

Growing in Grace Preschool
1111 South Conyer Street
Visalia, CA 93277
(559) 734-7695
Fax 734-0146
growingingracepreschool.weebly.com
Facility #543808937

2024-25 Child's File Checklist

Child's name _____ Birthdate _____

Enrollment date _____ Drop date _____

Re-enrollment date _____ Drop date _____

Allergies or Illnesses _____

_____ Registration & Emergency Information

_____ Contract Agreement

_____ Current Contract Fees

_____ Agreement & Permission Form

_____ Confidential Information

_____ Health History-Parent Report

_____ Physicians Report

_____ Copy of Immunization Records- Senate Bill-277 requires **ALL** immunizations be up-to-date **PRIOR** to enrollment.

Children will NOT be enrolled without proof of completed immunizations or has a medical exemption.

_____ Notification of Parent's Rights

_____ Personal Rights

Your papers to keep

_____ Important Information

_____ Full day and Enrichment Calendars

_____ Effects of Lead Exposure

_____ W-10 Dependent Care Provider's Identification and Certification –

Growing in Grace Preschool will not provide a year-end statement for tax purposes.

It is your responsibility to calculate annual tuition paid and keep receipts in a safe place.

Full day and Enrichment Calendars, Parent Handbook, and COVID19 Action Plan are all available on our website growingingracepreschool.weebly.com.

Growing in Grace Preschool 2024-25 REGISTRATION & EMERGENCY INFORMATION

Child's Name _____ Birth date ____/____/____ Gender M/F Race _____
 Address _____ Phone _____
 Parent/Guardian Name _____ Driver's License _____
 Soc. Sec. # ____/____/____ Occupation _____ Employer _____
 Work Phone _____ Cell Phone _____ E-mail _____
 Parent/Guardian Name _____ Driver's License _____
 Soc. Sec. # ____/____/____ Occupation _____ Employer _____
 Work Phone _____ Cell Phone _____ E-mail _____
 Person(s) responsible for child _____ Do you attend church? Y/N If so, which one _____
 List of allergies or other pertinent medical conditions _____

EMERGENCY CONTACTS - Must be over 18 years of age and provide a photo I.D. when signing a child out. To be contacted if parent/guardian cannot be reached. Please list in the order you wish us to call. Only persons listed as parent/guardian or emergency contacts are authorized to remove the child from the center.

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

Physician _____ Address _____ Phone _____
 Dentist _____ Address _____ Phone _____
 Insurance Information _____
 If Physician cannot be reached what action should be taken? _____
 Hospital of preference _____

As the legal guardian, I hereby give consent to Growing in Grace Preschool to obtain all emergency dental or medical care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for the above-named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Please initial appropriate response:

_____ Yes, I give consent for medical treatment _____ No, I do not give consent for medical treatment

Parent/Guardian _____ Date _____

CONTRACT AGREEMENT 24-25

GROWING IN GRACE PRESCHOOL
 1111 S. Conyer St, Visalia, Ca 93277
 Facility Number: 543808937

Name of child _____ Date of Birth _____
 Address _____ City/zip code _____
 Phone number _____ Date of Enrollment _____ Room _____
 Email address _____

2 year old class (Diapering Included)	Enrichment (8:30am-12pm) 10-month contract	Full day (7:30am-5:30pm) 12-month contract
T,Th	\$275	\$420
M,W,F	\$430	\$590
M-F	\$630	\$870
3 year old class	Enrichment (8:30am-12pm) 10-month contract	Full day (7:30am-5:30pm) 12-month contract
T,Th	\$265	\$380
M,W,F	\$360	\$515
M-F	\$545	\$760
4/5 year old class	Enrichment (8:30am-12pm) 10-month contract	Full day (7:30am-5:30pm) 12-month contract
T,Th	\$275	\$380
M,W,F	\$430	\$515
M-F	\$630	\$760

Annual registration fee \$ _____
 (\$100.00 first year \$50 each year after)
 Monthly Tuition \$ _____
Due on the 1st day of enrollment and the 1st of every month.
 Total Paid \$ _____

***Tuition for Full day 12 month contract is payable in 12 equal payments from Thurs. Aug 8, 2024 - Fri. July 25, 2025. Any days needed that are not contracted for will be billed a drop-in rate. *Tuition for Enrichment 10 month contract is payable in 10 equal payments from Thurs. Aug 8, 2024 – Fri. May 30, 2025. Any days needed that are not contracted for will be billed a drop-in rate. There is not a penalty to terminate a contract at any time; however, a 2-week notice is required. School calendars are always available to ensure that you are aware of the days that the center will be closed. Understand that because those days have already been deducted from the tuition and you will not be credited for those days or any school days your child does not attend. Any changes to the contract will necessitate prior approval. Tuition is due on the 1st of the month and is considered late on the 7th. Failure to pay tuition by the 7th will necessitate the child not attending school until payment has been made. If an individual tests positive for COVID-19 or any other unknown, highly contagious diseases, the group of exposed individuals will self-quarantine for up to 5 days or until cleared by a health care professional. Proration or reimbursement will not be issued for individuals advised to self-quarantine. Registration and first month's tuition need to be received on or prior to your child's first day of enrollment. A \$100 registration fee is required to secure enrollment when both the Director and Guardian have mutually signed this written contract. Without this signed contract and paid registration fee, enrollment is not guaranteed. This fee is non-refundable. By signing this contract, you agree to the above terms.**

