



Allstars STEM Preschool Admission Agreement

1. This agreement is between Allstars STEM Preschool (ASP) at 2650 Aborn Road, San Jose, CA 95121 and
(parent or guardian) _____ for the care of _____.
2. ASP provides a warm, nurturing environment that fosters a love of learning and builds self-esteem for each child. We teach every aspect of the child's growth; social, intellectual, emotional and physical. We guide the children to academic excellence by teaching math, language, practical life, grace and courtesy, sensorial and cultural lessons.
3. In ASP a child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative.
4. The parent or guardian agrees that s/he is contracting for the services, which are check marked below, and will pay the stipulated rate.

Monthly Payment Toddler (18 months - 3 years)	5 Days	4 Days	3 Days
Full Day - 7:30AM to 6PM	\$1,795	\$1,745	\$1,645
Half Day - 7:30AM to 11:30AM	\$1395		
Half Day - 7:30AM to 12:30PM	\$1495		

Monthly Payment 3 Years old & above	5 Days	4 Days	3 Days
Full Day - 7:30AM to 6PM	\$1,795	\$1,745	\$1,645
Half Day - 7:30AM to 11:30AM	\$1395		
Half Day - 7:30AM to 12:30PM	\$1495		
TK Afterschool with transportation from School 12PM to 6:30PM	\$745	\$735	\$725
K-6 Afterschool with transportation from School 12PM to 6:30PM	\$595	\$545	\$525

- Registration Fee: \$100 NOT refundable.
- The yearly tuition, calculated by removing all the holidays, is split into equal amounts for every month so that payments are easier to manage. A one month notice is required to withdraw a child from the program. The tuition will be prorated for children starting during the month..
- Late Pick-up Fee: \$1 per minute.
- Tuition is paid through automatic ACH Bank or Credit Card withdrawal every month.
- All fees are due and payable by the 24th of the previous month for the current month.



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5. ASP reserves the right to modify any of the conditions of this agreement upon 30 days written notice to the parent or guardian.
6. ASP reserves the right to discontinue enrollment of any child if we feel we are not able to meet the needs of that child, or if caring for a child is disruptive to the program.
7. The parent is aware that the State of California Community Care Licensing Agency has the following authority:
 - a. To interview children, staff and to inspect and audit child or facility records without prior consent;
 - b. To observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).
 - c. Based on California regulations 101221(d) and 101217(c), the Licensing Agency has the right to inspect, audit, and copy a child's records, including removing them if necessary, during normal business hours. Additionally, the Agency can access personnel records for review and ensure they document actual hours worked.

101221(d):
This regulation outlines the Licensing Agency's authority to access and copy a child's records. They can inspect, audit, and copy records upon demand during normal business hours. They can also remove records if necessary for copying, but with specific restrictions. They cannot remove certain current records (like a child's authorized representative's information) unless readily available elsewhere, and must provide a signed list of removed records with a copy to the administrator within three business days.

101217(c):
This regulation pertains to personnel records. The Agency can review personnel records to ensure they are readily available at the child care center site. It also mandates that personnel records document the hours actually worked.

8. The parent/guardian agrees that s/he has received and read a copy of the current PARENT HANDBOOK and agrees to all of the Allstars STEM Preschool operating policies and procedures as described therein.

9. ASP teachers and parents will work together to establish potty training for their child.

ABSENCE & VACATION POLICY

For all absences, including vacation plans, ASP has to be notified in advance. No fee credit is given for absences unless it is in the months of June, July and August. During these three months fees are pro-rated for absences longer than one week when ASP is notified at least one month in advance of the absence.

HOLIDAY SCHOOL CLOSURE POLICY

ASP is closed for the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving (Thursday and Friday), Winter Break (from Christmas Eve through New Year's Day).

