



Learn, Play and Grow Preschool  
1000 E. Route 66 Ste. C&D  
Glendora, CA 91740  
Phone: (626) 610-2626 Email: lpgroute66@gmail.com  
learnplayandgrow.org

## **Application for the 2024-25 School Year**

Please complete the form and return it with the  
\$275.00 non-refundable, non-transferable registration fee.

**PLEASE TYPE RESPONSES OR PRINT LEGIBLY. Do not leave any space blank.**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Intended) Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:    M / F   

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Employment: _____ REQUIRED: Company	Employment: _____ REQUIRED: Company
_____ REQUIRED: Occupation/Title	_____ REQUIRED: Occupation/Title
Preferred Phone Number: _____ Cell / Work / Home	Preferred Phone Number: _____ Cell / Work / Home
Secondary Phone Number: _____ Cell / Work / Home	Secondary Phone Number: _____ Cell / Work / Home
Email: _____	Email: _____

Which parent should be called first in an emergency? \_\_\_\_\_

Does child live with both parents?  Yes  No If **no**, with whom? \_\_\_\_\_

Please list other children under the age of 18 living in your household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

If your child is sent home sick, what is your family's plan for care for your child? \_\_\_\_\_

\_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Does your child have any allergies?  Yes  No If **yes**, please list:

\_\_\_\_\_

**Program Options:**

Toddlers:

\_\_\_ 7:00 a.m. – 6:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

\_\_\_ 8:00 a.m. – 3:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

\_\_\_ 8:00 a.m. – 12:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

3, 4, and 5 Year Olds:

\_\_\_ 7:00 a.m. – 6:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

\_\_\_ 8:00 a.m. – 3:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

\_\_\_ 8:00 a.m. – 12:00 p.m.

\_\_\_ M – F

\_\_\_ M – Th

\_\_\_ M, W, F

\_\_\_ T, Th

\*For these program options, if an additional day is required, there will be a \$100/day fee, and space will be ***upon availability***.

**\*\*CUT OFF TIME FOR DROP OFF IS 9:30 A.M.**

\_\_\_\_\_ (initial here) – Please initial to acknowledge that the \$275.00 registration fee is **NON-REFUNDABLE and NON-TRANSFERABLE**. Please remit payment by Brightwheel, cash, or check payable to "Learn, Play & Grow Preschool."

**FOR OFFICE USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_ Fee Received: Brightwheel / Cash / Check No. \_\_\_\_\_

Received by: \_\_\_\_\_ Approved by: \_\_\_\_\_

**Learn, Play and Grow Preschool**  
**Admission Agreement 2023-24 School Year**

- Learn, Play and Grow Preschool has a nondiscriminatory policy of admission for children 18 months to 5 years of age. Admission is based on space availability and spaces are filled on a first-come, first-served basis.
- Parents wishing to enroll their child/children must complete the following: (Initial at each line)
  - \_\_\_ 1. Observe the classroom in operation. Parents should plan on attending with their child/children for this initial observation. (On get acquainted day)
  - \_\_\_ 2. Read the Parent’s Handbook, sign the admission agreement, and return completed registration materials provided by the office along with the non-refundable \$275 registration fee.
  - \_\_\_ 3. Learn, Play and Grow Preschool reserves the right to ask any child to leave the school at any time when the administration determines that the program is not suited to the child or the child exhibits behavior which the school is not equipped to handle. Additionally, a child may be asked to leave if the parents are unwilling to support the school policies and philosophy.
  - \_\_\_ 4. Learn, Play and Grow Preschool reserves the right to ask a child to leave if a tuition fee is not paid on time.
  - \_\_\_ 5. ***Sign-In and Sign-Out Procedure:*** According to state regulations, all children must be signed in and out by their parent/guardian each day. At LPG Preschool, this will be done via the Brightwheel app. You will be responsible for signing them in and out on the app. In the unlikely event that the app is not working, your child’s teacher will have a sheet on which you will place the time and PRINT full legal signature when dropping off and picking up your child. The school is fined for incomplete sign-in/sign-out records. **Parents/guardians who fail to sign a child in/out will be billed the amount of \$10 per missing signature.**
  - \_\_\_ 6. Update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum.
  - \_\_\_ 7. Understand that your child must be picked up on time to maintain staff-to-child ratio. The calculation of late pick up fee: \$10 + \$1/each minute late.
  - \_\_\_ 8. If your child is enrolled in the 7:00 a.m. – 6:00 p.m. program, it is strongly suggested that you do not leave your child at school for longer than 9 hours.
  - \_\_\_ 9. **If your child is sent home with an illness, they may not return to school without a doctor’s note and a minimum of 24 hours clear of the troubling symptoms.**

