FATHER IS INCARCERATED AND DUE TO BE RELEASED:  
\_\_\_\_\_
  
- PERMANENT RESTRAINING ORDER AGAINST MOTHER / FATHER OR OTHER PERSON AND EXPIRES:  
\_\_\_\_\_
  
- TEMPORARY RESTRAINING ORDER AGAINST MOTHER / FATHER OR OTHER PERSON AND EXPIRES:  
\_\_\_\_\_
  
- CHILD LIVES WITH A GUARDIAN. GUARDIANSHIP PAPERS ARE ATTACHED: \_\_\_\_\_
  
- CHILD LIVES WITH GUARDIAN. GUARDIAN NEEDS TO GIVE US PAPERWORK: \_\_\_\_\_
  
- OTHER:  
\_\_\_\_\_  
\_\_\_\_\_

ENROLLMENT COMPLETED BY: \_\_\_\_\_