

Wiseburn Child Development Center
Registration Packet

CONGRATULATIONS
**on choosing the Wiseburn Child Development Center (WCDC)
for your child's day care needs!**

We have programs located at:

Anza Elementary: 310-643-8511
Director: Kory Higgins
12110 S. Hindry Avenue
Hawthorne, CA 90250

Anza Pre-K: 310-643-8511
Director: Kory Higgins
12110 S. Hindry Avenue
Hawthorne, CA 90250

Peter Burnett Elementary 310-725-2173
Director: Karen Chapkhaneh
5403 W. 138th Street
Hawthorne, CA 90250

Cabrillo Elementary: 310-536-9353
Director: Karen Chapkhaneh
5309 W. 135th Street
Hawthorne, CA 90250

Cabrillo Pre-K 310-725-9955
Director: Karla Taylor
5309 W. 135th Street
Hawthorne, CA 90250

PLEASE NOTE: FILLING OUT A REGISTRATION PACKET DOES NOT GUARANTEE ENROLLMENT WITHIN WCDC. PLEASE CONTACT THE DIRECTOR AT THE INDIVIDUAL CENTERS FOR AVAILABILITY AND ENROLLMENT INFORMATION.

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CHILDREN'S FILE CHECKLIST

All documents must be completed, signed and on file before the child may begin the program.

DEPARTMENT OF SOCIAL SERVICES AND WCDC POLICIES

Forms to be retained by the WCDC Site:

- Registration and Emergency Information
- Enrollment Contract
- Tuition Agreement
- Statement of Consent
- Consent for Medical Treatment
- Child's Preadmission Health History-Parent's Report
- Health Care Provider Request for Medication
- Parent Notification for the Administration of Medicine at School
- Medical Emergency and Field Trip Permission Form
- Admission Agreement
- Bike/Skate/Scooter Form
- Receipt of Parent Handbook
- Communications Agreement
- Parent Late Fee Contract
- Signature Verification Form

Detach to give to parents:

- Personal Rights
- Parent's Rights
- Caregiver Background Check process
- Termination Policy
- Grievance Procedure Related to WCDC
- Late Fee Contract Cover Letter

If Applicable:

- Diabetes Medical Forms
- Department of SS Waiver
- Waiver of Financial Responsibility

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

Director Signature _____ Date: _____

Parent Signature _____ Date: _____

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ENROLLMENT CONTRACT

I have enrolled my child, _____ Age _____ years/ months, in the Wisburn Child Development Center (WCDC) for the 20 ____ - ____ year. I have included a check for \$300 **per child** as a refundable deposit that will be refunded upon disenrollment from the WCDC Program. I have also included \$75.00 **per child** to cover the cost of registration.

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

REGISTRATION & DEPOSIT

- A registration fee will be charged every time the child is enrolled or re-enrolled into the program.
- The \$300 tuition deposit is refundable, and will be refunded disenrollment from the WCDC Program.
- Your tuition deposit will hold the childcare space for up to three months. After three months of non-attendance, the childcare space and the tuition deposit are forfeited to WCDC.
- For additional siblings in the same household, the tuition deposit is \$150, plus the registration fee of \$75 for each additional child.

TUITION

- The undersigned parent/guardian(s) are responsible for all tuition payments. The monthly tuition is due on the 1st day of each month during the school year.
- Tuition payments are late on the second day of the month and late fees are due.
- If tuition payments are not current, the above child will not be permitted to attend the program.
- There are no refunds or make-up days for absences.

TERMINATION / ABSENCE / PRORATION

- Immediate termination will result if the emergency information is not current.
- The parent(s) or WCDC may cancel this contract by giving 30 days written notice to the other party. Without such written notice from the parent/guardian, any remaining tuition and all deposits will be forfeited to WCDC.
- Immediate termination will result if complete medical information is not received and explained to the Site Director.
- Enrollment beginning during the month will be pro-rated for that month.
- Full tuition is due for all other months.
- If the above named child does not attend the program for 3 consecutive weeks, tuition will be assessed at ½ the normal rate for the month of absence.
- The Director must be given at least 2 weeks notice if the parent(s) plans on changing the days per week that the child attends.
- An increase in the number of days per week will be granted only if available.
- The Site Director must be given at least a two (2) week notice if the parent/guardian plans on changing the days per week the child attends.
- An increase in the number of days per week will be granted only if available.

