



Ventura Missionary Preschool

Lic. 561708227

2025-2026 Preschool Registration Packet

Upcoming Registration:

- ⇒ Continuing Students only—Begins Monday, January 27
- ⇒ Siblings of current students and VMC Members enrolling children for the first time—Begins Monday, February 3
- ⇒ Open-to-the-public Registration—Begins Wednesday, February 5



Ventura Missionary Preschool

500 High Point Drive Ventura, CA 93003 (805) 644-9515, ext. #561

REGISTRATION INFORMATION FOR THE 2025-2026 SCHOOL YEAR

Annual Rates:

Registration fee-due at time of registration	\$	125
Tuesday/Thursday Tuition	\$	3208
Monday/Wednesday/Friday Tuition	\$	4203
Monday - Friday Tuition	\$	6685

SIBLING DISCOUNT: A VMPS 10% sibling discount is given to families with multiple children enrolled in our preschool or day school.

Pre-Kindergarten Registration - Priority placement for Pre-K will be given to children who are old enough to attend Kindergarten but show a need for one more year of preschool before kindergarten. Children who will be eligible for Kindergarten may register for Pre-K if they show readiness and space is available.

ALL forms for students, including required immunizations and the form completed by your physician must be returned with the nonrefundable registration fee of \$125, made out to VMPS, in order to register any student. If more time is needed for the physician's form, it may be returned by June 1st. Incomplete packets will be returned to applicant and placement will not be reserved until completed packet is re-submitted.

VMPS Dual Registration: Students who turn five by September 1 are eligible for Kindergarten at VMS. If you are not sure whether your five-year-old will be ready for Kindergarten, you may dual-register for Pre-K, as well as Kindergarten. A registration fee of \$125 (checks made out to VMPS) needs to accompany the Pre-K registration packet. Dual registration will require payment of both a preschool and a kindergarten registration, which will be done separately through the Preschool, as well as the Elementary School Offices.

Registration for Preschool will be in the Preschool office according to the following **priority** registration dates:

- ❖ **Monday, January 27 - CONTINUING STUDENTS ONLY**
- ❖ **Monday, February 3 - SIBLINGS OF CURRENTLY ENROLLED STUDENTS AND VMC MEMBERS ENROLLING CHILDREN FOR THE FIRST TIME**
- ❖ **Wednesday, February 5 - OPEN REGISTRATION TO THE GENERAL PUBLIC**



Ventura Missionary Preschool

500 High Point Drive Ventura, CA 93003 (805) 644-9515, ext. #2

Student File Checklist

Ventura Missionary Preschool, in accordance with Community Care Licensing guidelines, requires that we have the following forms in your child's file before he or she may attend class. If more time is needed for the physician's form, it may be returned by June 1st.

Student Name: _____ School Year: _____

1. _____ Student File Checklist
2. _____ Admission Agreement (2 pages)
3. _____ Student Application
4. _____ Email Form
5. _____ Text Form
6. _____ Part 1: Financial Agreement; Part 2: Financial Agreement
7. _____ Extended Care Registration Form
8. _____ Child's Social and Developmental History
9. _____ Additional Developmental Information
10. _____ Authorization for Medication (use only as needed)
11. _____ Consent for Emergency Medical Treatment
12. _____ ID & Emergency Info.
13. _____ Medical Alert / Allergy Alert
14. _____ Child's Preadmission Health History – Parent's Report
15. _____ Parent's Rights Acknowledgement
16. _____ Personal Rights Acknowledgement
17. _____ Physician's Report/Immunization Record – This form needs to be filled out by a physician reflecting the child's most recent health and immunization information. Children will not be permitted to attend class if records and immunizations are incomplete.

The Health Department requires that all children be up-to-date on all of their immunizations. These are state requirements from which we cannot grant exceptions without a signed notice from a physician as to a specific medical reason for delaying immunizations or TB testing. Be sure that the physician's form you return to the office reflects that your child has had: 1 Measles, Mumps, Rubella given on or after 1st birthday, 3 Polio Doses of OPV or IPV, 4 DTP Doses, 1 HIB Meningitis given on or after 1st birthday, 3 Hep B doses and 1 Varicella (Chicken Pox).

PLEASE NOTE: Packets will be given priority placement according to the date and time they are turned into the office. If all forms are not complete you will lose your priority placement and new placement will be determined when it is resubmitted.

