

## **NEW STUDENT ENCLOSURES Checklist**

- Admission Policy (sign & return)
- Schedule of Events
- Personal Rights: LIC613A (sign & return)
- Parent's Rights: LIC995 (sign & return)
- Signature Page (sign & return)
- Identification & Emergency Information: LIC700 (complete & return)
- Child's Preadmission Health History: LIC702 (complete & return)
- Physician's Report Form: LIC701 (complete & return – **physician's signature required**)
- Consent for Medical Treatment: LIC627 (complete & return)
- Earthquake Disaster Kit Information
- Special Issues Letter
- Orientation Day Information
- Extended Day Procedure
- Parent Meeting Letter
- Parent Handbook

## LA CANADA FLINTRIDGE COMMUNITY CENTER PRESCHOOL ADMISSION AGREEMENT

Welcome to the LCFCC Preschool. We are pleased that you will be joining our preschool family for the 2017-2018 school year. Children attend school from 9:00 AM - 12:00 PM. Extended Care is available until 3:30 PM.

Our fee schedule is as follows:

2 mornings per week - \$270.00 per month

3 mornings per week - \$355.00 per month

5 mornings per week - \$475.00 per month

Tuition for the school year is divided into ten monthly payments with the FIRST payment due by June 1<sup>st</sup>. Subsequent payments are due on the first of each month beginning in September and are considered delinquent after the tenth of the month. A late charge of \$10.00 will be assessed for payments received after the tenth of the month. Please make checks payable to **CCLCF**. **Prepaid tuition is not refundable**. A four-week written notice is required for termination of your financial agreement. Any tuition and/or fee changes are modified the beginning of each fiscal year

Each family enrolled in the preschool is **required** to work at least a one-hour shift, in a booth, at the Western Round-Up. If you are unable to attend, you must make arrangements for a substitute or a fee may be applied to your next statement.

Each family will be asked to donate a minimum of \$150.00 annually to underwrite the cost of our fundraiser, the Western Round-Up.

LCFCC Preschool reserves the right to dismiss a child from enrollment in the school for the following reasons:

1. Noncompliance of request for state requirements of immunizations and emergency information.
2. Repeated delinquency of tuition payments without willingness to discuss a payment plan with the school director.
3. Children who exhibit special needs beyond the training or physical limitations of the school or requires more attention than our child/teacher ratio allows.
4. Children whose special needs require a fundamental alteration or significant modification within our program to the point that it alters the essential nature of our preschool philosophy, curriculum, or accommodations.
5. Children who are not toilet-trained to the extent of needing a diaper or pull-up during school hours. This is a Licensing requirement and must be followed.

I have read and agree to the Admission Policy of the LCFCC Preschool.

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

# **SCHEDULE OF DEADLINES AND EVENTS:**

THURSDAY, JUNE 1, 2017: FIRST TUITION PAYMENT IS DUE (NON-REFUNDABLE)

MONDAY, JULY 3, 2017: ENROLLMENT FORMS ARE DUE

FRIDAY, AUGUST 18<sup>TH</sup>: PARENT ORIENTATION MEETING, 9-11AM

MONDAY, AUGUST 21<sup>ST</sup>: MWF CHILD/PARENT ORIENTATION 9-10AM

TUESDAY, AUGUST 22<sup>ND</sup>: PRE-K & T/TH CHILD PARENT ORIENTATION 9-10AM

WEDNESDAY, AUGUST 23<sup>RD</sup>: FIRST DAY OF SCHOOL, MWF & PRE-K 9AM-NOON

THURSDAY, AUGUST 24<sup>TH</sup>: FIRST DAY OF SCHOOL, T/TH 9AM-NOON

FRIDAY, AUGUST 25<sup>TH</sup>: SCHOOL HOURS 9AM-NOON

MONDAY, AUGUST 28<sup>TH</sup>: LUNCH BUNCH AND EXTENDED DAYCARE BEGIN

MONDAY, SEPTEMBER 4<sup>TH</sup>: LABOR DAY, SCHOOL IS CLOSED

THURSDAY, SEPTEMBER 7<sup>TH</sup>: STAFF MEETING, NO EXTENDED DAYCARE

# 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:

Community Care Licensing L.A. Child Care East District Office

NAME 1000 Corporate Center Drive Suite 200-B		
ADDRESS Monterey Park		
CITY CA	ZIP CODE 91754	AREA CODE/TELEPHONE NUMBER 323-981-3350