PARENT/GUARDIAN INITIALS _____ DATE _____

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ENROLLMENT CONTRACT (Continued)

LATE FEES

- The parent(s) will pay a \$50.00 fee with any late tuition payments. The amount of the late charge is subject to change.
- WCDC closes at 6:00 p.m. After 6:00 p.m. a **\$50.00** late fee per child is charged for every fifteen minutes or portion thereof.
- Children enrolled until 3:00 p.m. incur late fees beginning at 3:01 p.m.
- Pre-Kindergarten children enrolled until 12:00 p.m. incur late fees beginning at 12:01 p.m.
- A \$50.00 fee will be charged for checks returned from the bank.
- Parent/Guardian with 2 checks returned by the bank must pay by money order or cashier's check.
- All returned checks are automatically turned over to a Collection Agency.

SUMMER/INTERSESSION (SCHOOL AGE PROGRAM)

- Weekly fees are due a month in advance.
- Intersession fees and camp fees must be paid in full before camp begins.
- This contract may be cancelled by either party with two weeks written notice.
- Without two weeks written notice from parent(s) the tuition deposit / fees or by intersession deadline will be forfeited to WCDC.
- All other conditions of enrollment apply.
- A \$50.00 late fee is due if tuition is not paid one week in advance.
- All WCDC parent/guardian policies and financial commitments apply to summer and intersession enrollments.
- Field trips and activities are a privilege for children at WCDC, not a right. If any child cannot be safe or jeopardizes the safety of other children during any field trip or activity, WCDC reserves the right to take disciplinary action and/or exclude that child from field trips or activities.
- Parent conferences are available upon request at any time.

I have received, read and agree to all policies, conditions, and financial obligations as outlined in the Parent Handbook

Parent/Legal Guardian Signature: _____ Date _____

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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 my 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 my permission for my child to be included in evaluation and pictures that may be connected with the day care program.
4. I hereby grant my permission to the WCDC staff to take whatever steps may be necessary to obtain medical care for my child in an emergency. I understand these steps may include, but are not limited to the following:
 - WCDC will attempt to contact a parent or guardian.
 - WCDC will attempt to contact the child's physician.
 - WCDC will attempt to contact me through any of the persons listed on the emergency information form which I have completed for the program.
 - If I or my doctor cannot be reached, I give my permission to WCDC to:
 - a. call another physician or paramedics
 - b. call an ambulance
 - c. take my child to an emergency hospital
 - I understand that any expenses incurred from the above will be paid by me.
 - WCDC WILL NOT be responsible for anything that may happen as a result of false information given at time of enrollment.
 - WCDC WILL NOT assume responsibility for my child if he/she have not been signed in when he/she arrives for the day.
5. I acknowledge that I have received, read, and understand the Parent Handbook.

Parent/Legal Guardian Signature: _____ Date _____

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

AS THE PARENT 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 _____ . 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:

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

HOME ADDRESS

City

State/ZIP

HOME PHONE

CELL PHONE

WORK PHONE

Wiseburn Child Development Center
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LIC 700 (8/08)(CONFIDENTIAL)

Child's Preadmission Health History – Parent's Report

To be completed by Facility Director/Administrator/Family/Child Care Homes Licensee

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 at home or at the center? Yes ___ No ___

If yes, which medication: _____

Reason: _____

E. Allergies – Please check any that apply:

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

Food Allergies – please specify: _____

F. Special Problems or Fears: _____

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Child's Preadmission Health History – Parent's Report (Continued)

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: _____

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/Legal Guardian Signature: _____ Date _____

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**PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST
FOR MEDICATION**

This request is valid for a maximum of one year.

Name of Student: _____ Birth Date: _____

WCDC Location: _____ Teachers 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 _____

SCHOOL/CENTER USE:

Reviewed by: _____ Date: _____

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

Name of Student: _____

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 the school.
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 in 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.

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MEDICAL EMERGENCY AND FIELD TRIP PERMISSION FORM

Child Name: _____

I hereby certify that I am the parent or guardian of the above participant and that I am entitled to custody and control. I do hereby give permission for said child to take part in walking field trips, scheduled bus trips, and outings conducted by WCDC.

I further certify that said child is of good health, has no physical or other impairments, which would endanger him/her in participating in such an active program, and fully understand the risk involved in such a program.

