



# **Temple City Early Learning Academy**

## **Tuition-Based Preschool Pre-Registration Packet**



\*A copy of your child's immunization records and birth certificate is required to complete this packet.  
Remember to attach these items.

All children must be 100% potty trained and able to use the restroom unassisted.  
This includes independently removing clothing, wiping independently, refastening clothing and handwashing.



## Temple City Early Learning Academy

# Tuition-Based Preschool Pre-Registration Packet

### FOR OFFICE USE ONLY:

<input type="checkbox"/> Registration Form <input type="checkbox"/> Tuition Rate Sheet <input type="checkbox"/> Admission Agreement <input type="checkbox"/> Acknowledgement of Receipt of TCELA Parent Handbook <input type="checkbox"/> Authorization for the Administration of Sunscreen <input type="checkbox"/> Registration Fee <input type="checkbox"/> Tuition Payment (1 <sup>st</sup> month) <input type="checkbox"/> Eligible Discounts: <input type="checkbox"/> 10% Sibling Discount <input type="checkbox"/> 10% TCUSD Staff Discount	<input type="checkbox"/> LIC 613A Personal Rights <input type="checkbox"/> LIC 627 Emergency Consent <input type="checkbox"/> LIC 700 Emergency Information <input type="checkbox"/> LIC 701 Physician's Report (MUST be within 12 months of school entry) <input type="checkbox"/> LIC 702 Preadmission Health <input type="checkbox"/> LIC 995 Parents' Rights <input type="checkbox"/> LIC 9221 Medication Admin. (If needed during program hours) <input type="checkbox"/> Immunization Record (MUST be Official Copy) <input type="checkbox"/> Birth Certificate
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### One (1) Forms of Identification & Two (2) Original Proofs of Residency

Parent/Guardian Identification Choose One (1)	Category I: Residency Validation Choose One (1)	Category II: Supplemental Residency Validation Choose One (1)
Valid Driver's License	Mortgage Statement	Gas bill or connection/deposit receipt
Current California Identification	Closing Escrow Statement	Edison bill or connection/deposit receipt
Current Military ID	Current Property Tax Bill	Water bill or connection/deposit receipt
Passport	Current Rental/Lease Agreement* Must be current and list all occupants' names with landlord name, address, phone number, and signatures	Refuse/ Trash Bill
Consular Picture ID		Cable bill or connection/deposit receipt

Parent Informed: <input type="checkbox"/> Aug/Sept Tuition due July 2022 <input type="checkbox"/> Potty Training Policy <input type="checkbox"/> Copy of Reg. for Parent	Office Completed: <input type="checkbox"/> Added on Procare <input type="checkbox"/> Added on Shared Sheet Student Start Date _____ Student Release Date _____
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## Temple City Early Learning Academy

### Registration Form

Child's Name: \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Child's Date of Birth: \_\_\_\_\_ Child's Gender: ☐ Male ☐ Female

Parent/Guardian #1: \_\_\_\_\_ Cell#: \_\_\_\_\_  
(Last Name, First Name)

Parent/Guardian #2: \_\_\_\_\_ Cell#: \_\_\_\_\_  
(Last Name, First Name)

Home Address: \_\_\_\_\_  
(Street Address, Apt #, City, State, Zip Code)

Mailing Address (if different): \_\_\_\_\_  
(Street Address, City, State, Zip Code)

Parent #1 Email Address: \_\_\_\_\_

Parent #2 Email Address: \_\_\_\_\_

Are there any legal or custodial restrictions of which we need to be aware of? ☐ Yes ☐ No  
If yes, please attach a copy of the current custody order.

Parent/Guardian #1 Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian #2 Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### Emergency Contacts/Authorized Pick-Up List (must be 18 years of age or older)

Name on ID (Last, First)	Relationship to Child	Phone Number
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Name on ID (Last, First)	Relationship to Child	Phone Number
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Name on ID (Last, First)	Relationship to Child	Phone Number
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Parent/Guardian Signature	PRINT Name	Date
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## Temple City Early Learning Academy

### Preschool Tuition Rate Sheet 2023-2024

As the parent(s)/guardian(s) of \_\_\_\_\_ (child's name), I/we agree to the terms and conditions set forth by the Temple City Early Learning Academy

**TCELA Registration:** Includes a \$100 non-refundable/non-transferable registration fee and the first month's tuition at the time of enrollment.

**Late Tuition Fee:** Payments that are received after the fifth (5<sup>th</sup>) of the month are subject to a 10% late fee based on the unpaid balance. If payment is not received, childcare services may be suspended until payment is fully processed.

**Returned Check Fee:** A service charge will be added to accounts for returned a check (\$30 NSF). Two (2) returned checks will require your account to be paid with a money order or directly online using Procure. Failure to take care of returned checks promptly may be cause for termination of service.

**Subsidized Program:** Our program works in conjunction with subsidized programs. Once a family has been approved through the subsidized program, and space is available in our preschool, we would require a one-month tuition deposit.  
The Temple City Early Learning Academy is a self-sustaining program funded through parent fees.

