carMel
Mountain Preschool

Dear Parents,

We are so excited that you are choosing to enroll your child at Carmel Mountain Preschool. Between our 3-acres of parklike grounds and our unique Art Studio, Glenn Gardening, Tinkering Hollow, Chicken Coop and Nature Lab we think we have a pretty magical place. Our teachers take pride in being able to give your child the love and guidance that he/she needs to grow and excel.

We welcome new enrollments. We ask that you please schedule and complete a tour before registering your child at Carmel Mountain Preschool. We want to make sure that Carmel Mountain Preschool is the perfect fit for both you and your child. In taking a tour you can see our beautiful grounds, meet our exceptional teachers, and learn about your child's fun learning experience. We want Carmel Mountain Preschool to be your child's home for their entire early childhood education career.

If you have any questions or concerns, please feel free to contact us.

We look forward to you becoming part of the Carmel Mountain Preschool family.

Sincerely,

Pauline Condrick	*Arianne Condrick-Bettazzi*	*Donna Taconi*
Pauline Condrick	Arianne Condrick-Bettazzi	Donna Taconi
Founder	CFO	Director

Discover the Private School Advantage
Phone 858.484.4877 * Fax 858.484.7443 * 9510 Carmel Mountain Road * San Diego, CA 92129
www.carmelmountainpreschool.com

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Registration Packet

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Carmel Mountain Preschool Student File Checklist

Child's Name_____Nickname_____
Date of Birth_____Place of Birth _____
City_____State_____Zip Code_____

Parent's Name (circle one: mother/father)_____
Home Phone_____Work Phone _____
Cell Phone_____Cell Phone Carrier _____
Employer_____
Driver's License Number_____Social Security Number _____

Parent's Name (circle one: mother/father)_ _____
Home Phone_____Work Phone _____
Cell Phone_____Cell Phone Carrier _____
Employer_____
Driver's License Number_____Social Security Number _____

ITEMS TO BE SIGNED AND RETURNED:

_____ Emergency Form
_____ Registration Form
_____ Tuition Policy Agreement
_____ Signature Page
_____ Parent's Rights Form
_____ Personal Rights Form
_____ Physician Report
_____ Copy of Immunization Schedule
_____ Parent Handbook Acknowledgment
_____ Waitlist Policy Acknowledgment
_____Consent for Emergency Medical Treatment
_____Parent's Photo & Website Release
_____Video/Audio Recording Consent Form
_____Pesticide Notification
_____Parent's Preadmission Health History
_____Emergency Kit
_____Parent & Student Code of Conduct
_____Parent Waiver
_____Parent Field Trip
_____Classroom Observation Waiver

Office Use Only:

_____ Input in Procare
_____ Immunization Input
_____ Email to Mail Chimp

Deposit Paid_____ Check #_____
Registration Date _____ Check #_____

Carmel Mountain Preschool
9510 Carmel Mountain Road • San Diego, CA 92129 • (858) 484-4877

Carmel Mountain Preschool Registration Form

Child's Name_____Nickname_____
Date of Birth_____Place of Birth_____Sex_____ Race_____
Home Address_____
City_____State_____Zip Code_____
Parent's Name_____
Home Phone_____Cell Phone_____
Home Address_____
Occupation_____Employer_____
Work Phone_____
Work Address_____
Driver's License #_____Email Address_____
Parent's Name_____
Home Phone_____Cell Phone_____
Home Address_____
Occupation_____Employer_____
Work Phone_____
Work Address_____
Driver's License #_____Email Address_____
Sibling Information
Name_____Age_____
Name_____Age_____
Name_____Age_____
Home Information
Marital Status of Parents_____
Reason for needing preschool_____
Languages spoken in the home_____
Does your child have a special blanket or item for naps_____
What does he/she call it_____
How many hours of sleep does your child usually receive at night_____
Words used for toileting_____
Does your child have allergies (explain)_____
_____
Any special medical needs_____
Child's Physician_____Phone_____

PICK UP AUTHORIZATION (EMERGENCY AND ILLNESS AND PICK UPS)

The following people may pick up my child from Carmel Mountain Preschool:
Name_____Relationship_____Phone_____
Name_____Relationship_____Phone_____

If there are ANY changes to this list we will notify CMP immediately.