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)	(PRINT THE ADDRESS OF THE FACILITY)
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(PRINT THE NAME OF THE CHILD)
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(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)
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(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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## 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 L.A. Child Care East District Office

Licensing Office Address: 1000 Corporate Center Drive Suite 200-B, Monterey Park, 91754

Licensing Office Telephone #: 323-981-3350

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

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**SIGNATURE PAGE**

**PLEASE SIGN RETURN THIS PAGE TO SCHOOL**

**DATE** \_\_\_/\_\_\_/\_\_\_

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

The \_\_\_\_\_ family has received, read and understands the LCFCC Preschool parent handbook.

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

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Occasionally we take videos and/or pictures of the staff and children during the school year. The photographs may be sent to local newspapers to illustrate an article we may write or they may be displayed at school and on our website for all the families to enjoy. Do we have permission to photograph and/or videotape your child/children?

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

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

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Class Lists are compiled the first few weeks of school and are distributed to all the families enrolled in the school. Do we have permission to include your name, email and phone number on this Class List? (Addresses will not be included).

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

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

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Each family enrolled in the preschool is **required** to work the minimum of a one-hour shift per student at the Western Round-up.

Each family will be asked to donate a minimum of \$150.00 annually to underwrite the cost of our fundraiser, the Western Round-Up.

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

# 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:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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## DAILY ROUTINES (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST 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*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

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

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

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

Problems of which you should be aware:

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

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

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

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

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

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

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

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

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (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

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

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

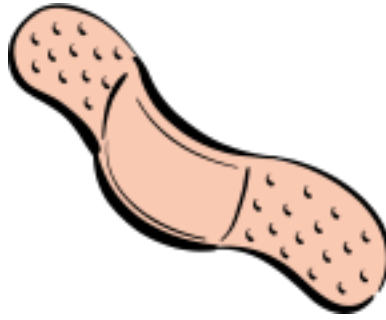
\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

( )

\_\_\_\_\_  
WORK PHONE

( )



## **LA CANADA COMMUNITY CENTER PRESCHOOL**

### **Earthquake Disaster Kit**

In order to provide protection and comfort to your child in the event of an earthquake or disaster, we ask that each child bring the following Personal Disaster Kit to school to supplement the emergency equipment at the school.

Supplies should be put in a one gallon ziplock freezer bag and clearly marked with your child's first and last name.

Please include the following in the Disaster Kit:

- 10 band-aids (held together with a rubber band)
- 1 space blanket (available at sporting goods stores)
- 1 knit cap or beanie
- 1 photograph of child's family
- Medications that your child needs daily should be included (Please provide enough for 3 days and nights)

Please remember that we must have the Disaster Comfort Kit at the preschool before your child can begin the school year with us.

Thank you for your cooperation.



## SPECIAL ISSUES

It has been our experience that some of our school policies stated in the Parent Handbook need to be reiterated. Please give attention to the following issues:

- ❑ Our school policy states that children in the 3 year-old through Pre-K classes must be potty trained. This means that children in these classes must wear briefs or panties to school; **diapers or pull-ups will not be allowed**. We realize that sometimes children have accidents, therefore we do supply the appropriate clothing to allow for these occasional instances.
- ❑ Open-toed shoes and flip-flops are not appropriate attire for school.
- ❑ Please label all removable clothing items, lunch boxes and share toys with your child's name.
- ❑ Children who attend Lunch Bunch will be encouraged to eat "healthy foods" first such as sandwiches, yogurt, fruits and vegetables. Please remember that no candy, soft drinks, food containing nuts or food that needs to be heated, should be sent in your child's lunch.
- ❑ Absolutely, no violent action figures or toy weapons are allowed to come to school.
- ❑ A one hour shift, in a **BOOTH** at the Western Round-Up, is mandatory for each preschool family. If you are unable to attend, you **must** make arrangements for a substitute or a fee may be applied to your next statement.
- ❑ Each family will be asked to donate a minimum of \$150 annually to underwrite the cost of our fundraiser, the Western Round-Up.
- ❑ Please make every effort to arrive at school on time. Consistent tardiness may result in a late charge.

