



LLESA  
Children's  
Center

## REGISTRATION PACKET

Welcome to the LLESA Children's Center! We are pleased you have decided to join the Premier Child Care for Laboratory Employees.

In this packet you will find the following forms:

- Application for Enrollment & Waiting List
- Admission Agreement
- Service Agreement
- Permission to Participate in Center Activities and to receive Emergency Medical Care
- Financial Agreement
- Automatic Checking Account Debit Form
- Identification and Emergency Information
- Personal Child History
- Caregiver Background Check Process
- Parents' Rights
- Personal Rights
- Physician's Pre-Admission Report

The Application for Enrollment Form must be completed and registration fee must be paid to be placed on the Waiting List (see Parent Handbook for more information).

At the time an opening is offered and accepted, half of the first month's tuition must be paid to secure the opening. The remaining forms must be completed and submitted **prior** to your child's first day of attendance at the Center. Due to state licensing regulations, your child will not be allowed to start at the Children's Center until all enrollment paperwork is turned in and filled out completely.

In completing these forms, please keep in mind that the questions we have asked are for the purpose of helping us to protect, care for, and give appropriate guidance to the child you are entrusting to us.

LLESA CHILDREN'S CENTER  
License #010210116, 010210117, & 010212904  
1399 Almond Ave  
Livermore, CA 94551-9900  
(925) 424-0507  
FAX (925) 606-1785  
E-Mail: [info@llesacc.org](mailto:info@llesacc.org)



## 2017 Tuition Schedule (effective January 1, 2017)

<u>AGE GROUP</u>	<u>MONTHLY FEE</u>		
	Full Time	3 Days/wk	2 Days/wk
INFANT (starts at 6 weeks old)	\$2050	1475	985
TODDLER (12-16 mo through at least 24 mo)	\$2050	1475	985
2's (2 year olds)	\$1635	1175	785
PRESCHOOL (3 year olds)	\$1360	980	655
PRE K (4 & 5 year olds)	\$1175	850	565
<b>SCHOOL AGE</b>			
Kindergarten – 12 Yrs Old (Year Round Rate)	\$580	415	280
School Age Summer Only	\$2505*	1800*	1200*
	*cost for 10-11 week program (based on Livermore School District Schedule) payable in 3 installments		
LATE PICK UP (beyond contract times)	\$25.00 1st 15 minutes or fraction thereof \$1.00 per minute afterwards		

The monthly School Age fee is averaged out for the entire year. This fee includes all day childcare on district-wide Livermore Public School Release Days during the school year and all day care during the summer months. We will consider opening for other school release days with a minimum of 5 children in attendance. The School Age Summer Only rate is for those children who attend for the summer months only.

The Center observes the same holiday schedule as LLNL and also closes one day per calendar year for a staff workday (usually, but not always, the Friday before Labor Day.)

For all families, payment of tuition fees is made via Automatic Checking Account Debit to be debited on or near the 1<sup>st</sup> of each month. If parents prefer to pay by Paper check (including checks automatically sent by a bank) there will be a \$10.00 handling fee per check. This fee will be waived for extra day payments, partial month payments, i.e. first and last month tuition and field trip fees. Paper Check tuition payments received after the fifth day are considered late and are subject to a late fee assessment of \$25.00.

All payments are required in advance of your child's attendance.

Families needing to withdraw their child/ren from the Children's Center must notify the Center in writing one month in advance of withdrawal or payment in lieu of notice will be required. Additionally families must give one month notice upon submitting any care change requests.

Part-time rates are prorated according to the full-time monthly rate plus an additional 20% surcharge (Part-time is Two or Three full days per week).

Family vacation time taken during the year is not refundable.

Our tuition rates are subject to change annually in January.



