



ACADEMY OF SCHOLARS SCHOOL-AGE CARE
 420 I STREET SUITE 5, SACRAMENTO, CA 95814
 (916)585-6599
 TAX ID #94-2581434

REGISTRATION & AGREEMENT FORM
JULY 1, 2017 - JUNE 30, 2018

CHILD & SCHOOL INFORMATION					
CHILD'S NAME:		BIRTH DATE:		AGE:	
SCHOOL ATTENDING:					
2016/2017 GRADE:	K 1 2 3 4 5 6	TEACHER(S):			
PARENT/GUARDIAN INFORMATION					
PARENT/GUARDIAN NAME:		EMAIL ADDRESS:			
HOME ADDRESS:		CITY:		ZIP:	
DAY PHONE:		CELL PHONE:			
PARENT/GUARDIAN NAME:		EMAIL ADDRESS:			
HOME ADDRESS:		CITY:		ZIP:	
DAY PHONE:		CELL PHONE:			

OPEN MONDAY-FRIDAY 7:00AM-6:00PM

ACADEMY OF SCHOLARS WILL BE CLOSED ON THE FOLLOWING DATES:

2017-2018	
<ul style="list-style-type: none"> NEW YEAR'S DAY MARTIN LUTHER KING JR. DAY PRESIDENTS' DAY LINCOLN'S BIRTHDAY MEMORIAL DAY 4th OF JULY LABOR DAY 	<ul style="list-style-type: none"> VETERANS DAY THANKSGIVING DAY AFTER THANKSGIVING CHRISTMAS DAY DAY AFTER CHRISTMAS CHINESE NEW YEAR

DATES ARE SUBJECT TO CHANGE.

____ (PLEASE INITIAL)



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REGISTRATION FEES

I HEREBY AGREE THAT (CHILD'S NAME), _____, WILL BE ENROLLED IN ACADEMY OF SCHOLARS BEGINNING ON: ___/___/20___, CONTINGENT UPON:

RETURN OF THIS AGREEMENT WITH A NON-REFUNDABLE REGISTRATION FEE OF **\$50.00/NEW STUDENTS OR \$25.00/RETURNING STUDENTS**; MY SIGNING THIS ENROLLMENT AGREEMENT (WHERE LEGAL CUSTODY OF THE ABOVE NAMED CHILD IS MAINTAINED BY MORE THAN ONE PARENT OR GUARDIAN, ALL PARENTS AND GUARDIANS MAINTAINING LEGAL CUSTODY OF, OR HAVING FINANCIAL RESPONSIBILITY FOR SAID CHILD, MUST SIGN THIS ENROLLMENT AGREEMENT IN THE APPROPRIATE SPACES); ACCEPTANCE OF THIS ENROLLMENT AGREEMENT BY ACADEMY OF SCHOLARS, SUCH ACCEPTANCE TO BE SIGNIFIED BY EXECUTION OF THIS ENROLLMENT AGREEMENT BY AN AUTHORIZED REPRESENTATIVE OF ACADEMY OF SCHOLARS FOR THE EDUCATIONAL ENRICHMENT OF THE ENROLLED CHILD.

_____ (PLEASE INITIAL)

TUITION POLICIES

I UNDERSTAND THAT ACCEPTANCE OF ENROLLMENT CONSTITUTES AN AGREEMENT TO PAY THE MONTHLY TUITION BY THE SIXTH (6TH) DAY OF EACH MONTH MY CHILD IS IN ATTENDANCE AT ACADEMY OF SCHOLARS. ACADEMY OF SCHOLARS IS ENTITLED TO BE REIMBURSED FOR ANY ATTORNEY'S FEES AND COSTS INCURRED IN THE COLLECTION OF ANY UNPAID BALANCE. IN ADDITION, IF I FAIL TO MEET MY FINANCIAL OBLIGATION TO ACADEMY OF SCHOLARS BY THE DEADLINE STATED ABOVE, I UNDERSTAND THAT ACADEMY OF SCHOLARS HAS THE ABSOLUTE RIGHT TO DENY CLASSROOM ATTENDANCE TO MY CHILD.