**(CONTINUED ON NEXT PAGE)**

\_\_\_\_ 10. Your child's spot will only be held for **2 weeks before their intended start date**. If 2 weeks have passed after the intended start date and tuition has not been paid and you have not contacted us, **your spot will be given away to another family**.

\_\_\_\_ 11. Parents who enroll their child/children at Learn, Play and Grow Preschool are bound to a **10 month tuition contract**. To terminate the contract before 10 months, there will be a **fee of \$350**.

Student Full Name: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Learn, Play and Grow Preschool

## Financial Agreement 2022-23 School Year

### Enrollment Fees

- Student Registration Fee (Annual) \$275.00

Please read and *initial* the following:

- \_\_\_ You will be invoiced on the Brightwheel app 5 days before the 1<sup>st</sup> of each month.
- \_\_\_ If payment is not made by the 1<sup>st</sup> to 5<sup>th</sup> of each month, **a late fee of \$50.00** will be added to your account. Amounts in the account overdue two weeks will result in the immediate dismissal of your child from Learn, Play and Grow Preschool.
- \_\_\_ **A \$100 fee will be charged for each day the child attends school on a day that is not on his or her regularly scheduled day.** For example, if your child is in the M-Th plan and you would like them to come in on a Friday, there will be an additional \$100 charge for that extra day. Please note that this option is based on availability.

Please select the preferred (**ONE**) option for schedules below.

#### Toddlers<sup>1</sup>: (6-to-1 ratio)

7:00 a.m. – 6:00 p.m.<sup>2</sup>

___M – F	\$1,200.00
___M – Th	\$1,025.00
___M, W, F	\$925.00
___T, Th	\$825.00

8:00 a.m. – 3:00 p.m.

___M – F	\$1,000.00
___M – Th	\$925.00
___M, W, F	\$825.00
___T, Th	\$725.00

8:00 a.m. – 12:00 p.m.

___M – F	\$900.00
___M – Th	\$825.00
___M, W, F	\$725.00
___T, Th	\$625.00

#### 3, 4, and 5 Year Olds:

7:00 a.m. – 6:00 p.m.

___M – F	\$1,000.00
___M – Th	\$925.00
___M, W, F	\$825.00
___T, Th	\$725.00

8:00 a.m. – 3:00 p.m.

___M – F	\$900.00
___M – Th	\$825.00
___M, W, F	\$725.00
___T, Th	\$625.00

8:00 a.m. – 12:00 p.m.

___M – F	\$800.00
___M – Th	\$725.00
___M, W, F	\$625.00
___T, Th	\$525.00

**(CONTINUED ON NEXT PAGE)**

<sup>1</sup> If your child is still in diapers at age 3, they will be charged "Toddler" tuition rates.

<sup>2</sup> If your child is enrolled in the 7:00-6:00 program, please note that it is not advised that your child stay at the school for longer than 9 hours per day. This is for the well-being of your child.