ILLNESS POLICY

- If a child gets sick or injured while at school, staff will contact parents immediately. Parents will be required to pick up the child at that time. In the event that parents are not reachable, staff will contact persons listed on the



Allstars STEM Preschool Admission Agreement

child's emergency card. **For this reason, it is very important that emergency information be updated when any of the contact information changes.**

- Teachers conduct daily health checks of each child as they enter class in order to prevent the spread of contagious illnesses. Children with any of the following symptoms will be asked to return home:
 - Temperature 100.4 degrees or above.
 - Green or dark colored nasal fluid.
 - Students are too ill or uncomfortable to function in a school setting.
 - Excessive or productive cough.
- If a child has an elevated temperature, please keep him/her home for at least 24 hours after the temperature is back to normal. If a child is absent from school with a contagious disease and they return to school with visible symptoms of the disease, such as a rash, discolored nasal discharge, pink eyes, lice, etc., a doctor's written release may be required before the child is readmitted to the class.

Allstars STEM Preschool

Parent Or Guardian

Print Name: _____ Print Name: _____

Title: _____ Relationship to the Child: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

ALLSTARS STEM PRESCHOOL
PO Box 21402, San Jose CA 95151. Ph: 1-833-GO-STARs

Recurring Payment Authorization Form: Bank Accounts and Credit Cards

Schedule your payment to be automatically charged to your Bank Account or credit card: Visa, MasterCard or American Express Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided.

Please complete the information below:

I _____ authorize Allstars Stem Preschool to charge my
(full name)

account indicated below for the following CHECKED ITEMS (**PLUS A 3% ADDITIONAL CHARGE IF CREDIT CARD**

PROCESSING SELECTED) starting from _____. This authorization will stay in effect until cancelled with a 30-day notice.

☐ _____ amount on the 26th of each month for payment of the monthly fee for the following month.

Student Name _____ Parent Name: _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card

OR

ACH: Checking / Savings Account

☐ Visa ☐ MasterCard
☐ Amex

Cardholder Name _____

Credit Card No _____

Expiration Date _____

Security Code _____

☐ Checking ☐ Savings

Name on Acct _____

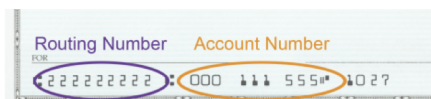
Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

**AN ADDITIONAL 3% CHARGE WILL BE
ADDED FOR ALL CREDIT CARD PAYMENTS.
PLEASE USE OUR ACH CHECK PAYMENT
OPTION OR PAY WITH A CHECK TO AVOID
THIS CHARGE.**



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Allstars Stem Preschool in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Allstars Stem Preschool may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()



Allstars STEM Preschool Registration Form

Check Class Desired: ☐ Toddler (18 months to 36 months) ☐ Preschool (3 to 5 years)

☐ 5 Days ☐ 4 Days ☐ 3 Days

☐ Full Day ☐ Half Day till 11:30 ☐ Extended Half Day till 12:30

☐ TK Afterschool with transportation from School School Name: _____

☐ K-6 Afterschool with transportation from School School Name: _____

Start Date: _____

Child's Name: _____ Date of Birth: _____

What name does your child like to be called: _____ Gender: ☐ Male ☐ Female

Address: _____

Is your child potty trained: ☐ Yes ☐ No

Please list your child's ALLERGIES: _____

Father's Name: _____ Occupation: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Mother's Name: _____ Occupation: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email: _____

May we use photos of your child from our activities on our website on social media? ☐ Yes ☐ No

ADDITIONAL PERSONS WHO MAY BE CONTACTED IN CASE OF EMERGENCY

Name 1: _____

Address: _____

Cell Phone: _____ Work Phone: _____



Allstars STEM Preschool
Registration Form

Name 2: _____

Address: _____

Cell Phone: _____ Work Phone: _____

PHYSICIAN AND DENTIST TO BE CALLED IN CASE OF EMERGENCY

Physician Name: _____

Address: _____

Medical Plan #: _____ Phone: _____

Dentist Name: _____

Address: _____

Medical Plan #: _____ Phone: _____

If the physician cannot be reached, what action should be taken? ☐ Call Emergency Hospital ☐ Other

If other, please explain: _____

NAMES OF PERSONS TO PICKUP CHILD FROM ALLSTARS STEM PRESCHOOL

NAME

RELATIONSHIP

Please Note: The attached Allstars STEM Preschool Admission Agreement has details regarding fees, vacation policy and illness policy.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Allstars STEM Preschool