Print Parent Name _____ Date _____

Parent Signature _____ Director Signature _____

Growing in Grace Preschool

1111 S. Conyer St, Visalia, Ca 93277

Office 559*734*7695

Fax 559*734*0146

Church office/Billing 559*734*7694

Hours: 7:30 AM – 5:30 PM

Facility Number: 543808937

Rates & Hours apply to 24-25 school year

A \$100 registration fee is required for new enrollment or to renew a contract that has been terminated. If the contract has continued without interruption, a \$50 re-enrollment fee will be charged in August of the new school year. Fees are required to secure enrollment when both the Director and Guardian have mutually signed a written contract. Without a signed contract **and** paid registration fee, enrollment is not guaranteed. This fee is non-refundable.

2 year old class

(Diapering Included) Enrichment (8:30am-12pm) Full day (7:30am-5:30pm)

	10-month contract	12-month contract
T,Th	\$275	\$420
M,W,F	\$430	\$590
M-F	\$630	\$870

3 & 4 year old classes Enrichment (8:30am-12pm) Full day (7:30am-5:30pm)

	10-month contract	12-month contract
T,Th	\$265	\$380
M,W,F	\$360	\$515
M-F	\$545	\$760

5 year old class Enrichment (8:30am-12pm) Full day (7:30am-5:30pm)

	10-month contract	12-month contract
T,Th	\$275	\$380
M,W,F	\$430	\$515
M-F	\$630	\$760

Additional Rate Information

Drop In rate will be \$45.00 per day for full days and \$35.00 for half day.

All Drop-In students must receive clearance from the Preschool office. The clearance is contingent on enrollment at the center on that particular day.

Late pick up charges-\$2.00 for every minute, after 12:00 for Enrichment and 5:30 PM for Full day

Late pick up charge for ill children. \$15 after 30 minutes of being contacted.

\$15 charge for extended days

**\$100 registration fee for new enrollment or to renew a contract that has been terminated.
\$50 re-enrollment fee due each August of uninterrupted services.**

GROWING IN GRACE PRESCHOOL
Agreement & Permission Form

Parent handbook can be found at growinginracepreschool.weebly.com.

As the parent or legal guardian of _____, I hereby agree upon the following items.

_____ I hereby agree to and comply with the policies and procedures of Growing in Grace Preschool regarding admissions, fees, health, attendance hours and other items as specified in the Parent's Handbook that can be found at growinginracepreschool.weebly.com.

_____ I have been given a school calendar and I am aware of the days that the center will be closed. I understand that because those days have already been deducted from the annual tuition and I will not be credited for those days.

_____ I understand that tuition is due on the 1st of the month and is considered late on the 7th. Unless other arrangements have been made, failure to pay tuition by the 7th will necessitate the child not attending school until full payment is made. If payment has not been made by the last working day of the month, the contract will be terminated.

_____ I understand that when services are no longer needed, I must give a two-week notice. If I do not give a two-week notice, I agree to pay for two weeks of service. Refunds, if any, are determined on a case-by-case basis.

_____ I understand that the State of California Licensing Agency, under Section 101200 (b) (1) and (c) of the manual of Policies and Provisions/ Child Care, has the authority to:

- (b) to interview children or staff, and to inspect and audit child or childcare center records, without prior consent.
- (1) The licensee shall make provisions for private interviews with any child(ren) or staff member, and for the examination of all records relating to the operation of the childcare center.
- (c) to observe the physical condition of a child. Including conditions that could indicate child abuse, neglect or inappropriate placement.

_____ I understand that photographs/videos of the children are taken for school use only, such as slideshows and/or gifts for parents. Children's photos or names will NOT be used in social media or media for public distribution at any time without the parent/guardian's written consent. Growing in Grace preschool is private property and does not allow pictures/videos of other families' children to be taken by any individual without prior written consent of their parent/guardian. The only exception to this rule will be during school wide events such as plays, performances, graduations, etc.

Parent/Guardian _____ Date _____

Director _____ Date _____

Growing in Grace Preschool Confidential Policy

All information directly related to children, families, financial contracts, or other personal information is strictly confidential.