Parent's Signature_____**Date**_____

Parent's Signature_____**Date**_____

Carmel Mountain Preschool
9510 Carmel Mountain Road • San Diego, CA 92129•(858) 484-4877

Carmel Mountain Preschool Tuition Policy Agreement

Child's Name: _____

Birthdate:_____**Classroom:** _____

Parent's Name: _____

Parent's Name: _____

Summer Schedule: Please circle one

5 full days: Monday-Friday
3 full days: M/W/F or M/T/Th or T/Th/F
2 full days: T/Th

3 half days: M/W/F or M/T/Th or T/Th/F
2 half days: T/Th

Fall Schedule: Please circle one

5 full days: Monday-Friday
3 full days: M/W/F or M/T/Th or T/Th/F
2 full days: T/Th

3 half days: M/W/F or M/T/Th or T/Th/F
2 half days: T/Th

Parent's Signature: _____

Parent's Signature: _____

Carmel Mountain Preschool Student Name:_____
9510 Carmel Mountain Road • San Diego, CA 92129 • (858) 484-4877

Carmel Mountain Preschool Parent Agreement

Please initial each of the following items and sign the bottom:

1. I understand that the weekly tuition is due on Monday of each week. I understand that the monthly tuition is due by the 1st of each month A late fee of $35.00 will be charged to my account if tuition is not received by Friday (for weekly) and by the 5th (for monthly). _____
2. I understand that a late fee of $25.00 per week will be charged to my account for any incomplete registration paperwork. (Enrolled families have a 2-week grace period from due date. New families have a 2-week grace period from 1st day of school.) _____
3. I understand that Carmel Mountain Preschool reserves the right to (a) close the school, revise the school calendar, and determine instructional times, schedules and methodologies and (b) determine staffing needs and modify faculty and staff schedules and responsibilities and/or terminate it's services. _____
4. I understand that it is my responsibility to notify CMP office staff upon arrival if my child is on medication or has received immunizations or allergy tests within the last 24 hours. _____ __
5. I understand that I am required by California State Law to sign my child in and out of school each day. CMP hours of operation are 7:00am-5:30pm. _____ ___
6. I understand that Carmel Mountain Preschool does not dispense any medications (except asthma inhalers & EpiPens). _____
7. I understand that all fees are nonrefundable. _____
8. If you choose to withdraw your child from CMP and want to guarantee your child's enrollment for a Summer or Fall start date you may pay a Guarantee Placement Fee (GPF) of $985.00. GPF of $985.00 will be charged at the time of withdrawal along with our annual nonrefundable Registration Fee (if applicable), Materials Fee (if applicable), and first week of tuition. GPF is nonrefundable and not credited towards tuition. _____
9. I understand that tuition at CMP is only payable through Tuition Express. _____
10. I understand that all payments returned by the bank will be charged a $25.00 processing fee. _____ _
11. I understand that Carmel Mountain Preschool will be closed on the following dates for the 2019-2020 school year: Open House 8/15, Labor Day 9/2, Veteran's Day 11/11, Thanksgiving 11/28-11/29, Winter Break 12/23-1/1, MLK Day 1/20, President's Day 2/17, Winter In-Service 2/18, Spring In-Service 4/16-4/17, Memorial Day 5/25, Summer In-Service 6/11-6/12, Independence Day 7/3, Fall In-Service 8/12-8/14. _____
12. The full tuition payment (whether weekly or monthly) is due and payable regardless of the number of days attended, days CMP is closed, number of weeks in the month, or absence for any reason. Children who miss a scheduled day may not then attend school on an unscheduled day. _____
13. I understand that Carmel Mountain Preschool is a "**peanut free zone**." _____
14. I understand that CMP does not allow any hand sanitizer or spray sunscreen on campus. _____

Carmel Mountain Preschool Parent Agreement

Please initial each of the following items and sign the bottom:

15. I understand that CMP encourages students to play outside and participate in art/gardening and does not take responsibility for stained/damaged clothes and shoes. Please dress your child appropriately to play. _____
16. I understand that a change of schedule request requires a 60-day written notice and completion of a CMP Schedule Request Form. Schedule changes are accommodated based on availability. _____
17. I understand that withdrawal from Carmel Mountain Preschool requires a **60-day** written notice to the Director and completion of a CMP Withdrawal Form. _____
18. I understand that CMP allows summer withdrawals only on two 2 specific dates. Last day of the traditional school year (mid-June) and last day of summer program (mid-August). Specific dates adjust annually. When you choose to enroll your child in CMP Summer Camp Program full tuition is due and payable for the entire 9-week program. CMP does not allow withdrawal during the 9-week Summer Camp Program. _____
19. I understand that in the event of circumstances having a significant impact upon the health or safety of students, faculty, and/or staff or the cost or feasibility of school operations, including events such as a acts of God, weather emergency, natural disaster, war, epidemic, pandemic, famine or other public health emergency, government directive, or other circumstances beyond the CMP's control, I understand the numbers 1, 2, 7, 8, 9, 10, 12, 16, 17, and 18 above remain in effect and I am still obligated to comply with those provisions._____
20. I understand that CMP complies with the Healthy Schools Act and have received notification regarding pesticide use. _____
21. I have read, understand and agree to the "Parent Handbook" located under "Resources" on the Carmel Mountain Preschool website. _____

Parent's Signature_____ Date_____

Parent's Signature_____Date_____

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

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

_____ 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
( )	( )

carmel
Mountain Preschool

PHOTO AND WEBSITE RELEASE

Carmel Mountain Preschool has permission to photograph my child during school and on school field trips. I understand my child's picture may appear in local news publications, school newsletters, marketing materials, and on the Carmel Mountain Preschool website.