**Payment Options:**

All families shall be expected to make tuition payments according to one of the following payment plans. Each family's preferred manner of payment must be submitted each year at the time of student registration. Options for payment are as follows:

- Option 1: Monthly Payment – *Paperless tuition payments received on **Brightwheel app** (OR cash OR Check payments made out to “Learn, Play and Grow Preschool.”)*
  
- Option 2: Full Payment - Under this plan the entire amount of tuition is paid on or before the child's first day of school. This payment is made directly to the school office. **With this plan, the registration fee will be waived if paid ten months in advance; this applies to full-time students only.**
  - ❖ Extra services to be provided at an additional fee if applicable.
  - ❖ Juice and snack is served with twice daily for full-time students and once for part-time students.
  - ❖ Please provide lunch from home on a daily basis.

**Please select who will be responsible for paying the child's monthly tuition.**

Mother     Father     Stepmom     Stepdad     PUSD Subsidy  
 Grandmother (Paternal/Maternal)     Grandfather (Paternal/Maternal)

**If other, please specify** \_\_\_\_\_

**Financial Agreement Acknowledgement: *New form must be signed and dated each school year.***

I hereby acknowledge as the parent/legal guardian of the child listed below that I have received complete written program information at the time of enrollment and that I have read and understand the terms of this financial agreement and the billing process.

I hereby comply by signing below:

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

Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Learn, Play and Grow Preschool

## LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT

### 2023-24 School Year

The undersigned hereby represents that he or she is the parent or guardian of

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

and agrees to the following:

\_\_\_\_\_ I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part Learn, Play, & Grow Preschool (the "Preschool") in connection with my Child's attendance at Learn, Play, & Grow Preschool and participation in all Preschool activities, including, but not limited to, playground activities, classroom activities in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my child's attendance at the Preschool and participation in all Preschool activities.

\_\_\_\_\_ I further authorize anyone working at the Preschool to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of anyone working at the Preschool, medical attention is needed for my Child. I agree that if the Preschool releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Preschool staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the preschool, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

\_\_\_\_\_ **I understand the risk of the COVID-19 disease during the global pandemic and agree to a full and complete waiver and release of any and all liability on the part of the Preschool if my child contracts COVID-19.**

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Preschool. I acknowledge that I have carefully read this Liability Release and understand its contents.

Parent/Guardian Name (Printed): \_\_\_\_\_

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

# Learn, Play and Grow Preschool – Photos

## Parent Consent to Use Student Images for Online Use

From time to time, we record digital images of students participating in the classroom. We sometimes use these photos on our website and social media platforms such as the school's Instagram, Facebook, Yelp, website, and email newsletter to provide information to the community about our programs and services.

Given the global nature of the Internet, **LPG Preschool prohibits the posting of any student images on our website/social media without expressed written permission from the parent/legal guardian.** It is our intent to protect student and family rights to privacy. We only wish to publish student photos as means of promoting the preschool.

**Absolutely NO identifying information (name, class, age, year of enrollment, etc.) will be included with any child's picture.**

\_\_\_ Yes, the undersigned parent/legal guardian of \_\_\_\_\_,  
a student at Learn, Play and Grow Preschool, agrees and grants consent to the posting of photographs or visual reproductions of the student in connection with regular activities on the school's Instagram, Facebook, Yelp, website, and email newsletter.

\_\_\_ No, the undersigned parent/legal guardian of \_\_\_\_\_,  
a student at Learn, Play and Grow Preschool, does not grant consent to any posting of photographs or visual reproductions of the student in connection with regular activities on the school's Instagram, Facebook, Yelp, website, and email newsletter.

### Parent Consent to Use Student Images at School and Brightwheel App (NO SOCIAL MEDIA USE)

We sometimes take and use photos of students in the classroom for **crafts, classroom activities, and bulletin boards.** These photos will be displayed in the school only and to update parents on the Brightwheel app. Pictures on the app are only visible to you and your child's teacher. It is our intent to protect student and family rights to privacy.

\_\_\_ Yes, the undersigned parent/legal guardian of \_\_\_\_\_,  
a student at Learn, Play and Grow Preschool, agrees and grants consent to the posting of photographs or visual reproductions of the student in connection with regular activities at school only and on the Brightwheel app.

