

2020-2021

NORTH COTTONWOOD PRESCHOOL

19920 Gas Point Rd.
Cottonwood, CA 96022
530-347-1698
License #455407548
3 to 5 years (potty-trained)



Program	Times	Monthly Fee	
Full Day	7:00 a.m. – 5:30 p.m.	5 days \$664	3 days \$430

Orientation- There is a mandatory orientation **August 10, 2020 at 6:00pm** for all students. A parent/guardian must attend the orientation in order for students to start the program. This is a parent-focused meeting, no children please.

Enrollment – Registration is due 7 days prior to your child’s start week.

Registration Fee – New participant registration fee is \$50. For continuing children, there is an annual re-enrollment fee of \$25 due August 1st (or at time of registration for late enrollments). Registration fees are non-refundable.

Monthly Tuition - Monthly payments are divided evenly over the school year. Children enrolling mid-month will be prorated. All payments are drafted from a Credit or Debit Card the 5th of each month. There is no refund for non-attendance, cancellations, or mandated closures beyond school or district control. There is a 30-day notice required for all cancellations/ changes.

Full Year Program – North Cottonwood Preschool is open year-round, and will be closed school holidays—Labor Day, Veteran’s Day, Thanksgiving Break, Winter Break, Martin Luther King Day, Presidents Week, Spring Break, and Memorial Day. The Summer program will run June 8th to July 24th and be closed July 3rd for the Fourth of July holiday. The preschool is closed two weeks in August prior to the beginning of the new school year. The school year begins August 13th.

Extra Day – Adding an extra day to contracted schedule is \$45 per day. Payments are due the same day care occurs and must be paid by credit card. Extra Day Care is for limited use, requires a 24-hour notice, and is only available as enrollment allows.



PRESCHOOL ENROLLMENT FORM

Today's Date: ___/___/___

School Year: 2020-2021

Participant's Information

Child's Last Name: _____ First Name: _____ Mid. Intl: _____

DOB: ___/___/___ Gender: ___M ___F Parent's Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Child lives with: ___ Mother ___ Father ___ Other (Please Specify) _____

Enrollment Information

___ New/ Re-Enrollment Start Date ___/___/___ School: North Cottonwood Preschool

Please Indicate Days Needed:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Flexible

Fees and Dues

Month Recurring Fees

Standard Monthly Fee: \$ _____

Sibling Discount: \$ _____

Employee Discount: \$ _____

Monthly Total: \$ _____

Initial Payment

Registration Fee: \$ _____

First Month Fee: \$ _____

Total: \$ _____

Agreement- Please Initial

- ___ 1. I have received and understand the Cottonwood Union School Districts Parent's Manual and the current school year rate sheet.
- ___ 2. There will be no refund of fees for non-attendance, cancellation, or mandated closures beyond district control.
- ___ 3. Changes in schedule will be permitted as space allows. All changes require 30 days' written notice
- ___ 4. CWUSD can terminate this agreement if the parent or child becomes disruptive to the center or if, in the opinion of the Site Director, the child does not progress well in our environment.
- ___ 5. I understand that failure to adhere to these conditions will jeopardize continued participation in the program.
- ___ 6. While participating in the North Cottonwood Preschool, CWUSD has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____ Date: ___/___/___

Site Use Only

Accepted by: _____

Business Office Use Only

Entered By: _____



PAYMENT AGREEMENT FORM

Participant's Information

Child's Last Name: _____ First Name: _____

Billing Information (this person MUST sign this form below)

Last Name: _____ First Name: _____ Parent's Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Employer: _____ Work/Cell Phone: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Bank Draft Authorization

Primary Form of Payment

I authorize a Bank Draft in the amount of \$_____ (see monthly total on Enrollment Form) on the 5th day of Each month. The draft will occur monthly until contract is expired or terminated in writing. A minimum of 30 days' notice is required.

Credit Card Details

Name on Account: _____

Card Type: ___ MasterCard ___ Visa
 ___ Discover

Account Number: _____

Expiration Date: ___/___ Security Code: _____

OR Bank Account Details (attach a voided check)

Name on Account: _____

Routing Number: _____

Account Number: _____

Agreement- PLEASE INITIAL

- _____ 1. Monthly payments will be drafted on the 5th of each month by the ProCare System, Tuition Express. If payment is not received by the 10th day of care the child(ren) will no longer be allowed to participate in the program until fees are paid in full.
- _____ 2. Payments not honored by the bank for any reason (including returned check, NSF, closed account, invalid expiration date, referral) will incur a **returned payment fee of \$20**. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted with 24 hours of declined notification through payment system.
- _____ 3. Two or more returned drafts in a year may result in termination from the program or require payment in full for the remainder of the year.
- _____ 4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 30 days written notice required for all cancellations and changes.
- _____ 5. The Cottonwood Union School District will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.