NAME:_____

SIGNATURE:_____

DATE:_____

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: _____

   Licensing Office Address: _____

   Licensing Office Telephone #: _____

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

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.

_____
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

Mountain Preschool

CMP Parent Video/Audio Recording Acknowledgement and Consent Form

About Our Services. Carmel Mountain Preschool offers WatchMeGrow video services which provides administrators of Center with the ability to view and listen, only at applicable locations where such recording is enabled, to the activities of all individuals on their premises for their internal purposes ("Recordings"). If you would like more information about WatchMeGrow please contact Pauline Condrick/Arianne Bettazzi or visit WatchMeGrow online at www.watchmegrow.com. In consideration for the services provided by Carmel Mountain Preschool, I hereby agree to the following:

1. I hereby expressly confirm my consent to the streaming and recording video and audio, where the Recordings are applicable, of myself and my child while on Carmel Mountain Preschool premises as referenced above for the Video Streams and Recordings. I understand and agree that the Video Streams and Recordings may capture sensitive information about me or my child, including my and my child's presence on Carmel Mountain Preschool premises, and that neither I nor my child has an expectation of privacy on the Carmel Mountain Preschool premises as it pertains to the Video Streams and Recordings.
2. I hereby expressly grant permission to Carmel Mountain Preschool to use and store the Recordings for purposes of permitting Center administrators to monitor the video for internal purposes.
3. I hereby release and discharge Carmel Mountain Preschool and WatchMeGrow from any and all liability arising out of my participation in the Video Streams and Recordings referenced above, including but not limited to my rights of privacy or publicity or copyright. I hereby acknowledge and agree that the Recordings are the sole property of Carmel Mountain Preschool. By executing this consent, I also hereby release Carmel Mountain Preschool and WatchMeGrow from any and all claims, demands, liabilities, suits, judgments, damages, actions or other rights that I have, or in the future may have, arising out of or from the use of such Video Streams and Recordings.
4. This Authorization, Consent and Release will be governed in accordance with the law of the State of California without giving effect to any conflicts of laws principles that may require the application of the laws of a different jurisdiction. Any claims relating hereto will be brought in the state and federal courts in California and I hereby submit to personal jurisdiction in such venues. I hereby waive any and all equitable and injunctive rights and acknowledge that my sole remedy for a breach of this release or otherwise shall be an action at law for damages.
5. I verify that I have authority to enter into this agreement and that I and my heirs will be bound by its terms. This Consent contains the full terms of my authorization, consent and release intended hereby and may not be changed except in writing signed by both Carmel Mountain Preschool and me.

Acknowledgement. I ACKNOWLEDGE AND AGREE THAT CARMEL MOUNTAIN PRESCHOOL MAY RECORD VIDEO AND AUDIO IN THE FORM OF THE RECORDINGS, WHERE APPLCIABLE, OF MYSELF AND MY CHILD WHILE ON CARMEL MOUNTAIN PRESCHOOL PREMISES FOR THEIR INTERNAL ADMINISTRATIVE USE. I REPRESENT AND WARRANT THAT I HAVE CAREFULLY READ THIS CONSENT AND UNDERSTAND THAT IT IS A RELEASE OF ANY RIGHT I MIGHT HAVE TO BRING CERTAIN LEGAL ACTION AND THAT I AGREE TO BE BOUND BY THESE TERMS.

Your Name	Your Signature	Today's Date
Your Name	Your Signature	Today's Date

Carmel Mountain Preschool
9510 Carmel Mountain Road • San Diego, CA 92129 • (858) 484-4877

Carmel Mountain Preschool Emergency Kit Request

In the event of an emergency that requires the staff and students to leave the facility, we require that you provide an emergency kit for your child. Please prepare an emergency kit with the following items:

- Sweatshirt (preferably oversized)
- Family Photo (for identification purposes)
- Granola Bar
- Bottled Water
- Index Card with the following information:
    - Both parent's names and contact information
    - Out of town contact with phone number

It is very important that your child arrives on their first day with an emergency kit. The items of the kit should be placed in a large Ziploc bag and clearly labeled.

Carmel Mountain Preschool Authorization for Sunscreen

Carmel Mountain Preschool has my permission to apply sunscreen, which I provide, on my child as needed.

