



Adam Family Home Day Care

ENROLLMENT PACKET

The following forms are required to complete your child's enrollment. We must receive them prior to your child's first day. If enrolling more than one child, each child requires a separate and complete enrollment packet.

State of California Forms

- LIC 700: Identification and Emergency Information
- LIC 702: Child's Preadmission Health History
- LIC 995: Notification of Parents Rights
- LIC 613A: Personal Rights
- LIC 627: Consent for Medical Treatment

Adam Family Child Care Forms

- Provider-Parent/Guardian Child Care Contract
- Day Care Guidelines

Additional Required Items

- Copy of Immunization Records

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	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
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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?
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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*
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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

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: L.A. Day Care West District Office

Licensing Office Address: 6167 Bristol Park Way #400, Los Angeles, CA 90230

Licensing Office Telephone #: 310-337-4333

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.

Adam Family Day Care

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:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NAME

LA DAY CARE WEST DISTRICT OFFICE

ADDRESS

6167 Bristol Park Way #400

CITY

Los Angeles

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310-337-4333

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)

Adam Family Day Care

(PRINT THE ADDRESS OF THE FACILITY)

3750 Tuller Ave., Los Angeles, CA 90034

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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

Adam Family Day Care 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
()

BASIC RATES AND PAYMENT POLICIES:

The payment fee shall be \$_____ week (full-time only).

Care shall be provided normally from ____A.M. to ____P.M. on these days

(Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Additional fees (bounced check fees, late payment fees):

Registration fee (if applicable): _____

Bounced check fee: \$30 fee, all payments thereafter to be made in cash only.

Late fee: \$25 daily fee for any payments, **NOT IN FULL**, received after **Monday Evening**. If you will not be here on Monday, please post-date a check on Friday that I will hold for you so you will not be charged.

OVERTIME RATES:

1. For the purpose of this agreement, overtime will be considered as drop-off before ____A.M. to ____P.M. and pick-up after ____A.M. to ____P.M.
2. If the parent/legal guardian makes prior arrangements with the provider, the child may stay overtime at the following rate of \$_____ per _____ or portion thereof.
3. If the parent/legal guardian has not informed the provider that he or she will be arriving earlier or later than the agreed upon times, the following rate will be charged: \$_____ per _____ or portion thereof.

RATES REGARDING HOLIDAYS, VACATIONS AND OTHER ABSENCES:

1. The following are **paid** holidays when they fall on a day regularly scheduled for care: New Year’s Day, President’s Day, Martin Luther Kings Day, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day and the day after, Christmas Eve and Day, and two other religious holiday what will be notified ahead of time. If the holiday falls on a Saturday, I will be closed the prior Friday. If the holiday falls on a Sunday, I will be closed on the Monday following.
2. Provider will also receive up to one week of **paid** vacation.
3. Charges for the child’s absence are the same whether the child is in daycare or not.
4. Charges related to provider’s illness or other emergency that prohibit care would be waived for that day only and only if provider is not open for more than 5 hours for the day.

RATES REGARDING HOLIDAYS, VACATIONS AND OTHER ABSENCES

(Cont'd.):

- 5. Charges related to parent(s)/guardian(s) scheduled vacation are due in full to the provider.

The provider and the parent/guardian will each give 2 weeks advance notice of scheduled vacation or other leave.

OTHER CHARGES:

- 1. Care will begin on _____. A holding fee/deposit of \$_____ is required to be paid on _____ which will be applied to the first week and final week of payment upon termination. This is a nonrefundable fee.
- 2. Parent will pay in advance for the last week of care when giving a two-week notice.

TERMINATION PROCEDURE:

This contract may be terminated by either parent/guardian or provider by giving 2 weeks written notice in advance of the ending date. Payment by parent/guardian is due for the notice period, whether or not the child is brought to the provider for care. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when due. Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

SIGNATURES:

By signing this contract, parent(s)/guardian(s) agree to abide by the written policies of the provider. The provider may amend the policies by giving the parent(s)/guardian(s) a copy of the new or changed policies at least 30 days before they go into effect.

Provider's Signature _____ Date _____

Mother/Legal Guardian Signature _____ Date _____

Father/Legal Guardian Signature _____ Date _____

ADAM FAMILY DAY CARE GUIDELINES

1. All forms must be returned and completely filled out before a child enters my care.
2. The child must be brought to the door and I must be told that he/she has arrived. He/she must be picked up at the door and I must be told he/she is leaving.
3. The advance payment of the security deposit for child care will and opening with agreed upon starting date and time.
4. Please inform me immediately if there are any changes in the home or office address and/or telephone numbers.
5. Comfortable play clothes that encourage self-help should be worn. I am not responsible for lost articles.
6. Please send me a complete change of clothes, including underpants and socks, to be kept at my home, or brought on a daily basis.
7. Any changes in the home environment should be reported to me. A death in the family, illness, divorce, etc., might affect your child's behavior.
8. A special note must be sent with any unauthorized personal picking/dropping your child and must show a photo ID (i.e. driver's license)
9. A medical release form is required for all medicine administered to your child while in my care.
10. Parents who want their child to eat a special diet must provide those foods.
11. Only healthy children may attend my day care. No child will be admitted to my home with symptoms of fever, sore throat, coughs, rashes, etc. Parents are asked to report contagious diseases immediately so that parents of other child in the group can be alerted.
12. Please bring disposable diapers for children still wearing diapers. Please supply a minimum of 6 diapers per day. It is preferable to bring a large back of diapers every two weeks.