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## APPLICATION FOR ENROLLMENT & WAITING LIST

Name of Child \_\_\_\_\_ Phone \_\_\_\_\_  Male  Female  
 Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ OR Due Date \_\_\_\_\_  
 Class Level ---Select One--- If School Age: School \_\_\_\_\_ Grade -Select- Year \_\_\_\_\_

### Father/Co-Parent/Guardian Information

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
 Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

### Mother/Co-Parent/Guardian Information

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Address \_\_\_\_\_  
 Email 1 \_\_\_\_\_ Email 2 \_\_\_\_\_

### Eligibility (check one):

LLNL Employee  Sandia or Lab Contract Employee  Live or Work In Livermore

Enrollment Needs: Need Care Starting: [Click here to enter a date.](#) \_\_\_\_\_

Care Needed:  Full Time  
 Part Time (2 or 3 days per week)

Days Preferred:  Monday  Tuesday  Wednesday  Thursday  Friday  
 If preferred days are not available will you consider other days:  Yes  No

Child's Hours (9.5 hours per day maximum) Drop-off \_\_\_\_\_ -Select- (earliest time is 7:00am for all classes)  
 Pick-up \_\_\_\_\_ -Select- (latest p/u 5:30 for Infants/Tods, 5:45 all other classes)

If your child cannot be accommodated immediately, do you want him/her placed on our Wait List?  
 Yes  No

A non-refundable registration fee of \$50.00 (make checks out to LFS) per child must accompany this application form.

Have you had a tour of the Children's Center?  Yes  No (the director will call you to schedule a tour)

How did you hear about us? \_\_\_\_\_

I certify that I am Legal Custodial Parent/Legal Guardian of the above named child.

Signed \_\_\_\_\_ Date Signed [Click here to enter a date.](#) \_\_\_\_\_

For Center Use: Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

Approved (Director's Signature) \_\_\_\_\_

## ADMISSION AGREEMENT

The LLESA Children's Center provides year round, quality childcare to the children of LLNL, Sandia, and long-term Contract Employees of LLNL. Additional eligibility is extended to children whose family works or lives in Livermore. Our hours are: Infant and Toddler Rooms 7:00 - 5:30, Preschool Rooms 7:00 a.m. to 5:45 p.m., Kindergarten After School 12:00 – 5:55, 1<sup>st</sup> Grade - 12 Yrs Old After school 2:00 – 5:55, School Age (K-12 Yrs Old) Summer 7:00 – 5:45. In all of our programs a full day may not exceed 9 1/2 hours per day unless prior Director Approval is obtained. An additional fee may be assessed.

In our School Age Program (Kindergarten to 12 Yrs Old) there is occasionally a need to operate a full day during the school year because of School Release Days (i.e., Teacher Workdays, Winter Break). On those days, we will operate from 7:00 a.m. to 5:45 p.m.

Our Tuition Rates are included in our Parent Handbook. We will give at least 30 calendar day's prior written notice to the parents of any basic rate change. Payment of tuition fees for all parents is made via Automatic Checking Account Debit. We will refund tuition to any employee, except for School Age summer only enrollment, whose child is leaving the Children's Center, after the required one month written notice period. Children enrolled in our School Age program for summer only care is required to enroll for the entire summer.

As we are a Licensed Child Care Facility, there will be periodic unannounced visits by the Licensing Agency throughout the year. They have the authority to interview the children and staff and to inspect and audit the children's and facility records without prior consent. The Licensing Agency also has the authority to have a licensed medical professional physically examine the child(ren) if they see indications of abuse, neglect, or inappropriate placement. Licensing also requires that all enrollment forms must be turned in to the Children's Center prior to the child's first day of attendance.

Also, in accordance with licensing regulations: 1) All families must schedule a pre-enrollment interview with the Center Director to determine appropriateness of placement, 2) All parents will be informed of their parent rights and their child's personal rights, 3) All parents must sign their child in and out each day, using their full legal signature, and 4) A Needs and Services Plan for each child under the age of 2 will be written and discussed between the parents and staff on a quarterly basis.

This agreement may be terminated either by the parents giving us at least a one month written notice of withdrawal (except School Age summer only care enrollees, who are required to pay tuition for the entire summer) or by the Children's Center Director if conditions warrant it.

Please sign and date the form below and return it to the Children's Center when your child(ren) has been enrolled in the Center.

I have read and hereby agree to abide by the LLESA Children's Center Admission Agreement.

**Father/Co-Parent/Legal Guardian** \_\_\_\_\_ Date [Click here to enter a date.](#)  
**Mother/Co-Parent/Legal Guardian** \_\_\_\_\_ Date [Click here to enter a date.](#)

**Authorized Signature** \_\_\_\_\_ Date \_\_\_\_\_

## SERVICE AGREEMENT

Please read the following agreement carefully, fill out your child's name and attendance information, sign at the bottom, and return it to the Center prior to your child's first day of school.

