



Wiseburn
Unified School District

Wiseburn Child Development Center (WCDC)

REGISTRATION PACKET

Fall 2017

TAX IDENTIFICATION # 95-6003537

Thank you for choosing the Wiseburn Child Development Center (WCDC).

Before and after school care programs for school age children (grades TK/K-5) are located at each of our three sites. Preschool programs are located at Anza and Cabrillo schools.

Juan de Anza Elementary

12110 S. Hindry Ave.
Hawthorne, CA 90250

Preschool & School Age Director: Kory Higgins

(310) 643-8511

Peter Burnett Elementary

5403 W. 138th Street
Hawthorne, CA 90250

School Age Director: Karen Chapkhaneh

(310) 725-2173

Juan Cabrillo Elementary

5309 W. 135th Street
Hawthorne, CA 90250

School Age Director: Karen Chapkhaneh
Preschool Director: Karla Traylor

(310) 536-9353
(310) 725-9955

****PLEASE NOTE: Submitting a completed registration packet does NOT guarantee enrollment at the WCDC. Please contact the directors at the individual center for availability and enrollment questions.**

**DEPARTMENT OF SOCIAL SERVICES AND WCDC POLICIES
CHILD'S FILE CHECKLIST**

The following documents must be completed, signed, and on file before children begin the program:

- _____ Identification and Emergency Information
- _____ Enrollment Contract (2 pages)
- _____ Child's Preadmission Health History – Parent's Report (2 pages)
- _____ Consent for Emergency Medical Treatment
- _____ Personal Rights
- _____ Child Care Center Notification of Parents' Rights
- _____ Statement of Consent
- _____ Receipt of WCDC Parent Handbook
- _____ Tuition Agreement
- _____ Emergency/Earthquake Release ("Red Card") [not in Registration Packet]

If Applicable:

- _____ Parent/Guardian & Authorized Health Care Provider Request for Medication
- _____ Diabetes Medical Forms
- _____ Department of SS Waiver
- _____ Waiver of Financial Responsibility
- _____ Legal documents regarding custody, court orders, or visitation rights

As the legally designated Director of this facility I have reviewed each of these documents with the parent as of this date:

(Signature of Director)

(Date)

(Signature of Parent/Guardian)

(Date)

REGISTRATION AND EMERGENCY INFORMATION

Date _____ School _____ Grade ____ My child has an IEP/504 Plan: Yes ____ No ____
 Child's Name _____ Birth Date _____ Sex ____ Age ____
 Number of Siblings _____ Child/ren Living With _____
 Name of Mother/Guardian _____ Cell Ph. _____
 Home Address _____ Home Ph. _____
 Employer _____ Position _____
 Work Address _____ Work Ph. _____
 Name of Father/Guardian _____ Cell Ph. _____
 Home Address _____ Home Ph. _____
 Employer _____ Position _____
 Work Address _____ Work Ph. _____
 Mother/Guardian Email: _____ Father/Guardian Email: _____
 Doctor _____ Phone No. _____ Med Plan and # _____
 Dentist _____ Phone No. _____ Dental Plan and # _____

PLEASE NOTE: Legal documents regarding custody, court orders, or visitation rights MUST be on file with the WCDC or we cannot enforce them.

******* EMERGENCY CONTACTS *******

LIST THE PERSON(S) AUTHORIZED TO TAKE CHILD FROM FACILITY
(Children will not be permitted to leave without written permission from Parent/Guardian)

Name	Address	Phone	Relationship
Signature of Parent/Guardian			Date

TO BE COMPLETED BY SITE DIRECTOR:

DATE OF ADMISSION:

DATE LEFT:

ENROLLMENT CONTRACT

If any of the provisions of this contract are violated at any time, WCDC reserves the right to immediately terminate this contract.

Registration and Deposit

- A registration fee of eighty-five dollars (\$85) will be charged upon enrollment into the program.
- A refundable tuition deposit of three hundred dollars (\$300) will be charged upon enrollment into the program.
- For multiple siblings in the same household, the fees are: three hundred dollars (\$300) tuition deposit plus eighty-five dollars (\$85) registration fee **for the first child** and one hundred and fifty dollars (\$150) tuition deposit and eighty-five dollars (\$85) registration fee **for each additional child**.
- The refundable tuition deposit holds the space(s) for your child/children during summer break. If your child/children does/do not return on the first day of the new school year, and we do not receive notification (email or phone call) from you that your child/children will return, their space(s) will be forfeited. Parent/guardian must submit a thirty (30) day written notice of their intention to dis-enroll their child/children from the WCDC in order to receive a refund of the tuition deposit.