MEDICAL PERMISSION SLIP

I give my permission to the staff at Allstars STEM Preschool to apply an antiseptic if necessary, to abrasions and/or scrapes my child may incur while in school. I also give permission for the staff to apply sunscreen to my child using a labeled container of sunscreen that I have provided for use during school hours. If it is necessary for my child to have administered a prescription drug that I have provided while my child is in school, I give member of the staff permission to do so, knowing that I have provided complete written instructions for its distribution.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY, REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO ALLSTARS STEM PRESCHOOL TO PROVIDE ALL EMERGENCY OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN, OSTEOPATH, OR DENTIST

FOR _____ (CHILD'S NAME). THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF MY DEPENDENT.

***** CHILD HAS THE ABOVE ALLERGIES *****

Parent/Guardian Signature: _____ Date: _____

PAMPHLET RECEIPT

I acknowledge, as the parents/guardians of _____, have received a copy of the following pamphlets from the Allstars STEM Preschool.

- ☐ Facing the Facts: A Parent's Guide to Understanding Child Sexual Abuse
- ☐ LIC 995 - Notification of Parents Rights
- ☐ LIC 613A - Personal Rights
- ☐ LIC 995 E - Caregiver background check process

Parent/Guardian 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
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/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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
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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 OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?*
☐ YES ☐ NO		☐ YES ☐ NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:
PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY			

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE 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)

_____. 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)	/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /							
HIB MENINGITIS	(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.



Multimedia Release Form

NOTE: Parents, it is really important for us to get this release. We need your help to create the best preschool possible.

PLEASE CHECK YOUR CHOICES BELOW.

- ☐ I give my consent for Allstars Stem Preschool to photograph or video my child(ren) and/or me when we are in a Preschool Program. I understand that these photographs and videos are shared with me and other student parents privately through the school app.

- ☐ I give my consent for Allstars Stem Preschool to share these photographs and videos on the Preschool website, Preschool flyers and Preschool social media sites. Allstars Stem Preschool assures that it conveys positive images of children that reflect early childhood recommended practice and will immediately destroy and take down any media that you find objectionable.

Children's Names: _____

Parent / Guardian 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 CDSS

Licensing Office Address: 111 N MARKET STREET, #300, SAN JOSE, CA 95113

Licensing Office Telephone #: 408-324-2148

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.

ALLSTARS STEM 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

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://cclld.ca.gov/contact.htm>.

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:

DEPARTMENT OF SOCIAL SERVICES

NAME

Community Care Licensing Division

ADDRESS

2580 North First Street, Suite 300

CITY

San Jose

ZIP CODE

CA 95113

AREA CODE/TELEPHONE NUMBER

408 324 2148

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)

ALLSTARS STEM PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

2650 ABORN RD, SAN JOSE, CA 95121

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Facing the Facts: A Parent's Guide to the Understanding of *Child Abuse*

Definition of Child Abuse

As used in this article, "child abuse" means a physical injury which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission proscribed by Section 273a (willful cruelty of unjustifiable punishment of a child) or 273d (unlawful corporal punishment or injury.) "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article. "Child abuse" does not mean a mutual affray between minors. Penal Code Section 11165.6

Definition of Sexual Abuse

As used in this article "sexual abuse" means sexual assault or sexual exploitation as defined in the following:

(a) "sexual assault" means conduct in violation of one or more of the following sections: Section 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b) of Section 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation.)

Penal Code Section 11165.1

Definition of Neglect

As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person Penal Code Section 11165.2

Contacts and Services

For your information, the following chart shows what agencies may assist you in the specific areas listed below:

	Police or Sheriff	County Dept. of Children's Social Svc.	State or Local division of Community Care Licensing
If you believe a child is being (or has been) abused by an individual (relative, friend....)	✓	✓	
If you believe a child has been assaulted by a stranger...	✓		
If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home....)	✓		✓
If you have any questions or complaints concerning the licensing organization, staffing, or programs of a licensed child care setting...		✓	

Mandated Reporters

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and lay persons must report suspected abuse to the proper authorities. These include:

- Any child care custodian (teacher, licensed day care workers, foster parents, social workers)
- Medical Practitioners (physicians, dentists, psychologists, nurses)
- Non-medical Practitioners (public health employees, counselors, religious practitioners who treat children)
- Employees of a child protective agency (sheriff, probation officers, county welfare department employees)

If abuse is suspected a phone report to Police or CPS must be made immediately. Failure to submit the written report of suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a \$1000 fine.