\_\_\_ No, the undersigned parent/legal guardian of \_\_\_\_\_,  
a student at Learn, Play and Grow Preschool, does not grant consent to any posting of photographs or visual reproductions of the student in connection with regular activities at school only and on the Brightwheel app.

Parent/Guardian Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



# Learn, Play and Grow Preschool

## Illness Policy & Health Chart

Your child's health is important to our school. Upon enrollment, you **must** file a physician's report signed by your child's physician. This includes the standard immunizations required by the State of California.

Your child may be sent home if he/she appears to have symptoms of illness during the day. The teacher will observe each child as he/she is brought to school, looking for any symptoms of illness during the day. Any child appearing sick will be taken to the office while a parent is contacted so the child may be taken home.

**If the school sends your child home with an illness, it is required that your child may not return to school without a doctor's note that includes the clinic's letterhead to ensure authenticity.**

State regulations prohibit day care facilities from having a child in attendance with any of the following conditions – If he/she has: **(Initial at each line to note that you understand that your child may not attend school with any of the following symptoms)**

- A fever or had one during the previous 24 hour period.
- Been taking antibiotic for less than 24 hours.
- Nasal discharge which is yellow or green.
- A constant cough.
- Been fussy, cranky, lethargic, and generally not himself/herself.
- Yellow, white or green discharge from the eye(s).
- Redness/irritated eye(s).
- A new skin rash or mouth sores. (Rash must be completely gone before returning to school),
- Consistent diarrhea or vomiting in the last 24 hours.

Do NOT send your child to school if you believe they are sick. If you think your child MAY be getting sick, please do not dose them with Tylenol or Motrin and send them away. This is called masking symptoms and can spread to others quickly.

If your child is diagnosed with any illness, bacterial or viral please let the office know IMMEDIATELY upon diagnosis. Please keep the staff posted on diagnosis and symptoms so the staff can sanitize accordingly and stop the spread of germs as efficiently as possible.

**REMINDER: A "cold" for one child could mean hospitalization for another child.**

If you will not comply with our school's illness policy, your child's admission at LPG Preschool will be under review and will possibly be terminated.

**(Continued on next page)**

## Health Chart:

•Parents wishing to enroll their child/children must complete the following: (Initial at each line)

- 1. **Fever** - According to the CDC, any fever over 100.4F cannot be considered teething and is the sign of an illness. LPG requires everyone to be 24 hours fever-free WITHOUT the aid of medication. If combined with other symptoms, those symptoms must be gone as well.
- 2. **Pink Eye or other contagious eye infection** - After diagnosis, LPG requires the eye to be completely free of discharge before returning. LPG is unable to administer eye drops or ointment due to the risk of spreading it, so this will need to be done at home before and after school. This is a bare minimum of 24 hours from first dose of antibiotic treatment. Child cannot return to school without a doctor's note permitting their return to school.
- 3. **Vomiting** - 24 hours MINIMUM from last incidence WITHOUT the aid of medication. If combined with other symptoms those symptoms must be gone as well. The child must be able to keep regular food down and participate in the day normally.
- 4. **Diarrhea** - 24 hours MINIMUM from last incidence WITHOUT the aid of medication. If combined with other symptoms those symptoms must be gone as well. If a child has diarrhea TWICE while at school LPG will request pick-up.
- 5. **A cough lasting for more than a few days OR if it combined with any other symptom** Doctor's note required to return. Croup-sounding cough (seal barking) will require a doctor's note immediately.
- 6. **Runny nose (yellow/green, thick mucus) combined with any other symptom** Doctor's note required to return. Clear is normal and fine!
- 7. **Ringworm**- Incubation undetermined, transmitted by skin-to-skin contact or articles of wearing apparel; Early symptoms - Inspection of scalp and arms, lesions which become crusted, commonly found on the face, arms or scattered over the body. Isolation- Exclusion from school until condition is healed, or a single small lesion.
- 8. **Lice** - Early symptoms- inspection of scalp and hair, particularly at the base of the neck for small white "egg like" flakes. Exclusion from school until the condition is treated and cleared.  
If a teacher/director finds lice/nits in your child's scalp, per LPG school policy your child will be sent home immediately. Cannot attend school until head lice is completely removed. (Early symptoms of head lice)- Inspection of scalp and hair, particularly at the base of the neck for small white "egg like" flakes. Exclusion from school until the condition is treated and cleared.