I AGREE TO PAY THE TUITION: **CATEGORY** _____

_____ (PLEASE INITIAL)

I UNDERSTAND THAT TUITION IS DUE NO LATER THAN CLOSE OF BUSINESS ON THE SIXTH (6TH) DAY OF THE MONTH THAT MY CHILD IS IN ATTENDANCE AT ACADEMY OF SCHOLARS. ACADEMY OF SCHOLARS HAS THE RIGHT TO EXERCISE A TWENTY-FIVE DOLLAR **\$25.00 LATE FEE** IF TUITION IS PAID AFTER THE SIXTH (6TH) DAY OF THE MONTH THAT MY CHILD IS IN ATTENDANCE AT ACADEMY OF SCHOLARS. IF THE 6TH FALLS ON THE WEEKEND OR HOLIDAY, FEES WILL BE PAID THE FOLLOWING BUSINESS DAY.

AN ADDITIONAL **\$7.50 PER HOUR** WILL BE CHARGED IF MY STUDENT CARE EXCEEDS THE MAXIMUM HOURS IN THE DESIGNATED CATEGORY. ONCE THE STUDENT CARE MEETS THE NEXT DESIGNATED CATEGORY, THE DIFFERENCE IN THE AMOUNT OWED FOR THE NEXT CATEGORY WILL BE BILLED WITH THE NEXT MONTH'S FEE. IN ORDER TO CHANGE MY CURRENT CATEGORY, AN AMENDMENT FORM MUST BE TURNED IN BY THE 20TH OF THE MONTH PRIOR TO CARE. AMENDMENTS NOT RECEIVED BY THIS DATE WILL RESULT IN CONTINUED BILLING IN THE ASSIGNED CATEGORY, EVEN IF ALL OF THOSE HOURS ARE NOT USED.

THE FOLLOWING FORMS OF PAYMENT WILL BE ACCEPTED BY THE ACADEMY OF SCHOLARS PROGRAM: **VISA, MASTERCARD, DISCOVER, MONEY ORDER OR CHECK MADE PAYABLE TO THE SACRAMENTO CHINESE COMMUNITY SERVICE CENTER**. REGISTRATION AND FIRST MONTH FEES CAN BE ACCEPTED AT THE SITE. **CASH IS NOT ALLOWED AS A FORM OF PAYMENT**. ALL MONTHLY PAYMENTS THEREAFTER MUST BE MAILED TO THE **ACADEMY OF SCHOLARS ADMINISTRATION OFFICE AT 420 I STREET SUITE 5 SACRAMENTO, CA 95814** OR MADE VIA CLICK TO PAY (SEE WWW.SCCSC.ORG FOR DETAILS).



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A **\$25.00 FEE** WILL BE ASSESSED FOR RETURNED CHECK PAYMENTS OR A DECLINED EFT. AFTER YOUR SECOND RETURN CHECK, WE WILL NOT ACCEPT ANY ADDITIONAL CHECKS UNDER THE CONTRACT. UPON DISENROLLMENT, DELINQUENT ACCOUNTS WILL BE FORWARDED TO THE CITY OF SACRAMENTO ENFORCEMENT AND COLLECTION OFFICE (AND/OR A COLLECTION AGENCY). THIS COLLECTION EFFORT WILL INCLUDE ALL PROGRAM FEES OWED AS WELL AS COLLECTION COST AND MAY RESULT IN WAGE GARNISHMENTS. THE ACADEMY OF SCHOLARS DOES NOT PROVIDE REFUNDS FOR UNUSED/LESSER TIME OR DISENROLLEMENT FOR ANY REASON. THE RATES THAT ARE SET FORTH IN THIS REGISTRATION AND AGREEMENT FORM ARE SUBJECT TO REVISION BY ACADEMY OF SCHOLARS AT ANYTIME; FAMILIES WILL RECEIVE NOTICE OF RATE CHANGES IN ADVANCE.

I UNDERSTAND THAT I AM JOINTLY AND SEVERALLY RESPONSIBLE FOR MY CHILD'S TUITION AND FEES AS DESCRIBED HEREIN.

PLEASE GIVE 30 DAYS WRITTEN NOTICE BEFORE TERMINATING YOUR CHILD'S ENROLLMENT IN ACADEMY OF SCHOLARS.

_____ (PLEASE INITIAL)

DISCOUNT

FOR FAMILIES WITH MULTIPLE CHILDREN ENROLLED AT ACADEMY OF SCHOLARS, WE OFFER DISCOUNTS FOR THE YOUNGER SIBLING TUITION.

