

ENROLLMENT & EMERGENCY CONTACT INFORMATION

STUDENT'S LAST NAME FIRST MIDDLE Date of Birth

Address (Street) Apt. # City Zip Home Telephone Number ()

- ☐ Father
☐ Stepfather
☐ Guardian
☐ Not in Home

Name Occupation

Cell Phone: ()

Name of Employer Work Telephone (w/extension)

- ☐ Mother
☐ Stepmother
☐ Guardian
☐ Not in Home

Name Occupation

Cell Phone: ()

Name of Employer Work Telephone (w/extension)

PERSON(S) RESPONSIBLE FOR CHILD: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY NUMBERS – MUST BE COMPLETED

and only the people listed on this form will be permitted to pick up your child in the event of an emergency (earthquake, natural disaster, etc.), illness or injury. *Any other persons must have written authorization from parent or guardian.*

Out of State Disaster Contact:

Name Phone # ()

Please list EMERGENCY contacts name, telephone number, and relationship in the order you wish them to be called.

NAME	ADDRESS	TELEPHONE (with area code)	RELATIONSHIP

ADDITIONAL CONTACT INFORMATION

Names of *additional* persons authorized to take my child from the facility:

NAME	TELEPHONE (with area code)	RELATIONSHIP

Please name specific person(s) who may NOT take child away from school. If this person is the child's parent, a restraining order must be on file in the school office. _____

Signatures: This form must have two signatures.

MOTHER/LEGAL GUARDIAN _____ Date _____

FATHER/LEGAL GUARDIAN _____ Date _____

For Office Use Only: Date Enrolled: _____ Date Left: _____

AUTHORIZATION FOR EMERGENCY CARE

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Initial
[] I hereby authorize Los Altos Grace Schools to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by Los Altos Grace Schools may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify us (parents) before such action will be taken. I also agree to accept responsibility for the cost of above medical services not covered by school insurance.

Doctors Name: _____ Address _____ Phone # (____) _____

Name of Medical Insurance _____ ID Number _____

Dentist Name: _____ Address _____ Phone # (____) _____

Dental Insurance _____ ID Number _____

Allergies: Yes ☐ No ☐ If yes, please explain: _____

Does your child have any special/serious health problems? Yes ☐ No ☐ If yes, please explain: _____

Name of Current Medications _____

Will your child be taking medication(s) at school? Yes ☐ No ☐ If yes, please list _____

Signatures: This form must have two signatures.

MOTHER/LEGAL GUARDIAN _____ Date _____

FATHER/LEGAL GUARDIAN _____ Date _____

It is our usual practice to release children to either parent. If there is a restriction on one or both parent's ability to pick up their child from school (due to custody, guardianship, or some other arrangement), please provide the office with appropriate documentation of such arrangement. If there are scheduled pickup/custody days for each parent, a copy of the schedule must be on file in the office. Any changes to a pickup/custody schedule must be updated immediately.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN													
		1st		2nd		3rd		4th		5th					
POLIO (OPV OR IPV)		/	/	/	/	/	/	/	/	/	/				
DTP/DTaP/ DT/Td	(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/	/	/	/	/	/	/	/	/	/				
MMR	(MEASLES, MUMPS, AND RUBELLA)	/	/	/	/										
(REQUIRED FOR CHILD CARE ONLY)		/	/	/	/							/	/	/	/
HIB MENINGITIS (HAEMOPHILUS B)		/	/	/	/							/	/	/	/
HEPATITIS B		/	/	/	/	/	/								
VARICELLA	(CHICKENPOX)	/	/	/	/										

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

Los Altos Grace Preschool

A PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS

The California School Immunization Law **requires** that children be up-to-date on their immunizations to attend Preschool.

Here is what you will need for enrollment:

Please bring your child's Immunization Record or proof from your child's doctor to the Preschool office. If you do not have an Immunization Record or your child has not received all required shots, call your doctor right away to make an appointment.

These are the immunizations that are required:

Look at your child's Immunization Record to make sure you have a date for each dose required.

Vaccines

Immunizations required for Preschool

Polio	3 doses
DTP	4 doses
MMR	1 dose on or after the child's 1 st birthday
HIB	At least 1 dose on or after the child's 1 st birthday
Hepatitis B	3 doses
Varicella (chicken pox)	1 dose

**Your Child will NOT be admitted to Preschool if
immunizations are not up to date.**

Thank you for your cooperation.

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

PERSONAL RIGHTS

Child Care Centers

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

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

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

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Admission/Tuition Agreement

TUITION and ATTENDANCE POLICIES:

- **Monthly tuition is paid over nine equal payments September 1, 2026 – May 1, 2026**
- If a student is enrolled after December, a payment is due in June
- Tuition is due each month regardless of illness, family/school vacation, or school closure.
- Scheduled school holidays, vacations and other school closures are listed on the MARK YOUR CALENDAR / PRESCHOOL SCHEDULE 2025 – 2026 and given to parents at the beginning of the school year. It is also available on our website and is posted in the office.
- Due to scheduling, “make-up” days or substituting days cannot be accommodated.