Tuition

- The undersigned parent/guardian is responsible for all tuition payments. The monthly tuition is due on the **first day of each month**.
- Tuition amount is per the annual Flat Rate Monthly Fee Schedule for your site. The cost of tuition will remain the same for each of the 10 months the program is open. Pro-ration has been included in the flat monthly fees.
- For multiple siblings in the same household, the tuition fees are: full tuition fee **for the first child** and a 10% discount for each additional child.
- Tuition payments are **late on the second day of the month** and a late fee of fifty dollars (\$50) is due. On the second day on the month, if tuition has not been paid, a courtesy reminder phone call will be made to the parent/guardian number(s) on file with the WCDC. WCDC attendance will be terminated within five (5) days if tuition is not paid. If the child is brought to the WCDC after this time, they will not be accepted into the program.
- There are no refunds or make-up days for absences.
- There are no refunds or pro-rated tuition if a child is dis-enrolled in the middle of the calendar month.
- Thirty (30) days written notice must be provided to the site director for requests to change the hours or days per week that the child attends. If agreed upon, this change will go into effect on the first day of the following month. An increase in the number of days per week will be granted only if space is available. **A new Tuition Agreement form must be completed to reflect any changes.**

PARENT/GUARDIAN INITIALS _____ DATE _____

ENROLLMENT CONTRACT (CONT)

Termination

- The parent/guardian or WCDC may cancel this contract by providing a thirty (30) day written notice to the other party. Without such written notice from the parent/guardian, any remaining tuition and deposit will be forfeited to WCDC.
- Immediate termination will result if the completed medical forms are not received and explained to the site director.
- Immediate termination will result if the emergency contact information is not current.
- Unpaid tuition will result in termination per the procedure outlined above in the Tuition section.

Late Fees

- Late tuition payments fee: \$50.00
- Returned checks fee: \$50.00
 - Fee will be charged for every check returned from the bank.
 - Parent/guardian must pay tuition by money order or cashier's check after two returned checks.
 - All returned checks are turned over to a collections agency.
- Late pick up fee: \$50.00
 - This fee is per child and is assessed for every fifteen (15) minutes or portion thereof.
 - WCDC closes at 6:00 p.m. Late fees begin at 6:01 p.m.
 - Anza only: Children enrolled until 3:00 p.m. incur late fees beginning at 3:01 p.m.
 - Cabrillo Preschool only: Late fees begin for morning preschool students at 11:31 a.m. and for afternoon preschool students at 4:31 p.m.

I have received, read, understand, and agree to all policies, conditions, and financial obligations as outlined in the Enrollment Contract.

(Signature of Parent/Guardian) (Date)

CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT
TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY/ CHILD CARE HOMES LICENSEE

Date of Admission: _____

Date Left: _____

LIC 700 (8/08) (CONFIDENTIAL)

Please provide any other information that would help us care for your child. If you do not provide full medical, physical, and mental health information to WCDC regarding your child it will be grounds for immediate termination.

Child's Name _____ Sex _____ Birth Date _____

Mother's Name _____ Does mother live with child? _____

Father's Name _____ Does father live with child? _____

Has your child been under the regular supervision of a Physician? Yes _____ No _____

If yes, why? _____

Date of last exam? _____

A. Are current immunization records on file in the school office? Yes _____ No _____

B. Illnesses – Please check the past illnesses that your child has had:

Chicken Pox _____ Mumps _____ Measles _____ Other _____

C. Please list any special medical needs: (Diabetes, Asthma, etc.)

D. Is child currently taking any medication(s) at home or at the center? Yes _____ No _____

If yes, which medication(s): _____

Reason:

E. Allergies – Please check any that apply:

None _____ Bee Sting _____ Animal _____ Dust _____ Pollen _____ Other _____

Food Allergies – please specify: _____

F. Special Problems or fears: _____

PARENT/GUARDIAN INITIALS _____ DATE _____

CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT (CONT)

G. Has your child undergone any surgeries? Yes _____ No _____

What Type? _____

Date(s) _____

Physical Restrictions: _____

H. Has your child seen or is your child seeing a Physical Therapist? Yes _____ No _____

Duration: _____

What Condition? _____

Physical Restrictions (WCDC must have a medical note on file) _____

I. Has your child seen or is your child seeing a mental health professional (i.e. psychiatrist, psychologist, counselor, psychotherapist, or psychoanalyst)? Yes _____ No _____

