



Office Enrollment Checklist

Child's Name: _____

Date: _____

The items checked below are currently needed in your child's file. Please include this document in your paperwork so that we can check off each item as it is returned. All of these documents are required by our school and Department of Social Services and are to be included in your child's file.

IN

1. Child Preadmission Report

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2. Student Home Environment

☐

3. Parent's Rights

☐

4. Personal Rights

☐

5. Physician's Report

☐

6. Infant Food Chart

☐

7. Email Submission Form

☐

8. Cell Phone Agreement

☐

9. Card Access Form

☐



Child Preadmission Report

Child's Name: _____

Developmental History

Child walked at: _____

Child began talking at: _____

Toilet training began at: _____

Illnesses

Has your child experienced any severe illnesses or accidents?

Does your child have frequent colds? If yes, how often?

Does your child have frequent ear infections? If yes, how often?

Please list any allergies we should be aware of:

Is your child prone to diaper rashes?

What kind of diaper ointment do you use?

Does your child take prescribed medications on a regular basis?

Daily Routines

What time does your child get up in the morning?

What time does your child go to bed?

Does your child sleep well?

Does your child sleep during the day? When? How long?

How does your child indicate that he/she is sleepy?

In what position does your child usually sleep?

Does your child use a comfort item when going to sleep?

How willingly does your child go to sleep?

Does your child use any special devices?

Will you be coming in to nurse your child during the day?

Personality Traits

How would you describe your child's personality?

Does your child have any special interests?

How does your child get along with brothers, sisters and other children?

Has your child had group play experiences including childcare? If yes, how many hours per week?

With regard to group play experiences, what did you learn about your child that would be important for us to know in helping her/him adjust?

Is your child able to work independently?

When your child is given a task, is he/she able to focus on the task or easily distracted?

What types of people, things or experiences seem to frighten your child?

Is there any other information that you can give us about your child to help us provide excellent care for him/her?

Thank you for taking the time to answer these questions about your child. All of the information that you have provided will be helpful in caring for your child. We look forward to building a wonderful relationship with your child and your family.



Student Home Environment

Child's Name: _____ Nickname: _____

Birthday: _____

Parent's/Guardian's Names:

Mother: _____

Father: _____

Home Address: _____

Does father live at home with child? Yes ☐ No ☐

Does mother live at home with child? Yes ☐ No ☐

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Father's Employer: _____

Father's Work Title: _____

Mother's Employer: _____

Mother's Work Title: _____

**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: Community Care Licensing

Licensing Office Address: 8745 Folsom Blvd. Suite 200 Sacramento, CA 95826

Licensing Office Telephone #: 916-229-4530

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 965 (6/08)

(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.

Lincoln Plaza Montessori

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

LIC 995 (9/08)

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

8745 Folsom Blvd. Suite 200

CITY

Sacramento

ZIP CODE

95826

AREA CODE/TELEPHONE NUMBER

916-229-4530

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)

Lincoln Plaza Montessori

(PRINT THE ADDRESS OF THE FACILITY)

400 Q Street Suite 1704 Sacramento, CA 95811

(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)

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: _____ Date of Physical Exam: _____

Address: _____ Date This Form Completed: _____

Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner



Email Submission Form

We are privileged to use Oncare, a childcare center management company. This system allows us to manage our school with efficiency and allows you access to our school and classroom calendars, as well as other important information online. You may access the website at any time at www.montessoriinthecity.com Oncare also allows us to send you newsletters, notices and other important communication via email. If you would like to be added to our email database, please list your email below. We can have two emails listed per child. Thank you for helping us communicate efficiently with you on a daily basis. Remember that you can email us at any time at montessoricity@sbcglobal.net

Sincerely,

Brenda Jacobson and Kristen Southern

Email: _____

Email: _____



We value parent and child relationships. We feel that it is important for children to be dropped off and greeted by their parents with little distraction. Therefore, we have decided that our school will be a “no cell phone zone”. We ask that you finish your phone calls outside of our school grounds. If your phone rings while in the school or yard, please allow your voicemail to receive the call. We appreciate your understanding and hope that together we can create the best environment possible for the children.

Thank you for allowing us to create a loving environment for your child.

(Please cut off and return lower half to school)

Out of respect for my child, I will not answer or use my cell phone while on school grounds. I will also respect Montessori in the City’s commitment to a quality program by not using my cell phone until after I have exited the premise of the school or school yard.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DATE: _____

LINCOLN PLAZA

DAYCARE CARD ACCESS REQUEST FORM

☐ NEW ☐ CHANGE ☐ ADD ☐ REPLACE ☐ DELETE*

NAME: _____

D.O.B: _____

LAST

FIRST

MONTH & DATE ONLY

☐ REGULAR HOURS ☐ AFTER HOURS

(M-F 5:45 A.M – 6:45 P.M)

(M-S 5:00 A.M – MIDNIGHT)

☐ MONTESSORI EMPLOYEE

☐ DAYCARE PARENT

☐ CalPERS PARENT

DIVISION: Montessori School

DIVISION CONTACT: Brenda or Kristen BUSINESS PHONE: 3-4111

* ADDRESS TO MAIL DEPOSIT:

(ONLY REQUIRED FOR "DELETE")

SUBMIT COMPLETED FORM TO COLLIER'S INTERNATIONAL W2510

❖ COLLIERS USE ONLY

CARD #: _____

P.I.D #: _____

ENTERED: _____

REMARKS: _____

DATE: _____



Welcome to our Preschool Classroom

There are several things that make our classroom a successful environment for the children and families we serve. Without your help, our classroom would not be a success.

