

HERITAGE CHRISTIAN PRESCHOOL

West Campus

10949 Zelzah Avenue
Granada Hills, CA 91344
Phone: 818-488-8888 Fax: 818-488-8960

License #197418525

2018-2019 SCHEDULE OF TUITION & FEES

Effective August 1, 2018

Full Day Program 7:00 a.m. - 6:00 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	945	815
4 Days	795	680
3 Days	625	540
2 Days	440	380
Occasional Day	54	48

Partial Day Program 8:30 a.m. - 3:00 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	795	695
4 Days	685	600
3 Days	540	480
2 Days	410	350
Occasional Day	46	42

Half Day Program 8:30 a.m. - 12:30 p.m.	Monthly Rates	
	Preschool 2-3 Years (Non potty trained)	Preschool / PreK 2 yrs - 5 yrs (Fully potty trained)
5 Days	605	530
4 Days	535	465
3 Days	435	375
2 Days	340	290
Occasional Day	41	33

Other Fees:

Registration \$100 (Before May 1) \$125 (After May 1)

Materials Fee \$45

Summer Activity Fee \$70
(Due 6/1/2019)

Tuition is due on the 1st of each month.

A **\$30 returned fee** will be assessed on all returned payments.

A **\$25 late fee** will be charged if payment is not received by the 10th of the month.

NEW TUITION PAYMENT INFORMATION

Heritage Christian School uses electronic direct debit through FACTS tuition management company to collect your monthly tuition payments. You may set up your account to debit your checking account, savings account, or credit card through their secure site. Should you choose to use a credit card, FACTS will impose an additional service fee.

Please go online and create your FACTS account at:

<https://online.factsmgt.com/signin/4KK7R>

FACTS customer support can be reached at 866-441-4637 if you have any problems with the set up process.

If your child will be attending preschool through the **2019** summer, please choose the payment plan ending in **JULY**. If your child will **not** be attending preschool during June and July, please select the payment plan ending in **MAY**. (You may change your mind next year by notifying the office.)

Payments will be scheduled to be withdrawn from your account beginning August 1, 2018 (or the first of the month following the date you set up your account).

***PLEASE NOTE:** This FACTS account is for the Preschool students **only**. Do not set up here for any students on the North or South Campus. If you currently have a FACTS account for another student on the North or South Campus do not add your preschool child to that account. You must set up a separate account using the link above.

Heritage Christian Preschool Admission Agreement

Heritage Christian Preschool provides a quality early education program and childcare for young children ages two years to five years. Parents may choose from a variety of different programs to best fit their child's and family's needs. Optional services include extra childcare hours or an occasional extra day.

Please Print or Type Legibly

Student's Legal Name _____		Date _____	
_____ Last	_____ First	_____ Middle	
Sex _____	Birthplace _____	Birthdate _____	Age _____
Phone (____) _____	Address _____		
	City _____	ZIP _____	
Child Resides With: (Check all that apply) _____ Mother _____ Father _____ Grandparent _____ Guardian			
Church Attendance (Name of Church) _____			
SIBLING INFORMATION : First and last name and age or grade level of any sibling and where they attend school.			

Name _____		Custody _____	
<u>Check one:</u> <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian	Street Address _____	City & Zip Code _____	
	Home Phone (____) _____	Occupation _____ Employer/Business _____	
Title _____	Email _____		
Work Phone (____) _____	Extension _____	Cell (____) _____	

Name _____		Custody _____	
<u>Check one:</u> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian	Street Address _____	City & Zip Code _____	
	Home Phone (____) _____	Occupation _____ Employer/Business _____	
Title _____	Email _____		
Work Phone (____) _____	Extension _____	Cell (____) _____	

School mailings will be sent to the above address/addresses unless you have a different mailing address. Specify your different mailing address: _____

Non Discriminatory Policy

Heritage Christian Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available at the preschool. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, financial aid or and other school administered programs. Our mission is to serve our community at large by providing a Christian based early education to students of all religious backgrounds.

The Administrator shall accept children who are physically handicapped or emotionally or mentally handicapped only after evaluation. The decision will be based on the following:

1. The child's attendance will have no adverse effect upon other children either through direct behavior of the child or through requiring staff time needed by other children.
2. The preschool is able to meet the needs of the child.

Continued on reverse

State Licensing Rights

The Department of Social Services Licensing Division has the authority to interview staff or children, and to inspect the facilities and childcare records without prior consent.