MULTIPLE CHILDREN DISCOUNTS	
SECOND CHILD	10%
THIRD CHILD	15%

ADMISSION POLICY

I MUST COMPLETE AND SUBMIT ALL NECESSARY FORMS PROVIDED BY THE ACADEMY OF SCHOLARS PRIOR TO MY CHILD'S ATTENDANCE, WHICH INCLUDE: ENROLLMENT AND LICENSING INFORMATION. ENROLLMENT IS ON A FIRST COME/FIRST SERVE (SPACE AVAILABLE) BASIS. IN COMPLIANCE WITH COMMUNITY CARE LICENSING REGULATIONS AND ACADEMY OF SCHOLARS CHILD CARE PROGRAM POLICIES, ALL CHILDREN IN THE PROGRAM MUST BE CHECKED IN AND OUT BY AN AUTHORIZED PARENT/GUARDIAN OR AUTHORIZED DESIGNEE UPON ARRIVAL AND DEPARTURE BY SIGNING THE SIGN IN AND OUT SHEET WITH A LEGAL SIGNATURE (NOT INITIALING). I UNDERSTAND THAT IF I OR MY DESIGNEES FAIL TO SIGN MY CHILD OUT OF PROGRAM, A **\$25.00 PENALTY WILL BE ASSESSED**. MULTIPLE FAILURES TO SIGN OUT IN A CONTRACT YEAR MAY RESULT IN DIS-ENROLLMENT FROM ACADEMY OF SCHOLARS (REGARDLESS OF WHETHER DIFFERENT INDIVIDUALS FAILED TO SIGN CHILD OUT).

I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I AGREE FOR MYSELF AND FOR MY CHILD TO ABIDE BY ALL OF THE REGULATIONS AND DECISIONS OF ACADEMY OF SCHOLARS, INCLUDING BUT NOT LIMITED TO ITS BY-LAWS, STATEMENTS OF POLICY AND THE RESOLUTIONS OF ITS CORPORATE OFFICERS. I UNDERSTAND THAT ACADEMY OF SCHOLARS RESERVES THE RIGHT TO AMEND THE CONDITIONS OF THIS AGREEMENT IF, IN THE SCHOOL'S DISCRETION, MY CHILD'S ACADEMIC, EMOTIONAL AND/OR BEHAVIORAL SITUATION SUGGESTS SUCH ACTION TO BE IN THE BEST INTEREST OF THE SCHOOL AND/OR MY CHILD.

_____ (PLEASE INITIAL)



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PROGRAM POLICY

I GIVE PERMISSION TO THE ACADEMY OF SCHOLARS TO SIGN MY CHILD IN/OUT BEFORE/AFTER SCHOOL. I UNDERSTAND THAT ACADEMY OF SCHOLARS IS NOT RESPONSIBLE FOR MY CHILD WHILE HE/SHE IS ATTENDING SCHOOL.

I UNDERSTAND THAT PARTICIPATION IN THE ACADEMY OF SCHOLARS IS CONDITIONAL AND BASED ON MY CHILD BEING ABLE TO GET ALONG WITH OTHERS AND ADHERE TO THE RULES OF THE PROGRAM. ACCEPTABLE BEHAVIOR IS REQUIRED TO ENSURE CONTINUED PARTICIPATION THROUGHOUT THE ENROLLMENT PERIOD. ACADEMY OF SCHOLARS RULES ALIGN WITH SCHOOL AND DISTRICT.

IF DISENROLLMENT OCCURS DUE TO DISCIPLINARY ISSUES, A 6-MONTH WAITING PERIOD MUST PASS BEFORE RE-ENROLLMENT CAN OCCUR AT ANY ACADEMY OF SCHOLARS SITES. IF PARTICIPANT IS SUSPENDED OR EXPELLED FROM ACADEMY OF SCHOLARS DURING PROGRAM HOURS I MAY BE CALLED TO PICK UP MY CHILD FROM SITE WITHIN 60 MINUTES. AFTER 60 MINUTES, I WILL BE CHARGED **\$1.00 PER MINUTE** UNTIL MY CHILD IS PICKED UP.

I UNDERSTAND THAT IF I OR MY DESIGNEES DO NOT PICK UP MY CHILD BY 6:00PM I WILL BE CHARGED A LATE PICK-UP FEE OF A **\$1.00 PER MINUTE, PER CHILD**. MY CHILD WILL BE DROPPED FROM THE ACADEMY OF SCHOLARS UPON THE 4TH LATE PICK-UP (REGARDLESS OF WHETHER DIFFERENT INDIVIDUALS PICK-UP THE CHILD) DURING THE PERIOD OF JULY 1 TO JUNE 30, ANNUALLY. CHILDREN NOT PICKED UP BY 7:00PM WILL BE TURNED OVER TO CHILD PROTECTIVE SERVICES OF LOCAL POLICE. PAYMENT OF THE LATE PICK-UP FEE WILL BE CHARGED ON THE NEXT BILLING CYCLE. IF PAYMENT FOR THE LATE PICK-UP IS NOT RECEIVED BY THE 6TH WHEN BILLED, A **\$25.00 LATE FEE** WILL BE ASSESSED TO MY ACCOUNT.

