IDENTIFICATION AND EMERGENCY INFORMATION -DAY CARE CENTERS

To be completed by a parent or guardian.

Child's Name - First, Middle, Last				Birthdate	Sex
Parent/Guardian 1 Name - First, Middle, Last				P1 First Call Phone Number	Type ☐ H ☐ C ☐ O
☐ Sole Custody ☐ Shared Custody	Parent/Guardian 1 Email Address			P1 Second Call Phone Number	Type ☐ H ☐ C ☐ O
Address Where Child Resides	City	State	Zip	P1 Third Call Phone Number	Type ☐ H ☐ C ☐ O
Parent/Guardian 2 Name - First, Middle, Last				P2 First Call Phone Number	Type ☐ H ☐ C ☐ O
☐ Sole Custody ☐ Shared Custody	Parent/guardian 2 Email Address			P2 Second Call Phone Number	Type ☐ H ☐ C ☐ O
Parent/Guardian 2 Address, if different	City	State	Zip	P2 Third Call Phone Number	Type ☐ H ☐ C ☐ O

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

Provide at least three LOCAL contacts.

Name	Relationship	Phone Number	Type
Name	Relationship	Phone Number	Type ☐ H ☐ C ☐ O
Name	Relationship	Phone Number	Type ☐ H ☐ C ☐ O
Name	Relationship	Phone Number	Type ☐ H ☐ C ☐ O
Name	Relationship	Phone Number	Type ☐ H ☐ C ☐ O

ADDITIONAL 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 GUARDIAN)

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY

Physician	Address:	Phone Number
Dentist	Address:	Phone Number

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN

Signature of Parent/Guardian	Date

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

Date of Admission	Date of Termination

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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

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

SLV Quest
FACILITY NAME

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

_____
NAME

. 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 ( )

LIC 627 (ENG/SP) (6/01) (CONFIDENTIAL)

SAN LORENZO VALLEY QUEST PROGRAM
Field Trip Authorization Form

I, _____ give permission for my child, _____
(Parent's Name) (Child's Name)

to attend all scheduled field trips with San Lorenzo Valley Quest Program. I understand that if transportation is required, the means for transportation will be wither the San Lorenzo Valley Quest Program insured staff members or volunteers with personal autos. The destinations will be posted near the sign-in sheets prior to any trip. I understand that I will need to sign for approval to participate for each field trip separately in addition to this form. Each child traveling in an auto will always be secured by a seat belt. If my child uses a car seat, I will leave that at the school to be used on the day of a field trip.

_____ _____
Parent/Guardian's Signature Date

Allergies and Dietary Restrictions

Child's name_____ Date_____

- Does your child have any allergies? ___ Yes ___No

Allergy	Severity mild, medium, severe, epi-pen

- Does your child have any dietary restrictions?

_____

_____

- If your child has food allergies or dietary restrictions, we recommend you provide your child's snack.

_____ I will provide snacks for my child.

- OR -

_____ I decline to provide snack and relieve SLV QUEST from all liability if my child mistakenly ingests above noted foods.

Parent's name_____

Parent's signature_____ Date_____

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

This section removed: not relevant for school aged children.

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

	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

This section removed: not relevant for school aged children.

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

PARENTS PERMISSION FORM
SCHOOL-SUPPLIED SUNSCREEN

SAN LORENZO VALLEY QUEST PROGRAM
325 Marion Ave.
Ben Lomond, CA 95005

CHILD'S NAME: _____ CHILD'S AGE: _____

I give permission for child care providers employed by San Lorenzo Valley Quest Program to administer **"Coppertone ® Water Babies" 45spf** sunscreen, **or generic equivalent,** to my child as deemed necessary. Adverse reactions to this sunscreen will be reported in writing to the parent and parent will be requested to supply an alternative sunscreen product.

_____ _____
Parent's Signature Date

_____
Parent's Name (please print)

- If your child is allergic to "Water Babies", please let us know and we will use a product supplied by you.

SAN LORENZO VALLEY QUEST PROGRAM
Two Week Notice Contract

I, _____ am enrolling my child, _____
(Parent's Name) (Child's Name)
in the San Lorenzo Valley Quest Program. I understand that this program offers care during the school year with summer camp programs available separately. SLV Quest requires a two week written notice for any program changes; i.e. attendance changes of time, day, additions, deletions or program withdrawal.

