



ADMISSION AGREEMENT

I, _____ (Parent or Legal Guardian) agree to enroll my child,
_____ (Name of Child) in the Trust Children's Center. I have been informed of the policies and procedures of
the center and I agree to comply with them.

Trust Children's Center will provide care and supervision for my child, that is between the age of 6 weeks- Kindergarten eligible.

1. Trust Children's Center is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, with the exception of center holidays and staff training days.
2. The parent is required to bring a change of clothing to be kept at the center at all times.

The parent is required to purchase a tot-cot bedding. Tot-cots are laundered weekly or more often if soiled on site.

The parent of infant age children is required to provide all meals and snacks for their child daily. Preschool age (and infants over the age of one year old) will be provided an afternoon snack each day. Parents of preschool age children are required to provide a healthy and nutritious lunch each day. Lunch will be prepared and dropped off at sign in time each morning. Meals that are brought in later in the day become disruptive and difficult for the child and teacher. Any special food required for the child is to be provided by the parent as well. Lunch meals should be prepared ready to be eaten. We do not have the staffing and equipment to heat up several lunches each day.

3. Tuition is due on the first of each month.
 - a. \$50 late fee will be charged for tuition paid after the 15th of the month.
 - b. There will be a \$15 service charge on any returned check.
 - c. Accounts that are delinquent forty five (45) days will be suspended. The child will not be permitted to attend the Children's Center program until payment is made. If the account is not paid in full, the child's space will be given away.
 - d. Should an account be sent to collection, the parent agrees to pay any fees the center would incur.
 - e. In the event of withdrawal, any balance left in the child's account, minus the 30 day written notice (see below), will be refunded to the parents.
4. Late Pick Up:
 - First 5 Minutes= \$10
 - 6 to 10 Minutes= \$20
 - 11 to 15 Minutes= \$30
 - After 15 Minutes= \$50



5. *If you choose to withdraw your child from the center, there is a 30-day written notice required with your tuition payment made through those remaining 30 days.*
6. *I understand that a sick child may not attend the center. No exceptions will be made. Symptoms that may constitute a child staying home may include, but are not limited to, fever, vomiting or diarrhea in the past 48 hours, yellow or green mucus, continuous cough, complaint of an earache or headache. The morning staff will be conducting health checks for your child's safety and well-being.*
7. *I agree to sign a Medical Consent Form issued by the Public Health Agency.*
8. *I understand that I may visit the center, with or without notice, at any time during regular Center hours. If my visits become disruptive or difficult for my child, a visiting plan will be discussed with the Director.*
9. *I understand that the Licensing Agency (Community Care Licensing) personnel have the right to inspect, audit and copy all child records, as well as observe, and/or interview my child when conducting state inspections, announced or unannounced.*

I have received a copy of the Trust Children's Center Parent Handbook and I understand the following policies:

Financial Policies

Holiday/Closure Days

Illness Policy

Change of Schedule Policy

Medication Policy

Tuition Fees, Late Fee, and Withdrawal Policies

Child's Name

Date of Birth

Parent's Signature

Date



THE CHILDREN'S CENTER HOURS: MONDAY - FRIDAY 8:00AM - 5:00PM
(EXCEPT THE 1ST MONDAY OF EACH MONTH, WHEN HOURS ARE 9:30AM-5:00PM,
TO ACCOMMODATE A MONTHLY STAFF MEETING.)

STATE REGISTRATION FEE:
\$150 DUE AT INITIAL REGISTRATION,
REGISTRATION BILLED ANNUALLY EACH JANUARY

<u>2026 rates...</u>	<u>FULL WEEK</u>
INFANT	\$2,250
6 weeks-2 years	per month
PRESCHOOL	\$1,800
2 years- Kindergarten	per month
Eligible	

All invoices due upon receipt.

Trust Automation employees receive priority spots and a discount tuition rate.

IF YOU ARE REQUESTING TO BE ADDED TO A WAIT LIST, THE INITIAL
REGISTRATION FEE MUST BE PAID TO HOLD A SPOT ON WAIT LIST.

ALL CHILDREN MUST BE REGISTERED TO ATTEND THE CHILDREN'S CENTER



THE CHILDREN'S CENTER HOURS: MONDAY - FRIDAY 8:00AM - 5:00PM
 (EXCEPT THE 1ST MONDAY OF EACH MONTH, WHEN HOURS ARE 9:30AM-5:00PM,
 TO ACCOMMODATE A MONTHLY STAFF MEETING.)