**(Continued on next page)**

- 9. **Strep throat/any other illness which is being treated by antibiotics** - Incubation undetermined but probably within 2-5 days; Early symptoms- Headache, vomiting, sore throat and fever. Rash appears within 24-48 hours as red points on the trunk. The rash may be slight or brief. Isolation- Seven days until disappearance of inflammation of nose and throat, and cessation of discharge from nose.

Please ask for a note at your doctor stating when they are safe to return to preschool. The absolute MINIMUM LPG requires is 24 hours after the first dose of antibiotics, unless the doctor recommends longer. All symptoms must be gone for 24 hours as well. If your child hasn't improved significantly or is still feeling bad it is probably best to take another day. You know your child!

- 10. **Chicken Pox** - Incubation period 12-21 days.  
Early symptoms- Slight fever, sometimes vomiting, contagious at this time. Eruption appears within 24 hours in form of small blisters on trunk, face and forehead. There may be very few skin lesions.  
Isolation- 7 days after the appearance of all vesicles. Non-immune children should be watched very closely for the early symptoms. All blisters should be dry and crusted over before returning to school.
- 11. **Imetigo Contagiosa** - Incubation undetermined but probably within 2-5 days.  
Early symptoms- Scattered blisters or pustule lesions, which become crusted, commonly found on the face, arms or scattered over the body.  
Isolation- Exclusion from school necessary only if extensive. If a single lesion, under treatment and covered, the child may attend school with a written permission from the physician.
- 12. **Mumps**- Incubation period 12-26 days; usually 18-21 days.  
Early symptoms- swelling and tenderness at angle of jaw and under jaw. Contagious 2 days before these symptoms appear.  
Isolation- Exclude until all redness is gone. A physician's report indicating that all is well is required. Observe and isolate at first of disease.
- 13. **German measles (Rubella)** - Incubation period is 14-16 days.  
Early symptoms- slight illness, rash resembles measles or scarlet fever. Swelling of lymph glands behind the ear and in the neck.  
Isolation- until recovery. Non-immune children may attend school.
- 14. **Measles (Rubeola)** - incubation period is 9-17 days; 9-21 days if serum is given 30 days. Early symptoms- Symptoms of a cold, runny nose, redness of eyes, sensitiveness to the light, cough and fever. This is the most infectious stage of the disease. After 3 days, a dark red rash appears, first behind the ears, then on the face and neck. Isolation- Seven days after the appearance of rash, and when catarrhal symptoms have disappeared and cough has ceased. Non-immune children excluded from 9th to 17th day after exposure; lengthen to 21st day if serum given.

**(Continued on next page)**

- 15. **Generally not feeling well/cannot or does not feel like participating in the day**  
Pick-up might be requested. We understand and respect that parents/guardians have jobs and other obligations, but if your child is sick they want their home and family. This may include non-contagious illness at the teacher's/director's discretion.
- 16. **Hand-foot-mouth disease** - Hand-foot-and-mouth disease is an illness caused by a virus. It causes a rash on the palms of the hands and soles of the feet. Small blisters also occur in the mouth, often at the back of the throat. The rash may also occur in the diaper area, and on the legs and arms. The virus is often spread through fecal-oral transmission but may also be spread by respiratory secretions. Transmission is most often due to not washing hands correctly, particularly after changing diapers or using the bathroom. Handwashing is key to help prevent the spread of the disease. Tell the school that your child has Hand-Foot-Mouth Disease. It is important for the school personnel to know so staff and parents can be told to watch for symptoms. Your child should stay home from school until he or she has no fever for 24 hours and the mouth sores and open blisters have healed.