Drop off/Pick up

When dropping off your child, we ask that you escort him/her to a teacher in the classroom. This allows the teacher to greet both of you and know that your child has arrived. This is a good time to let us know if your child has something going on in his/her life including a particularly rough morning or evening, a parent traveling, family changes, colds and sickness, etc. When you leave at the end of the day, please make sure that you say goodbye to your child's teacher so that she knows that your child has left for the day.

Parent Communication

The white board that is in the classroom is a great way to communicate with your child's teachers. In addition to letting your child's teacher know verbally, you may also write a change in your child's schedule or pick up person on the white board so that it is clearly communicated. This is very helpful to the teachers during the day. We also use the white board to let you know what took place in the classroom for the day. Use this as an opportunity to engage in great commute or dinner table conversation with your child.

Paper Files

Each child is assigned a paper file at the beginning of the year. The paper files are for the children to store their work for the day. Please check your child's paper file at the end of each day and take their finished work home. The children are very proud of their work and enjoy taking it home to share it with their family. All of their work makes GREAT refrigerator art!

Cubbies

Each preschooler has his/her own cubby. These cubbies are for storing naptime items which may be a blanket or stuffed animal to sleep with. Please bring in a picture of your child for the front of these cubbies so that your child can easily identify which one is his/hers. Please do not store food, drinks, sunscreen or medication of any kind in your child's cubby. Above your child's cubby is your parent cubby labeled with your name. Please check this cubby on a daily basis to receive important papers.

Backpacks

We ask that your child bring a small backpack to school to store extra clothes. Please bring in two complete changes of clothes for your preschooler. All clothing needs to be labeled before going into the backpack. Also, please remember to check these clothes items during the year to make sure they are weather appropriate. Please do not keep food, drink, sunscreen or any medication in the backpack. The children will have access to these backpacks at any time during the day, so all items in the backpacks need to be safe.

Indoor Shoes (Preschool 2 only)

We ask that all children in Preschool 2 bring a pair of inside shoes to be worn only inside the classroom. These may be slippers if you choose, but they should definitely be easy to put on and take off. The inside shoes are also required to have a sole in case of an evacuation. Each time we go outside, the children will change into their outside shoes.

Toys

There are no toys allowed at school. When a child brings in a toy, it may become broken and your child would be very disappointed. We want to avoid arguments over toys that do not belong at school. We also don't allow children to bring or wear costume jewelry for the same reasons. Please encourage your child to leave toys of any kind at home or in the car.

Breakfast

Breakfast is served 8:00 am to 8:30 am. If possible, please arrive early enough to allow your child time to enjoy his/her breakfast and clean up by 8:30 am.

Circle time

Our morning circle begins at 9:00 am. As a preschool team, we encourage everyone to have their preschooler here no later than 9:00 am. Circle time allows us to come together as a group to sing songs and talk about the rest of our day. The children are introduced to and observe the different activities that develop and refine their auditory/visual recall, concentration and problem solving skills. The development and enhancement of these skills will prepare your preschooler for success in pre-reading, pre-writing and mathematics skills. There are also a lot of phonics review, daily chore charts, sight word review and other important information that is vital for your child's preschool success. If your schedule causes you to arrive during circle, we ask that you enter the classroom as quietly as possible.

Homework

Homework is a way that children can take home and review things that they have learned for the week. Homework will be given on Fridays to be returned on Mondays. Homework will not be assigned every Friday.

Parent Visits

At your child's age, he/she is very distractible. We ask that you speak with your child's teacher to find out when is a good time for your visits. Also, for continuity, we recommend that your visit is around the same time every day to ensure that your child knows the routine.

Medication

All prescription and over the counter medications must be given to your child's teacher. All medications are stored in a lockbox either in the classroom or the refrigerator in our kitchen. A staff member may administer medication once you and your child's physician have filled out the medication form or a note accompanies the medication from your child's doctor. We must have a completed form for all medications including teething tablets, Tylenol and all over the counter medications. Medication may not be kept in your child's cubby or backpack at any time. Thank you for understanding that your child and all of the children's safety is our top priority.