I UNDERSTAND THAT IF MY CHILD BECOMES ILL AT SCHOOL THEY MAY NOT ATTEND THE ACADEMY OF SCHOLARS. IF MY CHILD BECOMES ILL WHILE AT ACADEMY OF SCHOLARS, MY EMERGENCY DESIGNEES OR I WILL PICK-UP MY CHILD WITHIN **60 MINUTES** OF BEING NOTIFIED. **AFTER 60 MINUTES, I WILL BE CHARGED \$1.00 PER MINUTE** UNTIL MY CHILD IS PICKED UP FROM THE PROGRAM. **ILLNESS REFUND WILL BE CONSIDERED PENDING CIRCUMSTANCES. I WILL NOTIFY THE ACADEMY OF SCHOLARS STAFF IF MY CHILD HAS BEEN EXPOSED TO ANY CONTAGIOUS DISEASE OR CONDITION** (MUMPS, MEASLES, CHICKEN POX, LICE, PINK EYE, ETC.), SO ACADEMY OF SCHOLARS CAN NOTIFY OTHER PARENTS IMMEDIATELY. IF MY CHILD IS SUSPENDED FROM SCHOOL, THEY ARE ALSO SUSPENDED FROM THE ACADEMY OF SCHOLARS. THE PROGRAM RESERVES THE RIGHT TO DENY ENROLLMENT INTO THE ACADEMY OF SCHOLARS DUE TO BEHAVIORAL ISSUES.

I HAVE READ ALL INFORMATION PROVIDED AND DISCUSSED ANY QUESTIONS I HAVE WITH THE SITE PROGRAM MANAGER. I HAVE READ AND ACCEPT THE ACADEMY OF SCHOLARS POLICIES, PROCEDURES, AND RESPONSIBILITIES AS OUTLINED IN THE PARENT HANDBOOK. THE DEPARTMENT OF SOCIAL SERVICES, COMMUNITY CARE LICENSING, TITLE 22, DIVISION 12, CHAPTER 1 REGULATION #101200 STATES, "THE DEPARTMENT HAS THE AUTHORITY TO INTERVIEW CHILDREN OF STAFF AND TO INSPECT AND AUDIT CHILD CARE CENTER RECORDS, WITHOUT PRIOR CONSENT. THE SCHOOL SHALL MAKE PROVISIONS FOR THE PRIVATE INTERVIEWS WITH CHILD(REN) OR STAFF MEMBERS; AND FOR THE EXAMINATION OF ALL RECORDS RELATING TO THE OPERATION OF THE CHILD CARE CENTER. THE DEPARTMENT HAS THE AUTHORITY TO OBSERVE THE PHYSICAL CONDITION OF THE CHILD(REN), INCLUDING CONDITIONS THAT COULD INDICATE ABUSE, NEGLECT OR INAPPROPRIATE PLACEMENT."

IF FOR ANY REASON THE CONTRACT NO LONGER ACCURATELY REPRESENTS THE NEEDS OF THE FAMILY, IMMEDIATELY PROVIDE THE PROGRAM WITH THE NEW CONTRACT MODIFICATIONS. IT IS EXPECTED THAT ALL FAMILY MODIFICATIONS WILL BE SUBMITTED 30 DAYS IN ADVANCE.

_____ (PLEASE INITIAL)



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TERMINATION

THIS AGREEMENT CAN ONLY BE TERMINATED BY AN OFFICER OF ACADEMY OF SCHOLARS, COMMON REASONS FOR A CHILD'S ENROLLMENT TO BE TERMINATED FROM OUR PROGRAM INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: FAILURE TO PAY EACH MONTHS TUITION, CHILD'S BEHAVIOR IS A CONSISTENT DISTRACTION TO OTHERS, OUT OF CONTROL BEHAVIOR, AND A SAFETY ISSUE TO OTHER CHILDREN. WRITTEN DOCUMENTATION WILL BE PROVIDED STATING THE REASON OR REASONS FOR TERMINATION TO THE CHILD'S PARENT'S OR LEGAL GUARDIAN. ACADEMY OF SCHOLARS WILL USE PROTOCOL STATED IN PARENT HANDBOOK PRIOR TO RELEASING STUDENT FROM PROGRAM.