## **Learn, Play and Grow Preschool**

### **Illness Policy & Health Chart**

I hereby comply with the rules of the school regarding the illness policy and health chart above by signing below:

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

Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

## **First Day of School: Checklist**

Welcome to Learn, Play and Grow Preschool! We kindly ask that you ensure your child is equipped with everything they need to be as comfortable as possible at school. Please be sure to have the following supplies LABELED for the start of their school year. We ask that you send items in a backpack or large bag that can be sent home daily.

- 1 Gallon Ziploc bag with extra set of clothes that includes **AT LEAST** (can send more):
  - Shirt/top (weather-appropriate)
  - Pair of pants/shorts
  - Pair of socks
  - Change of underwear
  - Extra pair of shoes in case of accidents
- 1 Pack of Diapers & Diaper rash cream (*if your child is not potty-trained*)
- 1 Pack of Baby Wipes
- Refillable water bottle
- 1 Earthquake Kit
- 1 Carton of Milk (if your child drinks milk; NO NUT MILKS PLEASE)
- 7:00-6:00 & 8:00-3:00 schedules only:
  - Lunchbox with nutritious lunch, snacks, and ice pack if necessary\*
  - Blanket, pillow, and a standard cot sheet (for students who stay for nap time)
    - Alternative cot-sheets exist, which include a blanket and pillow
    - Google search “standard cot sheets for daycare” for options (23” x 51”)
    - Bedding is sent home at the end of each week to be washed (or every other week for those students who only come 2 days per week)

Reminder to send your child to school in **CLOSED-TOED, CLOSED-BACK** shoes for safety reasons.

**Please label EVERYTHING that is sent to school, including jackets and water bottles.**

### **\*Lunch Tips:**

\* Our school is a **NUT-FREE facility**. We kindly ask that you do not pack ANY nuts, nut butters, or anything containing nuts for the safety of those children with severe nut allergies. Sunflower butter is fine, but please notify your child’s teacher that you sent sunflower butter as it looks like peanut butter.

\* We encourage you to pack nutritious snacks for your children so they may have the proper energy and nutrients to learn, play, and grow with us. We kindly ask that you pack fruits and veggies, and other natural options and stay away from artificial sugars and snacks.

## **What is an Earthquake Kit?**

All parents are required to supply their child with a small emergency kit. This kit will be stored at the school and must be brought in on your child's first day of school.

We recommend that your child take part in putting this kit together. They can help you shop for the things that should be packed in this kit. This way, in case of an emergency, the child will remember that "Mommy" and/or "Daddy" packed this just for "me." This will be comforting and will encourage your child in case this frightening event happens.

If your child is regularly on any medication or uses inhaler please also note this information on the bag. Avoid food that is salty, needs a can opener, is stored in a glass jar, or has expiration date prior to June at the end of the school year. Avoid the foods your child will not eat. All food items must be prepackaged in sturdy containers.

The storage space is limited, so **PLEASE PUT ONLY** the items requested below in the kit. These kits will be returned to you on the last day of school.

Label a **gallon-size freezer zip-lock** bag with your CHILD'S NAME and teacher's name and please put the following inside the bag:

- One protein item your child likes (e.g. can of tuna, chicken, or Vienna sausages)
- One fruit item (e.g. small canned fruit, raisins, or fruit roll up)
- One snack item (e.g. crackers)
- Two small CANS of juice (no boxes due to leakage)
- Plastic fork and spoon
- Emergency blanket. This is a small, silver folded blanket. These are usually found at Target, Wal-Mart (camping section), sporting goods stores, or Amazon.
- Unopened, labeled pack of at least 16 diapers (if applicable)
- Printed family photo.
- Note of comfort.

Thank you for your cooperation!