Birthday Celebrations

The children and staff love to celebrate birthdays! While we ask that you save big party celebrations for home, we do welcome fun things including party hats, decorative plates, napkins, cups and goodie bags. We know that the children enjoy bringing snacks to share with their friends. We ask that you make your treats a healthy choice. Here are some suggestions for birthday treats:

- Muffins
- Fruit Kabobs
- Popsicles
- Jell-O Jigglers
- Sherbet cups
- Pudding cups
- Squeezable Yogurt
- Strawberries with whipped cream
- Granola Bars
- Fruit Leathers
- **Please remember that we are a peanut free school!**



Preschool Room Schedule

6:30 am to 7:00 am:	If you arrive during this time, please drop your child off in Infant 2
7:00 am to 8:00 am:	Welcome children and parents. Free play
8:00 am to 8:30 am:	Breakfast is served and cleaned up
8:30 am to 8:45 am:	Transition to circle and reading time
8:45 am to 9:30 am:	Morning circle
9:30 am to 10:45 am:	Job time and morning snack
10:45 am to 11:30 am:	Outside playtime
11:30 am to 12:00 pm:	Midday circle
12:00 pm to 12:30 pm:	Lunch is served and cleaned up
12:30 pm to 12:45 pm:	Story time
12:45 pm to 3:00 pm:	Naptime
3:00 pm to 3:30 pm:	Naptime clean up and afternoon snack
3:30 pm to 4:00 pm:	Afternoon circle
4:00 pm to 4:30 pm:	Planned arts and crafts, outside playtime
4:30 pm to 6:00 pm:	Outside playtime and/or free play



Illness Exclusion Policy

Our facility will not deny admission to or send home children unless the child has one or more of the following conditions. The parent, legal guardian or other person authorized by the parent will be notified immediately when a child exhibits a sign or symptom requiring exclusion from school as described below:

- The illness prevents the child from participation comfortably in daily school activities.
- The illness results in your child needing more care from the staff, which compromises the health and safety of the other children or staff in the school.
- Your child has one of the following conditions:
 1. Signs and symptoms of severe illness including unusual lethargy, uncontrolled coughing, irritability until medical evaluation indicates inclusion back to school.
 2. Temperature of 100 degrees or over. Child must be fever free without the aid of medication for 24 hours before returning to school.
 3. Uncontrolled diarrhea, that is, increased number of stools, soft stools, increased water in stool so that it is not contained in a diaper. Child must be diarrhea free for 24 hours before returning to school.
 4. Vomiting illness. If vomiting has occurred, the child may not return to school until 24 hours after vomiting has stopped or until health care provider determines the illness to be non-communicable and the child is not in danger of dehydration.
 5. Mouth sores with drooling unless a health care provider or health official determines the condition is noninfectious.
 6. Rash illness. Child must have a medical evaluation. Health care provider is to determine that these symptoms do not indicate a communicable disease.
 7. Conjunctivitis (pink eye), white or yellow discharge from the eye. Child must be seen by a doctor and 24 hours after treatment has been initiated he/she may return to school.
 8. Unspecified respiratory illness, severely ill children with the common cold, croup, bronchitis, pneumonia, otitis media.
 9. Scabies, head lice or other infestation. Child may return to school 24 hours after treatment has been initiated.
 10. Impetigo. Child may return to school 24 hours after treatment has been initiated.
 11. Streptococcal Infection (Strep throat). Child may return to school 24 hours after treatment has been initiated and he/she no longer has a fever.
 12. Chicken pox. Child may return to school 6 days after the onset of the rash or until all sores have dried and crusted.
 13. Mumps. Child may return to school 9 days after onset of parotid gland swelling.
 14. Measles and Rubella. Child may return to school 6 days after onset of rash.
 15. Tuberculosis. Child may return to school when a health care provider or health official states that the child is no longer contagious.
 16. Hepatitis A virus. Child may return to school 1 week after onset of illness or as directed by health department when passive immunoprophylaxis and immune serum globulin has been administered to appropriate staff and children.
 17. Herpetic gingivostomatitis, herpes simplex. Children who cannot control their secretions may not be at school.
 18. Whooping cough. Child may return to school after 5 days of appropriate antibiotic treatment to prevent an infection have been completed.



Illness Exclusion Notice

Child's Name: _____

Date: _____

Time: _____

Your child is being sent home for the following reason: _____

Fever noted: _____

Your child may return to school 24 hours after all symptoms, including fever, vomiting and diarrhea, have subsided without the aid of medication. If you have given your child medication to subside symptoms, he/she cannot return to school until those symptoms are gone without the aid of medication. If your child is cleared by your doctor with written notice, he/she may return earlier. If your child receives prescribed medication from the doctor, he/she must be on the medication for at least 24 hours before returning to school to prevent the spread of contagious illnesses. If your child's symptoms continue after returning to school, he/she will be sent home again.

Teacher's Signature: _____

Director's Signature: _____



Special Notice! Please take note...

Please be aware that children who are enrolled in our school have severe allergies.

Therefore, our school is a PEANUT FREE ZONE! We will not serve or use any peanut products. We ask that you make sure that items that you bring into school to share with the children are peanut free. Also, please make sure that sandwiches that are taken on field trips do not contain peanut butter. If your child has eaten peanuts or peanut butter before coming to school, please make sure that they have thoroughly washed their hands and make sure that their clothes do not have any peanut residue on them. Thank you for helping us create a safe school environment for everyone.