



**Little Lights**  
**PRESCHOOL**

Check # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Confirmation \_\_\_\_\_

## Little Lights Preschool Summer Camp Registration for Enrollment

**CAMP COST: \$450 DUE: 1ST DAY of CAMP**  
**REGISTRATION FEE: \$50 (non-refundable) DUE with application**

**JUNE 10th – JUNE 28th**

**Monday - Friday 8am - 12:30pm**

**Your child will need a water bottle, snack, and lunch.**

**Extra set of clothing: including shirt, shorts, underwear and socks/shoes**

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contacts (Local) Other than Parents/Guardians of Child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent/Guardian 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					
PARENT / LAST AUTHORIZED REPRESENTATIVE NAME		MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PARENT / LAST AUTHORIZED REPRESENTATIVE NAME		MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

## CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	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* MONTHS	BEGAN TALKING AT* MONTHS	TOILET TRAINING STARTED AT* MONTHS
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### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

DATES	DATES	DATES	DATES
Chicken Pox	Diabetes	Poliomyelitis	
Asthma	Epilepsy	Ten-Day Measles (Rubeola)	
Rheumatic Fever	Whooping cough	Three-Day Measles (Rubella)	
Hay Fever	Mumps		

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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### DAILY ROUTINES (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE*?	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
YES NO		YES 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:
YES NO		YES 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:
YES NO		YES 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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## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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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: Community Care Licensing

Licensing Office Address: 1310 E Shaw Ave Fresno CA 93710

Licensing Office Telephone

#: 5 5 9 -2 4 3 -4 5 8 8

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

**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](http://www.meganslaw.ca.gov)**

LIC 995A (8/08)(Detach Here - Give Upper Portion to Parents))

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### 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](http://www.meganslaw.ca.gov)**

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# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
- (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
- (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
- (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
- (6) Not to be locked in any room, building, or facility premises by day or night.
- (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME		
Community Care Licensing		
ADDRESS		
1310 E Shaw Ave		
CITY		
Fresno		ZIP CODE
		93710
		AREA CODE/TELEPHONE NUMBER
		559-243-4588

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)

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

\_\_\_\_\_, 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/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR AND DIPHThERIA ONLY) TETANUS	/ /	/ /	/ /	/ /	/ /
DT/Td	/ /	/ /	/ /	/ /	/ /
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 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.

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



**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

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

( )



Little Lights  
PRESCHOOL

# Parent Handbook

*Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these." (Mark 10:14)*

Updated February 2023

## About Our Program

We offer a play-based program that is developmentally appropriate, licensed by the State of California, and is in alignment with the California Early Learning Foundation. Children learn through play. Through engaging themes, we design activities and experiences to encourage growth in areas such as: fine and gross motor, cognitive skills, math, science, language and literacy, visual and performing arts, health and safety and social and emotional development. Our goal is to foster a positive sense of self, develop positive social relationships, build a strong foundation for their kindergarten experience, and help children to become critical thinkers. Our church's core values, love of God and neighbor, acceptance, respect, trust, forgiveness and grace are learned through bible stories, songs, morning prayer, grace at meals, games and activities.

## Mission & Philosophy

Little Lights Preschool is an extension of First United Methodist Church's educational and outreach ministries with age-appropriate Christian values that are shared through our curriculum. We believe that the love and example of Christ is experienced through others, and we strive to show this love and acceptance to children and their parents. Our preschool is a caring, kind and loving preschool that provides a safe and nurturing environment for children to learn and grow in each of the 5 areas of development: social, physical, cognitive, emotional and spiritual.

We are located in an east Turlock neighborhood with smaller class sizes and welcoming environment. We are committed to serving the families of the entire Turlock community.

## Our Commitment to Families

Parents and families are our partners in the educational process at Little Lights Preschool. We strive to create an inclusive school community by encouraging parent and grandparent involvement in field trips, class activities, and school events.

## School Policies

### *Registration Process*

Registration for August classes will be held in March of the same year. **Registration is on a first come/first serve basis and a nonrefundable \$125 application fee is required to hold your child's spot.** Every child entering Little Lights Preschool must have an updated physical form, current flu vaccination and current immunization documentation signed

and dated by his/her pediatrician. Children must have their physicals updated yearly. California no longer accepts religious exemption.