Child's Name_____Classroom_____

Brand of Sunscreen_____
(Please label the bottle with your child's name)

Parent's Signature_____Date_____

Parent's Signature_____Date_____

CARMEL MOUNTAIN PRESCHOOL
PESTICIDE NOTIFICATION

Dear Parents,

The Healthy Schools Act of 2000 (as amended by Assembly Bill 2865, Chapter 865, and Status of 2006) requires that all schools and child day care centers provide parents or guardians of children who are enrolled at the facility with the annual written notification of expected pesticide use. The notification will identify the active ingredients in each pesticide product and will include the Department of Pesticide Regulation's School Integrated Pest Management (IPM) Web site (http://www.schoolipm.info) for further information on pesticides and their alternatives. We will send out annual notifications.

The following pesticides will be used at Carmel Mountain Preschool:

- Aluminum Phosphide, manufacturer: Pestcon Systems, Inc. EPA ref #: 72939-1-5857
- Bifen L/P Insect Granules, manufacturer: Control Solutions, Inc. EPA ref #: 53883-124
- Demand CS Dilution Rate: 0.0515 % in water, manufacturer: Syngenta, EPA ref # 100-1066
- Maxforce FC (Roach bait), manufacturer: Bayer Environmental Science, EPA ref # 432-1259
- Termidor SC diluted to 0.06% with water, manufacturer: BASF, EPA reg. no.: 7969-210
- P.C.Q (Diphacinone), manufacturer: Bell Laboratories, Inc. EPA ref # 1245-50003AA

Intended application will be the fourth Saturday of each month.

Parents or Guardians are notified of pesticide applications monthly on the fourth Saturday each month and a reminder will be posted in the office lobby at least 72 hours before pesticides are applied. Please sign below to acknowledge that you are aware of Carmel Mountain Preschools pesticide notification procedure.

_____ _____
Name of Parent/Guardian Date

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME		
.Mission Valley Regional Office		
ADDRESS		
7575 Metropolitan Drive, #110		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Diego		

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)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(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 for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints 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://ccld.ca.gov/contact.htm**.

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

CHILD' S NAME SEX	BIRTH DATE
FATHER'S/FATHER'S DCMEST IC PARTNER'S NAME	DOES FATHER/FATHIR'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'SIMOTHER'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 PHYSICALIMEDICAL EXAMINATION

DEVELOPMENTAL HISIORV *(•Formtants and preschool age chlldren onivi*

WALKED AT* MONTHS BEGA N TALKING AT* MONTHS TO IL ET T RAINING STARTED AT* MCNTHS

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHE R SER IOUS OR SEV ERE ILLNESSES OR ACCIDEN TS

DOES CHILD HAVE FREOJ ENT COLDS? ☐ YES ☐ NO HOW MANY IN LAST YEAR? LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (* *For infants and preschoo-lage children only)*

WHAT TIME DOES CHILD GET UP?*	WHATTIME DOES CHILD 00 TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?•	HOW LO NG?*

DIET PATTERN (What does child usually eat for these meals?)	BR EAKFAST	WHAT ARE USUAL EATING HOURS? BREAKFAST
	LUNCH	LUNCH
	DINNER	DINNER

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED? * IF YES, AT WHAT STAGE•) YES 0 NO	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO WHAT IS USUAL TIME?*
WOR D USED FOR "B OWEL MOVEMENT*	WORD USED FOR URINATION*

PARENT'S EVALUATON OF CHILD'S HEALTH

IS CHILD PRESE NTLY UNDER A DOCTOR'S CARE? IF YES. NAME OF DOCTO,R ☐ YES ☐ NO	DOES CHILD TAKE PRESCRIBED MEDICATICXI(S) ? IF YES, WHAT KIND ANO ANY SIDE EFFECTS ☐ YES ☐ NO
DOES CHILD US ANY SPECIAL OEVICE(S) IF YES. WHAT KIND ☐ YES ☐ NO	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? IF YES, WHAT KIND: 0 YES O NO

PARENT'S EVALUATION OF CHILD S PERSONALITY

HO'# DOES CHILD GET ALONG WITH PARENTS. BROTHERS. SISTERS AND OTHER CHILDREN?

HAS T HE CHILD HAD GFOUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PFDBLEMS/FE.ARS JNEEDS1 (EXP LAIN.)