Thank you for your cooperation in these matters.



## **CHILDREN'S ORIENTATION For Tues/Thurs & Pre-K Classes**

- DATE:** Tuesday, August 22, 2017
- TIME:** Between 9:00 AM & 10:00 AM
- WHERE:** Your designated classroom  
(You will be informed at a later date)
- FOR:** Parents & children enrolled in  
the school
- PURPOSE:** For children...  
to meet his/her teacher & to locate his/her classroom,  
cubby, bathroom,  
drinking fountains and play yards.

**PLEASE STAY WITH YOUR CHILD AT ALL TIMES  
DURING ORIENTATION DAY**



## **CHILDREN'S ORIENTATION For MWF Classes**

- DATE:** Monday, August 21, 2017
- TIME:** Between 9:00 AM & 10:00 AM
- WHERE:** Your designated classroom  
(You will be informed at a later date)
- FOR:** Parents & children enrolled in  
the school
- PURPOSE:** For children...  
to meet his/her teacher & to locate his/her classroom,  
cubby, bathroom,  
drinking fountains and play yards.

**PLEASE STAY WITH YOUR CHILD AT ALL TIMES  
DURING ORIENTATION DAY**



## Extended Day Program

You will have an opportunity to enroll in our Extended Day Program on **Friday, August 18th at 8:30 AM at the preschool**, before we meet for our Parent Orientation. In an effort to ensure a safe environment by providing adequate staffing for our children, ten extended day spaces will be available each day on a permanent basis. Two rotating spaces will be available each day as well. Reservations for these spaces can be made by telephoning the preschool and will be filled on a first come, first served basis. **Please be advised that your reservation is a commitment to paying for Extended Care.**

Extended Care begins with our Lunch Bunch from 12:00 PM. – 12:30 P.M. The Lunch Bunch only, will remain flexible, with daily sign-ups available in the classroom. A \$5.00 charge will be applied to your next monthly statement. The afternoon Extended Care program will feature a rest time, outdoor play, stories, and unstructured activities and a short DVD may be played.

The preschool has purchased bedding for the children's rest time. The bedding complies with our licensing regulations. All students who are staying on a permanent basis must purchase their bedding at the time of sign-ups. The "**Rollee Pollee**" costs \$30.00 and the check should be payable to CCLCF. Your child will then keep this bedding for the remainder of their stay at the preschool, and then it is theirs to keep. We will be sending them home each week for laundering.

Lunch Bunch hours are 12:00 – 12:30 P.M. with a cost of \$5.00 per session. Extended Care hours are 12:00 P.M. – 3:30 P.M. with a cost of \$20.00 per session. Children are required to bring a lunch and drink from home. **(We are a NUT-FREE school).**

Please don't hesitate to contact me if you have any questions regarding these procedures.

Danielle Caputo



## **PARENT ORIENTATION MEETING**

- DATE:** *Friday, August 18, 2017*
- TIME:** *9:00 AM – 11:00 AM*
- WHERE:** *Community Center of LCF- Main Room  
(across the parking lot from the preschool)*
- FOR:** *One or both parents and childcare givers. Please make every effort to attend. This meeting is **mandatory**.*
- PURPOSE:** *To meet our teachers, preschool director, Parent Board & Executive Director. Learn about procedures and policies that may be of issue to you. Meet your child's teacher and hear about her program.*

*This meeting is for **Adults Only**. Please make childcare arrangements for your children. Infants are ok.*



# PARENT HANDBOOK



**LA CANADA FLINTRIDGE  
COMMUNITY CENTER PRESCHOOL  
4469 CHEVY CHASE DRIVE  
LA CANADA, 91011  
(818) 790-8687**

**[preschool@cclcf.org](mailto:preschool@cclcf.org)**  
**[www.lcfccpreschool.com](http://www.lcfccpreschool.com)**

Dear Parents,

This parent handbook is intended to be a helpful guide for you. Please read the information carefully and keep it available for future reference. If you have any questions after reading the handbook, please call the office for an explanation. Your cooperation in carrying out these procedures helps our preschool operate smoothly.

