

Shepherd of the Valley Lutheran Learning Center

Admission Agreement Afterschool/Daycare Program

Parents/Guardians,

PLEASE READ AND SIGN THIS AGREEMENT

Keep a copy for your records

I understand the following:

1. The school is open from 6:30 am to 6:00pm, Monday through Friday.
(Note holiday closures in Parent Handbook)
2. Children 1st through 5th grade are eligible to attend.
3. Prior to their first day of attending school, all new children enrolled in the school and a parent must meet with the Director. This can be done at the time of enrollment or parents may attend the School Orientation in August.
4. All children are accepted on a three week probationary basis.
5. Medical Assessment: All children attending the school must be in good health and have all immunizations up to date. They must have a complete application packet and turn it in to the office as soon as possible. (It must be completed before the child will be admitted to the school).

This packet includes:

Application for Admission	Admission Agreement Policy
Consent for Medical Treatment (LIC672)	Personal Rights (LIC613A)
Emergency Information (LIC700)	Parent's Rights (LIC995)
General Permission Slip	Receipt of Parent Handbook
Health History	

All pertinent information must be kept up to date. This is the parent's responsibility.

6. Tuition Payment Policy:
 - a. Unless other arrangements are made with the Director, ALL TUITION IS TO BE PAID ON THE FIRST DAY OF ATTENDANCE EACH WEEK. A \$10.00 LATE FEE will be added on the second day if not paid by 6:00pm on the first day of attendance.
 - b. Absence & Holidays: Parent's will be charged for the days their child is enrolled even though the child may be absent. No allowance is given for occasional absence or holidays. No credit will be given for the first week of any illness. If extended illness occurs, a tuition allowance of 50% will be given, if arrangement are made with the Director prior to your child's return. A credit of 50% will also be given for vacations, PROVIDING THE DIRECTOR IS GIVEN TWO WEEKS NOTICE IN WRITING. (A "vacation form" must be filled out) This discount applies for not more than two weeks per school year.
 - c. Termination: Since the school operates on capacity enrollment, TWO WEEKS NOTICE IN WRITING must be given if it is necessary to withdraw your child. Full tuition is required through the day of withdrawal.
 - d. Returned Checks/Declined Auto Pay Accounts: A twenty-five dollars (\$25.00) service charge will be added for all returned checks and declined auto-pay accounts. This fee will be added to the following week tuition. After TWO returned checks or declines, the account will become a "CASH BASIS" only.

e. Fee Schedule:

Registration Fee: \$25.00 annually – non-refundable

Tuition Fees are as follows:

After School Program – Monday – Friday	2:25 – 6:00pm
Flex/Minimum Days	11:05am – 6:00pm
\$110 wkly	
**Daily Rate \$25	
*All Day Rates Monday – Friday	6:30am – 6:00pm
\$168 Wkly	
**Daily Rate \$36	

*All Day Care will be available any days the preschool is in session and MVUSD is not.

**Daily schedules must be pre-approved by the Director prior to the first day.

Shepherd of the Valley Church members and second child discounts available.

NOTE: After 6:00pm a \$2.00 per minute fee will be applied after a five minute grace period.

I agree to pay a non-refundable annual registration fee of \$25.

Tuition will be \$_____ for _____ days per week.

Afterschool Program only_____ Summer Only_____ Both_____

---Note tuition differences between “Afterschool Program” and “All Day Care” weeks---

7. My child will come to school in good health.
8. I give permission for my child to be interviewed by the state licensing agency representative as deemed necessary by Community Care Licensing.
9. ***A nutritious morning and afternoon snack will be provided. I will send a nutritious lunch (sandwich or main course item, piece of fruit, juice, milk, or water, crackers or vegetables, please refrain from sending sugar filled foods and candy) with my child. There are small microwaves available to reheat food. Please do not send frozen food to cook and no cup of noodles. There is not enough time to cook and cool these items.
***Morning snack provided for students attending mornings during all day care. Lunch needs to be brought on flex/minimum days.
10. I agree and abide with the discipline policy and procedures as outlined in the Parent Handbook.