It is my responsibility to read and comply with the LLESA Children's Center Parent Handbook.

I hereby agree to notify the Center in writing at least one month in advance of my child's withdrawal, or pay the difference. Any care change requests must also be submitted at least one month in advance.

For School Age summer only enrollees: I hereby agree to enroll for the entire summer months (starting the Monday after school is released and continuing until the first day of the new school year according to the Livermore School District Calendar). I further agree to pay the tuition for the entire summer whether my child attends or not. I understand that I will be billed for 10-11 weeks of care (depending on the Livermore School Calendar) payable in three installments with the first installment due when the space is accepted.

It is my responsibility to notify the Children's Center by 8:00 a.m. if my child will be absent or late to the Children's Center on any given day.

I also understand that my child may participate in the program for a maximum of 9 1/2 hours per day and that I may not bring my child earlier nor pick up later than my Service Agreement Contract Times. The Director must approve any additional time needed and additional fees may be assessed. **The latest pickup time is 5:30 p.m. for the Infant & Toddler Programs, 5:45 p.m. for the 2's, Preschool & PreK Programs, and 5:55 p.m. for the School Age Program during academic days (5:45 p.m. during summer).**

Child's Hours (9.5 hours per day maximum):

Child's Name \_\_\_\_\_

I will bring my child at \_\_\_\_\_ ---Select---

and pick up at \_\_\_\_\_ ---Select---

on the following days of the week:

Monday  Tuesday  Wednesday  Thursday  Friday

**Signed:** \_\_\_\_\_ Date: [Click here to enter a date.](#)  
Father/Co-Parent/Legal Guardian

**Signed:** \_\_\_\_\_ Date: [Click here to enter a date.](#)  
Mother/Co-Parent/Legal Guardian

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Children's Center Use Only:

Authorized Signature \_\_\_\_\_ Date Received \_\_\_\_\_

**PERMISSION TO PARTICIPATE IN CHILDRENS CENTER ACTIVITIES  
AND TO RECEIVE EMERGENCY MEDICAL CARE**

**Child's Name** \_\_\_\_\_

I hereby give consent for my child to use all of the play equipment and participate in all of the activities of the LLESA Children's Center.

I hereby give consent for my child to leave the Children's Center under the supervision of a staff member for neighborhood walks.

I hereby give consent for my child to be included in evaluations and pictures/videos connected with the Children's Center program.

I hereby give consent to the LLESA Children's Center to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for my child (named above). This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

I am aware that NO MEDICAL INSURANCE IS PROVIDED by the LLESA Children's Center.

**Initial** \_\_\_\_\_

The Children's Center will not be responsible for anything that may happen as a result of false information given by the parent or guardian. Also the Children's Center **WILL NOT** assume responsibility for a child who has not been signed in when s/he arrives for the day or who has been signed out.

**Signed:** \_\_\_\_\_ **Date:** [Click here to enter a date.](#)  
**Parent/Co-Parent/Legal Guardian**

## FINANCIAL AGREEMENT

Childcare tuition is due on the first of the month. The LLESA Children's Center collects tuition via Automatic Checking Account Debit. The debit is made on the first of the month or shortly thereafter.

**For all Families:** I hereby agree to utilize the Automatic Checking Account Debit System to cover monthly tuition. I understand that I am responsible for updating any Checking Account changes as soon as they occur. I will fill out and return the Children's Center an Automatic Debit Authorization Form. The Children's Center will start the debits according to the information on my form. If my monthly tuition decreases, the Children's Center will automatically make the change. If my monthly tuition increases I will need to submit a new form to the Children's Center office.

**For School Age summer only enrollees:** I hereby agree to enroll for the entire summer months (starting the Monday after school is released and continuing until the first day of the new school year according to the Livermore School District Calendar). I further agree to pay the tuition for the entire summer whether my child attends or not. I understand that I will be billed for 10-11 weeks of care (depending on the Livermore School Calendar) payable in three installments with the first installment due when the space is accepted

**For all Parents:** I hereby agree to notify the Children's Center, in writing, at least one month in advance of my child's withdrawal or pay the difference.

**Responsible Party:** Please indicate which person will be solely responsible for tuition. It is acceptable, in the case of divorced parents for example, to have tuition payments received from more than one source, however only one person may be designated as the responsible party for tuition. This person is the one we would go to if any source of tuition is late and they would be responsible to pay all portions of the tuition to continue enrollment.

