

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, Outdoor Learning Decks 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 virtual 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 virtual tour you can see our beautiful grounds 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

Pauline Condrick

Founder

Arianne Condrick-Bettazzi

Arianne Condrick-Bettazzi

Executive Director

Donna Taconi

Donna Taconi

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



Registration Packet

carmel

Mountain Preschool

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:

- | | |
|---|--|
| <input type="checkbox"/> Emergency Form | <input type="checkbox"/> Consent for Emergency Medical Treatment |
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Photo and Website Release |
| <input type="checkbox"/> Tuition Policy Agreement | <input type="checkbox"/> Video/Audio Recording Consent Form |
| <input type="checkbox"/> Parent Agreement | <input type="checkbox"/> Pesticide Notification |
| <input type="checkbox"/> Parent's Rights Form | <input type="checkbox"/> Parent's Preadmission Health History |
| <input type="checkbox"/> Personal Right's Form | <input type="checkbox"/> Emergency Kit |
| <input type="checkbox"/> Physician's Report | <input type="checkbox"/> Parent & Student Code of Conduct |
| <input type="checkbox"/> Copy of Immunization Schedule | <input type="checkbox"/> Parent Waiver |
| <input type="checkbox"/> Parent Handbook | <input type="checkbox"/> Parent Field Trip |
| <input type="checkbox"/> Waitlist Policy Acknowledgment | <input type="checkbox"/> Classroom Observation Waiver |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Tuition Express |
| | <input type="checkbox"/> Parent Preferences |

Office Use Only:

- Input in Procare
 Immunization Input
 Email to Mail Chimp



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 _____



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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: _____



9510 Carmel Mountain Road, San Diego, CA 92129

EMERGENCY FORM

Child's Name _____ Age _____ Boy ___ Girl ___ Birthdate _____

Address _____

Street Address

City

State

Zip

IF AT ANY TIME PERSONAL INFORMATION CHANGES, PLEASE NOTIFY THE OFFICE IMMEDIATELY

Parent 1 Name _____ Cell # _____ Work # _____

Parent 2 Name _____ Cell # _____ Work # _____

Other people to notify in case of illness or emergency if neither parent can be contacted:

Doctor _____ Phone # _____

Name _____ Cell # _____ Work # _____

Name _____ Cell # _____ Work # _____

Name _____ Cell # _____ Work # _____

The following people have my permission to pick up my child _____

I hereby authorize emergency medical personnel to treat the above named child if none of the above named persons can be contacted or if the illness or injury is such that, in the opinion of the CMP staff, emergency medical care should be obtained without delay. The authorization is subject to the following special conditions i.e. allergies, etc.

Allergies _____

Special health conditions/limitations _____

Parent 1's Signature _____ Date _____

Parent 2's Signature _____ Date _____



9510 Carmel Mountain Rd · San Diego, CA 92129
(858) 484-4877 · Fax (858) 484-7443

Student Name: _____

Classroom #: _____

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 its 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 digitally sign my child in and out of school each day with a full adult digital signature. After a fourth missed sign in or out per month, I understand my account will be charged a \$25 signature fee for each additional missed signature. 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 \$1095.00. GPF of \$1095.00 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 2024-2025:

Ice Cream Social close at 4:15 9/11-9/12/2024, Staff Development 10/14/2024, Staff Development 11/11/2024, Thanksgiving 11/28-11/29/2024, Winter Break 12/23/2024-1/1/2025, Martin Luther King Jr. Day 1/20/2025, Staff Development 1/21/2025, President's Day 2/17/2025, Staff Development 4/11/2025, Open House/Art Show close at 4:15 4/29-5/1/2025, Memorial Day 5/26/2025, Staff Development 6/11-6/13/2025, Independence Day 7/4/2025, Staff Development 8/13-8/15/2025. _____

12. I understand that CMP closes at 4:15pm on April 29- May 1, 2025 for our annual Art Show and Open House. This will only effect your child's classroom day. Check our website for dates.