<b>Payment Selection</b>	<input type="checkbox"/> One-time payment <input type="checkbox"/> 10-month payment plan	
<b>Program Selection:</b>	<input type="checkbox"/> AM Half-Day (8:00 am – 11:00 am) <input type="checkbox"/> PM Half-Day (12:00 pm – 3:00 pm) <input type="checkbox"/> Full-Day (7:30 am – 5:30 pm)	(waitlist) (waitlist) <b>\$1,150/month</b>
<b>Subsidized Program:</b>	<input type="checkbox"/> Department of Child and Family Services (DCFS) <input type="checkbox"/> Options for Learning <input type="checkbox"/> Children's Home Society of California (CHS) <input type="checkbox"/> Other: _____	
<b>Circle Days of Care</b>	Mon    Tues    Wed    Thurs    Fri	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Temple City Early Learning Academy

### Tuition-Based Preschool Admission Agreement 2023-2024

As the parent or legal guardian of the below named child, my initials and signature signify that I understand, agree to, and/ or acknowledge the following:

\_\_\_\_\_ a. I have reviewed a copy of the Parent Handbook and will comply with the policies set forth (the handbook is available on the Temple City Unified School District (TCUSD) Temple City Early Learning Academy (TCELA) website [www.tcela.tcusd.net](http://www.tcela.tcusd.net)).

\_\_\_\_\_ b. I am not to leave my child at the Temple City Early Learning Academy (TCELA) preschool/center unless a TCELA staff or volunteer is there to receive and supervise my child.

\_\_\_\_\_ c. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, staff may have no recourse but to contact the police.

\_\_\_\_\_ d. TCUSD is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_ e. TCELA may terminate my child's enrollment for any of the following reasons:

- Emergency names and phone numbers are incorrect
- Parent/Guardian is late picking up their child after the program closes (excessively)
- Non/Late/NSF payment of tuition fees
- Excessive failure to adhere to the sign-in/sign-out policies
- Excessive failure to notify TCELA that my child will be absent
- Behavior that is continually disruptive or dangerous to others and/or self
- Behavior that is disruptive to property and/or refusal to replace said property
- Any single incident that is deemed by the Administrator to be dangerous, harmful, or disruptive
- Harassment, violent behavior, or threat of such behaviors against a staff, person or other member by a parent/guardian or persons associated with the child (family member, family friend, etc.)

\_\_\_\_\_ f. Program participation requires accounts to be in good standing. Non-payment of fees will result in my child not being allowed to participate in the program. I further understand that there is an administrative processing fee for any payment returned by my bank account. I am aware of the refund/credit policy. Tuition due dates can be found on our TCELA website.

\_\_\_\_\_ g. TCUSD staff will not become involved in any custodial disputes between parents/guardians. If TCUSD documents are requested, the court must request them. Our staff's responsibility is to provide a safe environment for children.

\_\_\_\_\_ h. I understand that I am required to give a two-week written notice when terminating from TCELA. If the two-week notice is not given, I will not receive a refund or credit. Registration fees are non-refundable.

\_\_\_\_\_ i. 24-hour fever-free and 48-hour vomiting and diarrhea clearance will be required prior to children returning to program participation.



## Temple City Early Learning Academy

\_\_\_\_\_ j. All children enrolled in our tuition-based program must be potty-trained and able to use the restroom unassisted. This includes independently removing clothing, wiping independently, refastening clothing, and hand washing. Please be reasonably sure that your child has demonstrated that they are ready. In extreme situations, parents will be contacted to assist the child.

\_\_\_\_\_ k. TCELA has the right to modify and/or amend this agreement upon thirty days (30) written notice of any changes.

\_\_\_\_\_ l. The Community Care Licensing Division of the California Department of Social Services (Section 101200) has the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren) or any staff member and or the examination of all records relating to the operation of the facility, the licensing agency has the opportunity to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

\_\_\_\_\_ m. A vision and hearing screening will be conducted to determine whether your child's vision and hearing are within normal limits.

\_\_\_\_\_ n. The TCUSD TCELA may use photographs of children in the classroom, in school newsletter, in advertisements, and/or on the District's website. These photographs and videos are also uploaded into our schools' Procare app. If you do not give permission for our school to use these photos and videos, please email us at [tccla@tcusd.net](mailto:tccla@tcusd.net)

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Print Child's First and Last Name

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Date

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Print Parent's/Guardian's First and Last Name

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Parent's/Guardian's Signature



Temple City Early Learning Academy

## Authorization for the Administration of Sunscreen

2023-2024

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

Brand of Sunscreen: \_\_\_\_\_

(Spray-on Sunscreen only, must have UVB and UVA protection of SPF 15 or higher)

I give permission for the above materials to be administered while my child is attending Temple City Early Learning Academy (TCELA). I understand that I must supply staff/instructors with the sunscreen in its original container, with my child's name on it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Receipt of Notification of Parent Handbook

Temple City Early Learning Academy

This handbook has been written to describe our school, goals, policies, and many practical details in order to make each school day as happy and successful as possible.

We use our TCELA Parent Handbook as a reference to Community Care Licensing and TCUSD policies and procedures. Please keep our handbook for your reference, as it will answer many of your questions ([www.tcela.tcusd.net](http://www.tcela.tcusd.net)). This page will serve as a notification of receipt between TCELA and the parent/guardian of the enrolling child.

I certify that I have received the TCELA Parent Handbook and acknowledge receipt of information regarding my rights and responsibilities.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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

\_\_\_\_\_ 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	
(     )		(     )	



# 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:

## CA Department of Social Services

NAME

Community Care Licensing Division- Child Care Programs

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)

Temple City Early Learning Academy (TCELA)

(PRINT THE ADDRESS OF THE FACILITY)

9229 Pentland St. Temple City 91780

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (\*For infants and preschool-age children only)

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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PARENT’S EVALUATION OF CHILD’S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT’S EVALUATION OF CHILD’S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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## 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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

**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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

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**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.

## 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: CA Dept of SS- Community Care Licensing Div. Child Care Program

Licensing Office Address: 1000 Corporate Center Dr. Ste 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 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.

Temple City Early Learning Academy (TCELA)  
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)**

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART****NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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**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:**

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

PARENT'S SIGNATURE:	DATE:
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**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

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

STAFF	DATE
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