PAYMENT:

- Invoices are sent the 1st day of each month from Los Altos Grace Schools.
- Preferred payment is online using bank transfer, and check or cash.
- Credit cards (with a 3% processing fee) require arrangements with the office.

LATE PAYMENT POLICIES:

- Tuition is due on the 1st of each month and is late if not received by the end of school on the 10th.
- Late fee - \$20 charged after the 10th
- Returned payment/check fee - \$25.
- Past due accounts must be settled by end of month.
- Students may not attend the following month until account is brought current.

I have read and agree to this Admission/Tuition Agreement.

Child Name

Date

Parent Signature

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I have read and agree to this Admission/Tuition Agreement.

Child Name

Date

Parent Signature

Parent Photo Policy

As your child participates in special events, lessons, or is just having fun on the playground, teachers and parents often have great photo and video opportunities. Our policy regarding photographing and videoing children while at school is as follows:

- Photos/Videos by parents are permitted at special events (special days, chapels, Jog-a-thon, field trips, etc.) without permission from administrators/teachers.
- Parents **should** ask permission from the teacher or administrator before taking photos/videos on the playground or in the classroom on a “regular” school day.
- Parents should exercise caution when posting photos/videos of their children (or children other than your own) on any social media outlets (Facebook, Instagram, Twitter, etc.)
- Photos/Videos taken by the teachers may be used for school purposes such as yearbook, class displays, slideshows, videos, website and school social media accounts such as Instagram or Facebook.

The safety of our students is a top priority. Our purpose in establishing and enforcing this policy is to protect your children, while still allowing you to record and preserve the sweet memories of your child’s school year.

Please check ONE statement below indicating your preference and return this form to the school office.

Photos/videos may be taken as indicated below:

- _____ YES, photos may be taken for ALL SCHOOL PURPOSES, including classroom projects, school Memory Book and the school’s social media pages.
- _____ NO SOCIAL MEDIA but yes, other school purposes allowed, including classroom projects and school Memory Book
- _____ NO PHOTOS taken or used for school purposes.

Child Name

Date

Parent Signature

Toilet Training Policy

At Los Altos Grace Preschool, the admission policy in the Family Handbook states:

” Children must be completely toilet trained before being admitted to school; no diapers or pullups allowed, even at naptime. For repeated toileting accidents, a toilet training fee may be charged.”

Being “fully toilet trained” means a child can independently and consistently use the toilet for both urination and bowel movements without needing assistance. This includes the ability to:

- Recognize the need to use the toilet
- Communicate the need to go
- Get to the toilet
- Cooperate with prompts to use the toilet by sitting/standing and trying to go.
- Manage clothing
- Wipe independently
- Wash hands
- Stay dry for an extended period of time

We recognize that toilet training is accomplished over a period of time, and accommodate this process in several ways including:

- Scheduled bathroom visits at least every 30-45 minutes
- Frequent reminders and encouragement to use the toilet
- Support with wiping when requested or accepted by the child
- Assistance with clothing management (e.g. pulling pants/undergarments up or down)

Despite the best efforts of parents and staff, some children may continue to have repeated toilet accidents at preschool. “Repeated toilet accidents” are defined as more than 1 accident a day or more than 3 accidents per week. **After 6 weeks of enrollment, if a child still shows a pattern of repeated toilet accidents, a toilet training fee of \$100/month will be added to the child’s tuition.** The fee will be removed from tuition after the child completes one full month without any repeated toilet accidents.

I have read and agree to this Toilet Training Policy.

Child Name

Date

Parent Signature

Illness Policy

Los Altos Grace Preschool Illness Policy is as follows:

Each morning, please check your child for signs of illness including, but not limited to:

- Respiratory symptoms
 - Nasal discharge and/or congestion
 - Shortness of breath
 - Sneezing, coughing
- Other symptoms such as
 - Conjunctivitis (eye discharge, itchiness, sensitivity, redness)
 - Diarrhea, nausea, vomiting
 - Skin rash
 - Lice
 - Excessive fatigue
- Temperature of or above 100.4

If a child displays any of the above symptoms, they must stay home. If symptoms are displayed during the school day, the child will be isolated and must be picked up promptly.

During the check-in process, parents will confirm that during the last 24 hours, their child:

- Has not been ill with fever, chills, cough, shortness of breath, no vomiting or diarrhea
- Has not received any fever reducing medicine in the last 12 hours
- No other symptoms of illness in past 24 hours.

If a child is home with any of the above symptoms of illness, they must be fever/symptom free for 24 hours before returning to school.

Please notify the office via brightwheel when your child is staying home due to illness. Please include the nature of the illness or symptoms. This is especially important if your child contracts a contagious disease, so that we may notify others.

I have read and agree to this Illness Policy.

Child's Name

Parent Signature

Date