

**Arcadia Montessori School
New Student Forms
2020-2021**

ARCADIA MONTESSORI SCHOOL

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME _____ AGE _____ BIRTHDATE _____ SEX _____

HOME ADDRESS _____ PHONE _____

PLACE OF BIRTH _____ BOTH PARENTS LIVING AT THIS ADDRESS? _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

❖ ❖ ❖ ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY ❖ ❖ ❖

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

❖ ❖ ❖ PHYSICIAN TO BE CALLED IN AN EMERGENCY ❖ ❖ ❖

NAME _____ PHONE _____

ADDRESS _____

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

- Emergency hospital physician
 Other _____

❖ ❖ ❖ NAMES OF OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY ❖ ❖ ❖

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

❖ ❖ ❖ SPECIAL INSTRUCTIONS ❖ ❖ ❖

1. _____ 2. _____

USUAL TIME CHILD WILL BE PICKED UP _____ DOES CHILD NEED A NAP? _____

SIGNATURE OF PARENT _____ DATE _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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:

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

 SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS _____

DOES CHILD HAVE FREQUENT COLDS? YES NO : HOW MANY IN LAST YEAR? _____ LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF _____

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

ANY FOOD DISLIKES? _____ ANY EATING PROBLEMS? _____
 IS CHILD TOILET TRAINED? _____ IF YES, AT WHAT STAGE? _____ ARE BOWEL MOVEMENTS REGULAR? YES NO WHAT IS USUAL TIME? _____
 WORD USED FOR "BOWEL MOVEMENT"? _____ WORD USED FOR URINATION? _____
 PARENT'S EVALUATION OF CHILD'S HEALTH _____

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

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

 DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE _____ DATE _____

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

Department of Social Services

ADDRESS

1000 Corporate Center Dr., Suite 200B

CITY

Monterey Park

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)

Arcadia Montessori School

(PRINT THE ADDRESS OF THE FACILITY)

1406 S. Santa Anita Ave., Arcadia, CA 91006

(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) (BIRTHDATE)

_____. 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/meds: _____

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-296.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTaP/DTaP (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA GEL)	/ /	/ /	/ /	/ /	/ /
MMII (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
MMII (REQUIRED FOR CHILD CARE ONLY) (MEASLES/MUMPS II)	/ /	/ /	/ /	/ /	/ /
HEPATIC 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

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: Department of Social Services

Licensing Office Address: 1000 Corporate Center Dr., Suite 200B, Monterey Park, CA 91754

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 POGES A RISK TO CHILDREN IN CARE.

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

LIC 985 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

LIC 985 (9/08)

Arcadia Montessori School Driveway Safety Policy

It is for the safety of our children and others that we have implemented the following safety policy. Please sign below that you have read, understand and will abide to this policy.

- **The driveway is expressly for dropping off and picking up children only. If you are here for any other business, please park on the street.**
- **Please use dark walk way located on the north side of driveway.**
- **The driveway is a PHONE-FREE area. You may NOT use your phone while in the driveway.**
- **Drive slowly and carefully while watching for other children/pedestrians.**
- **Pull all the way forward to allow others behind to pull in.**
- **Do not leave your car running in the driveway. It must be off before you exit.**
- **Please keep all children close to you at all times.**
- **NEVER leave children unattended in the car.**
- **NEVER leave valuables visible in your car. Make sure your car is locked.**
- **If you are in FRONT of the hedge you may get out of your car.**
- **If you are behind the hedge, please STAY in your car until the car in front of you exits. Then pull all the way forward.**
- **When you exit your car or you are walking to the school, please use the walkway on the north side of the driveway.**
- **Please DO NOT walk between cars or on the driveway.**

I have read and agree to the above policy.

X _____

Thank for your understanding and cooperation in working together to keep your children safe.

Methodist Hospital Consent to Treatment

We, the undersigned, parents(s) of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor, by the Emergency Room Physician. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise his/her best judgement as to requirement of such diagnosis or treatment.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

Parent _____

Parent _____

Known allergies: _____

Known medical problems: _____

Arcadia Montessori School

Dear Parents,

In an effort to improve communication between you and the staff of Arcadia Montessori School during a time of emergency, we have implemented an Emergency Response System. In order for you to have information regarding the school's status of operation, please provide us with your e-mail address. This will enable us to send you any emergency notification affecting our school. You will also be able to obtain information simply by going to the homepage of arcdiamontessorischool.com.

Please return this form with your contact information printed in the space below.

Child's name _____

Primary e-mail _____

Alternate e-mail _____

Thank you, again, for your cooperation and understanding.

Sincerely,

Cheryl Roberts
Director

Arcadia Montessori School

Photo, Website, and Social Media Release Form

As the parent of _____ at
Arcadia Montessori School (AMS), I hereby authorize Arcadia
Montessori School to the following:

- I grant AMS permission to photograph/videotape my child whose name is listed above while involved in activities, doing work at the school, and on the playground.
- I grant AMS permission to use these photographs of my child for classroom albums, yearbooks, or wall displays.
- I grant AMS permission to use these photographs of my child in school newsletters or informational brochures.
- I grant AMS permission to use these photographs/video footage/voice recording of my child to be posted on AMS's website, Facebook, or any other publication (When names are added, only first names will be used).
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

Date: _____

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Arcadia Montessori School	LICENSE NUMBER: 198019186	DATE:
--	------------------------------	-------

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
---------------------	-------

MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
-------	------

Arcadia Montessori School

As the parent of _____, I
have read and understand all forms (including the Parent Handbook)
received from Arcadia Montessori School.

Parents Signature

Date

Arcadia Montessori School Acknowledgment and Agreement COVID-19
Addendum to the Parent Handbook

I/we, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Arcadia Montessori School will result in adverse action, up to and including termination of enrollment.

On behalf of my child, _____, I/we agree to take all recommended and reasonable actions to protect my child and myself and others from exposure to COVID-19, and that I/we ASSUME THE RISK, as applicable, of enrolling my child and my child's attendance at the Arcadia Montessori School. I understand and agree that no one, including but not limited to Arcadia Montessori staff, can guarantee that my child and I will not be exposed to or contract COVID-19.

I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to COVID-19. I understand that these terms are in compliance with current public health standards and are subject to change. I will be notified in writing of any changes in policy and asked to sign an acknowledgement of the changes.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Parent's Name: _____

Parent Signature: _____ Date: _____