1. The licensee shall make provisions for private interviews with any child or staff members.
2. The Department has the authority to inspect, audit, and copy child or childcare center records.
3. The Department has the authority to observe the physical condition of the child.
4. The Department has the authority to make any number of visits to a childcare center to determine compliance with applicable laws and regulations.

Heritage Christian Preschool complies with all applicable licensing regulations and standards. The facility is subject to yearly inspection by state and city fire, health, and licensing representatives.

INFORMATION TO BE COMPLETED FOR ALL STUDENTS:

What language(s) is/are spoken in the home? _____

Has student had any health related problems? _____ Explain _____

Physical difficulties? _____ Explain _____

Has student had any learning or academic difficulties or been tested for a learning disability? _____

Explain _____

Both parents/guardians must sign below.

*Are there any court orders regarding custody, parental rights, or guardianship that affect this child? ____ Yes ____ No
If yes, a Custody Information Sheet must be obtained from the office, completed and returned with the application or court custody papers supplied.*

Signature of Father, Step-father, Grandfather, Guardian

Date

Signature of Mother, Step-mother, Grandmother, Guardian

Date

NEW FAMILIES ONLY

Please explain why you wish your child to attend Heritage Christian Preschool.

How did you learn about Heritage Christian Preschool (Please check all that apply.)

- _____ 1. Personal Referral or Recommendation: (Name) _____
- _____ 2. Parent is an Alumni: (Name) _____
- _____ 3. Other School: (Name) _____
- _____ 4. School Sign: _____
- _____ 5. Telephone Directory: Which phone book? _____
- _____ 6. Pole Banner / Billboard: _____
- _____ 7. Church Referral: List church name. _____
- _____ 8. Website: _____
- _____ 9. Direct Mail/Postcard: _____
- _____ 10. Flyer invitation to an open house: _____
- _____ 11. Other: _____

Heritage Christian Preschool
PARENTAL CONTRACT
2018-2019 School Year

Student's Name _____ Age ____
Student's Name _____ Age ____
Student's Name _____ Age ____

The following contract between Hillcrest Christian School a California nonprofit corporation dba Heritage Christian Preschool and _____ hereby states:

(Parent's/Guardian's Names)

1. I/We understand that enrollment and re-enrollment at Heritage Christian Preschool is by invitation only. Strict adherence to the Parent Handbook is required for continued enrollment. Current enrollment and attendance at Heritage Christian Preschool does not guarantee or create a right of re-enrollment for subsequent school years.
2. I/We understand that Heritage Christian Preschool requires its parents and students to comply with standards as set forth in the Parent Handbook. I/we agree that we will do our utmost to encourage and support my/our child to adhere to these standards and will provide the family support as required by the Family Support and Cooperation Policy set forth in the Parent Handbook.
3. I/We understand the general philosophy of education, and agree with the purpose and intent of Heritage Christian Preschool.
4. I/We agree with the discipline policy and grant authority to the teacher and administration to discipline my/our child(ren) when necessary. I/We understand that any use of illegal substances, profanity, obscenity, immorality, bullying behavior, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the preschool, or continued disobedience to the established policies of the school are not tolerated by Heritage Christian Preschool.
5. I/We will support the preschool by my/our involvement at school-sponsored meetings and activities, including parent/teacher/administration conferences.
6. I/We will uphold the spiritual emphasis of Heritage Christian Preschool by allowing our child(ren) to attend chapel times on campus and to receive daily Biblical instruction.
7. I/We agree to cooperate and faithfully support the preschool and its ministry through prayer and with a positive attitude. All grievances, complaints, or comments will be made only for constructive purposes and in all cases will be made first directly to the teacher, administrator, or person involved and, in no case, repeated to others including my/our child(ren) or other parents. I/We further agree to follow the Biblical principles for resolving all grievances with the school and its staff and to strictly adhere to the Complaints and Criticisms Policy as set forth in the Parent Handbook.
8. I/We agree to pick up my/our child(ren), or make arrangements to do so, should any problems arise concerning illness/health-related problems or because of behavior problems.
9. I/We give permission for my/our child(ren) to participate in all preschool activities and preschool sponsored events.
10. I/We understand and agree to pay tuition and fees according to the terms of the financial policy as stated on the 2018-2019 Financial Policies Information sheet, the 2018-2019 Tuition Schedule, and the current Parent Handbook.
11. I/We understand there are financial fees and assessments which may be charged to each student's general account. I/We agree to pay all amounts due on a timely basis and to keep our child(ren)'s general account current.
12. I/We understand there is no supervision for our child(ren) before or after the hours as specified in the current Admission Agreement. We will not allow our child(ren) to be on campus before or after official hours with or without supervision.
13. I/We further agree that any claim or dispute between us arising from or related to this Parental Contract or otherwise shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Preschool Handbook and which is reprinted on the back of this document. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of myself/ourselves and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except as otherwise provided in the Mediation and Arbitration of Disputes Agreement.
14. I/We acknowledge that I/we have been provided with a copy of the current Preschool Handbook. I/We have carefully read, understand, and agree to be bound by all of the policies, rules and provisions contained therein. I/We further understand that a new Parent Handbook is issued at the beginning of each new school year. I/We further understand that as a condition to my/our child(ren)'s continued enrollment at the preschool, I/we are required, within ten (10) school days of my/our receipt thereof, to provide the preschool with a written acknowledgment, signed by both parents/guardians, that I/we have read and understand the contents thereof and agree to be bound by its provisions. I/We acknowledge that failure to return this written acknowledgment will cause my/our child(ren) to be suspended until received by the preschool office.