Copies of financial contracts will only be released to the contracting party or parties unless a court order, subpoena, or written consent of the contracting party or parties are provided.

Children's records are only accessible to contracting party or parties, persons with a court order, subpoena, or written consent of the contracting party or parties, Grace Lutheran Church and Christian School, Growing in Grace Preschool, and State Licensing.

Persons with legal custody may request to view child's records by requesting appointment with the Director.

Persons with legal custody requesting copies of any forms must allow 2 weeks to prepare the documents. There will also be a charge of .25¢ per sheet due at the time of the request.

I _____ have been made aware of the confidentiality policy of Growing in Grace.

Date _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME _____

FATHER'S NAME _____

SEX _____

BIRTH DATE _____

MOTHER'S NAME _____

DOES FATHER LIVE IN HOME WITH CHILD? _____

IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? _____

DOES MOTHER LIVE IN HOME WITH CHILD? _____

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)
WALKED AT* _____

DATE OF LAST PHYSICAL/MEDICAL EXAMINATION _____

MONTHS

BEGAN TALKING AT* _____

MONTHS

TOILET TRAINING STARTED AT* _____

MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

- Chicken Pox
- Asthma
- Rheumatic Fever
- Hay Fever

DATES

- Diabetes
- Epilepsy
- Whooping cough
- Mumps

DATES

- Poliomyelitis
- Ten-Day Measles (Rubeola)
- Three-Day Measles (Rubella)

DATES

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 DURING THE DAY?*

WHEN?*

DOES CHILD SLEEP WELL?*

DIET PATTERN:
(What does child usually eat for these meals?)

BREAKFAST _____

LUNCH _____

DINNER _____

HOW LONG?*

WHAT ARE USUAL EATING HOURS?

BREAKFAST _____

LUNCH _____

DINNER _____

ANY FOOD DISLIKES? _____

ANY EATING PROBLEMS? _____

IS CHILD TOILET TRAINED?*

YES NO

IF YES, AT WHAT STAGE?*

ARE BOWEL MOVEMENTS REGULAR?*

YES NO

WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*

WORD USED FOR URINATION*

PARENT'S 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'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)

_____. 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)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

**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: State of CA. Dept. of Social Services Community Care Licensing

Licensing Office Address: 1310 E. Shaw Ave., Fresno, Ca 93710

Licensing Office Telephone #: 559-243-4588

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 (9/06) (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.

Growing in Grace 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 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

State of CA. Dept. of Social Services, Community Care Licensing

ADDRESS

1310 E. Shaw

CITY

Fresno

ZIP CODE

93710

AREA CODE/TELEPHONE NUMBER

559-243-4588

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)

Growing in Grace Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1111 S. Conyer St. Visalia, CA 93277

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Important Information to Know

- Registration and first month's tuition need to be received on or prior to your child's first day of enrollment.
- Tuition can easily be made online using a major credit card or debit card. Go to www.growinginracepreschool.weebly.com or www.gracevisalia.org, click on "Donation", and then click "Tuition". You will be taken to Vanco's website where you will create an account and submit your information. When in the system, you will have the option to make a one-time payment or set up a reoccurring payment. When you make a payment, you will receive a confirmation page. **Please note, the Business Manager or I, do not have access to your private Vanco account and are not able to edit or stop reoccurring payments.**
- **W-10 Dependent Care Provider's Identification and Certification** – Growing in Grace Preschool will not provide a year-end statement for tax purposes. It is your responsibility to calculate annual tuition paid and keep receipts in a safe place. If you pay online using Vanco, you can log into your account and click Payment History to get a printout of your online payments.
- Items Enrichment children will need:
 - extra set of clothes in small backpack or bag.
- Items Full day children will need:
 - lunch (**NO PEANUTS**, no heat-ups, no refrigerated items)
 - napping items: fitted crib sheet, blanket, stuffed animal, small pillow
 - (Due to size of cubbies, please do not send full size pillows)
 - extra set of clothes
- Napping items will come to school on your child's first day of the week and will go home at the end of the week to be laundered.
- All items belonging to your child: lunch boxes, backpacks, sweatshirts, jackets, etc. should be labeled clearly with child's name or initials.
- Growing in Grace Preschool has a no pacifier or bottle policy. Please keep such items at home.
- Parent Volunteers must show proof of TB. Skin test, influenza, pertussis & measles prior to volunteering. What is considered volunteering? If parents are engaged and interacting with the children. If a parent is dropping cupcakes off to their child's classroom, they would not be considered volunteering. However, if a parent stays in the classroom and assists in handing out the cupcakes, the parent then would be considered a volunteer and would need proof of immunization.
- Classroom Supply List due on first day of school:

1 container of disinfectant wipes (teacher use only)	box of markers
Dry erase markers	box of crayons
1 box of band aids	box of colored
1 box of Kleenex	pencils glue sticks