**Responsible Party:** \_\_\_\_\_ (signature of responsible party only)

\_\_\_\_\_ (please print name)

**AUTOMATIC DEBIT AUTHORIZATION FORM**

I (we) hereby authorize Laboratory Family Services (LFS) to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until LFS is notified by me (us) in writing to cancel it in such time as to afford LFS and our financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution – Branch, City, State & Zip)

\_\_\_\_\_  
(Signature 1)

[Click here to enter a date.](#)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Responsible Party Name 1 – PLEASE PRINT)

[Click here to enter a date.](#)

\_\_\_\_\_  
(Signature 2 – if applicable)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Responsible Party Name 2 - if applicable– PLEASE PRINT)

\_\_\_\_\_  
(Address – Number and Street – PLEASE PRINT)

\_\_\_\_\_  
(Address – City, State & Zip – PLEASE PRINT)

Monthly Amount: \_\_\_\_\_ If the monthly amount decreases, LFS will adjust accordingly.  
If the monthly amount increases, a new Authorization Form will be required.

Debit will begin on: \_\_\_\_\_ 01 \_\_\_\_\_ 20  
Month Day Year

Future Debits will be made on or about the first day of each month until this agreement is cancelled.

Financial Institution Routing Number: \_\_\_\_\_

Checking

Savings

Account Number: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**





# IDENTIFICATION AND EMERGENCY INFORMATION

Date Click here to enter a date.

**Child's Name** \_\_\_\_\_ Nickname \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City State Zip \_\_\_\_\_ Place of Birth \_\_\_\_\_

If Elementary School Aged: Name of School \_\_\_\_\_ Grade \_\_\_\_\_

**Father/Co-Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address (if different from child's) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Dept./Div. \_\_\_\_\_ Pager \_\_\_\_\_  
 Occupation/Job Title \_\_\_\_\_ Email \_\_\_\_\_

**Mother/Co-Parent/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address (if different from child's) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Dept./Div. \_\_\_\_\_ Pager \_\_\_\_\_  
 Occupation/Job Title \_\_\_\_\_ Email \_\_\_\_\_

Child's <b>Physician</b> _____	Phone _____
Child's <b>Dentist</b> _____	Phone _____

**PERSONS (OTHER THAN PARENTS) AUTHORIZED TO PICK UP AND  
TO BE CALLED IN CASE OF EMERGENCY**

\*Be sure to include someone who will usually know your whereabouts\*

**(UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE RELEASED TO ANY ONE NOT KNOWN TO THE CHILDREN'S CENTER  
WITHOUT AUTHORIZATION FROM A PARENT OR GUARDIAN)**

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

Name _____	Relationship to child _____
Address _____	Phone (Home) _____
Authorized to pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No	(Work) _____

**STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY**  
**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?*
<b>DIET PATTERN:</b> (What does child usually eat for these meals)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

**PARENT'S EVALUATION OF CHILD'S HEALTH**

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

**PARENT'S EVALUATION OF CHILD'S PERSONALITY**

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

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT'S

## IMPORTANT INFORMATION

### CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

#### **What is a background check?**

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

#### **What if I have a criminal conviction?**

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible** and if you were convicted of one of them, **by law you will never be allowed in a facility.**

#### **How do I get a criminal record exemption?**

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at [www.cclcd.ca.gov](http://www.cclcd.ca.gov).

#### **How long does the criminal record exemption process take to complete?**

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

#### **DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT**

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.  
Licensing Office Name: Community Care Licensing  
Licensing Office Address: 1515 Clay Street, Suite 1102 Oakland, CA 94612  
Licensing Office Telephone #: (510) 622-2602 To File a Complaint Call 1-888-538-8766
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.**

----- 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.