STATE REGISTRATION FEE:
 \$150 DUE AT INITIAL REGISTRATION,
 REGISTRATION BILLED ANNUALLY EACH JANUARY.

DISCOUNTED RATES FOR TRUST AUTOMATION EMPLOYEES ARE AS FOLLOWS:

<u>Trust Automation Rate:</u>		FULL WEEK	PARTIAL WEEK (3 DAYS)
INFANT 6 weeks-2 years		\$1,350.00 per month	Full time care only.
PRESCHOOL 2 years- Kindergarten Eligible		\$1,125.00 per month	\$700 per month
*Add on day to your Existing Partial Week Schedule:			
PRESCHOOL 2 years- Kindergarten Eligible		\$75/day	
Trust Sibling Discount: 10%			

* Cannot guarantee. Depends on daily student to teacher ratio as required by state licensing.

Minimum 12 hour notice mandatory.

All invoices due upon receipt.

IF YOU ARE REQUESTING TO BE ADDED TO A WAIT LIST, THE INITIAL
 REGISTRATION FEE MUST BE PAID TO HOLD A SPOT ON THE WAIT LIST.

ALL CHILDREN MUST BE REGISTERED TO ATTEND THE CHILDREN'S CENTER



Child and Family Information

Child's full name _____ Birthdate _____

Mother's full name _____ Phone _____

Place of employment _____ Email address _____

Father's full name _____ Phone _____

Place of employment _____ Email address _____

Child's Doctor _____ Phone _____

Insurance name and policy number _____

Allergies/medical
conditions _____



Release of Liability

Please be advised that I designate _____, to be in the care of any Trust Children's Center staff during my regular work hours. This is ongoing permission, any days Monday through Friday, between the hours of 8:00am-5:00pm. The staff of Trust Children's Center has my permission to make any medical or other important decisions regarding my child during these hours, in the absence of either parent. In an emergency I understand that Trust Children's Center will always try to contact me first. The staff may also seek medical attention for my child if necessary. I hereby release all staff at Trust Children's Center from any legal responsibility at any time that my child is in their care. I do not hold Trust Children's Center responsible for any accidental injury.

Sign _____ Date _____

Permission to be Photographed or Filmed

I give permission for my child _____ to be photographed or videotaped. I understand that the images may be displayed in the Trust Children's Center publications, buildings, school newsletters or website. I understand that as a precaution my child's name will not be published or linked with photographs. I also understand that it is my choice to not sign this release, but my child may not be able to be a part of some types of documentation, etc.

Sign _____ Date _____

Walking Field Trips

I give permission for my child _____ to go on walking "field trip" in close proximity to Trust Children's Center. Such walks would include visiting Trust Automation, walking to the Avila Ranch Park on Earthwood Ln, walking the perimeter of the attached parking lots, and walking along Suburban Rd, Tank Farm Rd and S. Higuera. Field trips any further than these areas would always be notified ahead of time and would require a specific permission slip.

Sign _____ Date _____

Sunscreen Permission

I give Trust Children's Center staff my permission to apply the sunscreen on my child
_____. *This will be applied as needed, when going outside. I understand that it is
my responsibility to apply to first coat before school. Please list any known reactions to
sunscreen:_____.*

***** Typically, TCC does not provide sunscreen for infants under 6 months of age. We will make every effort to keep your youngest children in
the shade as much as possible. If you would like sunscreen applied to your infant, that is under 6 months old, you must provide a sunscreen
that is rated for this age, get a doctor's note and fill out a medication authorization form.*

Sign_____Date_____

Diaper Cream Permission

I give Trust Children's Center staff my permission to apply the diaper cream, I provided, on my child
_____. *This will be applied as needed, for diaper irritations.*

Sign_____Date_____

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

TIME OF ADMISSION

**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)	/	/	/	/							/	/
HEPATITISB		/	/	/	/	/	/						
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.

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 PHYSICAUMEDICAL EXAMINATION	

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

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
------------	--------	-------------------	--------	-----------------------------	--------

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

☐ Chicken Pox	DATES	☐ Diabetes	DATES	☐ Poliomyelitis	DATES
☐ 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?	0	YES	0	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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST
	DINNER	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 0 NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
☐ YES ☐ NO		☐ YES ☐ 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:
☐ YES ☐ NO		☐ YES ☐ 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

UC 702 (8/08) (CONFIDENTIAL)

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

()

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

ADDRESS

6500 Hollister Ave. #200

CITY

Goleta

ZIP CODE

93117

AREA CODE/TELEPHONE NUMBER

805-562-0400

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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

Licensing Office Address: 6500 Hollister Ave. #200, Goleta, CA 93117

Licensing Office Telephone #: (805) 562-0400

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.

