



10088 N Highway 99 Stockton, CA 95212
(209) 931-9548

Dear Families,

Thank you for your interest in Harvest Preschool and Child Care. I am so excited to have the opportunity to have you and your child become part of our family. To help us better serve you and your child in the coming school year, we appreciate you filling out the information in this packet in its entirety and bring it with you at our *New Parent Meeting* before your child's first day of school.

HPCC believes that a child's first five years are significant in their development where personality and beliefs are formed. The first step in learning is developing a healthy self-concept in each child. We want each child to know that he/she is important and a valuable person in the world and in the eyes of God.

As a parent/guardian, you have entrusted into our care your most valued treasure, your child(ren). Therefore, our main goal is to serve you and your child with a spirit of excellence. We believe that our program will help your child to develop academically, emotionally, socially, and spiritually.

My HPCC team and I are equally committed to the safety and well-being of each child here at Harvest Preschool and Child Care.

If I can be of service to you, please contact me at (209) 751-4451 or stop by our office.

Sincerely,

Christina Hine
HPCC Director

ADMISSION AGREEMENT

Welcome to Harvest Preschool and Child Care! This agreement and our Parent Handbook includes our rules and policies. You must read and understand this agreement and the handbook, and agree to comply with them. If you have any questions, please feel free to ask.

CHILD'S NAME _____

DATE OF BIRTH _____

PARENTS/GUARDIANS _____

ADDRESS _____

PHONE (CELL) _____ **WORK** _____ **HOME** _____

EMAIL _____

PERSON RESPONSIBLE FOR PAYMENT _____

DESCRIPTION OF SERVICES

HPCC provides a quality safe learning environment for children two through six years of age along with a fully qualified Christian teaching staff of early childhood professionals. We offer an inclusive environment by serving the unique patterns of development of each child; through age appropriate and hands on activities to enrich spiritual, emotional, creative, physical, and cognitive development. The program offers full day and half day sessions with 2, 3, and 5 day programs Monday through Friday. We provide a bible based curriculum including weekly chapel time. Our center based classrooms include dramatic play, blocks, art, music, science, and active play outdoors coordinated with thematic units. HPCC provides a bridge of support for the entire family unit through collaboration, clear communication, and community resources. We exist to partner with families of Stockton to give each child a strong academic and spiritual foundation.

FINANCIAL AGREEMENT:

I, _____ wish to enroll my child in the Harvest Preschool and Child Care program and understand that my child (ren) are contracted, per this agreement, to be in the HPCC care the following program, days and times:

Chosen Program:

TWO's (24-36 months) THREE's (36-48months) Preschool (4-6yrs old)

Chosen Schedule:

5 Day Program (M,T,W,TH,F) 3 Day Program (M,W,F) 2 Day Program (T,TH)
 Full Day (6:30am – 6pm) Half Day (6:30am – 12pm)

SCHEDULE My child's attendance days and hours are as follows:

M _____ T _____ W _____ TH _____ F _____

The fees set forth herein will be in effect until a new agreement or a termination of contract form has been signed by me, _____ Tuition for each child will be paid monthly in advance of services and I understand That care will be provided until full payment is received. A monthly tuition rate of \$ _____ is due before the first day of school for the current month. Tuition payments can be made in the form of a check, money order, or cash unless a pattern of returned checks is developed. Tuition rates are subject to change with a minimum of 30 day notice.

INITIAL REGISTRATION AND ANNUAL REGISTRATION: An initial Family Registration Fee of \$ _____ is due and payable at the time of enrollment. Each following year, continuing families must pay an Annual Family Registration fee of \$ _____ with a completed Re-enrollment Form in order to guarantee a place in the class list for the new school year. These fees are **non-refundable**.

LATE PAYMENT Payments are considered late after the fifth of each month. Any unpaid balance after the 10th day of each month will be assessed a 15% (of monthly tuition) late charge.

PAST DUE & DELINQUENT ACCOUNTS After two weeks from the 5th of the month the account is considered "Past Due" and should be paid immediately. If the date falls on a Saturday or Sunday the past due balance is due the Friday before. This will result in your child's temporary dismissal from the program until the account is brought back into good standing.

Accounts that become 30 days past due (from the 5th of the month) are considered "Delinquent" and will result in immediate withdrawal of your child(ren) until the account returns back into good standing.

RETURNED CHECKS There is a \$50.00 fee for all returned checks. There will be a cash, cashier's check or money order only policy in effect after 2 returned checks.

ABSENTEE POLICY Full payment of tuition is required every month, whether or not your child attends school the full month. Absentee credit will not be given if school is missed because of holidays, vacations, illness, or for any other reason. It is your responsibility, as the parent/guardian, to notify the center if your child is not going to be in attendance that day due to illness or vacation. The center should be aware of any communicable disease that is present in the center.