_____ (PLEASE INITIAL)

RIGHTS OF THE LICENSING AGENCY

THE DEPARTMENT OF SOCIAL SERVICES, COMMUNITY CARE LICENSING DIVISION ACCORDING TO TITLE 22, DIVISION 12, CHAPTER 1 REGULATION 101200, STATES "THE DEPARTMENT HAS THE AUTHORITY TO INTERVIEW CHILDREN OR STAFF AND TO INSPECT AND AUDIT CHILD AND CHILD CARE CENTER RECORDS, WITHOUT PRIOR CONSENT. THE SCHOOL SHALL MAKE PROVISIONS FOR PRIVATE INTERVIEWS WITH ANY CHILD OR STAFF MEMBER; AND FOR THE EXAMINATION OF ALL RECORDS RELATING TO THE OPERATION OF THE CHILD CARE CENTER. THE DEPARTMENT HAS THE AUTHORITY TO OBSERVE THE PHYSICAL CONDITION OF THE CHILD(REN), INCLUDING CONDITIONS THAT COULD INDICATE ABUSE, NEGLECT OR INAPPROPRIATE PLACEMENT. "

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ALL PROGRAM ACTIVITIES AT ACADEMY OF SCHOLARS, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGE FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE WHICH MY CHILD OR I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO MY CHILD OR ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITIES. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE ACADEMY OF SCHOLARS (IT'S OFFICERS, EMPLOYEES, AND AGENTS) FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY CHILD'S OR MY PARTICIPATION IN SAID ACTIVITIES. IT IS UNDERSTOOD THAT THESE ACTIVITIES INVOLVE AN ELEMENT OF RISK AND DANGER OF ACCIDENTS, AND KNOWING THOSE RISKS, I HEREBY ASSUME THOSE RISKS FOR MY CHILD AND MYSELF. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I AGREE TO INDEMNIFY AND TO HOLD THE ABOVE PERSONS OR ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE. I ADDITIONALLY CONSENT THAT MY SON/DAUGHTER _____ PARTICIPATE IN ACADEMY OF SCHOLARS ACTIVITIES AND I HEREBY EXECUTE THE ABOVE AGREEMENT, WAIVER AND RELEASE ON HIS/ HER BEHALF. I HEREBY AGREE TO INDEMNIFY AND HOLD THE PERSONS AND ENTITIES MENTIONED ABOVE FREE AND HARMLESS FROM SAID RISKS, WHICH PARTICIPANTS MAY INCUR AS A RESULT OF PROGRAMMING.



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I HAVE CAREFULLY READ THE 2017/2018 REGISTRATION AGREEMENTS AND PARENT HANDBOOK AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT CONTAINS A RELEASE OF LIABILITY AND THAT IT IS A CONTRACT BETWEEN ACADEMY OF SCHOLARS AND MYSELF, AND THAT I AM SIGNING IT OF MY FREE WILL.

PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN:			
SIGNATURE OF PARENT/GUARDIAN:			
DATE OF BIRTH:		DATE:	

PRINT NAME OF PARENT/GUARDIAN:			
SIGNATURE OR PARENT/GUARDIAN:			
DATE OF BIRTH:		DATE:	

ADMINISTRATION USE ONLY

THIS REGISTRATION AGREEMENT SUPERSEDES ALL PREVIOUS AGREEMENTS.			
EFFECTIVE DATE:			
PRINT NAME OF ADMINISTRATION STAFF:		DATE:	
SIGNATURE OF ADMINISTRATION STAFF:			
DATE REGISTRATION FEE RECEIVED:		TYPE OF PAYMENT #:	
THIRD PARTY PAY TYPE:		INITIAL:	
FAMILY ID:		CONTRACT INFO UPDATED:	
CHILD ID:			



FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
Licensing Office Name: Sacramento Regional Office
Licensing Office Address: 2525 Natomas Park Drive, Suite 250
Licensing Office Telephone #: (916) 263-5744
8. Be Informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be Informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (2/05)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

LIC 905A (6/08)

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

Academy Of Scholars - CWAS

ADDRESS

520 18th Street

CITY

Sacramento, CA

ZIP CODE

95811

AREA CODE/TELEPHONE NUMBER

(916) 549-5372

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
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(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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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

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607