13. 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. _____

14. I understand that Carmel Mountain Preschool is a "**peanut free zone**". _____

15. I understand that CMP does not allow any hand sanitizer or spray sunscreen on campus.

16. 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. _____

17. I understand that my child will need to bring rain boots, a rain jacket, and rain pants on rainy days. _____

18. 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. _____

19. I understand that withdrawal from Carmel Mountain Preschool requires a 60-day written notice to the Director and completion of a CMP Withdrawal Form. _____

20. 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. _____

21. 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, 13, 18, 19 and 20 above remain in effect and I am still obligated to comply with those provisions. _____

22. I understand that CMP complies with the Healthy Schools Act and have received notification regarding pesticide use. _____

23. I understand in order to protect the safety and well-being of children, staff and parents at CMP, if my child has any of the following conditions, situations, or symptoms he or she is not allowed on the CMP Campus: temperature over 100.4 degrees, diarrhea, vomiting, jaundice, sore throat with fever, shortness of breath, dry cough, chills, repeated shaking with chills, muscle pain, headache, loss of smell or taste, infected cuts or wounds or lesions containing pus on an exposed body part. _____

24. I understand rest time is schoolwide from 12:30-2:30 pm every day. Children must stay on their mats quietly during rest time. _____

25. Behavior action plans will be implemented when necessary. Parents are required to work with CMP to support behavior plans. _____

26. I understand that CMP values and respects all children, cultures, and family dynamics. Our CMP library is diverse and explores all ethnicities, traditions, and family households. _____

27. I have read, understand, and agree to the CMP 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

_____ Carmel Mountain Preschool _____ 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: Community Care Licensing
 Licensing Office Address: 7575 Metropolitan Drive, Suite 110, San Diego, CA 92108
 Licensing Office Telephone #: (619) 767-2215

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.

Carmel Mountain Preschool

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



Carmel Mountain Preschool
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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 San Diego	ZIP CODE 92108	AREA CODE/TELEPHONE NUMBER (619) 767-2254

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) Carmel Mountain Preschool	(PRINT THE ADDRESS OF THE FACILITY) 9510 Carmel Mountain Road, San Diego CA 92129
---	--

(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://cclid.ca.gov/contact.htm>.

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

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

DEVELOPMENTAL HISTORY (*For infants and preschool age children only*)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
------------	--------	-------------------	--------	-----------------------------	--------

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (** For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN (What does child usually eat for these meals?)	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*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	0	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? IF YES, NAME OF DOCTOR	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? IF YES, WHAT KIND AND ANY SIDE EFFECTS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES CHILD USE ANY SPECIAL DEVICE(S) IF YES, WHAT KIND	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO	0 YES 0 NO

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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 ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
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: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

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.



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 Carmel Mountain Preschool (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: <input type="checkbox"/> Checking <input type="checkbox"/> 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 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 \$285.00 and annual non-refundable Material Fee of \$295.00 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 _____



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.

Valid 1/1/24– 12/31/25 *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

carMel
Mountain Preschool

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.

Valid 1/1/24– 12/31/25. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

carMel
Mountain Preschool

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.

Valid 1/1/24– 12/31/25. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

carMel
Mountain Preschool

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.

Valid 1/1/24– 12/31/25. *Must match referral name in registration packet ** Tuition Credit based on one child's current tuition schedule (lowest weekly tuition).

carMel
Mountain Preschool

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 1/1/24– 12/31/25. *Name must match employee application packet.

carMel
Mountain Preschool

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 1/1/24– 12/31/25. *Name must match employee application packet.

carMel
Mountain Preschool

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 1/1/24– 12/31/25. *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 1/1/24– 12/31/25. *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
- PHONE CALL
- TEXT
- IN PERSON

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

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

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: _____



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

I have been given ample time to read, understand, and familiarize myself with Carmel Mountain Preschool's 2024/2025 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 2024/2025 Parent Orientation Handbook:

Student's Name: _____ Classroom _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____