Child Abuse Prevention Curriculum

With your permission, your child will participate in a developmental safety program.

Remember, you have the primary responsibility for your child's well-being. With a little time, effort and understanding you may prevent your child from being abused or assist your child when abuse has occurred.

Child Abuse Prevention Information Receipt

This will acknowledge that I/we, the parents of _____ have received a copy of
Child's Name

"Facing the Facts: A Parent's Guide to the Understanding of Child Abuse" from the _____
Name of Facility

By typing my full name, I confirm that the above information is true and correct _____ Date _____

ALLSTARS STEM PRESCHOOL

Toilet (Potty) Training Process

When you feel your child is ready for potty training, we ask that you begin teaching at home during a weekend or vacation.

Potty training will be done by us in a relaxed manner with the cooperation of the family. We require that the child show signs of readiness (Please read the Potty-Training Readiness Checklist below) before we start the potty training process in the preschool. Positive reinforcements and consistency must be continued at home.

The child must be kept in pull-ups at all times. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, we will use pull-ups until your child can and will announce that he/she must use the bathroom and can control his/her bladder and bowels for a few minutes beyond that announcement. We will then move the child from pull-ups to underwear and continue the potty training process.

Proper Clothing

During potty training, your child needs to be dressed in “User friendly” clothing as much as possible. The best items are shorts and pants with elastic waist. Please dress your child using the following guidelines:

- No tight clothing
- No shirts that snag in the crotch
- No pants with snaps & zippers
- No overalls or bib type clothing
- No belts
- No one piece outfits

The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child's ability to do so.

Required Supplies

The following items are to be left with the preschool and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day.

- 8 changes of clothing including underwear and socks (an extra pair of shoes)
- A bag of pull-ups – you will be notified when the supply is running low.

Potty Learning Schedule

For the first week, the child will be scheduled to use the Potty at consistent times of the day whether the child indicates the need to use the Potty or not.

- Upon arrival at the center
- After snack
- Before and after lunch
- Before and after nap
- Before and after going outside
- Just before going home

Potty Training Readiness Checklist

Verbal Stages of Readiness

Basic verbal skills. The child is able to speak in three to four-word sentences.

- | | |
|---------|--|
| Stage 1 | The child tells you he/she has a wet diaper, recognized when he/she is wet. |
| Stage 2 | The child tells you he/she is wetting, recognizes the sensation of being wet. |
| Stage 3 | The child tells you he/she will get wet, can control himself and uses the potty. |

Physical and Psychological sign of readiness

1. Stays dry for a long period of time (the child is able to “hold” his/her urine and bowel movement).
2. Can recognize when the diaper is wet or soiled.
3. Has bowel movement at regular times (child chooses when to move its bowels)
4. Adult can recognize when child is moving his/her bowels (Child is deliberately moving bowels)
5. Can undress and pull up his/her own pants (Important because this is the work of the child not the caregiver)
6. Initiates interest in using the potty and asks to wear underwear.
7. Wants to be independent which is very important for the learning process.
8. Child is emotionally ready and is open to learning (is the child generally cooperative?)
9. Child has an awareness and knowledge of the world beyond himself. (This sign may seem unrelated to Potty training, but it is a behavior that has been seen in children ready to use the Potty)
10. Can follow three and four step instructions (this is critical for learning to urinate or move bowels, wipe himself and wash hands)
11. Can use consistent words or gestures to communicate.
12. Is able to physically get to the potty and sit on it without help.

13. Must show a willingness to want to sit on the potty and understand its function.

Managing Accidents for a Potty Trained Child

Accidents are a normal part of toilet learning..