Duration: _____

Reason for Treatment: _____

PARENT/GUARDIAN INITIALS _____ DATE _____

**CONSENT FOR EMERGENCY MEDICAL TREATMENT
Child Care Centers or Family Child Care Homes**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

As the parent/guardian or authorized representative, I hereby give consent to **Wiseburn Child Development Center** to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for _____.
(Child's Name)

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above. Child has the following medication allergies:

(Signature of Parent/Guardian) (Date)

(Home Address) (City) (Zip Code)

(Home Phone) (Cell Phone) (Work Phone)

**PARENT NOTIFICATION FOR THE ADMINISTRATION OF MEDICINE
AT SCHOOL**

TO THE PARENT/GUARDIAN:

Medical treatment is the responsibility of the parent/guardian and an authorized health care provider. An authorized health care provider is an individual who is licensed by the State of California to prescribe medication. **Medications, both prescription and over the counter**, may be given at WCDC when it is deemed absolutely necessary by the authorized health care provider that the medication be given during school hours. **The parent/guardian is urged, with the help of your child's authorized health care provider, to work out a schedule of giving medication at home whenever possible.**

WCDC personnel may assist in carrying out an authorized health care provider's written orders. Designated non-medical personnel may be administering your child's medication. Medication will be safely stored and locked or refrigerated, if required.

Emergency medicine such as EpiPens or asthma inhalers may be carried by the student **when recommended by an authorized health care provider and parent**. When appropriate, the school nurse will be asked to evaluate the student's ability to safely self-administer the medication. (Title 5) Back up medication should be kept at WCDC for emergency use. Students who have a serious medical condition (diabetes, epilepsy, etc.) must complete forms specific to their condition and apply to DSS for a waiver.

IF MEDICATION IS TO BE ADMINISTERED AT WCDC, ALL OF THE FOLLOWING CONDITIONS MUST BE MET:

1. A written statement signed by the licensed authorized health care provider/dentist specifying the reason for the medication, the name, dosage, time, route, side effect; and specific instructions for emergency treatment must be on file at WCDC.
2. A signed request from the parent/guardian must be on file at WCDC.
3. Medication must be delivered to the center by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container written in English.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. Any tablets requiring partial doses (1/2 or 1/4) must be sent to the center already cut.
7. A separate form is required for each medication.

NOTE: Please discuss your authorized health care provider's instructions with your child, so that he/she is aware of the time medication is due at school.

Whenever there is a change in medication, dose, time, or route, the parent/guardian and authorized health care provider must complete a new form.

**PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER
REQUEST FOR MEDICATION
(This request is valid for a maximum of one year)**

Name of Child: _____ Birth Date: _____

WCDC Location: _____ Teacher's Name: _____ Grade: _____

PARENT /GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION PRESCRIPTION AND NON PRESCRIPTION

California Education Code Section, 49423 allows designated non –medical school personnel to assist students who are required to take medication during the day.

I request that medication be administered to my child in accordance with my authorized health care provider written instructions. I understand that designated non-medical personnel will administer medication. I will notify WCDC immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing authorized health care provider. I give permission for WCDC personnel to exchange medication-related information with the authorized health care provider. The school nurse may counsel WCDC personnel regarding the medication and its possible effects.

Emergency medicine such as EpiPen and asthma inhalers may be carried by the student when recommended by an authorized health care provider and parent. Back up medication should be kept at school for emergency use. I release WCDC and all their employees from civil liability if my child suffers an adverse reaction as a result of self-administering the medication.

Parent/Guardian Signature: _____ Date: _____

Telephone: (Work) _____ (Home) _____ (Cell) _____

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____

Medication: _____ Dose _____ Route: _____ Time _____

If PRN: Amount of time between doses _____ Maximum number of doses _____ per day.

Possible medication reactions: _____

Instructions for emergency care _____

Authorized Health Care Provider Signature: _____ Telephone _____

Date of Request: _____ Date to Discontinue Medication: _____

Regarding EpiPen/inhalers: It is my professional opinion that this student should be permitted to carry/self-administer this emergency EpiPen/inhalers. This student has been instructed in, and demonstrates an understanding of proper usage.

Health Care Provider Initials _____

WCDC USE

Reviewed by:

Title:

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 our 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 advanced 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:

Office Name: Community Care Licensing
 Licensing Office Address: 6167 Bristol Parkway, Suite 400, Culver City, CA 90230
 Licensing Office Telephone No.: (310) 337-4335

TO: PARENT/GUARDIAN:

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 Wiseburn Child Development Center at the following location: *(Please Check One)*

- Juan de Anza Elementary School
 Juan Cabrillo Elementary School
 Peter Burnett Elementary School

(Print Student's Name)

 (Signature of Representative/Parent/Guardian) (Title) (Date)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check to any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprint so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and .361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The Crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclcd.ca.gov/contact.htm>.

