Carmel Mountain
PRESCHOOL

My Child & Me
Registration Packet

Carmel Mountain PRESCHOOL

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

Carmel Mountain Preschool Tuition Policy Agreement
My Child and Me at CMP Class

Child's Name: _____

Birthdate: _____

Parent Name: _____

Parent Name: _____

Adult's Name Attending With Child: _____

Please select your session below. Classes will be held 9:15 - 10:15AM, rain or shine.

_____ Summer Wednesdays: June 10 - August 5, 2026 (9 weeks)

Annual Registration & Materials Fees	$50.00
9 week tuition	$315.00

_____ Summer Fridays: June 12 -August 7, 2026 (8 weeks) *no class July 3, 2026

Annual Registration & Materials Fees	$50.00
8 week tuition	$280.00

_____ Fall I Wednesdays: August 19 - October 14, 2026 (9 weeks)

Annual Registration & Materials Fees	$50.00
9 week tuition	$315.00

_____ Fall I Fridays: August 21 - October 16, 2026 (9 weeks)

Annual Registration & Materials Fees	$50.00
9 week tuition	$315.00

All fees are due, and billed at the time of registration and will be deducted from your checking account via Tuition Express on the next business day. All fees are non-refundable and class sessions are not prorated for absences.

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

Carmel Mountain
PRESCHOOL

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 IMMEDIATLEY

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 _____

Carmel Mountain PRESCHOOL

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

Student Name: _____

Classroom #:_____

Carmel Mountain Preschool Parent Agreement

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

1. I understand that tuition at CMP is only payable through Tuition Express. _____

2. I understand that all payments returned by the bank will be charged a $25.00 processing fee. _____

3. 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.) _____

4. 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. _____

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

6. 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. _____

7. 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. ____

8. 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._____

9. I understand that Carmel Mountain Preschool does not dispense any medications (except asthma inhalers & EpiPens). _____

10. I understand that all fees are nonrefundable. _____

11. 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. _____

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

13. I understand that Carmel Mountain Preschool will be closed on the following dates for 2026-2027 school year:

2/16/2026 President's Day, 4/17/2026 close at 4pm, Staff Development 4/20/2026, Memorial Day 5/25/2026, Staff Development 6/3-6/5/2026, Independence Day Observed 7/3/2026, Staff Development 8/12-8/14/2026, Labor Day 9/7/2026, Staff Development 9/28/2026, Staff Development 11/11/2026, Thanksgiving 11/26-11/27/2026, Winter Break 12/24/2026-1/1/2027, Martin Luther King Jr. Day 1/18/2027, Staff Development 1/19/2027, President's Day 2/15/2027, Staff Development 4/16/2027, Memorial Day 5/31/2027, Staff Development 6/9-6/11/2027, Independence Day Observed 7/5/2027 _____

14. I understand that CMP closes at 4:00pm on April 17, 2026. _____

15. 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. _____

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

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

18. 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. _____

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

20. I understand that CMP allows summer withdrawals only on two 2 specific dates. Last day of the traditional school year (early-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 10-week program. CMP does not allow withdrawal during the 10-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, 3, 4, 5, 10, 11, 15 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. Behavior action plans will be implemented when necessary. Children must be able to participate safely and productively within a group-based early childhood program. Parents are required to work with CMP to support behavior plans. See the Parent Handbook page 11. _____

25. 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. _____

26. 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.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Carmel 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
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

LEAD TESTING AND PREVENTION INFORMATION
in Accordance with AB 2370, Chapter 676, Statutes of 2018

As part of the enrollment process, all families can view the lead exposure notification required by California Community Care Licensing. **Carmel Mountain Preschool conducts required water testing and is in compliance with all water testing requirement with no concerns identified.**

The notification is posted in Carmel Mountain Preschool's lobby and can also be accessed digitally on the Department of Social Services website at www.cdss.ca.gov/inforesources/child-care-licensing/water-testing-information .

_____ _____
Name of Parent/Guardian Date

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.

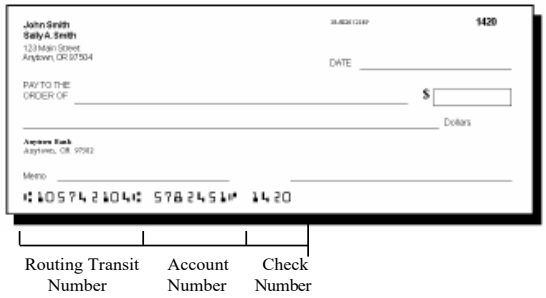
Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State Zip	City State Zip
		Type: ☐ Checking ☐ Savings
Routing Transit Number (see sample below)		**Account Number** (see sample below)

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.



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: _____

Carmel 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

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

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

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(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.

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 children 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?)		WHAT ARE USUAL EATING HOURS?
	BR EAKFAST	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?*
) YES 0 NO	☐ YES ☐ NO
WOR D USED FOR "B OWEL MOVEMENT*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILDS 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

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

I have been given ample time to read, understand, and familiarize myself with Carmel Mountain Preschool's 2026/2027 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 2026/2027 Parent Orientation Handbook:

Student's Name: _____ Classroom _____

Parent/Guardian's Signature _____ Date_____

Parent/Guardian's Signature _____ Date_____

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of [redacted], currently attending or newly enrolled at CARMEL MOUNTAIN PRESCHOOL child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

☒ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: august 22, 2025

☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: _____

☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: _____

☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE DOCUMENTS RECEIVED:
[redacted]	

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_____
_____
_____
_____
_____