\_\_\_\_\_  
LLESA Children's Center  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

Click here to enter a date.  
\_\_\_\_\_  
Date

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

**For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

**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:

TO FILE A COMPLAINT CALL 1-844-538-8766

NAME

Community Care Licensing/BARO

ADDRESS

1515 Clay Street, Suite 1102

94612-1413

(510) 622-2602

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

Oakland

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 NAME OF THE FACILITY)

LLESA Children's Center

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1399 Almond Ave Pod J

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

[Click here to enter a 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) **LLESA Children's Center** (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. , \_\_\_ 5 \_\_\_\_\_ 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)	/ /	/ /	/ /	/ /	/ /
DIPHTHERIA, TETANUS AND DTP/DTaP/ ACELLULAR] PERTUSSIS OR TETANUS DT/TD 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  I have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

Physician Physician's Assistant  Nurse Practitioner

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**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

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## Photo Policy

It is the policy of the LLESA Children's Center to allow photographs and video footage of students to be used in Center produced materials including, but not limited to the website, brochures, posters, other printed materials, newsletters, newspaper articles, classroom display, and television programming.

1. Any photos taken by the staff for classroom display purposes will only show the children's first name.
2. Photos may be taken by the staff for inclusion in children's individual files.
3. The Children's Center may allow photos to be published in the Center Newsletters and email correspondence with other Children's Center families.
4. The Children's Center may distribute video or photo images of group events such as Halloween, the Multicultural Luncheon, Classroom events, etc., to Center families, for private family use only.\*\*
5. Photos / video taken by parents are only for family use and will never be passed on to the media without prior permission from the Children's Center.\*\*
6. Children's Center photos cannot be sold or published.
7. Tripods or monopods are not allowed in any indoor buildings.
8. Families are not permitted to interfere with the daily classroom routine in order to take the photos and are asked to minimize photo taking to occasional visits.
9. Families may not disrupt the children or staff or in any way while taking personal photos.

\*\*Please be aware that Children's Center families do take pictures of their children and classmates, and while we do not give permission to distribute these photos, we cannot monitor what families do with them – this includes social media and distribution via email.

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Child's Name: \_\_\_\_\_

- I hereby give permission** to use my child's photograph, image, and work products for the LLESA Children's Center publications (brochures, flyers, posters, newsletters, etc.) and website.
- I hereby deny permission and request that the LLESA Children's Center NOT** use my child's photograph, image, and work products for the LLESA Children's Center publications (brochures, flyers, posters, newsletters, etc.) and website.

**I understand that this will begin from the day my child starts the Children's Center and remain in effect until my child leaves the Children's Center.**

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date





LLESA  
Children's  
Center

## Ointment Use Permission Form

The Children's Center staff purchase ointments and certain products that are used on the children. The teachers will occasionally apply diapering ointments such as Desitin for the comfort of the child, Neosporin to a cut or scrape, Kirkland Baby Wipes for hand wiping and diapering, and sunscreen for outdoor play.

For your child's optimum health and safety the teaching staff will need to be aware of any allergies your child may have to these items or if families would prefer them not to be used for their child. Families are also welcome to bring their own supplies for their child as long as approved per Licensing.

Please fill out the Ointment Use Permission Form below and submit it to the teaching staff as soon as possible.

Thanks for your help and cooperation!

## Ointment Use Permission Form

I give the LLESA Children's Center permission to apply the items listed below to my child (please check below).

Child's Name \_\_\_\_\_

- Desitin, A&D and Aquaphor
- Neosporin or similar products
- Kirkland or similar unscented Baby Wipes
- Coppertone Water Babies Sunscreen

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

Date \_\_\_\_\_



Dear New Families,

Welcome to the LLESA Children's Center! Our program uses the Ages & Stages Questionnaire (ASQ-3 & ASQ-Social Emotional) developmental screening tool which allows us to gain detailed information about your child from their most important expert – you! The information that families provide will help us better understand your child's unique development and needs while in our program.

The ASQ-3 and ASQ-SE is specifically tailored to each child's age and stage of development. The information you supply will help reveal your child's strengths, uncover any areas of concern, and determine if there are community resources or services that may be useful for your child or your family. This information will also assist the teaching staff to best meet the group and individual needs of children in each classroom and promote good communication between our families and teachers.

The Children's Center implements the ASQ series a few times per year for each child as follows:

- At program entry,
- Prior to spring conferences for 2's through Pre K Classrooms
- At classroom transitions
- On an as needed basis throughout their enrollment in the program

Please access the ASQ-3 & ASQ-SE tools from the following links

<https://www.asqonline.com/family/786e24> and <https://www.asqonline.com/family/7e8666> then have fun completing them with your child! We will prompt our families for future ASQ completions.

Thanks for sharing about your child with us and we look forward to our continued partnership at the LLESA Children's Center!