My two week notice allows San Lorenzo Valley Quest Program administrative staff to respond to my request. In the case of program withdrawal, it gives the program time to place another family in the space I am leaving or changing from. I understand how important it is that the program be given notice of changes and agree to give written notice of two weeks on any schedule change.

I understand that if I withdraw without any notice, any outstanding credits to my account will not be refunded. If I provide two week written notice, any credit to my account at the end of the two weeks will be refunded within 10 days of notice being received by administrative staff.

_____ _____ _____
Parent/Guardian's Signature Director's Signature Date

PERSONAL RIGHTS

Child Care Facilities

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

(a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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: 2580 N. First St., suite 300

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Jose, CA	95131	408-324-2148

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)
San Lorenzo Valley Quest Program	325 Marion Ave Ben Lomond CA 95005

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

FAMILY CHILD CARE HOME
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. ***(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).***
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Department of Social Services

   Licensing Office Address: 2580 N. First St. Suite 300, San Jose, CA 95131

   Licensing Office Telephone #: 408-324-2148
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

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

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

LIC 995A (12/06) (Detach Here - Give Upper Portion to Parents))

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee: San Lorenzo Valley Quest Program
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

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I acknowledge that I have been given a copy of the San Lorenzo Valley Quest Program (SLV Quest) Parent Handbook. I understand that this handbook summarizes SLV Quest's policies, practices and participation guidelines and that it is furnished to me solely for my information. I also understand that SLV Quest may at any time modify or rescind any of its policies and/or practices described in the handbook, except for those policies and/or practices required by law. I acknowledge that it is my responsibility to read and become familiar with the contents of this handbook.

Dated:_____ By:_____
Signature

Printed Name of Parent (or Legal Guardian):_____

AFFIDAVIT OF PUBLIC/PRIVATE SCHOOL ATTENDANCE

My child, _____, attends the school listed below and has a current physician's report and immunization record on file at that school.

_____
Name and Address of School

Dated:_____ By:_____
Signature

Printed Name of Parent (or Legal Guardian):_____

PERMISSION TO SIGN-IN CHILD

I give permission for employees of San Lorenzo Valley Quest Program to meet my child at, or take my child to the school bus drop-off, as applicable, and sign them in to, or out of, the San Lorenzo Valley Quest Program as applicable.

Dated:_____ By:_____
Signature

Printed Name of Parent (or Legal Guardian):_____

Child's Name: _____ *Parent Handbook*

Electronic Format for Newsletters and Statements

SLV Quest provides monthly account statements and monthly newsletters in electronic format via email. Please be sure to provide your email addresses to the office. If you are not receiving monthly emails, we may have an incorrect email address for you.

Newsletters & Statements

I require a printed copy of statements Yes _____ No _____

I require a printed copy of the newsletters Yes _____ No _____

Community Directory

SLV Quest provides a community directory.

Include me in the directory Yes _____ No _____

Include my email address Yes _____ No _____

Include my home phone number Yes _____ No _____

Child's name: _____

Parent/Guardian name: _____

Parent Signature _____

Date: _____

Credit Card Billing Form

KINSPIRATION, INC.
dba Scotts Valley Children's Center
dba Little Acorns Montessori
dba Quail Hollow Montessori
dba San Lorenzo Valley Quest Program

Child's Name	Cardholder Phone Number
Card Holder Name	Date of First Transaction
Billing Address	Date of Last Transaction
Card Type (Visa/Mastercard) Card Number	Expiration Date
Minimum Transaction Amount Maximum Transaction Amount	

I have enrolled my child in the Kinspiration, Inc. program for the center and schedule stated in the registration form. I would like to pay my program fees by credit card.

Credit card payments will be processed monthly on the 20th of the month (or the next business day, if the 20th falls on a weekend) of the month prior to care being provided. If I intend to terminate care, I understand that I must provide notice 10 business days prior to the next credit card transaction date (the 10th of the month or the next business day if the 10th falls on a weekend). Monthly fees transacted will follow the separately provided fee schedule based on your current enrollment schedule.

I have received the rate schedule and understand that this fulfills my right to written notice of upcoming transactions at least 10 days prior to the date of the next charge.

Cardholder Signature _____ Date _____