



Kingdom Krew
1730 Curtner Ave
San Jose, CA 95125
408.883.8224
KingdomKrew.org
Lic# 434416425

Preschool Parent,

We are glad you are considering having your child attend Kingdom Krew Preschool.

Included in this packet are items needed in order to process your child's enrollment.

- Parent Fee Information
- Kingdom Krew Holidays
- ID Emergency Card (Please include your California Driver's License number (CDL#) for any persons with permission to pick-up.)
- Admission Agreement - Please read carefully.
- Preadmission Health History
- Physician's Report (completed by doctor)
- Immunization Record
- Personal Rights
- Parents' Rights
 - Caregiver Background Check
 - Parent Handbook – available online and in the KK office
- Enrollment in FACTS - online tuition payment service (REQUIRED)
- \$75 Registration Fee (due at the time of enrollment by cash or check, or through your Facts account by August 1)
- Entry Questionnaire (due prior to child's first day)

A few things to remember:

- Tuition is \$1375 per month
- Two-week notice of withdrawal is required
- Please contact the office if there are any court orders within the family

We are happy to work with families who receive subsidized tuition, though space is limited. Additional paperwork is required. Please contact the office for assistance.

Scholarships are available by application for those demonstrating financial need. The Scholarship Committee will select and approve applicants pending available funds.

Please contact the office if you have any questions.

We look forward to having your child join us in our program.

Lynell Frey
Administrative Assistant
KingdomKrewHub@outlook.com

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Kingdom Krew
1730 Curtner Ave
San Jose, CA 95125
408.264.2811
KingdomKrew.org
Lic# 434403618
Lic# 434416425

PARENT FEES 2023-2024

SCHOOL AGE AFTER SCHOOL PROGRAM INFORMATION

Program Dates	August 16, 2023 - To be determined
Program Hours	Monday - Friday, from end of school until 6:00 pm
Monthly Payment	\$545

PRESCHOOL TUITION

Program Dates	September -August
Program Hours	Monday - Friday, 8:00 am until 6:00 pm
Monthly Payment	\$1375

ADDITIONAL FEES

Annual Registration Fee	\$75 (non-refundable), \$50 additional FACTS account
Tuition Payment Due Date	1 st of the month
Late Pick-up Fee	\$1 per minute, per child
No Sign Out Fee	\$5 per day, per child
KK Late Payment Fee	\$25
FACTS Late Payment Fee	\$30
Re-Enrollment Fee	\$25 per child (during school term)

SCHOOL AGE SCHOOL YEAR BREAKS AND INSERVICE DAYS

Registration*	\$50 (non-refundable)
In-service Day↕	\$70 per day, per child
In-service Day, Currently Attending↕	\$42 per day, per child

* Children not currently enrolled in after school program

↕ Cancellation notice required

2023 SCHOOL AGE SUMMER DAY CAMP FINANCIAL INFORMATION

Weekly Camps	June 12 – August 11, 2023
Registration Fee per Summer**	\$50 per child or \$75 per family
Summer Day Camp Cost	\$365 per week, per child

** Children not enrolled in previous school year

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PARENT ADMISSION AGREEMENT 2023-2024

Child's Name: _____ Grade: _____ School: _____
Birthdate: _____ Age: _____ Gender: _____
Address: _____
Mother's Name: _____ Phone #: _____
Father's Name: _____ Phone #: _____

KINGDOM KREW USE ONLY

Term Start Date:

Term End Date:

I understand and agree with the following:

1. The **Kingdom Krew** program includes care for my child year-round for preschool through age 12. (Optional services will not be provided for the preschool program.)
2. I understand that weekly Summer Day Camps are available and require a new, separate registration for the school age program.
3. Children may be enrolled in the program regardless of gender, religion, race or national origin.
4. The goal of **Kingdom Krew** is to instill positive family values based on Christian principles, beliefs, and the Holy Bible. I understand the Bible will be taught as God's truth.
5. **Kingdom Krew** strives for an environment which is both safe and supports the positive family values being taught. Services may be terminated for any of the following reasons: late tuition, check returned for insufficient funds, not abiding by policy or procedures, unruly conduct by parent or guardian, child's behavior which threatens the immediate safety of himself / herself or others, disrupts a positive learning / play environment, or is beyond the capacity of the staff and program to manage.
6. I understand childcare professionals are required by law to report suspected child abuse.
7. If a child or family is terminated from **Kingdom Krew** program for failure to follow policies or procedures or State guidelines, access to the **Kingdom Krew** program services will not be permitted for a minimum of one year from the date of termination. If the family situation significantly changes, the family may appeal to the Board of Directors of **Kingdom Krew** by presenting facts about the change and written plan to ensure adherence to policies and procedures and state guidelines.
8. The Department of Social Services or licensing agency has authority to interview children or staff and to inspect and audit children or facility records without prior consent. The licensee shall make provision for private interviews with any child or staff member and for the examination of all records relating to the operation of the facility. The Department of Social Services or the licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed professional physically examine the child.
9. During normal operation hours, upon presentation of identification, I have the right to enter and inspect the facility in which my child is receiving care without notice to the provider as stipulated in Title 22, Civ. 12 Health and Safety Code 101195(B).
10. 30 days written notice will be provided to the parent or authorized representative for any modifications to the parent agreement.
11. I give consent to receive notifications from Text-em-All.
12. Is there an active **Court Order** which affects this student? Yes No If yes, please provide document.
13. There is online/office access to the **Kingdom Krew** Parent Handbook. I will comply with the policies and procedures. **Initials:** _____
14. For the safety of my child and in accordance with State Law, I agree to sign my child in (when appropriate) and out each day **electronically**.
15. As required by law, a doctor's written order will be required for prescription medication if my child must take medication while at **Kingdom Krew**. (Over the counter medicines can be provided with parent authorization). I will sign in the medication at the office with instructions as to time and dose to be administered. **Kingdom Krew** will not be responsible for child illness due to failure to supply medication or lack of notification of known conditions. See the Parent Handbook for more on medical and sick policies. **Initials:** _____