I/We are the parent(s) or legal guardian(s) with the custodial rights of the student(s) listed above and have the legal right to sign this Parental Contract and by my/our signature(s) hereto, agree to these conditions and obligations.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

Continued on reverse

MEDIATION AND ARBITRATION OF DISPUTES

1. Hillcrest Christian School, a California nonprofit corporation dba HERITAGE CHRISTIAN SCHOOL (the "School") is a Christian institution which believes that the Bible commands individuals to make every effort to live at peace and resolve disputes with one another in private and within the parameters set by the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the School, and the parents, legal guardians, and legal representatives of its students (hereinafter the parties) agree that except as expressly exempted from these provisions, any and all claims or disputes which would otherwise be the basis for legal or court action, which arise from or are related to the School and its operation, including all aspects of a student's relationship with the School, its administrators, faculty, and staff, shall be settled by biblically based mediation and, if necessary, legally binding arbitration.
2. The parties hereto agree to mediate any dispute or claim as above described arising between them before resorting to arbitration. Mediation is a process by which parties attempt to resolve a dispute or claim by submitting it to an impartial, neutral mediator, who is authorized to facilitate the resolution of the dispute, but who is not empowered to impose a settlement on the parties.
3. The mediation shall be conducted in accordance with the Guidelines for Christian Conciliation Rules of Procedure of the Institute for Christian Conciliation, a division of Peacemakers Ministries (or its successor), which can be found at <http://peacemaker.net/project/guidelines-for-christian-conciliation>. The mediation shall be conducted at a location in the San Fernando Valley, as determined under the **Rules of Procedure**. The parties to the dispute may mutually agree to the selection of an alternative method of mediation and/or a mutually acceptable alternative mediator to resolve the dispute.
4. If any party commences an arbitration or court action based on a dispute or claim to which the mediation provision applies without first attempting to resolve the matter through mediation, then in the discretion of the arbitrator(s) or judge, that party shall not be entitled to recover attorney's fees, even if they would otherwise be available to that party in any such proceeding.
5. The parties hereto agree that any dispute or claim in law or equity arising between them which is not settled through mediation, as above provided, shall be decided by neutral, binding arbitration and not by court action, except as provided by California law for judicial review of arbitration proceedings.
6. The dispute shall be submitted to legally binding arbitration in accordance with the **Rules of Procedure** promulgated by the Institute for Christian Conciliation, and judgment upon the arbitration award may be entered in any court having jurisdiction. In the event the arbitrator or arbitrators selected pursuant to the **Rules of Procedure** above described decline to act, either party may submit the dispute to arbitration which shall be conducted in accordance with the Rules of either ADR Services, Inc. (ADR) or Judicial Arbitration and Mediation Services, Inc.- Endispute (JAMS/Endispute). The selection of ADR or JAMS/Endispute shall be made by the party first filing for arbitration. The parties to an arbitration may agree in writing to use different rules and/or arbitrator(s). The cost of mediation and/or arbitration shall be governed by the Rules of Procedure. The parties shall have the right to discovery in accordance with Code of Civil Procedure Section 1283.05. In all other respects, the arbitration shall be conducted in accordance with Part III, Title 9 of the California Code of Civil Procedure. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.
7. Exempted from the provisions of these mediation and arbitration provisions is the collection of monies due the School for tuition or other charges. Such collections may be enforced directly by legal action. The mediation and arbitration provisions created herein are not intended and do not give parents, guardians, or other legal representatives standing to arbitrate matters arising from the administration and implementation of the School's educational functions. Also exempted from the provisions of this Mediation and Arbitration of Disputes Agreement are any disputes which by law are required to be resolved by a governmental agency or are by law expressly exempted from arbitration.
8. If a dispute or claim involves an alleged injury or damage to which the School's insurance applies, the School's insurer may elect not to submit the dispute or claim to mediation or arbitration as described in this Agreement, in which event unless the parties otherwise agree, this Mediation and Arbitration of Disputes Agreement shall no longer be binding with regard to that part of the dispute or claim to which the School's insurance applies. Except as otherwise provided herein, the parents, legal guardians and legal representatives of their student agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute between them, their children, or students, and the School and do hereby waive, on behalf of themselves, their children and students, the right to file any legal action against the School in a civil court or agency, except to enforce an arbitration award.