## **OUR PHILOSOPHY**

The staff of the La Canada-Flintridge Community Center Preschool welcomes you as you place your child in our care. We hope you will enjoy your relationship with us.

Our preschool is available to all families and does not discriminate on the basis of race, ethnicity, religion or gender. Priority for enrollment is given to our returning children and their siblings. Remaining vacancies are offered to those on our Wait List.

LCFCC Preschool is licensed by the State of California. This agency has the right to inspect the facility, interview children or staff, audit and inspect children's records and authorize physical examinations of the children. Fire and health inspections are also held regularly without prior notice.

LCFCC Preschool strives to provide a warm, safe and nurturing atmosphere with a wide variety of age appropriate activities designed to promote the social, intellectual, physical and emotional aspects of learning. Our teachers work to create an environment for the children to learn through active exploration and hands-on discovery. We stretch their imaginations and extend their learning by stimulating their thinking.

Manipulative toys, creative experiences, group time, floor toys, blocks, paints, playdough, sand and water are offered on a daily basis. Particular emphasis is placed on helping to develop social skills, such as talking, helping, listening, sharing and negotiating.

Our staff is sensitive to the individual child's needs and we work to provide an atmosphere that is rich in genuine respect and positive recognition.

## **ABOUT OUR PROGRAM**

### **HOURS & HOLIDAYS**

LCFCC Preschool, with minor exceptions, follows the calendar of the La Canada school system and observes approximately the same holidays and vacations. A calendar listing vacations and important school events is distributed to parents during the first few weeks of school.

The Preschool is open from 9:00 AM to 3:30 PM.

Our program begins at 9:00 AM and ends at 12:00 PM.

Extended Care begins at 12:00 PM and is available until 3:30 PM.

Lunch Bunch – 12:00 PM - 12:30 PM.

Afternoon Care – 12:00 PM - 3:30 PM

Three-year-old children may attend school two mornings a week (Tuesdays & Thursdays). Children need to be toilet trained. 5 or 7 to 1 child/teacher ratio, depending on the classroom.

Four-year-old children may attend three mornings a week (Mondays, Wednesdays & Fridays). 7 or 9 to 1 child/teacher ratio.

Older four-year-old children (must be five by December of current year) may attend five mornings a week. 8 to 1 child/teacher ratio.

Optional extended care is offered daily.

Hours for the Lunch Bunch are 12:00 PM - 12:30 PM. Parents provide a lunch for their child. The lunchtime is followed by outdoor play.

Afternoon care hours are 12:00 PM - 3:30 PM. This includes lunch provided by the parent, outdoor play, a rest and unstructured activities.

## **WE ARE A NUT-FREE FACILITY.**

## **REGISTRATION SCHEDULE**

Registration for the fall session begins in January. A non-refundable registration fee is required at the time of registration. Priority is given to children currently enrolled in the school and their siblings. The preschool director maintains a Wait List for other prospective students and contacts the families regarding available spaces following priority enrollment.

To enroll, a parent must visit the school, complete a registration card and make a registration deposit. The following forms must be completed and returned to school before a child is permitted to attend school:

### **ENROLLMENT FORMS**

Admission Agreement

Physician's Report (LIC 701)

Emergency Information (LIC 700)

Child's Preadmission Health History (LIC 702)

Notification of Parent's Rights (LIC 995)

Notification of Personal Rights (LIC 613)

## TUITION AND FEES

Tuition is dependent on the program you select for your child and is divided into 10 equal monthly payments. Tuition is based on the total number of school days. Therefore when vacations, holidays or illnesses occur, tuition fees remain the same. A non-refundable enrollment fee of \$125.00 is payable at the time of enrollment to insure that your child's place will be reserved. The first tuition payment is due June 1<sup>st</sup> before entering our program in August. All other payments are due the first of the month beginning September 1<sup>st</sup>; the last tuition payment is due May 1<sup>st</sup>.