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

__Carmel Mountain Preschool_____. This Child Care Center/School provides a program which extends from 7 : 0
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5:30 a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

TUITION Express
ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize_____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____ DEPOSITORY - Bank or Credit Union Name _____

Address _____ Bank or Credit Union Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type: ☐ Checking ☐ Savings

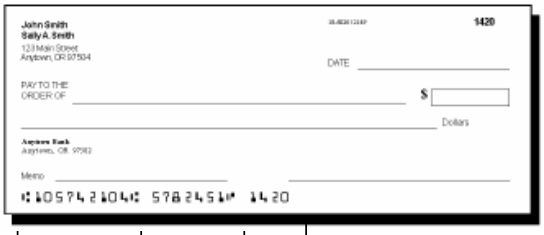
Routing Transit Number (see sample below) _____ **Account Number** (see sample below) _____

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number | Account Number | Check Number

carMel
Mountain Preschool

Parent and Student Code of Conduct

Family/School Relationship Policy

Carmel Mountain Preschool is committed to providing a safe and supportive environment which promotes growth and a love of learning for both children and staff. We believe children benefit most from a collaborative relationship between the school and our families to best support a child's physical, emotional and intellectual growth.

We strive to create an environment of open communication and respectful sharing of concerns that will lead to prompt resolution of any issue to everyone's satisfaction. Should the need arise, please inform the director of any conflict and we will assist promptly.

Our staff strives to foster the unique potential and growth of each of our children, so it is essential that they feel supported by our school and families. For that reason, we ask for respectful behavior from our parents at all times. We realize that a hostile school environment can be the result of parents who are unsupportive of the school and its mission. We reserve the right to dis-enroll any family at any time without notice for the following behaviors. This includes behavior towards the children, staff or other CMP families. It includes, but is not limited to:

- Use of inappropriate language towards or in front of staff, families or children
- Unprofessional behavior
- Yelling in a loud voice
- Physical harm or intimidating behavior
- Threatening or intimidating language or behavior
- Harassment, including face to face contact and social media
- Speech that harms the school's reputation

Student Behavioral Policy

We help children develop empathy, and learn to consider and respect others and the environment around them. Children are encouraged to solve as many of their own problems as possible under the guidance of a staff member. When a staff member intervenes, we use redirection, positive reinforcement and calming moments, which are all used to help children self-regulate their behavior.

Parents are included in this discipline process so children can see that both parents and teachers reinforce limit setting and appropriate behavior. Parents are notified verbally or in writing regarding discipline actions taken by the teacher, to better aid the child in improving their behavior.

We enact a multi-step process to counsel families when the following have occurred:

- A child displays aggressive behavior for an excessive amount of time.
- The behavior is inappropriate and excessive for the child's age.
- Parents are unwilling to support the child and school in the remediation of the behavior.
- Parents are unwilling to seek outside professional help, if deemed necessary.

In the interest of maintaining a safe and productive learning environment, CMP reserves the right to exclude any child from the program for a specified period of time or to terminate any child's enrollment if the behavior cannot be corrected. In addition, CMP has the authority to release a child at any time who is posing a safety risk to themselves, other children or staff. Examples of unacceptable behaviors include, but are not limited to: excessive hitting, biting, pinching, pushing, kicking, profane language, excessive tantrums or excessive non-compliance. Carmel Mountain Preschool maintains appropriate staff/student ratios to ensure the best possible experience for our children and we are unable to provide one-on-one care.

No Smoking Policy

Carmel Mountain Preschool buildings and property are designated as nonsmoking areas, as per California state law. This includes playgrounds, buildings, parking lots, sidewalks and 50-ft perimeter around our buildings. All employees follow strict adherence to our nonsmoking policy. We ask parents to respect this policy as a matter of consideration for students and staff.

We Encourage Getting Messy & Play Policy

"Dressing for success in preschool means dressing for a mess." Carmel Mountain Preschool strongly encourages our students to play and get messy and learn through all of their senses. Parents understand that they are to send their children to preschool in clothes that may get covered in mud, paint, food, and a variety of other age-appropriate products. Children should arrive at preschool in shoes that allow them to run, jump, ride bikes, climb and be a child safely. Children have the choice to remove their shoes on the playground if the teacher determines it is safe.

I agree to Carmel Mountain Preschool's Parent & Student Code of Conduct.

Parent's Signature:_____Date: _____

Parent's Name (Please Print): _____

Child's Name:_____Child's Date of Birth: _____

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Mountain Preschool

Parent Waiver, Release, Hold Harmless, and Indemnification Agreement

Please initial each line and sign and date at bottom.

As Consideration for being allowed to enter the Carmel Mountain Preschool campus and/or participate in any program or event at Carmel Mountain Preschool, the undersigned, on his or her behalf, and on the behalf of the participant identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I am the participant's_____(relation to participant). I represent that I am the parent or legal guardian of the participant named below and I have permission to execute this agreement on their behalf._____.

   _____ _____

   Participant Name Date of Birth of Participant

2. I acknowledge and understand that there are risks associated with participation in Carmel Mountain Preschool activities, events, interactions with animals, and the use of play areas including the entire campus and/or inflatable equipment. These risks include, but are not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death._____.