When a potty trained child has an accident, the priority is to ensure the child's comfort and hygiene. Staff wears gloves, uses cleansing wipes to clean the child, and then helps them change into fresh clothes. We will reassure the child and make the cleanup process a normal experience.

Potty Training Process Agreement

I have ready the Potty Training Process in its entirety and I agree to abide by the process set forth.

CHILD NAME: _____

PARENT / GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE



MENU (R=Regular Non-Veg, V=Vegetarian)

Menu is subject to change due to product availability

PORTION SIZE

Vegetable/Fruit - ¼ cup, Grain - ½ oz eq

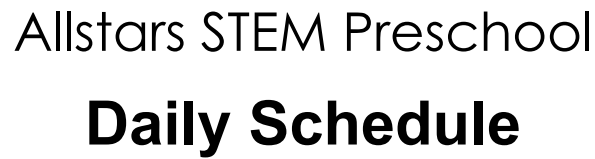
	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MON	AM S: Cheerios/Milk, Fruit R: Mac&Cheese, Fish Sticks, Broccoli, Fruit V: Mac & Cheese, Broccoli, Fruit PM S: Crackers and Fruits	AM S: Cereal/Milk, Fruit R: Sunbutter/jelly SW, Fish Sticks, Broccoli, Fruit V: Mac & Cheese, Broccoli, Fruit PM S: Crackers and Fruits	AM S: Cereal/Milk, Fruit R: Mac&Cheese, Fish Sticks, Broccoli, Fruit V: Mac & Cheese, Broccoli, Fruit PM S: Crackers and Fruits	AM S: Cereal/Milk, Fruit R: Sunbutter/jelly SW, Fish Sticks, Broccoli, Fruit V: Mac & Cheese, Broccoli, Fruit PM S: Crackers and Fruits
TUE	AM S: Pancakes, Milk and Fruit R: Orange Chicken Chow Mein, Veggies, Yogurt, Fruits V: Veg Chowmein, Veggies, Yogurt, Fruits PM S: Crackers and Fruits	AM S: Pancakes, Milk and Fruit R: Chicken Sandwich, Veggies, Yogurt, Fruits V: Danish Cheese & jelly Sandwich, Yogurt, Fruits PM S: Crackers and Fruits	AM S: Pancakes, Milk and Fruit R: Orange Chicken Chow Mein, Veggies, Yogurt, Fruits V: Veg Chowmein, Veggies, Yogurt, Fruits PM S: Crackers and Fruits	AM S: Pancakes, Milk and Fruit R: Orange Chicken Chow Mein, Veggies, Yogurt, Fruits V: Veg Chowmein, Veggies, Yogurt, Fruits PM S: Crackers and Fruits
WED	AM S: Chia yogurt pudding and Fruit R: Veg Pasta, Dino Chicken, Milk, Fruits V: Veg Pasta, Milk, Fruits PM S: Crackers and Fruits	AM S: Chia yogurt pudding and Fruit R: Veg Pasta, Dino Chicken, Milk, Fruits V: Veg Pasta, Milk, Fruits PM S: Crackers and Fruits	AM S: Chia yogurt pudding and Fruit R: Veg Pasta, Dino Chicken, Milk, Fruits V: Veg Pasta, Milk, Fruits PM S: Crackers and Fruits	AM S: Chia yogurt pudding and Fruit R: Veg Pasta, Dino Chicken, Milk, Fruits V: Veg Pasta, Milk, Fruits PM S: Crackers and Fruits
THU	AM S: Kellogg's Strawberry cereal, Milk, Fruit R: Chicken Quesadillas, veggies, Fruit V: Cheese Quesadillas, veggies, Fruit PM S: Crackers and Fruits	AM S: Cheerios / Cinnamon, Milk and Fruit R: Chicken Veg Rice, yogurt, Fruit V: Veg Rice, Yogurt, Fruit PM S: Crackers and Fruits	AM S: Cheerios / Cinnamon, Milk and Fruit R: Chicken Quesadillas, veggies, Fruit V: Cheese Quesadillas, veggies, Fruit PM S: Crackers and Fruits	AM S: Cheerios / Cinnamon, Milk and Fruit R: Chicken Veg Rice, yogurt, Fruit V: Veg Rice, Yogurt, Fruit PM S: Crackers and Fruits
FRI	AM S: Waffles, Milk and Fruit R: Pepperoni Pizza, Salad, Fruit V: Cheese Pizza, Salad, Fruit PM S: Crackers and Fruits	AM S: Waffles, Milk and Fruit R: Pepperoni Pizza, Salad, Fruit V: Cheese Pizza, Salad, Fruit PM S: Crackers and Fruits	AM S: Waffles, Milk and Fruit R: Pepperoni Pizza, Salad, Fruit V: Cheese Pizza, Salad, Fruit PM S: Crackers and Fruits	AM S: Waffles, Milk and Fruit R: Pepperoni Pizza, Salad, Fruit V: Cheese Pizza, Salad, Fruit PM S: Crackers and Fruits