This box is for OFFICE USE ONLY.

Registration requested for: _____ (age group)

Child's B-date: _____ Registration Date: _____ Time: _____ am/pm

Days Attending: (Circle One) **Tues/Thurs** **Mon/Weds/Fri** **Mon-Fri**

Teacher Names: _____ Room #: _____



Ventura Missionary Preschool

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ADMISSION AGREEMENT

Child's First and Last Name

Date

Our school is licensed by the State of California, which requires that we have an Admission Agreement. In addition to the financial agreement, you may have already signed, we need to be sure you are aware of the following policies:

PRESCHOOL LATE FEE: \$10.00 for every five minutes (or fraction thereof) will be due for any child staying past 11:45 who is not scheduled for extended care. These fees are paid in the office the day they are incurred.

EXTENDED CARE LATE FEE: There is a grace period of fifteen minutes at the end of the 1:30 and 3:30 p.m. time slots. There is no grace period for the 5:30 p.m. time slot. If you arrive late to pick up your child, the following fees will be charged:

- \$10.00 for every 5 minutes or fraction thereof for the time slots ending at 1:30 p.m. and 3:30 p.m.
- \$10.00 for every 5 minutes or fraction thereof for the time slot ending at 5:30 p.m.
- If an emergency arises and you cannot avoid being late, please call the office and we will make an adjustment to the late fee on an individual basis.

Any late fees will need to be paid at the time that your following month's fees are paid. If you are late, the teacher will give you a late slip with the amount owed on it. Our teacher child ratios and state licensing make it a necessity to discourage late pick-ups.

A FINANCIAL AGREEMENT is required for each family enrolled, detailing tuition account policies and Extended Care payments. Students will be dismissed for financial delinquency as outlined in the financial agreement.

WITHDRAWAL FROM PROGRAM - Each child is enrolled for the entire school year or the balance of the program year if enrolled after the start of the school year. Two weeks prior notice is required for withdrawal from the program before March 1. For any child leaving the program after that date, full payment will be expected and there will be no refund. Any child withdrawing from the program within two weeks before school begins in August will be refunded prepaid tuition but not the registration fee.

VACATION/HOLIDAYS/ABSENCES - No credit is given for scheduled school holidays or vacation periods. Tuition is divided into equal payments and is based on actual days of the school year. We cannot grant opportunities to make up days missed as a result of absences.

ABSENCE POLICY FOR EXTENDED ILLNESS IN WHICH CHILD IS EXPECTED TO RETURN TO SCHOOL - For the 1st and 2nd week of absence there is no credit given. For more than two consecutive weeks of absence due to illness, any request for partial rebate may be presented in writing to the administration for consideration. **ABSENCES BEYOND FOUR WEEKS MUST BE CLEARED BY THE DIRECTOR.**

RELEASE OF RESPONSIBILITY - VMPS will not be responsible for anything that may happen as a result of false information given at the time of enrollment or outdated information which the parent has not updated appropriately. VMPS will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

PERMISSION TO PARTICIPATE IN PRESCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment, participate in all of the activities of the Preschool program, and be included in photographs and/or videotapes taken at school.

I hereby grant permission for my child to be included in developmental evaluations including occasional observations by the Unified School District Preschool Specialist. I understand that I will be contacted for a conference if there are any concerns regarding any suspected developmental lags for which my child may need further outside evaluation.

INSPECTION AUTHORITY OF THE DEPARTMENT OF SOCIAL SERVICES/LICENSING AGENCY

1. The Department of Social Services/Licensing Agency shall have the inspection authority in regard to specified Health and Safety Codes.
2. The Department of Social Services/Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The licensee shall make provisions for private interviews with any clients, including children or staff members, and for the examination of all records relating to the operation of the facility.
3. The Department of Social Services/Licensing Agency shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine a client. (Parents would be notified by the licensing agency if physical examination were deemed necessary.)

CONDITIONS UNDER WHICH THE AGREEMENT MAY BE TERMINATED

1. Agreements shall be dated and signed by the client or his/her authorized representative before a child attends class.
2. Modifications to the original agreement shall be made whenever circumstances covered in the agreement change and shall be dated and signed by the persons specified.
3. VMPS shall retain the original copy of the agreement and shall provide copies to the student's parent/guardian and to his/her authorized representative, if any.
4. VMPS and student's parents/guardian shall comply with all terms and conditions set forth in the admission agreement.