WCDC must be informed of any medical, physical or mental health condition/s of the child/ren. Medications given at home or at the center must have full parent disclosure, explanation and Doctor's prescription. Immediate termination will result if complete medical information is not received and explained to the director.

In the event of accident, injury or illness, consent is hereby given to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine Practice Act on the Medical Staff or employed by the Director of the Emergency Dept. of the local hospital. (This authorization, as it relates to a minor, is given pursuant to the provision of Section 25.B of the Civil Code of California)

Parent/Guardian _____ Phone _____

Emergency contact _____
Phone _____

Doctor _____ Phone _____

Insurance Carrier _____ Policy# _____

Allergies _____

Other HealthConditions _____

Parent/Legal Guardian Signature: _____ Date _____

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ADMISSION AGREEMENT

Tuition

My child, _____ will attend Wiseburn Child Development Center as specified on the registration form.

I agree to pay WCDC monthly tuition of \$ _____ on the first of the month.
I agree to pay WCDC a \$50 late fee if any of my payments are received late.

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

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Personal & Parent's Rights

I acknowledge that I have received and read WCDC statement of Personal & Parent's Rights.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Termination

I acknowledge that I have received a copy of the Termination Notice, and understand that if I do not pay my child's tuition on time my child may be terminated from the program.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Grievance Procedure

I have read and received a copy of WCDC Grievance Procedure, and agree to comply with this policy.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

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Admissions Agreement (Continued)

As Parent/Guardian of _____, I understand that my child's enrollment is contingent upon the following special needs:

1. _____
2. _____
3. _____

I understand and acknowledge that should these conditions not be met, WCDC would not be asked to provide care for my child.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

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Bike/Skate/Scooter Permission Form

I, _____, give my permission for my child,
Parent/Guardian's Name
_____ to roller skate, ride a scooter and/or bike
Child's Name

while they are at WCDC. All children **MUST** wear a helmet while riding bikes or skates at WCDC. Children under 5 must wear wrist, elbow, and knee guards. There are no exceptions. I understand that I am responsible for providing any and all safety gear for my child. I understand that WCDC is not responsible for any riding and/or skating equipment, and I have read and understand the medical release form required.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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Receipt of Parent Handbook

Directions:

1. Both parents (or others who have legal custody of the child) must sign this form. If only one parent 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 parent/s will be paying all or part of the child's tuition (other than a government agency), he/she/they must also sign this form and read the policies and procedures Parent Handbook.
3. The Parent Handbook is accessible on the website at www.wiseburn.ca.us
4. 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/Guardian 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/Relationship

Date

Signature/Relationship

Date

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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 Number: (310) 337-4335

TO: PARENT/GUARDIAN CHILD OR AUTHORIZED REPRESENTATIVE:

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 THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

Date

LIC 613 A (8/08)

Wiseburn Child Development Center
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**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: 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/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

DETACH HERE

**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 Acknowledgment must be kept in child's file and a copy of the notification given to parent/authorized representative.

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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 11361.7, 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>

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Grievance Procedure Related to WCDC

This procedure is to be utilized to resolve issues involving parents, staff members, and/or community members with a grievance relating to WCDC programs.

- Involved parties and site director meet to resolve the issue.
- Should this meeting fail to resolve the conflict, a signed written statement is to be submitted to the Program's Site Director and District Superintendent. A meeting between the parties involved and the Site and District Superintendent should take place within a reasonable time period.
- Should this meeting also prove unsuccessful, the District Superintendent must submit to the Wiseburn School District Board of Trustee's a signed written statement detailing the attempts at conflict resolution. The Board then provides a written resolution within a reasonable time period.
- Copies of the resolution are distributed to the involved parties, the Site Director, and the District Superintendent. This is considered the final statement on the grievance from the site.

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Communications Agreement

WCDC is dedicated to serving working parents and children. We foster children’s growth and development by building on their strengths academically, developmentally, socially, and emotionally. In order to accomplish this goal, we need information from parents, teachers and, if necessary, medical professionals.

Our parent handbook and parent registration packet already contains the following:

“Parent must keep the Center Director apprised of any medications the child is taking. All medical, physical, emotional, and mental health issues must be discussed with the Director. Failure to comply will result in termination.”

This ‘Communication Agreement’ will help us speak with teachers and school district staff, as well as medical professionals, to ensure that we can communicate more effectively with you regarding homework and behavioral issues.