Signature: _____

Date: _____

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

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?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ 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 type="checkbox"/> YES <input type="checkbox"/> NO		<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		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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)
North Cottonwood Preschool. This Child Care Center/School provides a program which extends from 7 : 00
(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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

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: Department of Social Services, Community Care Licensing

Licensing Office Address: 520 Cohasset Rd., Suite 170, Chico Ca 95926

Licensing Office Telephone #: 530-895-5033

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.

North Cottonwood 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 Department of Social Services, Community Care Licensing		
ADDRESS 520 Cohasset Rd., Suite 170		
CITY Chico	ZIP CODE Ca	AREA CODE/TELEPHONE NUMBER 95926

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) North Cottonwood Preschool	(PRINT THE ADDRESS OF THE FACILITY) 19920 Gas Point Rd., Cottonwood Ca96022
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
---	--------

North Cottonwood Preschool

1. Parents are required to walk their children into the classroom and sign them in upon arrival. Identification will be required to sign the child out upon leaving.
2. Individuals picking children up must be on the emergency contact form, be 18 years of age and have photo ID.
3. The preschool closes promptly at 5:30pm. There will be a late pick up fee for children who are picked up late \$20.00 flat rate plus \$1.00 per minute. In the event we cannot reach an authorized person to pick your child up by 6:30, the Shasta County Child Protection Agency will be called.
4. Late pick up policy first offense verbal warning, second offense written warning, and third offense child will be terminated from the program.
5. Medications can only be given with specific written instructions from physician. Directions on the bottle must include dosage, times and dates medication is to be administered.
6. The preschool staff will act accordingly to their best judgement in an emergency requiring medical care. Parents will be notified immediately and are responsible for cost of medical care.
7. If deemed necessary for the safety of your child and/or others, certified preschool staff have permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
8. Morning and afternoon snacks are provided daily. Children must bring a lunch from home. Cafeteria lunch is NOT provided.
9. North Cottonwood administration and/or preschool director can terminate this agreement in the parents or child becomes disruptive to the program.
10. Parents Rights and Personal Rights are located in the parent handbook.
11. The Department of Social Services, Community Care Licensing shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior notice.
12. **I understand that failure to adhere to these conditions will jeopardize continued participation in the North Cottonwood Preschool program.**

Child's Name

Parent or Guardian Signature

Date

Preschool Director Signature

Date

North Cottonwood Preschool

- 1) There is an annual, non-refundable registration fee for all new children and re-enrolling children, due at time of registration.
- 2) There is a 3-day minimum charge per week. You may choose a 3 or 5 day **contracted** schedule, Monday through Friday. A three-day schedule is available to open days. Monthly fees apply regardless of absences, illness, vacation, mandated closures beyond district control, etc.
- 3) There will be no refund of fees for non-attendance or cancellations. There is a minimum **30 day notice** required for all cancellations and changes. All schedule changes are required to be documented on the Child Care Adjustment/Cancellation form. Without a written notice of withdrawal you will be financially responsible for all fees.
- 4) Cottonwood School District has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney's fees.
- 5) Debit Card or Credit Card automatic drafts are required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date, referral) will incur a returned payment fee of \$20.00. This is in addition to any fees charged by the bank.
- 6) Monthly payments will be drafted on the 5th of month. If payment is not received by the 10th day of care the child(ren) will no longer be allowed to participate in the program until the fees are paid in full.
- 7) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the year.
- 8) Year-end tax notices are available upon request.
- 9) Cottonwood School District reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
- 10) **I understand that failure to adhere to these conditions will jeopardize continued participation in the program.**

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Cottonwood Union School District (CWUSD) and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by attending CWUSD. I take full responsibility for the welfare and safety of my minor children, during their time at CWUSD activities. I also agree to abide by the rules of CWUSD in regard to my child being in their program. CWUSD reserves the right to dismiss a child for continual behavioral problems. In case of accident or illness, the CWUSD has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release CWUSD from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from attending CWUSD. I consent to be photographed and to allow the CWUSD to use photos taken of me and/or my minor children for promotional purposes.

I have received and understand the North Cottonwood Preschool Parent's Manual and the current rate sheet.

Child's Name

Parent or Guardian Signature

Date

Preschool Director Signature

Date