### *Tuition Policy*

Tuition payments are due by the 10th of every month. Payments that are not received by the 15th of the month will be charged an additional \$15.00 per week. A non-sufficient funds fee of \$30.00 will be added to your account for any returned checks. If payment is not received within two months, the child will be asked to stay home until payment is made. If you have extenuating circumstances that make payment of tuition difficult at any time, please contact the director immediately to discuss a payment plan. We accept cash or checks for payment. A 30-day notice will be given of any fee changes.

TAX ID #: 94-1337617

### *Refund Policy*

Refund Policy If your child needs services that our preschool cannot provide, and the services are provided by another center, then a refund will be granted. The amount to be refunded will be determined by how long the child was enrolled and when the child will be leaving the program. For example, if the child attended school for six months, and on the fifth month it is determined that the child should attend another program to receive services, then only the last month will be refunded. **There will be no refunds or tuition discounts due to holidays, illness or vacations.**

### *Program Withdrawal*

You may withdraw your child from the program at any time, but you must give written notice 30 days before withdrawal. You will be responsible for paying the 30 days of tuition if you withdraw your child from the program without 30 day written notice. Readmittance to the program will depend on space availability and whether the account is current.

### *Days of Operation*

Little Lights Preschool is open Monday through Friday 8:00 a.m. to 4:00 p.m. For school holidays, we follow the Turlock Unified School District calendar.

Enrichment Care program is intended for periodic half-day student care. Please reserve your Enrichment Care spot 24 hours in advance. You will be billed for afternoon care on your tuition statement each month.

### *Snack/Lunch*

Children must bring a nutritious snack and lunch including a drink to preschool every day. We recommend that lunch bags contain an ice pack to keep foods from spoiling. Healthy food choices will be modeled and encouraged at school.

The health and safety of our children is of utmost importance. Please cut foods, particularly grapes, into small pieces to prevent choking.

Many children have food allergies. We will talk with parents about all their child's known allergies and other special needs. We will make every effort to accommodate the parents' request regarding allergies or any other medical condition

### *Birthdays*

We enjoy celebrating birthdays at Little Lights Preschool! Please notify teachers if you plan to bring a special snack for your child's class that day (please stick to fruits and vegetables). This is also a great time to consider donating a book in your child's name to the class for the occasion. Parents are welcome to join us at a convenient time for this special celebration.

We understand that when planning your child's birthday it may not be possible to invite every child from the class. We, therefore, ask you to not place invitations in the cubbies unless you plan to invite everyone. This will alleviate any hurt feelings on the children that are not invited.

### *Toilet Training*

Our program encourages overall good hygiene practices, including toileting and hand washing. All students in the 3 year-old and 4-5 year-old classes are expected to be bathroom trained unless there are extenuating circumstances. If your child is not toilet trained, please discuss this with the director.

### *Clothing*

Please dress your child in comfortable, washable clothing. They will be using messy materials such as paint, glue, and play dough. Please bring a labeled zip lock bag with a seasonally appropriate change of clothing on the first day of school, including extra socks and underwear. Please replace clothing as it gets used. Clothes will be returned at the end of the year.

### *Parent Volunteering*

We welcome our parent helpers in the classrooms. Proof of immunizations must be presented to the office prior to working in the classroom. Immunizations include: MMR, TB, Whooping Cough and a Flu Shot. We request that siblings remain at home.

### *Field Trips*

We enhance curriculum by taking field trips throughout the year. A permission slip will be provided one week before each trip. Parents or caregivers will be asked to accompany their children when possible. Teachers will need signed, dated, permission slips before the trip. Some trips may require an additional fee. Little Lights Preschool does not provide transportation of any kind. Transportation to and from field trips is to be conducted by the parents and guardians.

### *Absence/Illness/Medical Exams*

If your child has a sore throat or fever, please keep him/her home at least 24 hours after symptoms and fever are gone. If your child becomes ill at school, you will be called to pick up him/her. Please notify us if your child contracts a contagious illness so that we may notify the other families in the school (chicken pox, pink eye, etc.). A physical exam is required by California State law in order for your child to be admitted to our school. It must be current within one year and show that all inoculations are up to date. No child will be admitted without a current completed form. It must accompany your child on or before the first day of school.

### *Incidental Medical Service Plan*

The Little Lights Preschool staff prefers not to administer any medications while a child is in our care. However, we realize sometimes it is necessary to do so for the health and welfare of the child.