Child’s Name: _____

Signature (Mother/Guardian)

Date

Signature (Father/Guardian)

Date



Learning Center

Afterschool/Daycare Program
Facility #334843931

11650 Perris Boulevard
Moreno Valley, CA 92557

School 951.924.3422
Church 951.924.4688

Health Information

1st - 5th Grade

Student's Name: _____
 First Middle Last

Birthdate: _____

How would you describe your child's general health?

_____Excellent _____Good _____Fair _____Poor

Check any medical condition that may apply to your child of which the school should be aware:

_____Epilepsy _____Asthma _____Diabetes
_____Chronic Illness _____Allergies _____Other

Please explain each item checked above and include any limitations or treatments:

Please list all additional conditions necessary for us to know about:

_____ Date: _____
(Parent/Guardian Signature)



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General Permission Slip
1st - 5th Grade

Please initial each item and sign the bottom.

_____ I hereby grant permission for my child to use all play equipment and participate in all of the Activities at the school.

_____ I hereby grant permission for my child to be included in pictures connected with the school program and posted on the school website and social media.

_____ I hereby acknowledge that the school is not responsible for lost or damaged items brought to school with the child. This includes, but is not limited to, any electronic devices such as phones, tablets, laptops, etc.

_____ I hereby grant permission for my child to be interviewed by state licensing representative as deemed necessary by Community Care Licensing.

_____ I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency form that you completed for us.
4. If we cannot contact you or your child's physician or paramedics, (b) call an ambulance (c) have the child taken to an emergency room of the hospital in the company of a staff member.
5. Any expenses incurred under #4 will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time on enrollment.

Signed: _____ Date: _____
(Mother or legal Guardian)

Signed: _____ Date: _____
(Father or legal Guardian)

Shepherd of the Valley Learning Center

Afterschool/Daycare Program

Facility # 334843931

11650 Perris Blvd

School 951.924.3422

Moreno Valley, CA 92557

Church 951.924.4688

Application for Admission

Date: _____ Child's Full Name: _____ Child's Date of Birth: _____

First Middle Last

Church Affiliation: _____ Baptized: _____

Yes or No

Brothers: _____

(Names & Ages)

Sisters: _____

(Names & Ages)

Date child will begin school: _____

Afterschool Only: Please circle day options:

Days: M T W Th F

Daycare: (includes Thanksgiving Wk MTW, After New Years Wks, Spring Break, Summer)

Please circle day options: M T W Th F

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Parents:

Name of Mother: _____ Age: _____

First Middle Last

Home Address: _____ Home Phone: _____ Cell: _____

City: _____ Zip Code: _____

Place of Employment: _____ Position: _____

Work Phone: _____ Work Hours: _____

Name of Father: _____ Age: _____

First Middle Last

Home Address: _____ Home Phone: _____ Cell: _____

City: _____ Zip Code: _____

Place of Employment: _____ Position: _____

Work Phone: _____ Work Hours: _____

Parent's Marital Status: Married _____ Divorced _____ Single _____ Widowed _____

Email Address: _____

Email Address: _____

How did you hear about our school? Friend/Neighbor _____ Internet _____ Phonebook _____ Other _____

*Enrollment fees are non-refundable

Parent Signature: _____
.....

Yearly Registration \$25 _____

Pmt: Amount: _____

Check# _____

POS

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		
Community Care Licensing / Inland Empire Child Care		
ADDRESS		
3737 Main St, Suite 700		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Riverside	92501	(951) 782-4200

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)
Shepherd of the Valley	11650 Perris Blvd, Moreno Valley, CA 92557
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Shepherd of the Valley School _____ 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

()

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

DATE OF ADMISSION	DATE LEFT
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**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/Inland Empire Child Care

Licensing Office Address: 3737 Main St, Suite 700, Riverside, CA 92501

Licensing Office Telephone #: (951) 782-4200

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.

Shepherd of the Valley
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.

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