WITHDRAWAL POLICY You must give a minimum 30 day written notice if you intend to withdraw your child from the program. Any child(ren) withdrawn after registration will require tuition accounts to be current including the month in which the student is withdrawn.

*In the event a 30 day notice is NOT given prior to withdrawing a child(ren) from the program two weeks of tuition will be added to the final billing statement.

SCHEDULE CHANGE POLICY We understand your schedule or program needs may change and you may modify your child's schedule. Schedule changes will be given subject to availability, and are not guaranteed. If you wish to change your child's schedule, you must give at least two week's written notice to the HPCC office. Schedule changes may result in a reassessment of your billing, based on the tuition of the new schedule. Scheduled days may not be switched to non-scheduled days without the Director's approval due to the program's staffing ratios and schedules. Days and hours may be added and require a minimum of 24 hours prior notice and approval from the Director. Extra days and hours are subject to availability and may require an additional fee.

LATE PICK UPS The normal business hours for Harvest Preschool and Child Care are from 6:30 am to 6pm. The late pick-up fee is \$20 for the first 15 minute increment and for every additional 15 minute increment after that if your child is not picked up and out of the center by 6pm. We understand that some days, traffic or circumstances beyond your control can play a role in your ability to arrive on time, a courtesy call is appreciated as soon as you are able.

DISCOUNTS Harvest Preschool and Child Care provides a _____ % discount for a family with more than one child registered at HPCC and applied to the second child's tuition. HPCC offers a _____ % discount for Harvest Bible Church tithing members. A current employee of Harvest Preschool and Child Care and Harvest Bible Church will receive a _____ % discount on monthly tuition. Only one discount may be applied at any given time. Discounts do not apply to registration or other fees.

MODIFICATION CONDITIONS This agreement is valid for the _____ / _____ school year. If this agreement must be modified by either party during this contract year, a new agreement is required.

SCHOOL CLOSURES HPCC will observe holidays and in-service days during which the school will be closed as listed on the current school calendar. Monthly tuition is due for your child for every month, including those with closures. There is no tuition credit for any program on days when the school is closed.

MEDICAL CARE We will have a certified infant/child CPR and pediatric first aid staff member on the premises at all times. In case of an accident, an assessment or treatment of the injury will be given under the supervision of the teacher and or Director. If further treatment is deemed necessary your child may be treated by a physician for medical or surgical care in the case of an emergency. Every reasonable effort will be made to contact you or your emergency contacts before such an action is taken. In case of injury to your child requiring medical attention, your medical insurance will be used to pay any expenses connected with that injury.

FAMILY INFORMATION Occasionally, families request contact information of other families to use for invitations or play dates. Your name, address, phone number or email will not be given to another family without your written permission. If you would like to allow sharing of your information please give the HPCC office a written notice giving us permission to share your contact information.

PHOTOGRAPH POLICY Children are occasionally photographed in their classroom or while on campus. These photos may be used in classroom activities, our newsletter, published in our website, or other various materials. You hereby grant, without limitation permission for the use of any photographs of your child in any printed or online material for HPCC purposes only. You may check here to decline the publication of your child's photograph. Decline

PROGRAM INITIATED WITHDRAWAL POLICY Children benefit most when the program and home have a similar philosophy of teaching and discipline. Should a time arise when either HPCC or the family feels that the child is not benefiting from the program or must move on for other reasons, either party may request withdrawal from the program. HPCC reserves the right to have any child removed from the program at any time without previous notice or a corrective program being required. Please refer to the parent Handbook for further details.

UPDATING OF EMERGENCY INFORMATION It is important that HPCC maintain current and accurate records for each child so that parents can be contacted in the event of an emergency. It is the parent's responsibility to make sure that HPCC has current contact information. If there are any changes to this information, the office must be notified promptly so that they can update their records.

RIGHTS OF THE LICENSING AGENCY/ACCESS TO RECORDS

The Department of Social Services, Community Care Licensing Division according to Title 22, Division 12, Chapter 1 Regulation 101200, states "The department has the authority to interview children or staff and to inspect and audit child or child care center records, without prior consent. The school shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement."

You hereby release from all liability and indemnify Harvest Preschool and Child Care, and its Board of Directors, officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, costs or expenses, including attorney fees, for any injury, illness, or damage resulting from your child's enrollment.

You have read and agree to these policies. You will keep in your possession a copy of the Admission Agreement, the Parent Handbook, and all other policies and agreements. As specified in the Parent Handbook, all policies and fees may be revised with 30 days' posted notice.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

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: River City Regional Office

Licensing Office Address: 2525 Natomas Park Drive, Suite 250, Sacramento, CA 95833

Licensing Office Telephone #: (916) 263-5744

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.

Harvest Preschool and Child Care
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)

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					HOME TELEPHONE ()
					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ()
					BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

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

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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)

Harvest Preschool and Child Care _____ . 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)	/ /	/ /	/ /	/ /	/ /
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 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

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.