*Prescription Medications* – These will be administered only if the medication is in its original container with a prescription label attached. The doctor recommended dosage must be on the label as well as the child's name. A consent form, available in the school office, will be placed in the child's file. It must be filled out in order to administer medication. If a change occurs in dosage, a new label must be obtained.

*Over The Counter Medications* – OTC medications will be administered only if the medication is in its original container. A consent form must be filled out and will be placed

in your child's file. Additionally, a note from the prescribing doctor on his/her letterhead with a phone number, doctor signature, office stamp, and the following information is required: duration to be taken, start date, stop date, amount to be taken, and time schedule for taking the medication.

*Other Medications (Including Epi Pens)* – Epi Pens, Inhalers, and Nebulizers will be given with a prescription and according to doctor instructions, require written parental consent and an individual plan. In addition, Epi Pens require an allergy list that is to be kept in the child's file along with a list of reactions to look for. If an Epi Pen is administered, parents will be called.

*Keeping Record* – The Consent for Emergency Medical Treatment form, and written instructions from the child's physician must be provided and maintained. Staff training is to be provided by the child's doctor, and must be written instructions or a written referral to a website. The parent is responsible for obtaining training materials for the childcare staff. A record of medication service log with the times that medications were administered will be kept in the child's file.

*Storage* – Storage of medication will be kept in a lock box and stored in the office. Medication that requires refrigeration will be kept in a lock box in the refrigerator. The parent is responsible for collecting medications at the end of the day.

*Administration* – Little Lights Preschool staff will administer all medications. Medications will be brought to field trips or to an evacuation due to an emergency situation in a lock box if deemed necessary.

*Precautions* – Gloves will be worn while administering medication to insure no potential exposure to blood or body fluids. Hands will be washed immediately after removal and disposal of gloves, and disposal of used instruments in approved containers. *A note will be attached to your child's daily sign in sheet if an incidental medical service was provided for your child.*

*Transportation* – Little Lights Preschool does not provide transportation of any kind.

Fostering a strong and vibrant school community is an important priority at Little Lights Preschool. We value parent involvement and encourage parent/family connections through fun school events. Reading a story to your child's class or volunteering in your child's class are ways to participate in your child's education.

We value communication. Each family will receive a weekly newsletter from their children's teachers, as well as school wide communication via email from the director.

Please be sure to check your email on a regular basis to be informed. There is a parent and community bulletin board located near the entrance of the school.

All families are encouraged to join us in October for our "Parents Night" open house. Teachers, Director, and Pastor, will share important information about what to expect in the coming school year and are available to answer questions. It is a time to meet the teachers, see the school and connect with other families.

Parents and teachers will meet twice a year to share your child's school accomplishments.

Parent/Teacher Conferences will be held in November and April. You will be notified of the time schedule in advance to set up an appointment with your child's teacher. Parents

are always welcome to contact any staff member at any time to discuss questions, concerns ideas, by phone or email. Please check your child's bin daily for their artwork and any communication from the school to you.

Volunteers, staff, and children must be signed in and out daily through with full signatures. Volunteers are required to sign in in the office.

No one under 18 will be allowed to sign for a child.

Little Lights Preschool uses the Brightwheel Childcare Management software system to sign your child in daily. Brightwheel is available for free for all PCs, ipads, iphones and android devices. Brightwheel is also used as the primary director/parent/teacher communication at the school.

September 18, 2018

#### Addendum to: Parent Sign-in and Sign- Out Procedure

Parents and family members (over 18 years of age) ~~must sign- and sign out~~ your child ~~everyday~~.

This is not only required by the State of California, but is for the safety of your child. Little Lights is subject to fines when there is no signature for a child's arrival and/or departure.

Effective October 1, 2018, there will be a fee of \$25.00 per day for failure to sign in and/ or out your child. This fee will be charged on the next month's tuition.

*Guns and weapons, including legal or licensed, are not permitted on the property.*



## Drop-Off & Dismissal

**Important:** Please read carefully.

Please help us to ensure that your children are safe by following these policies:

Children are to be escorted to and from their class by an adult.

Children are dismissed to adults who are authorized to pick them up.

No child will be released to a person not authorized in writing.

Carpools are formed on a voluntary basis. Written notification of children and parents involved must be given to the teacher and director. Any changes in these driving arrangements must be made in writing.

Children must be supervised by parents or a caregiver at all times after dismissal.

Children are not allowed to be in the building unsupervised after school hours. Extra care should be taken in the parking lot to ensure that everyone is safe.