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

Student ID Number _____

(Required)

CALIFORNIA SCHOOL IMMUNIZATION RECORD0 First Grade Certificate ☐

5

3

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M ☐ F ☐ Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ City _____ ZIP _____

Daytime

Nighttime

Race/Ethnicity:

☐ White, not Hispanic☐ Hispanic☐ Black☐ Other _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	I I	I I	I I	I I	I I
DTPIDTaPIDTITd (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	I I	I I	I I	I I	I I
MMR (Measles, mumps, and rubella)	I I	I I			
HIB MENINGITIS (ReTuired for preschool) (Haemophilus B)	I I	I I	I I	I I	
HEPATITIS B	I I	I I	I I		
VARICELLA (Chickenpox)	I I	I I			

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	☐ PPD-Mantoux	I I	I I		Pos
	☐ Other				Neg
	☐ PPD-Mantoux	I I	I I		Pos
	☐ Other				Neg
If reTuired for school entry, must be Mantoux unless exception granted by local health department					
CHEST X-RAY (Necessary if skin test positive.)	Film date: ____ I ____ I ____ Impression ☐ normal ☐ abnormal Person is free of communicable tuberculosis: ☐ yes ☐ no				

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: ____ I ____ I
Staff _____

Signature _____

Record presented was:

☐ Yellow California Imm. Record☐ Out-of-state school record☐ Other immunization record

Specify: _____

II. STATUS OF REQUIREMENTS☐ A. All requirements are met.

Date: ____ I ____ I

☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

☐ C. Medical Reasons=Permanent☐ D. Medical Reasons=Temporary☐ E. Personal Beliefs**E-91 CODE**

0 - Incomplete

1 - Complete

- Personal

- Medical

Check on your Immunization Following Roster.
Submit corrected E-91 when status changes.

ST\$TE 2F C\$/IF2RNI\$+DEP\$RTMENT 2F HES/TH SER9ICES
IMMUNIZATION BRANCH

S8- (RE9. 06112)

PM 286 (6195)

95280

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C*. If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry.

Personal Beliefs Affidavit to be Signed by Parent or Guardian-Tuberculosis

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care center entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardian

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.



Licensing Policy Highlights

- *All bottles must come fully prepared and labeled (name and date), each day. Legally we cannot prepare any bottles. Bottles will be stored in the fridge, and warmed when needed.*

- *Lunch must be fully prepared, cut up and ready to eat. Be sure to put an ice pack in your child's lunch box. We cannot heat up lunches. There are too many lunches happening at the same time to be able to heat food. Please be sure to send food that your child is willing to eat cold.*

- *Afternoon snack will be provided by TCC each day. Parents must provide morning snack. Please note that morning (9:00am Infant room/ 9:30am Preschool room) snack is meant to be a snack, not a meal. Be sure your child has eaten an adequate breakfast before arriving at TCC.*

- *All your child's items must fit in their cubby. Ex: a canvas bag with two changes of clothes and a spare jacket is sufficient. Their lunch and will also need to fit in the cubby each day. We cannot store anything more than what's mentioned, due to limited space.*

- *Please be sure to sign your child in and out each day. This is a legal requirement and helps us to keep track of billing, etc.*

- *Please be sure to have your child fully dressed for their day, adequate clothes and shoes for the weather. Infants under one year old may wear pajama type one-piece outfits; otherwise pajamas would only be allowed on designated "pajama days".*

- *Please be aware that afternoons (12:30pm-2:30pm) are a "quiet zone" at TCC. Most children are napping at this time.*

- *Children are not permitted to sleep in strollers or car seats, at any age and for any reason. This is a very important licensing restriction.*

Trust Children's Center Child Care Enrollment Agreement for "community" spots:

I agree that I am enrolling my child in an early care and education center that was originated to serve the purpose of an employer sponsored early care and education benefit program. I understand that I am not part of such program, and it is considered that my child is enrolled in an available "community" spot. If all spots are full and there is a need for an available spot to be freed up for a child of an employee that is part of our contracted employer sponsored early care and education benefits program, I understand that I will be given a minimum of 90 days to find other child care arrangements. Trust Children's Center understands the important of consistent care for children. We will always do our best to schedule appropriately to avoid such situations.