I/We have read the Mediation and Arbitration of Disputes Agreement printed above and agree to be bound thereby.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

**HERITAGE CHRISTIAN PRESCHOOL
HEALTH POLICY - ILLNESS GUIDELINES**

Our Preschool is licensed for well children care. We do not have facilities or staffing for children who are ill. If your child has any of the following symptoms, please do not bring you child to school. If a child is sent home from school with any of these symptoms, they may not return until the infectious period has passed. If the child is too ill to participate fully in the program, the child should remain at home.

- A. **FEVER** over 100° (fever is a response to infection and is not acceptable as a part of teething). The child may not return to school until he/she is fever free for 24 hours.
 - B. **VOMITING** is a forceful ejection of stomach contents through the mouth. The child may not return for 24 hours from the last episode.
 - C. **SKIN RASH** and/or eruptions of unknown origin. A note from your doctor is needed to readmit the child to school.
 - D. **PERSISTENT COUGHING** associated with respiratory distress or infection. The child may not return for 24 hours from the last episode.
 - E. **INFECTIOUS RHINORHEA** is a constant clear or discolored (gray, yellow, green) nasal discharge or drainage. The child may not return until the discharge has ceased or a physician has diagnosed the discharge as allergies. This requires a written note from the doctor stating the date of the office visit, the diagnosis and the clearance to return to the classroom as non-contagious.
 - F. **DIARRHEA** Symptoms may include/but are not limited to: the passage of a loose watery stool, a change in consistency, frequency, color or odor of a stool. The child must be diarrhea free for a 24-hour period before returning to school.
 - G. **CONJUNCTIVITIS** (pink eye) thick discolored drainage, redness & or crusting from the eyes. The child may not return for 48 hours unless the child has received specific medication that deems the infection non contagious after a 24 hour period. A written physician note must accompany the child if returning before the 48 hours.
 - H. **PARASITES** i.e. nits, crabs, lice. A head check is required for head lice. The hair must be nit free in order for the child to be readmitted to school.
 - I. **COLDS** from the onset of symptoms, (runny nose, sneezing, coughing, congestion, fatigue, watery eyes, loss of appetite, tiredness). Children must remain at home for a period of 24-48 hours.
 - J. **STREP THROAT** It is permissible to return to Preschool after 48 hours of antibiotic therapy.
- If a child becomes ill while in our care he/she will be isolated and the parents will be notified to have the child picked up as soon as possible. **The child must be picked up within an hour from the time of notification.** Alternative arrangements are the responsibility of the parents in cases where they are unable to pick up the ill child.
 - Notify the school ASAP if your child has or has been exposed to a communicable disease (chicken pox, mumps, etc.) We will notify parents in the child’s classroom that there has been an exposure to a communicable disease.
 - The child’s medical record (a completed physician form) must reflect any allergies or asthma. If the child has allergy/asthma, an additional form (Asthma/Allergy Action Plan) must also be completed by the child’s physician. If sent home with severe symptoms, the child may not return for 24 hours from the last episode.
 - We are forbidden, by law, to administer ANY medicine including, Tylenol, without a Medical Request Form. **The Medical Request Form MUST be completed and signed by a Physician and a parent before the medicine can be administered. The medication must be in the original container with the child’s name, doctor’s name, dosage and date on the label and given to the Preschool Office.** We will make every possible effort to administer medication as directed, but cannot guarantee the medication will be given at the exact requested time.

A child’s immunizations must be up to date (yearly) before he/she will be admitted to our Preschool. Parents must provide documentation of immunization dates, (including PPD tests for tuberculosis on all children one year old and above) and a completed physician’s form prior to start date.