All extended day fees will be billed at the end of the month and charged to your next tuition payment schedule.

A four-week written notice is required for termination of the financial agreement. Any tuition and/or fee changes are modified the beginning of each fiscal year.

A \$15.00 fee will be charged for all returned checks.

## CHANGE OF FAMILY INFORMATION

Parents must inform the school promptly of changes in their residence or work, mailing address or phone number as well as persons authorized to pick up their child at dismissal time.

## CHILD ABUSE

Under the mandatory Child Abuse Reporting Law, the staff is obligated to report cases of suspected child abuse and neglect. Persons found guilty of failure to report abuse are subject to a fine, a jail term or both.

## NUTRITION

We provide children with a morning snack. By law, each snack is comprised of at least two of the major food groups. WE ARE A NUT-FREE FACILITY. Outside food may not be brought in unless approved by the Preschool Director, and Lead Teacher ahead of time.

Children who stay for lunch are required to bring their lunch from home. Glass containers, foods containing nuts of any kind, candy and gum are not allowed at school. Please do not put any medication in your child's lunchbox.

## ARRIVAL & DEPARTURE PROCEDURES

Each child must be signed in and out daily on an Attendance sheet which is available in the classroom. **The CA State Licensing Office requires a full first and last name signature.**

Only persons over 18 years of age may sign a child in and out of school.

Any person who is picking up a child may be asked to provide the staff with a picture I.D.

Please inform the staff if someone other than a person you have authorized is to be picking up your child.

Please arrive on time so that our child has the opportunity to enjoy all the activities of the program. Pick-up time is equally important. If you suspect you may be delayed, please notify us so that we may reassure your child.

An extra fee is charged when a child is at school past his dismissal time. To further ensure your child's safety, insist that he/she remain with you as you enter and leave the school. Please close the gates as you pass through the school grounds, drive carefully in the parking lot and park in marked spots only.

## **DRESSING FOR SCHOOL**

Please dress your child in play clothing that allows for comfort, safety and is easy to manage. A child who is dressed appropriately for school can vigorously explore his environment. Sweats and tennis shoes are good choices for school attire. We do not believe children should have to worry about keeping their clothes clean while at school, so please dress your child in clothing that can be soiled and stained.

Please do not send your child in flip-flops, open-toed sandals or special occasion clothing. Please label all removable clothing and lunch boxes.

## **BIRTHDAYS**

Birthdays are very special occasions for your child. Teachers will be happy to celebrate with a birthday book, crown and song. No outside food/treats may be brought in to the classroom. If you choose to have a birthday party outside of school, please send invitations and thank you cards through the mail so that no child feels left out.

## **SHARE DAYS**

Children enjoy bringing a special treasure from home to share with their friends. Each teacher will have a designated Share Day. Sharing provides an opportunity for participation and enhances the child's self-esteem. Please bring items that are not expensive to replace and are not breakable. Please, no toys representative of violence.

## **AFTERNOON EXTENDED CARE**

If your child is staying for the afternoon, you will need to send a lunch and bedding for rest time. This would include:

- a small sized crib sheet or Rollee Pollee

- a small blanket

- an extra large ziplock bag will be provided for your child's belongings

- a small pillow is optional

Licensing requires these items. State and local laws require that bedding be washed once a week. Bedding used by children, whether from home or school, should be taken home each week for washing. Transitional objects (stuffed animals, blankets, etc.) are welcomed, as they usually make rest time more comfortable. They should be clearly labeled.

## **COMMUNICATION**

The director and teachers are here to work with you to provide a nurturing environment in which your child may grow and learn. If at any time you have questions or concerns about your child's progress or behavior, please notify the teacher and/or director. We advise against "doorway" evaluations about your child but would be very happy to set a time aside to talk with you.

Each teacher posts information on her Teacher Board to keep you informed of classroom activities. Please check the Board as well as your child's cubby daily.