We understand that unfortunate things happen that occasionally will make you late for pick up. Please call the school, teacher or director, as children don't like to be the last one left waiting.

*However, if you are consistently late picking up your child, you will be charged one (\$1.00), for every minute you are late.*

## Discipline Policy

The goal of discipline is to help the child develop inner self controls so that he/she may move toward appropriate social behavior. This is the opportunity for the children to develop the skills of self-discipline, self-control and how to resolve conflicts. These skills need to be taught in a safe, caring and positive environment where children can practice their emerging social skills and be successful. The school advocates our Christian values and the golden rule "treat others as we would like to be treated." Teachers use positive guidance to redirect, plan ahead to prevent problems, encourage and model appropriate behavior, maintain consistent and clear rules, and involve children in problem solving to foster self-regulation. We encourage children to respect and care for other people, the environment, and personal property.

Children learn what is safe, acceptable behavior (i.e., hands on your own body, no running in school, kind words, etc.). When disputes arise, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking through has not resulted in better self-control.

If a conflict continues repeatedly, parents will be asked to meet with teachers to discuss techniques to remedy the situation. If the child's behavior does not improve after everything possible had been done, for the safety and welfare of all children, Little Lights Preschool reserves the right to suspend and /or withdraw the child from the school.

### ***Biting***

Biting is a normal state of development during early childhood. Biting occurs for many reasons whether it is teething, a lack of language, frustration, attention getting, being overly tired or simply just to get a reaction from someone. Our policy on biting:

If your child bites one time and the skin is not broken, the parents will be notified.

If your child bites two times (as long as the skin on the other person is not broken) on any one day then your child will be sent home for the remainder of that day.

If at any time the skin is broken due to a bite, then the child will be asked to go home immediately.

### ***Termination Policy***

If your child is not profiting from the preschool experience for physical, social, or emotional reasons; the child's file (medical history, emergency form, etc.) is not kept current; or tuition payments are 30 days delinquent and no arrangements have been made he/she will be terminated from the program.

## **Complaint Procedure**

In order to maintain the highest standards in our program, most concerns with childcare programs can be held by:

Discussing the problem with the classroom teacher

Discussing the problem with Little Lights Director

Discussing the problem with a member of the Board of Directors

If you have talked to the staff and program director and the Board of Directors and still have a concern about the child care program, you may call the Complaints Line at

(844)  
538-8766 in Fresno.

## Inspection Authority

According to Title 22, Division 12, Chapter 1 of the Manual of Policies and Procedures for Community Care Licensing, The Licensing Agency has the authority to:

- Inspect facilities that provide child care and supervision
- Interview Children
- Interview Staff
- Review Records

## Child Protective Services

As mandated by state law, Little Lights Preschool Staff must and will report suspected instances of child abuse to Child Protective Services. All Little Lights Preschool staff are mandated reporters.

### *Policy for Reporting Abuse & Neglect*

The California Child Abuse and Neglect Reporting Act 1980 (CARNA) defines child abuse as; physical abuse, sexual abuse (including sexual assault, and sexual exploitation), willful cruelty or unjustified punishment, unlawful corporal punishment or injury, and neglect (including both acts and omissions).

*Physical abuse* is defined (PC11165.6) as physical injury inflicted by other than accidental means on a child or intentionally injuring a child.

*Child sexual abuse* (PC11165.1) includes sexual assault or sexual exploitation of anyone under the age of 18. Sexual assault includes sex acts with children, intentional masturbation in the presence of children, and child molestation. Sexual exploitation includes preparing, selling, or distributing pornographic materials involving children.

*Willful cruelty or unjustified punishment* (PC11165.3) includes inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of the child's person or health.

Unlawful corporal punishment or injury (PC11165.4) willfully inflicted, resulting in a traumatic condition.

*Neglect* (PC11165.2) of a child, whether "severe" or "general" must also be reported if the perpetrator is a person for the child's welfare. It includes both acts omissions that harm or threaten to harm the child's health or welfare.

*General neglect* means the failure of a caregiver of a child to provide adequate food, clothing, shelter, medical, or supervision, where no physical injury to the child has occurred. *Severe neglect* means the intentional failure of a caregiver to provide adequate food, clothing, shelter, or medical care where injury has occurred or is likely to occur.