3. I, for myself and the participant named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume._____.

4. I agree that the participant named, and I shall comply with all stated and customary terms, posted safety signs, rules, parent code of conduct, parent orientation handbook, and verbal instructions as conditions for participation in any event and/or program at Carmel Mountain Preschool._____.

5. I, for myself, the participant named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owners of Carmel Mountain Preschool, their predecessors, parents, subsidiaries, affiliates, officers, and employees for any defense costs or expenses arising from any and all claims, injuries, liabilities, or damages arising from participation._____.

6. The participant and I are both of physical ability to participate and I am legally competent to understand and execute this agreement. I hereby execute this agreement without coercion.____.

_____ _____ _____

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Carmel Mountain Preschool
9510 Carmel Mountain Road • San Diego, CA 92129 • (858) 484-4877

Carmel Mountain Preschool Waitlist Signature Page

Please initial each of the following items and sign the bottom:

1. I understand that to be placed on the Carmel Mountain Preschool waitlist a CMP Registration Packet must be completed and submitted. _____

2. I understand that payment of Carmel Mountain Preschool annual **non-refundable** Registration Fee of $180.00 and annual **non-refundable** Material Fee of $215.00 is required to be to be placed on the CMP waitlist._____

3. I understand that Carmel Mountain Preschool cannot guarantee a start date without payment of a Guaranteed Placement Fee. _____

4. I understand that Carmel Mountain Preschool may have policy, procedure, and tuition changes and that I will receive notification of changes via email. _____

5. I understand that if I receive an offer of classroom placement that I have 24 hours to accept the placement and 3 days to pay all owed fees including the first week of tuition. _____

6. I understand that if I receive an offer of classroom placement and the spot is immediately available my child must start within 2 weeks of the offer or begin paying tuition 2 weeks from the date of the offer. _____

7. Summer and Fall start dates without payment of a Guarantee Placement Fee will be notified with enrollment confirmation five weeks prior to desired start date._____

8. I have read, understand, and agree to waitlist policies posted on CMP's website at https://carmelmountainpreschool.com/resources/waitlist-policy/. _____

Parent's Signature_____**Date**_____

Parent's Signature_____**Date**_____

carMel
Mountain Preschool

Name_____
Date_____

How did you hear about Carmel Mountain Preschool?

- Referral
(name)_____
"CMP Thank a Family Referral"
- Drive By_____
- CMP Website_____
- Internet_____
- Other_____
- Sibling attended_____
- Family or Parent Magazine (name)_____
- Brochure_____

Which factors most influenced your choice of Carmel Mountain Preschool?

_____ Price _____Curriculum _____Location
_____Qualifications of Staff _____Security _____Philosophy
_____ Facility _____Small Class Size _____Acreage
_____ Playgrounds _____Extra Curricular Programs

Other_____
_____
_____
_____
_____

1st Family Referral Reward

Referring Family/Teacher*:_____

Family Referred:_____

1st Referral = 1-week free tuition credit** or $150 Gift Certificate (circle one)

Referral Reward paid out on enrolling student's twelfth week of enrollment.

carMel Mountain Preschool

Valid 8/21/17 – 8/17/18. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

2nd Family Referral Reward

Referring Family/Teacher*:_____

Family Referred:_____

2nd Referral = 1-week free tuition credit** or $250 Gift Certificate or IPad Mini (circle one)

Referral Reward paid out on enrolling student's twelfth week of enrollment.

carMel Mountain Preschool

Valid 8/21/17 – 8/17/18. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

3rd Family Referral Reward

Referring Family/Teacher*:_____

Family Referred:_____

3rd Referral = 1.5 weeks' free tuition credit** or $350 Gift Certificate (circle one)

Referral Reward paid out on enrolling student's twelfth week of enrollment.

carMel Mountain Preschool

Valid 8/21/17 – 8/17/18. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

4th Family Referral Reward

Referring Family/Teacher*:_____

Family Referred:_____

4th Referral = 2 weeks' free tuition credit** or $450 Gift Certificate or IPad (circle one)

Referral Reward paid out on enrolling student's twelfth week of enrollment.

carMel Mountain Preschool

Valid 8/21/17 – 8/17/18. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

1st Teacher Referral Reward

Referring Family/Teacher*:_____

Teacher Hired:_____

1st Referral = $150 tuition credit or $125 Gift Certificate (circle one)

Referral Reward paid out upon teacher completing twelve weeks' employment at CMP.

Valid 8/21/17 – 8/17/18. *Name must match employee application packet.

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2nd Teacher Referral Reward

Referring Family/Teacher:_____

Teacher Hired:_____

2nd Referral = $200 tuition credit or $175 Gift Certificate (circle one)

Referral Reward paid out upon teacher completing twelve weeks' employment at CMP.