(Cut here and keep above portion)

2018-19 HEALTH POLICY - ILLNESSES GUIDELINES

- *I have read the above Heritage Christian Preschool Illness Policy and agree to comply with these Guidelines.*
- *I hereby release Heritage Christian Preschool and any member of the staff who administers the medication from all responsibility.*

(Parents Signature)

(Date)

(Child’s Name - Please Print)

Enrollment Financial Policies

2018 - 2019

Heritage Christian Preschool is open on a year-round basis. The new school year starts August 13, 2018. Registration and tuition fees are based on yearly fees. Holidays and closures are taken into consideration when tuition rates are established. There are no refunds, deductions or substituting days for holidays, vacations or absences. At the time of enrollment new students are required to pay the registration fee, the current month's tuition and all applicable fees.

Tuition and Fees

All monthly payments are due in advance and are due on the 1st of each month. A late fee of \$25 will be charged if payments are not received by the 10th of each month. To offset banking charges and processing expenses, a \$30 fee will be assessed on all returned payments.

Withdrawal or Changes in Schedule

Should you desire to reduce the number of days of your child's program, the office must be notified thirty days in advance and a program revision must be signed. The first change will be at no charge, but subsequent changes will accrue a fee of \$50.00 for each change. A written letter of withdrawal is required one month prior to the departure date. There is a \$25 withdrawal fee per student. Occasional extra days, additional hours or additional days added to the program must be prearranged through the preschool office twenty-four hours in advance.

Refund Policy

The enrollment fee and materials fee are nonrefundable.

Early Drop-Off/Late Pick-Up Fees

Children may not be dropped off before 6:45 a.m. Any pick up after 6:00p.m. will be charged at \$2.00 per minute. For Half Day and Partial Day Programs, dropping off more than 15 minutes early or picking up more than 15 minutes late will accrue a charge of \$5.00 for the first fifteen minutes and a minimum \$6.00 charge for each hour thereafter. Childcare that has been prearranged on a monthly basis through the office will be available for \$6.00 an hour.

Person Responsible for Tuition Payment & Other Fees

Child's Name _____ Date of Birth: _____

Primary Payer's Last Name _____ First Name: _____

Mailing Address _____ Phone _____

Email Address _____ Relationship to Student _____

Annual Registration Fee: **New students:** \$100 before May 1; \$125 thereafter **Re-Enrollment:** \$75 before March 30; \$100 until April 30; \$125 thereafter

Materials Fee \$45 Summer Activity Fee \$70 (due June 1)

For Office Use Only		Please Check Program Desired:	
Reg Fee	\$ _____	<input type="checkbox"/> Preschool (Non potty trained)	<input type="checkbox"/> Preschool (Potty trained)
Materials Fee	\$ _____	Days M T W TH F (Please circle)	
Monthly Tuition	\$ _____	<input type="checkbox"/> Full Day Program	7:00am - 6:00pm
Advance Month	\$ _____	<input type="checkbox"/> Partial Day Program	8:30am - 3:00pm
Total Due	\$ _____	<input type="checkbox"/> Half Day Program	8:30am - 12:30pm
Paid \$ _____	Ck # _____	Room _____ Start Date: _____	

Conditions Of Termination

Heritage Christian Preschool reserves the right to dismiss, refuse to enroll or re-enroll any student with a twenty-four hour notice at the school's discretion, based on but not limited to, the following:

1. Delinquent tuition payments;
2. Failure to complete any state mandated or school policy form;
3. Any behavior causing a risk of harm to the health and safety of other students or staff;
4. Violation of the principles set forth in the Heritage Christian Preschool Handbook, including, but not limited to the teaching philosophy, operation policies, objectives and programs of the school;
5. Chronic or persistent misconduct; or
6. The preschool is unable to meet the needs of the child.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

Director'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 ()

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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HILLCREST CHRISTIAN SCHOOL dba HERITAGE CHRISTIAN SCHOOL

North Campus: 17531 Rinaldi Street, Granada Hills, CA 91344 - Phone (818)368-7071 Fax (818)363-4455
West Campus: 10949 Woodley Avenue, Granada Hills, CA 91344 - Phone (818)888-4888 Fax (818)488-8960
East Campus: 11451 Woodley Avenue, Granada Hills, CA 91344 - (818)488-8880

I/we, the undersigned, parent(s) or guardian of _____, birthdate _____, (a minor), do hereby agree and authorize:

(a) In the event my child suffers sudden illness, accident, or injury, I/we give permission and authorize Hillcrest Christian School a California nonprofit corporation dba Heritage Christian School (hereinafter "Heritage") its agents and representatives, to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the licensed health professional, and the school is unable to reach the parents or legal guardian or the emergency contact listed below, I/we authorize the hospital, or urgent care facility most accessible at the time of accident or during the illness, to administer such x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care deemed advisable. Emergency care may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician; and

(b) It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Heritage, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned licensed health professional, in the exercise of his/her best judgment, may deem advisable.