I _____ agree to permit WCDC any and all communication
(Parent/Guardian’s Name)
regarding my child _____ with school personnel, district personnel,
(Child’s Name)

medical personnel or any other qualified person on physical, emotional, cognitive, behavioral, educational or intellectual issues regarding my child. This document must be signed and dated by each parent to have their child enrolled in WCDC.

Parent /Guardian Signature

Date

Parent /Guardian Signature

Date

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PARENT LATE FEE CONTRACT

Dear Parent/Guardian,

Our goal at the Wisburn Child Development Center is to provide working parents with high quality, child centered care. Our Directors not only manage their programs, they make it a priority to spend time with you and your children.

One of the most time-consuming responsibilities for Directors is the processing and recording of your checks. In order to encourage parents to pay tuition on time and keep costs as low as possible, each parent must sign this contract.

We apologize to our parents who do pay on time for any inconvenience and sincerely thank those parents for their consideration and promptness.

Sincerely,

WCDC Directors

Kory D. Higgins

Karen Chapkaneh

Karla Traylor

SCHOOL YEAR LATE FEES

Tuition is due the first of the month and is late after 6:00 PM on the second of the month. If the first falls on a weekend, tuition is due the Friday before the first and is late after 6:00 PM the Monday after the first.

LATE FEE IS \$ 50.00. Parents who are late with payment must include \$50 late fee. Payment not made by the third day will result in termination of child care services.

SUMMER/WINTER/SPRING/INTERSESSION CAMP

Camp tuition is due one full week before the week your child begins camp. That is the Monday before the Monday your child begins camp. Your payment is late after 6:00 PM on the Wednesday before your child attends camp.

Summer/Winter/Spring/Intersession Camp LATE FEE IS \$ 50.00.

Your child will not be accepted for camp if your fees are not paid BEFORE your child attends camp.

Parent Signature

Date

Wiseburn Child Development Center
Registration Packet
Signature Verification Form

The State of California under Title 22 guidelines requires that all parents or individuals who are dropping off or picking up a child must use their legal signature when signing in or out. Please print and sign your name below to verify your legal signature. Please note that if anyone else will be picking up your child they must print and sign their name below as well. This document will be placed in your child's file for verification.

Child's Name: _____

Mother's Name: _____
Print

Signature

Father's Name: _____
Print

Signature

Wisburn Child Development Center
Registration Packet

PLEASE PRINT LEGIBLY

Date	School	Grade	Age
Last Name	First Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Name of Mother/Guardian		Cell Number	
Street Address		Home Number	
City, State, ZIP		Work Phone Number	
Primary Email		Secondary Email	
Name of Father/Guardian		Cell Number	
Street Address		Home Number	
City, State, ZIP		Work Phone Number	
Primary Email		Secondary Email	

Legal documents regarding custody, court orders, or visitation rights MUST be on file or WCDC cannot enforce them.

EMERGENCY CONTACTS

List person(s) authorized to take child from facility.

Children will not be permitted to leave without written permission from parent/guardian.

Last Name/First Name	Address	Phone Number Cell Home Work (circle one)
Last Name/First Name	Address	Phone Number Cell Home Work (circle one)
Last Name/First Name	Address	Phone Number Cell Home Work (circle one)

Parent/Guardian Initials _____ Date _____

Date child is to start WCDC: _____

Wiseburn Child Development Center
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TUITION AGREEMENT

My child, _____, will attend Wiseburn Child Development Center

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

Anza Pre-K <input type="checkbox"/> Anza School Age <input type="checkbox"/> Cabrillo Pre-K <input type="checkbox"/> Cabrillo School Age <input type="checkbox"/> Burnett 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					
Pre-K AM 7:00 AM – 12 PM					
Pre-K AM 8:30 AM – 12 PM					
Pre-K PM 7:00 AM – 3:00 PM					
Pre-K PM 7:00 AM- 6:00 PM					
Pre-K 8:30 AM – 3:00 PM					
Pre-K 8:30 AM – 6:00 PM					

I agree to pay WCDC monthly tuition of \$ _____ on the first of the month. I agree to pay WCDC a \$50 late fee if any of my payments are received late, as defined in the Parent Handbook. Tuition payment is considered late if my check is returned by the bank, and I agree to pay late fee and return 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