I have read and understand the aforementioned policies.

Parent's Signature

Date

Director's Signature

Date

VENTURA MISSIONARY PRESCHOOL

Student Application

500 High Point Drive, Ventura CA 93003 805-644-9515

<i>This shaded area is for OFFICE USE ONLY.</i>			Check #:	Amount \$:	Date:
Extended Care Needed? YES NO	Medical Alert? YES NO	Custody Alert? YES NO	New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/>		School Year:
Class Requested: 2-Day 3-Day 5-Day Pre-K					Staff Initials:

There is an annual non-refundable registration fee for regular morning classes (8:30-11:30) of \$125 due at the time this application is accepted. Student accident insurance is included in this fee.

STUDENT	Student's Last Name	First Name	M.I.	Sex (Male or Female)	Birthdate
	Home Address	City	State	Zip Code	Area Code & Home Phone #

FATHER'S INFO	Father's Last Name	First Name	Pager or Cell Phone #	HOME Area Code and Phone #
	Business Name	Occupation		WORK Area Code and Phone #
	Hours of Employment/School	Birthdate		Birth Place
	Social Security #	Driver's License #	Car License Plate #	Make and Model

MOTHER'S INFO	Mother's Last Name	First Name	Pager or Cell Phone #	HOME Area Code and Phone #
	Business Name	Occupation		WORK Area Code and Phone #
	Hours of Employment/School	Birthdate		Birth Place
	Social Security #	Driver's License #	Car License Plate #	Make and Model

DR.	Doctor's Name	Address	Phone #

CHURCH	Name of Church Family Attends	Does Student attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	We attend: Regularly Occasionally Seldom Never	Members? <input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER	VMPS does not make its mailing lists available to any outside organizations. However, class lists are customarily made available to other parents for the purpose of arranging outside playtimes, parties, etc. Information to be included on class lists:									
	Child's Name	Home Address		Home Phone		Mother's Name		Father's Name		
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No				

Mother's Signature

Father's Signature

VMPS Email Form

We do all of our communications through email, so please fill out this form, listing the email address(es) that you would like to receive school information. Our email address is vmppoffice@vmc.net.

Name(s): _____

Email: _____

Name(s): _____

Email: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

VMPS Text Message Form

We are implementing a mass text messaging program in case of emergencies, so please fill out this form, listing the cellphone number(s) that you would like to receive emergency information on. This is a one way, receive only text messaging system. The text messages will come from our email address, vmppoffice@vmc.net.

Name(s): _____

Cellphone #: _____

Cellphone Provider: _____

Name(s): _____

Cellphone #: _____

Cellphone Provider: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

Child's Name: _____ Room #/Class: _____

VENTURA MISSIONARY PRESCHOOL FINANCIAL AGREEMENT – PART 2

Ventura Missionary Preschool (VMPS) operates on a closely balanced budget. An integral part of maintaining that budget is the timely receipt of all registration, tuition, extended care, and other fees from the parents or guardians of enrolled students. In order to accomplish this goal, the VMS Board has adopted the following tuition payment policy, which will be strictly followed.

Tuition and Fees: VMPS uses a prepayment tuition schedule. Payments begin June 1st. You can choose to pay in full (by June 1st), Semi-Annual (June, Jan.), Quarterly (June, Sept., Dec., Mar.), 10-Month (June-Mar.) or 11-Month (June-Apr.). You must make all payments set forth in the current VMPS Tuition and fees schedule, according to the plan you select. Payments must be made in a timely manner to VMPS, using the payment schedule provided. One account is maintained for each family, except when children are enrolled in both the preschool, kindergarten/dayschool, in which case two separate accounts are used and must be paid separately. You must keep VMPS informed of any changes.

An account will be considered delinquent if a payment due is not received at VMPS by the 20th, at which time a \$10 late fee will be assessed. VMPS will send you a notice stating that the payment is overdue and that a late fee has been assessed to the account. If your account becomes more than 50 days in arrears, the school will inform you that your account has been closed and your child(ren) have been dismissed from school.

Once an account is closed, re-enrollment of your child(ren) and reinstatement of your account will be contingent upon (1) the child(ren)'s places in class having not yet been filled by incoming students, (2) the account being brought current in the school office by cashier's check payable to VMPS for all tuition, extended care, and late fees and an additional registration fee of \$125.