Learn, Play and Grow Preschool  
1000 E. Route 66, Ste D.  
Glendora, CA 91740  
626-610-2626

Dear Parents,

I hope this letter finds you and your precious children in good health and spirits. I am writing to you as the Director of Learn, Play, and Grow Preschool with important information about our preschool's Christian identity and the inclusion of Bible time and activities.

At Learn, Play, and Grow Preschool we are proud to be a Christian school, where we provide a nurturing environment that integrates faith-based teachings into our curriculum. We offer children an opportunity to learn about the teachings and stories found in the Bible. Through engaging and age-appropriate activities, we aim to nurture their spiritual growth and provide a foundation for values such as love, kindness, and compassion. We believe that the principles and values found in the Bible can contribute to the holistic development of our young learners.

To ensure open communication and respect for every family's choices, we kindly request that parents who wish for their child to participate in these Bible activities sign and return the consent form. This form allows us to understand your preference and customize your child's experience accordingly.

We are grateful for the trust you have placed in Learn, Play, and Grow Preschool to educate and care for your child. It is our privilege to partner with you in nurturing their growth and development. Together, let us create a loving and supportive community where every child feels cherished, valued, and empowered to flourish.

Thank you for your attention and prompt response. Should you have any further questions or require additional information, please do not hesitate to contact me or our dedicated staff. We look forward to continuing this journey of learning and faith together.

Please fill out down below if you chose for your child to participate in Bible time/activities or any Christian teachings:

Student Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

Director Signature: \_\_\_\_\_

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



Learn, Play and Grow Preschool  
1000 E. Route 66, Ste D.  
Glendora, CA 91740  
626-610-2626

Dear Parents,

I hope this letter finds you in good health and spirits. It is with utmost dedication and commitment to the well-being of our students, staff, and the entire Learn Play and Grow community that I address you today. Our preschool's mission has always been centered around creating a safe, nurturing, and respectful environment for our children to thrive in, and to ensure this, it is crucial that our interactions with one another are based on mutual respect, kindness, and understanding.

Learn Play and Grow Preschool stands firm against any form of abuse, be it physical, emotional, or verbal, directed towards our staff members, teachers, or directors. It is vital that we create a harmonious environment where our team can focus on providing the best possible care and education for your children without fear or discomfort. This includes refraining from screaming, disrespectful behavior, or rude messages via any communication platform, including in-person interactions, phone conversations, and the Brightwheel app.

We understand that emotions can run high at times, and concerns may arise. However, we firmly believe that effective communication is key to resolving any issues that may arise. If you have concerns or disagreements, we encourage you to engage in a calm and constructive dialogue with us. Our staff is always ready and willing to address your concerns and find solutions that are in the best interest of the children under our care.

In cases where abusive behavior is displayed, we reserve the right to take immediate action to ensure the safety and comfort of our staff and students. This action may include the removal of your child from our program immediately.

Let us continue to work together in fostering a positive and respectful environment that benefits not only our students but the entire Learn Play and Grow community. We appreciate your continued support and cooperation in upholding the values that define our preschool.

If you have any concerns or questions, please feel free to reach out to me directly.

Thank you for entrusting us with the care and education of your children.

Student Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

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

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

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

**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?
--------------------	----------------------

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

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

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

Learn, Play and Grow Preschool \_\_\_\_\_ 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

( )

# 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)  
**Learn, Play and Grow Preschool**. This Child Care Center/School provides a program which extends from 7 : 00  
(NAME OF CHILD CARE CENTER/SCHOOL)  
 a.m./p.m. to 6:00 a.m./p.m., 5 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 <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

#### 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.

**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

Dept. of Social Services (323) 981-3350

ADDRESS

1000 Corporate Center Drive, Suite 200B

CITY

Monterey Park, Ca

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

323 981-3350

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)

Learn, Play and Grow Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1000 E. Route 66 Ste. C&amp;D Glendora, CA 91741

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: Community Care Licensing

Licensing Office Address: 1000 Corporate Center Drive, Suite 200B, Monterey Park

Licensing Office Telephone #: 323 981-3350

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](http://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.

Learn, Play and Grow Preschool

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