The school will email newsletters to keep parents informed of school activities and will make a special effort to post important announcements and events.

Conferences will be held so that we can discuss your child's growth and development. Please remember that teachers are available for conferences upon request.

## **DISCIPLINE**

Behavior limits are for your child's benefit as well as insuring a safe and pleasant environment for all children. Children need and appreciate limits. We will utilize different methods of discipline, depending on the situation. Redirecting the child to another activity, discussion with the teacher or between the children involved, removal of the child from the group for a short period of time and positive reinforcement of acceptable behavior are examples of our discipline techniques. We hope to help children learn to solve their problems in an acceptable manner and to develop inner control.

## **REMOVAL POLICY**

Childcare services may be terminated by the preschool for the following reasons:

- ❑ Noncompliance of request for state requirements of immunizations and emergency information
- ❑ Repeated delinquency of tuition payments without willingness to discuss a payment plan with the director
- ❑ The child exhibits special needs beyond the training limitations of the school or requires more attention than our child/teacher ratio allows.
- ❑ The child's special needs require a fundamental alteration or significant modification within our program to the extent that it alters the essential nature of our preschool philosophy, curriculum or accommodations.
- ❑ The behavior of the parent is disruptive or abusive

## **PARENT PARTICIPATION**

We welcome and encourage parents to be a part of their child's experience at LCFCC Preschool. Events such as Fall Orientation, Father's Saturday Morning, Mommy & Me Parties and classroom celebrations throughout the year provide opportunities for family participation.

A very active and supportive parent association organizes special activities, programs and fund-raisers throughout the year.

A major event of the year is the Western Round-Up held in March. This event is geared for family and child entertainment and activity. **We require all our families to participate in this fund-raiser and work at least a one-hour shift at the event. Each family will be asked to donate a minimum of \$150.00 annually to underwrite the cost of our Western Round-Up.**

We especially welcome parents who are willing to come to school to share their talents or interests with us (play an instrument, tell about their jobs). We value and appreciate parental involvement.

## HEALTH POLICY

In order to protect your child and other children, we ask that you keep your child at home if he/she exhibits any of the following conditions:

- Elevated fever. Your child must be without a fever for 24 hours before returning to school.
- Discharge from and/or inflammation of the eye.
- Skin rashes or eruptions
- Bronchitis
- Diarrhea and/or vomiting within the past 24 hours
- Cold with fever, sneezing and nose drainage that may be thick green/yellow.
- Evidence of lice on his/her head.
- General listlessness.

Please keep your child home when an antibiotic is prescribed until the medication has been given for at least 24 hours.

If your child becomes sick at school, he/she will be separated from the other children until the parent or authorized adult can come for her/his.

Should your child experience any unusual physical or emotional stress or fatigue, please notify his/her teacher. We believe open communication between home and school benefits your child.

A note from a doctor must accompany all medication your child receives while at school. The container must carry the name of the medication, the name of the child for whom it was prescribed, the name of the doctor and the doctor's written instructions.

If a child is badly injured, the person in charge will call 911, request assistance and call you. If a child must be taken to the hospital, the director or staff member will accompany the child and remain until the parent (or authorized person) arrives.

The children and staff practice earthquake safety routines in the classroom and yard. Frequent all-school fire drills are practiced.

## SEPARATION

- Separation is easier if your child has had some happy times while being with babysitters, grandparents, family friends or playgroups.
- Plan to visit the school with your child previous to enrollment.
- Make every effort to attend Children's Orientation Day at the beginning of school.
- It may be helpful to send a transitional object to school (a favorite teddy or blanket). This can be a visual and tactile comfort that smells, feels or looks like home.
- Explaining what to expect gives the child a sense of predictability and control. "You're going to play awhile, then sing songs and hear a story, then go outside. After you have snack, I'll be back."
- Many who do not cry will show their anxiety in a variety of ways: shy silence, hesitation to enter the room, use of transitional objects from home, problems at home.
- Do not feel guilty about leaving your child. You have chosen a loving, safe place to leave your child, and the experience will enrich your lives.