If an account is closed a second time in a school year, re-enrollment and reinstatement will be contingent upon (1) approval of the Director, (2) the child(ren)'s places in class having not yet been filled by incoming students, (3) the account being brought current in the school office by cashier's check payable to VMPS for all tuition, extended care, and late fees, as well as an additional registration fee of \$125, and (4) all remaining payments for the school year being made at the school office by cashier's check payable to VMPS by the first of the month. Thereafter, if any payment is not received by the due date, a late fee of \$30 will be assessed. If the account is not brought current, including the late fee, within 10 days, the account will be closed and your child(ren) will be dismissed.

VMPS will assess a \$20 fee for any check returned by your bank unpaid. This fee, plus the amount of the returned check, plus any late fees incurred as a result of the return, must be paid to VMPS.

Registration for subsequent school years may be withheld until all monies due the school have been paid in full.

Extended Care: Extended care payments are made in advance in the preschool office (checks made payable to VMPS) for the amount of extended care needed for each student, according to policies stated in the Extended Care Registration form. Children may not stay in extended care if they are not signed up for and paid for in advance.

Withdrawal: Each child is enrolled for the entire school year or the balance of the program year. Two weeks prior notice is required for withdrawal from the program before March 1. For any child leaving the program after that date, full payment will be expected and there will be no refund. Any child withdrawing from the program within two weeks before school begins in August will be refunded prepaid tuition but not the registration fee.

Hardships: If you have a personal financial hardship, please contact the school office to discuss your account before it reaches the point of dismissal.

Exceptions: Any exceptions to the financial policies described in this Financial Agreement must be approved by the school administration and School Board.

Signature and Billing Information Required on Reverse Side.

Child's First and Last Name: _____

Extended Care Payment Options:

Option #1 - Ten Monthly Payments: Extended Care payments can be divided into ten equal payments (total annual extended care cost divided by ten) in the same format that we divide the A.M. Preschool Tuition payments. If you would prefer to pay in this manner, you must sign your child up for the same extended care slot(s) for the entire year. If you choose the same slot(s) for the entire year, you will only need to complete one Extended Care Sign-Up form, and you will be entitled to a 5% discount on your extended care payment. Your monthly extended care payment will remain the same throughout the entire year and will need to be paid in the Preschool office by the **20th of the previous month**. A \$10 late fee will apply if payment has not been received by the 20th of the previous month and increase an additional \$10 for each week thereafter. Extended Care payments must be made payable to Ventura Missionary Preschool. VMPS office staff must track your payments, please turn them into the office. In the event that you need to change your extended care time slot(s) after you have signed up for the monthly payment option you will need to complete a new sign-up form – the 5% discount given at the time of sign up will no longer apply and a \$10 change fee will be charged to you.

Option #2 - Monthly Sign-Up Payment: If you are unable to commit to the same extended care slot(s) for the entire year, you will need to complete a new sign-up form by the **20th of the previous month** and turn it into the office with the total payment due for that month. A \$10 late fee will apply if payment has not been received by the 20th of the previous month and increase an additional \$10 for each week thereafter. A child may not stay in extended care if a completed sign-up form and payment have not been turned into the office prior to the start of a new month. If you need to change your extended care time slot(s) after you have turned your sign-up form into the office a \$10 change fee will apply to you.

Option #3 - Stay and Play Payment: We offer a daily sign-up extended care option for those children needing care until 1:30 p.m. This option is based upon a first come, first served basis. The sign-up list is available in the office and it has a maximum number of spots available each day. Therefore, we cannot guarantee a spot until it is signed up for and paid for. You can reserve a spot for any day in the month as early as the afternoon of the 1st of each month, which is when we have a total count for our regular extended care students.

I have read and understand the Extended Care Policy Information.

Parent's Signature

Date

VENTURA MISSIONARY PRESCHOOL

Child's Social and Developmental History

500 High Point Drive, Ventura CA 93003 805-644-9515 ext 561

Student's First and Last Name	Name Used at Home	Date
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ABILITIES	<i>Please indicate in the space provided at which age the child:</i>			
	Crept on hands and knees	Sat alone	Walked alone	Named simple objects
	Repeated short sentences	Slept through the night	Began Toilet Training	Able to dress him/herself

BEHAVIORS	<i>Please indicate by checking YES or NO all the ways your child expresses his/her needs or desires:</i>							
	Using Words	Whining	Biting	Hitting	Kicking	Tantrums	Shares Easily	Other (please describe):
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	Does your child suck his/her finger(s)?			Does your child bite his/her fingernails?				
	<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> yes <input type="checkbox"/> no				