Valid 8/21/17 – 8/17/18. *Name must match employee application packet.

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3rd Teacher Referral Reward

Referring Family/Teacher:_____

Teacher Hired:_____

3rd Referral = $300 tuition credit or $275 Gift Certificate (circle one)

Referral Reward paid out upon teacher completing twelve weeks' employment at CMP.

Valid 8/21/17 – 8/17/18. *Name must match employee application packet.

carMel Mountain Preschool

4th Teacher Referral Reward

Referring Family/Teacher:_____

Teacher Hired:_____

4th Referral = $400 tuition credit, $375 Gift Certificate, or IPad Mini (circle one)

Referral Reward paid out upon teacher completing twelve weeks' employment at CMP.

Valid 8/21/17 – 8/17/18. *Name must match employee application packet.

carMel Mountain Preschool

Parent Preferences Questionnaire

Welcome to a wonderful new school year at Carmel Mountain Preschool! We want to make this school year easier for you and your preschooler, but we need your help! Please answer the following questions and let us know what is best for your family needs. We will do our best to meet your requests in accordance with our philosophy and core values. Thank you!

Parent's Name completing Questionnaire: _____ Date: _____

Name of Child: _____

Who does your child primarily reside with?

_____

Is there anyone else (friends or family) that also resides in your home?

_____

_____

Other than yourself, is there anyone else who has cared for your child?

_____

_____

In general, what is your preferred method of communication?

- ☐ EMAIL
- ☐ TEXT
- ☐ PHONE CALL
- ☐ IN PERSON

In general, what is your spouse's preferred method of communication?

- ☐ EMAIL
- ☐ TEXT
- ☐ N/A
- ☐ PHONE CALL
- ☐ IN PERSON

If we need to call because your child is ill or injured, what is the order that you would like us to contact you, your spouse, and blue card family/friends for pick up?

1. _____Phone Number:_____
2. _____Phone Number:_____
3. _____Phone Number:_____
4. _____Phone Number:_____
5. _____Phone Number:_____

If your child receives an ouch report which parent would you like to be notified?

- ☐ Please only call us if our child needs to be picked up.
- ☐ Please only call _____
- ☐ Please call_____, If unavailable please call _____
- ☐ Please call both parents for every incident.

If your child receives an ouch report and we need to contact you, how persistent would you like us to be?

- ☐ Please only call me if my child needs to be picked up.
- ☐ A text is sufficient.
- ☐ An email is fine with me. I'll email/call back if I need more information or have questions.
- ☐ One phone call is fine with me. I'll call back if I need more information or have questions.
- ☐ Please be sure to call me so that I can talk to someone about my child

It is our policy to call parents when there is an injury to the head or face of your child. If your child receives a less severe injury, what is your communication preference?

- ☐ Standard ouch report in my child's art folder is enough for me.
- ☐ Email or phone call for all ouch reports on my child.

We believe that children learn best through sensory play. We invite our preschoolers to get messy and muddy while learning and playing. Dressing for success in preschool means dressing for a mess.

- ☐ I support and understand my child getting muddy and messy through art and play.
- ☐ I need more clarification on why getting muddy and messy is important for success in preschool.

We allow our children to remove their shoes to play on the playground if they are able to put them back on themselves or if parents/teachers are willing to work with the child. What is your preference on shoes on the playground?

- ☐ I am ok with my child removing their shoes on the playground (my child can put their shoes back on themselves).
- ☐ I am ok with my child removing their shoes on the playground (both the teacher and I will need to work with my child to help them learn to put their shoes back on).
- ☐ I need more clarification on why being able to take off shoes on playground is beneficial to child development.

How does your child communicate their needs?

- ☐ words (languages spoken at home:_____)
- ☐ gestures
- ☐ sign language
- ☐ other: _____

Are there any special instructions or suggestions when it comes to your child's eating?

_____
_____
_____

Do you have any food restrictions for your child?

- ☐ I do not have any food preferences.
- ☐ My child is a vegetarian.
- ☐ My child may only have food I provide.
- ☐ I do not allow my child to have the following: _____

Any routines or anything we need to know in regards to your child napping?

_____
_____
_____

Please tell us more about your family traditions and celebrations:

_____
_____

Are there any celebrations you want your child to abstain from?

_____
_____

How does your child like to be comforted?

_____
_____
_____

What are some of your child's interests, favorite toys, and favorite books?

_____
_____
_____

How does your child express anger or react to frustration?

_____
_____
_____

How does your child express feelings of pleasure, happiness or joy?

_____
_____
_____

Do you have any specific requirements for your child such as hats, sunglasses, sunscreen, etc.?

_____
_____
_____
_____
_____

If you are out of town, is there anything we can do to make your child's life easier?

_____
_____
_____

What are your top three goals you have for your child while they are in our care?