*Severe neglect* also includes those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

Penal Code (PC)11166[a] A mandated reporter has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse or neglect must file a report. Reports must be immediately or as soon as practically possible by phone. *A written report must be forwarded within 36 hours after the phone call. The report must be submitted on Department of Justice form (SS 8572).*

The report must be made to a County Welfare Department/Child Protective Services, probation department, or to a sheriff's department.

***California County Emergency Response Child Abuse Reporting Telephone Number: (209) 385-3104 (Merced)***

Mandated reporters are required to give their names when making a report. The reporter's identity is kept confidential. Reports of suspected child abuse are also confidential. Mandated reporters have immunity from state criminal or civil liability for reporting as required. This is true even if the mandated reporter acquired the knowledge, or suspicion of the abuse or neglect, outside his/her professional capacity or scope of employment.

# Emergency Protocol

## *Medical Emergencies*

All staff at Little Lights Preschool is CPR, First Aid Certified and Epi Pen trained. In the event of a minor medical emergency (minor laceration, abrasion, contusion, sprain, or insect sting), the teacher will administer first aid to the child as required. If further assistance is needed, we will contact you, the physician, and/or dentist. All incidents will be reported to parents or guardians. An incident report will be signed and sent home and one will be placed in the child's file.

## *Non-Medical Emergencies*

In the event of a national, state or local crisis, Little Lights Preschool, in conjunction with the Turlock Fire and Police Departments, will follow these procedures:

Fire Drills Evacuation will be through the closest exit. Staff will be responsible for supervising the children under their care and following an attendance check. Teachers will take with them the attendance sheet and first aid bag with emergency card information. We will meet on the front lawn of the church in the corner by the church sign. Children are to stay with their teachers.

Shelter in Place Emergencies Some emergencies may require staff and children to shelter in place and use an interior room or space for temporary shelter from a hazard. Parents will be notified of any lockdown procedures and are asked to respectfully comply with the protocol to insure the safety of all. Teachers will carry the first aid bag with the attendance sheets, and emergency card information.

Evacuation In the event the facility must be evacuated for a civil emergency we would be directed to the parsonage, which is located at: 1772 Arbor Way, Turlock, CA 95380

Earthquake The teachers and children will get under the table away from the windows. In the event we have to evacuate the building, teachers will lead the children out to the front lawn of the church in the corner by the church sign. Teachers will carry the attendance sheet, the first aid bag and emergency card information and children are to remain with their class.

## Parent Checklist

This checklist has been provided to assist you with keeping track of the required admission forms for your child.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Application for Enrollment

\_\_\_\_\_ Identification and Emergency Information (LIC 700)

\_\_\_\_\_ Child's Preadmission Health History –Parent's Report (LIC 702)

\_\_\_\_\_ Consent for Emergency Medical Treatment (LIC 627)

\_\_\_\_\_ Physician's Report (LIC 701)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Policy Agreement Signature

\_\_\_\_\_ Liability, Insurance, & Photo Release

\_\_\_\_\_ Notification of Parent's Rights (LIC 995A), bottom portion only

\_\_\_\_\_ Personal Rights (LIC 613A), bottom portion only



## Policy Agreement

Please initial:

\_\_\_\_ I have read the tuition policy, understand that I will be given a 30-day notice of any fee changes and I agree to it.

\_\_\_\_ I have read the refund policy, understand and agree to it.

\_\_\_\_ I have read the termination policy, understand and agree to it.

\_\_\_\_ I have read the discipline policy, understand and agree to it.

\_\_\_\_ I have read the biting policy, understand and agree to it.

\_\_\_\_ I have read the inspection authority policy, (title 22, page 13, the Community Care Licensing Agency has the authority), and I agree to it.

\_\_\_\_ I have read and understand the sign in/out procedure and agree to it as required by Community Care Licensing.

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



## Liability, Insurance, & Photo Release

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

Parent's Name:\_\_\_\_\_

Date:\_\_\_\_\_

Please initial on lines provided below if you DO consent. If you do NOT consent, please leave line blank.

\_\_\_I consent to have my child participate in walks or rides away from Little Lights Preschool for field trips.

\_\_\_I authorize the staff to call an emergency ambulance in case of an accident or acute illness, and to allow for possible emergency and surgical care in case his/her doctor, or I am not immediately available.

\_\_\_I consent to having my child's photograph used on the Little Lights Preschool website, newspaper, Facebook page, Instagram account and in the preschool.

\_\_\_I consent to have my home address and contact information, phone and email put in our Preschool directory.

*Parent/Guardian Signature*\_\_\_\_\_