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

As a Parent/Guardian, 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:	6167 Bristol Parkway, Suite 400, Culver City, CA 90230
Licensing Office Telephone No.:	(310) 337-4335

7. Be informed by the licensee, upon request, of the name and type of association of 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/GUARDIAN IF THE BEHAVIOR OF THE PARENT/GUARDIAN POSES A RISK TO CHILDREN IN CARE.

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

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

I, the parent/guardian of _____ have received a copy of the "Caregiver Background Check Process" form and the "" form from the licensee, Wiseburn Child Development Center.

(Signature of Parent/Guardian)

(Date)

NOTE: This signed form must be kept in child's file and a copy provided to the parent/guardian.

STATEMENT OF CONSENT

Child's Name _____

1. I hereby grant permission for my child to use all the play equipment and to participate in all of the activities of the center.
2. I hereby grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
3. I hereby grant permission for my child to be included in pictures that may be connected with the preschool/day care programs. These photos may be posted in the center.
4. I hereby grant permission for the WCDC staff to exchange information with my child's school teacher and other relevant school district staff to enable the WCDC staff to assist my child with any educational, physical, emotional, cognitive, or behavioral, needs.
5. WCDC IS NOT responsible for anything resulting from my failure to disclose information at the time of my child's enrollment.
6. WCDC WILL NOT assume responsibility for my child if he/she has not been signed in when he/she arrives for the day.
7. I acknowledge that I have received and read the following documents:
 - a. Parent Notification for the Administration of Medicine at School
 - b. Caregiver Background Check Process California Department of Social Services

(Signature of Parent/Guardian)

(Date)

RECEIPT OF WCDC PARENT HANDBOOK

The WCDC Parent Handbook is accessible on the District website at www.wiseburn.k12.ca.us . Please read the handbook carefully before signing this form.

Directions:

1. Both parents (or others having legal custody of the child) must sign this form. If only one parent/guardian has sole custody, one signature will suffice unless the sole custodial parent is receiving child support payments that will be used in paying the child's tuition.
2. If anyone other than parents will be paying all or part of the child's tuition (other than a government agency), he/she/they must also sign this form.
3. This signed form is due on or before the child's first day of attendance in the program.

This will acknowledge that I/we, the parent(s)/guardian(s) of _____
(Child's Name)

have received a copy of and have read the WCDC Parent Handbook. I/we understand and agree to abide by the policies and procedures as set forth in the Parent Handbook during my/our child's enrollment in the WCDC program.

(Signature of Mother/Guardian) (Date)

(Signature of Father/Guardian) (Date)

2017-18 WCDC TUITION AGREEMENT

Student Last Name	Student First Name	Date of Birth	Grade	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Name of Mother/Guardian		Home Phone	Cell Phone	
Street Address/City/Zip		Work Phone	Email:	
Name of Father/Guardian		Home Phone	Cell Phone	
Street Address/City/Zip		Work Phone	Email	

CHECK THE LOCATION/AGE GROUP AND DAYS YOUR CHILD WILL ATTEND WCDC

Anza Preschool <input type="checkbox"/> Anza School Age <input type="checkbox"/> Burnett School Age <input type="checkbox"/> Cabrillo Preschool <input type="checkbox"/> Cabrillo School Age <input type="checkbox"/>					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM Only – Kinder/School Age					
PM Only – Kinder/School Age					
AM & PM – Kinder/School Age					
Kinder until 3:00 PM					
Preschool AM 7:00 AM – 12 PM					
Preschool AM 8:30 AM – 12 PM					
Preschool PM 7:00 AM – 3:00 PM					
Preschool PM 7:00 AM- 6:00 PM					
Preschool 8:30 AM – 3:00 PM					
Preschool 8:30 AM – 6:00 PM					

My child _____ will attend on the days and times indicated above. I agree to pay Wiseburn Child Development Center (WCDC) monthly tuition of \$ _____ on the first of the month. I agree to pay WCDC a \$50.00 fee for any payment I submit late, as defined in the WCDC Registration Packet and WCDC Parent Handbook. Tuition payment is considered late if my check is returned by the bank and I understand I also must pay a \$50.00 returned check fee.

I have read, understand, and will comply with the policies set forth by WCDC.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Verified by:

Signature of WCDC Director

Date