PLAY HABITS	<i>What are your child's favorite:</i>	
	Indoor Activities	Books and Stories
	Games or Toys	T.V. Programs or Videos
	Outdoor Activities	Does your child play with: water sand <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

SIBLINGS AND OTHER CAREGIVERS	First and Last Name	D.O.B.	School	Grade/Age
	First and Last Name	D.O.B.	School	Grade/Age
	First and Last Name	D.O.B.	School	Grade/Age
	List members of your present household, not listed above (other relatives, roommates, maid, etc.) and include relationship/age.			
	If both parents or guardians are away from home during the morning, please state what arrangements will be made for the child's care when he/she can't attend school:			
	Does the child have their own room?		If no, with whom do they room?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Who has cared for the child other than his parents? (please state whether adults or teenagers)			
	Previous Preschool/Daycare Experience:	Name of Facility	Dates Attended	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DISCIPLINE	What methods of discipline are used in the home and by whom?
	How does the child respond?

MARITAL STATUS	Last Name of Parents (if different from student's)	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
	<input type="checkbox"/> Married (how long?) _____ <input type="checkbox"/> Separated (how long?) _____ <input type="checkbox"/> Divorced (how long?) _____	
	Are Parents Re-Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Stepfather

Additional Developmental Information

Is your child currently receiving any developmental, behavioral, or speech therapy:

Yes

No

If yes, please specify the type of therapy and age at which therapy began: _____

Has your child ever had any developmental, behavioral, or speech therapy:

Yes

No

If yes, please specify the type of therapy and age at which therapy was received: _____

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Educational Code 49423 and 49423.5. Any pupil who is required to take, during the regular school day, medication prescribed by a physician or over-the-counter medication sent by the parent, may be assisted by the school nurse or other designated school personnel if the school receives (1) a written statement from the physician detailing directions for taking the medication and/or (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in taking any non-prescribed medication. Have the Pharmacy or Physician properly label medication in a sealed container for school administration.

All non-prescription medication (Tylenol, Advil, etc.) must be sent from home and in a bottle labeled with the students name with this form signed and on file in the office.

PART I: *To be completed by the parent or guardian:*

I request that my child be assisted in taking the medication, prescribed by a physician or sent from home, by designated personnel during school hours. I understand that my child may not have or take medication at school unless all requirements are met.

Child's Name _____ Sex _____ Birth Date _____

School _____ Grade _____ Teacher _____

Physicians Name _____ Telephone # _____

Address _____

Request Date _____ Parent Signature _____ Home Phone/Emer. Phone _____

.....

PART II: *To be completed by attending physician for prescription medication:*

The child named above is under my care. It is necessary for him/her to receive the following medication during school hours on a regular/emergency basis.

NAME OF MEDICINE: _____

FORM (ie: tablet, liquid, injection, inhaler, etc): _____

DOSE: _____

IF GIVEN DAILY: what time(s)? _____

Duration of medication request: _____

Physician's Signature

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
					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
Mom Cell:	Dad Cell:			()	()

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

Medical Alert/ Allergy Alert

Child's name _____

Medical Alert _____

Known Allergies _____

What symptoms appear when there is a reaction

What steps to take if there is a reaction

Parent Signature & Date

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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	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'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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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://cclid.ca.gov/contact.htm>

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: Community Care Licensing

Licensing Office Address: 6500 Hollister Ave., Suite 200, Goleta, CA 93117

Licensing Office Telephone #: 805 562-0400

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.

Ventura Missionary Preschool
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

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

State of California, Department of Social Services

ADDRESS

6500 Hollister Ave., Suite 200

CITY

Goleta, CA

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

805 562-0400

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)

Ventura Missionary Preschool

(PRINT THE ADDRESS OF THE FACILITY)

500 High Point Dr., Ventura, CA 93003

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/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) (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

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.

Ventura Missionary Preschool Handbook Acknowledgement

I have received a copy of the Ventura Missionary Preschool Handbook:

- From the website
- In the form of a hard copy (no computer access)

I have read it completely to become familiar with the programs and my responsibilities.

Child's Name: _____ Classroom # _____

Parent Signature: _____ Date: _____

This form is to be returned to your child's preschool teachers by the last week in August.