(c) In the event of a major disaster, earthquake, fire, etc., I authorize Heritage, its agents and employees, to use its discretion in evacuation procedures and care of my child. They may, at their discretion, transport my child in an HCP vehicle for emergency evacuation. A child will be released only to an authorized adult.

(d) It is further understood that a completed original of this Emergency Treatment Authorization signed by each parent or guardian having custodial rights is required to be on file with the school as a condition for enrollment and/or participation in any school activity or event. It is further understood that it is my/our responsibility as the custodial parent or guardian to ensure that the information on this form is current. I/we further understand and agree that unless I/we complete and file a more current Emergency Treatment Authorization, Heritage and the medical professionals referred to herein shall be entitled to rely on the information and authorization contained herein.

HEALTH RECORD

Medical conditions that should be considered in case of needed emergency treatment:

Date of last Tetanus Shot _____ MUST PROVIDE A DATE. "ON FILE" OR "CURRENT" NOT ACCEPTABLE.

Any activity restrictions? _____ Explain _____

Check if your child has had the following and give details below:

_____ Heart Trouble _____ Diabetes _____ Asthma _____ Epilepsy/Seizures _____ Allergies

_____ Other medical conditions _____

My child is allergic to the following medications, bee stings, or has other allergic reactions: _____

My child takes medication on a daily basis _____ What kind? _____ How much? _____

How often? _____

Mediation/Arbitration: I/We further agree that any claim or dispute arising from or related to this Emergency Treatment Authorization or the aid or treatment given to my child shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Mediation and Arbitration of Disputes Agreement as set forth in the Parent-Student Handbook and in the Parental Contract which is incorporated herein by reference and was delivered to you with your signed copy of the Parental Contract. I/We agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute arising between me/us, my/our children, and the school or its employees or agents and do hereby waive, on behalf of the undersigned and my/our children, the right to file any legal action against the school or its employees or agents in a civil court or agency, except to enforce an arbitration decision.

Print Name _____ Relationship to Minor _____

Signature _____ Date _____

Print Name _____ Relationship to Minor _____

Signature _____ Date _____

Note: It is your responsibility to keep the information contained in this authorization current. In the event you need to change or update the information, you are required to complete a new original of this Emergency Treatment Authorization which may be obtained from the school office or downloaded from the school's website.

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

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)

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'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
--	------------------------	---

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*
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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

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

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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()



Sample Class Schedule West Campus



Child Care

7:00 am - 8:30 am

7:00 – 7:40

Welcome and activities in Room L

7:40 – 7:50

Clean up

7:50 – 8:20

Outdoor play

8:20 – 8:35

Clean up/bathroom/wash hands

Classroom

8:35 am - 12:30 pm

8:35 – 8:45

Morning Routine: Prayer/ Calendar/ Flag

8:45 – 9:00

Literacy/Language

9:00 – 9:15

Phonics/Printing

9:15 – 9:50

Learning centers/Sensory/art

9:50 – 10:00

Classroom clean up time/wash hands

10:00 – 10:15

Snack

10:15 – 11:00

Outside play/Motor Development

11:00 – 11:15

Clean up/bathroom/wash hands

11:00 – 11:15

Praise/Prayer/Biblical development

11:15 – 11:30

Math/Fine motor/Visual motor skills

11:30 – 11:50

Music

11:50 – 12:00

Bathroom/wash hands

12:00 – 12:30

Lunch

Child Care

12:30 pm - 6:00 pm

12:30 – 12:45

Bathroom/wash hands/prepare for rest time

12:45 – 2:30

Rest time

2:30 – 3:00

Wake up/ bathroom and wash hands

3:00 – 3:15

Nutrition

3:15 – 4:00

Outdoor playtime

4:00 – 4:15

Clean up/bathroom/wash hands

4:15 – 4:30

Circle time/story

4:30 – 4:45

Creative art

4:45 – 5:00

Music/activity centers

5:00 – 5:15

Bathroom/wash hands

5:15 – 6:00

Free choice activity centers