16. If my child does not need to attend for any reason on a regularly scheduled day, I am required to notify **Kingdom Krew** by calling **408.883.8224** or emailing **KingdomKrewAbsent@outlook.com**.
17. If I cannot pick up my child, I will arrange for another authorized person to sign out and pick up my child by closing time. I understand that if I designate a different person to pick up my child than originally identified on enrollment forms, I will notify **Kingdom Krew** in writing. **Pick-ups occurring after 6:00 pm will be charged \$1.00 per minute per child. Failure to sign-out will result in a \$5.00 Fee.**
18. I agree to notify the **Kingdom Krew** office, **in writing, at least two weeks in advance of scheduled changes and termination**. I understand that I am responsible for the full tuition until notice and withdrawal has occurred. Tuition remains the same whether or not my child attends. Tuition is not prorated for illness, vacation, or holidays.
19. **Kingdom Krew** utilizes FACTS, an online tuition payment service, for all payments. Enrollment in **Kingdom Krew** requires enrollment in FACTS for regular monthly payments and any incidentals due. The FACTS enrollment fee is included in the registration fee.
20. I pledge and agree to meet my financial obligation on or before the date payment is due. If overdue, I will pay late fees, billed by FACTS. I understand tuition is payable on the 1st of the month of services rendered. Tuition is to be paid regardless of illness, vacation days, or holidays. Registration fees are non-refundable.
21. School Age Full Days are by reservation only and are not guaranteed after the RSVP deadline. Review RSVP and cancellation details in email as they pertain to each Full Day.
22. Re-enrollment: I understand if I withdraw my child during the school year and re-enroll for the same school year there is a \$25 fee.

I understand my financial obligations as stated in items 17-23. Initials: _____

23. My financial commitment: (please mark options that apply)

\$ 75 registration fee - after school program (required annually) / \$ 50 registration fee for additional FACTS account

School Age Program:

- \$ 545 5-day program monthly tuition,
 - 5 day program monthly tuition split between parents (_____% mother and _____% father)
- \$ 70 full days and \$ 350 week-long school breaks only, \$ 50 registration fee

Preschool Program (2-5 Years):

- \$ 1375 5-day program monthly tuition
 - 5 day program monthly tuition split between parents (_____% mother and _____% father)
- I am working with a **subsidy program**. I understand I am still responsible to make sure fees (registration, tuition, incidentals) are paid in full in a timely manner. If my subsidy provider does not cover the cost, I am responsible to pay the remaining amount.

Optional Agreement: Photos taken during **Kingdom Krew** activities may be released to newspapers, or for other media and advertising purposes. Photos of my child may may not be used as stated above.

Signature of Parent/Guardian _____ Date _____

Please list child's allergies (including food and medications) or special problems, fears, and conditions that staff should be aware of. Please list any helpful details regarding food allergies (i.e. no scrambled eggs, eggs in baked goods ok). Provide medication needed to treat food allergies.

None Known _____

Medication Needed: _____

I have read and understand all the policies of **Kingdom Krew** as stated in the Admissions Agreement and agree to them. I also understand as a signee I am responsible for the financial commitment I am making in item #22.

Signature of Authorized Parent/Guardian _____ Date _____

Signature of Authorized **Kingdom Krew** representative _____ Date _____



ID Emergency Information

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Childs Name: _____ DOB: _____ M F
Last, First, MI

School: _____ Grade: _____ Rm #: _____ KK Start Date: _____

Child Lives with: _____

Mother/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

Father/Guardian: _____ CDL#: _____

Address: _____
Street City State Zip

Phone Cell: _____ Work: _____ Other: _____

Email: _____

Occupation: _____ Employer: _____

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(People listed will be authorized to pick-up my child without further notice and must be 16 years or older.)

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Name: _____ Relationship: _____ Ph #: _____ CDL#: _____

Date: _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO *KINGDOM KREW / OASIS CHURCH* TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST FOR _____.

CHILD'S NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF MY DEPENDANT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

In case of Medical Emergency when parent or guardian cannot be reached contact: (List in order to be contacted.)

- 1. **Name:** _____ **Relationship:** _____ **Ph #:** _____
- 2. **Name:** _____ **Relationship:** _____ **Ph #:** _____
- 3. **Name:** _____ **Relationship:** _____ **Ph #:** _____

INSURANCE/MEDICAL RESPONSE INFORMATION

Insurance carrier: _____ Policy No.: _____

Physician to be called in case of emergency: _____

Address: _____ Phone: _____

Dentist to be called in case of an emergency: _____

Address: _____ Phone: _____

Preferred Family Hospital to be called in case of an emergency: _____

Address: _____ Phone: _____

Please **list any food allergies or special problems, fears, conditions** that staff and medical personnel should be aware of.

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Signature of Parent or Guardian

Date

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

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

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

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

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

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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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?	
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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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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 or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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://cld.ca.gov/contact.htm>.

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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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

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

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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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)