Preschool Class - Daily Schedule

School hours: 8AM to 6PM

Full Day	
Morning Schedule	Afternoon Schedule
8:00 – 9:00 Arrival/Free Choice Play 9:00 – 9:15 AM Snack 9:15 – 9:30 Bathroom 9:30 – 10:15 Outdoor play: soccer, basketball 10:15 – 10:30 Bathroom 10:30 – 11:00 Circle Time 11:00 – 11:30 Intentional Learning 11:30 – 12:00 Activity Time 12:00 – 12:35 Lunch 12:35 – 12:45 Bathroom	12:45 – 2:30 Nap 2:30 – 2:45 Bathroom 2:45 – 3:00 Music & Movement 3:00 – 3:15 PM Snack 3:15 – 3:45 Soccer: Professional Coach (M/W) 3:45 – 4:30 Small group/ PM Circle Time 4:30 – 5:30 Outdoor Play 5:30 – 5:50 Free Choice Play 5:50 – 6:00 Cleanup 6:00 School Closed



Full Day	
Morning Schedule	Afternoon Schedule
Toddler Class 7:30 – 8:00 Early Arrival 8:00 – 8:45 Arrival, Free Play & Clean-Up 8:45 – 9:00 Music & Movement 9:00 – 9:30 AM Snack 9:30 – 9:45 Diaper Change & Toileting 9:45 – 10:30 Outdoor Play 10:30 – 11:00 Diaper Change & Toileting 11:00 – 11:30 Circle Time 11:30 – 12:00 Intentional Learning Practice 12:00 – 12:30 Lunch 12:30 – 12:45 Diaper Change & Toileting	Toddler Class 12:45 – 2:30 Nap 2:30 – 2:45 Diaper Change & Toileting 2:45 – 3:00 Music & Movement 3:00 – 3:30 PM Snack 3:30 – 4:15 Soccer with Coach on Mon/Wed Curriculum Small Group Activity 4:15 – 4:30 Diaper Change & Toileting 4:30 – 5:30 Outdoor Play 5:30 – 5:50 Indoor Play 5:50 – 6:00 Pick-Up / Departure
Preschool Class 7:30 – 8:00 Early Arrival 7:30 – 8:45 Arrival/Free Choice Play 8:45 – 9:00 Music & Movement 9:00 – 9:45 Soccer / Outdoor Play 9:45 – 10:00 Bathroom 10:00 – 10:15 Snack 10:15 – 10:30 Music & Movement 10:30 – 11:00 Circle Time 11:00 – 11:30 Intentional Learning 11:30 – 12:00 Activity Time 12:00 – 12:35 Lunch 12:35 – 12:45 Bathroom	Preschool Class 12:45 - 2:30 Nap 2:30 – 2:45 Bathroom 2:45 – 3:00 Music & Movement 3:00 – 3:15 PM Snack 3:15 – 4:00 Outdoor Play 4:00 – 4:15 Bathroom 4:15 – 5:00 Intentional Learning / Circle Time 5:00 – 5:50 Free Choice Play 5:50 – 6:00 Cleanup 6:00 School Closed



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**

Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](#) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](#), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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