1._____
2._____
3._____

What are your expectations of Carmel Mountain Preschool?

_____
_____
_____

How do you wish to participate in your child's classroom? (please check all that apply)

- ☐ I am too busy to participate.
- ☐ I would like to schedule a day or two to be a parent reader.
- ☐ I am interested in volunteering for field trips, special projects, or a party.
- ☐ I am interested in either planning and implanting or helping with a cooking project with my child's class.
- ☐ I am interested in sharing a specific ethnic or cultural holiday or experience with my child's class (please describe below).
- ☐ I am interested in providing projects supplies or materials.
- ☐ I am interested in teaching my child's class a new skill.
- ☐ I am interested in participating in a classroom cleanup day.
- ☐ I would love to help with class project preparation: tracing, cutting out, organizing, etc.
- ☐ Please contact me for any volunteer opportunities.
- ☐ The following family members would like to be contacted about volunteer opportunities (Please include name, phone number, and email):

_____

Is there any other information you would like to share with us about your child?

_____
_____
_____

Carmel Mountain Preschool Parent Field Trip Policy & Procedures

Carmel Mountain Preschool has off-campus field trips throughout the school year - please check with your child's teacher or our online calendar with dates of field trips.

1. Students must be potty-trained to attend an off-campus field trip.
2. All children who attend the field trip must have a parent signature on the *Permission Slip* sign-up sheet which is located on your classroom's parent board.
3. Children will go to and from the field trip in a chartered school bus with seat belts. If you want to drive your child to and from the field trip you may do so, please communicate with your child's teacher if you choose to do this.
4. Parents are not allowed to drive other students to and from field trip.
5. CMP encourages children who are not scheduled on the day of the field trip to meet their class at the field trip destination. This is not a family or neighborhood event so please just you and your child. Alternatively, you may check with the front office if your child can add that day so you do not have to accompany your child - availability based on student-to-teacher ratios.
6. If you do not want your child to attend the field trip they will need to stay at home that day, as we do not have extra staff to accommodate them at CMP.
7. The size of charter bus will determine the number of parent/grandparent volunteers we are able to accommodate on bus. If you are volunteering please communicate to your child's teacher about whether there is availability for you to ride on the bus or if you will need to drive and meet your child's class there.
8. Students must remain under the supervision of the teacher at all times. The entire class must stay together. Parent/grandparent volunteers can be assigned individual children or small groups, but must remain with the group.
9. Parent/Grandparent volunteers who attend field trips are asked to be present and attentive to children and refrain from distractions such as cell phones.
10. Parents/grandparents who have been designated "parent helpers" may not bring siblings, older or younger, as they cannot properly take care of their children while being a conscientious parent helper.
11. If you attend the field trip please do not purchase or bring any outside food for your child or other children. We will provide snacks and water. We have several allergies in our classrooms and children may not share food.
12. If you choose to purchase an educational souvenir or book for your child at the field trip please wait to purchase until other children are loaded on the bus unless you plan on purchasing one for each student in the class.
13. All parent/grandparent volunteers attending the field trip must park in top parking lot if they ride the chartered bus.

I understand and agree to Carmel Mountain Preschool's field trip policies.

Parent's Signature: _____ **Date:** _____

Student's Name: _____ **Classroom:** _____

carMel
Mountain Preschool

Classroom Observation Consent Form

Child's Name:_____ Date:_____

Child's DOB:_____

Parent / Guardian Name and Phone Number:_____

I,_____, as the parent/legal representative of _____give consent for having a speech-language pathologist and occupational therapist to observe my child in the classroom at Carmel Mountain Preschool and possibly provide feedback and/or recommendations to staff that fall within the scope of speech/language pathology practice as defined by the State of California, Occupational Therapy Association of California and the American Speech- Language-Hearing Association. I acknowledge that this consent pertains to classroom observations.

By signing this form, I acknowledge that I have read and understand the contents and am competent to execute it or if executed on behalf of another, I am authorized to execute it on behalf of that person.

Parent / Guardian Signature_____ Date_____

Phone 858.484.4844 · Fax 858.484.7442 · Carmel Mountain Road · San Diego, CA 92129 www.carmelmountainpreschool.com

carmel Mountain Preschool
9510 Carmel Mountain Road • San Diego, CA 92129
(858) 484-4877 • fax (858) 484-7443

I have been given ample time to read, understand, and familiarize myself with Carmel Mountain Preschool's 2018/2019 Parent Orientation Handbook available on Carmel Mountain Preschool's website under "Resources" listed as a form.
I have read, understand, and will adhere to Carmel Mountain Preschool's 2018/2019 Parent Orientation Handbook:

Student's Name_____ Classroom_____

Mother's Signature_____ Date_____

Father's Signature_____ Date_____