However, it is the agreement of any companies that have chosen to be a contracted member of the benefit program, that their employees will have priority.

I understand and agree to this arrangement.

Sign _____ *Date* _____



INFANT DAILY SCHEDULE

The Infant program is set up on an individual basis, according to the schedule provided by the parent/guardian to the center and designated to enrich the infant's needs and developmental skills.

**Times are flexible. Infants are fed and given naps on an individual as needed basis. Diapers are checked every 2 hours, or as needed.*

EXAMPLE OF AN INFANT'S DAY

8:00 - 9:00 am	<i>Parent and child morning greeting and handwashing. Indoor or outdoor free play</i>
9:00 - 9:30 am	<i>AM snack</i>
9:30 - 11:00 am	<i>Diaper check, group time, outdoor play, walk, small group activities (younger infants: morning nap and AM bottles)</i>
11:00 - 11:30 noon	<i>Handwashing, Lunch time</i>
11:30 - 2:30	<i>Diaper check, bottles, Nap time (younger infants: outdoor play/ tummy time)</i>
2:30- - 3:00 pm	<i>PM snack, diaper check</i>
3:00 - 4:00 pm	<i>Indoor/outdoor play, books, dramatic play, (younger infants: PM bottles, naps as needed)</i>
4:00 - 5:00 pm	<i>Outdoor play, walk, small group activities</i>

What to bring on your child's first day.

For their Cubby:

- *Full change of clothes including socks and underwear*
- *One full bottle of sunblock: Baby-Ganics Brand Sunscreen (We ask each child to provide one bottle per year for all children to share. If you prefer your child to have their own specific brand, and not share, you may provide that, and we will let you know each time it runs out.)*
- *Diapers and wipes (if not potty trained)*
- *Diaper cream (optional)*
- *Tot Cot Bedding set (for children over the age of one)*
- *4 x 6 family photo for our "Family Tree"*
- *A completed Emergency bag (See below)*

In their Emergency Bag:

- *Emergency bag should include the following items in a 1-gallon bag. This bag will be kept separate from cubby items.*
- *A complete change of clothes*
- *diapers and wipes (if necessary)*
- *Family Picture*
- *Non-perishable snack*
- *Small "Lovey"/stuffed animal/doll*



Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procare Solutions' best-in-class parent app.

Tell Me More About Procare's Parent App

Once you download the Procare app on your smartphone, we can update you on your child's daily activities, milestones and more. We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the center so we can better ensure the health and wellbeing of you, your children and our staff.

How do I get the app?

You'll get an email soon with all the instructions including a unique **4-digit pin** and information to download the mobile app via email. For additional security, you will be notified via email when your child is signed in and out of the center.

We think you'll really enjoy this new way for us to stay connected!

Please let us know if you have any problems or questions during the signing up process.

Sincerely,

TCC Team





Loyal Sleeper Club

Your school is enrolled in our nap mat discount program the Loyal Sleeper Club, for qualified daycares and preschools. As an approved ambassador school, parents are granted a **15% off** code for the Tot Cot® nap mat as well as bite-size preschool accessories. Use code **SLEEPER0517** when prompted for a promo code during your cart checkout. Visit www.urbaninfant.com to view the nap mat selections of colors and patterns.

The Tot Cot® Nap Mat for Daycare and Preschool

- Removable pillow, sewn-in fleece blanket, and slim quilted lining
- Ease of care - machine wash cold water, tumble dry low
- Lightweight, functional, and durable design
- Convenient roll up system with a handle for easy "tot toting"
- Secret pocket to tuck a child's special friend (kids love this)
- 35% cotton/65% poly broadcloth - durable for 2-3 years of preschool washing
- Variety of fun patterns for you and your child to select from!

Awards Include:

- The Environmental Institute GREENGUARD® certification verifying low chemical emissions.
- The National Parenting Center's Seal of Approval was awarded to the Tot Cot.
- The Urban Infant was awarded the Graphic Design USA product and packaging award

Coordinating Preschool Accessories

Your school discount code is also valid on all coordinating toddler products including our Packie® backpacks, Yummie® lunch bags, and school supply pouches. Our collection features preschool products reinvented, all items in the collection are bite-sized for children ages 2-5.

Shop: www.urbaninfant.com



urban infant

Featured in Real Simple, Parenting, and Working Mother magazines.
Voted "children's company to watch" by Parents Magazine.

www.urbaninfant.com
toll free 1-888-733-6962
customerservice@urbaninfant.com
chicago, illinois USA



DID YOU KNOW?

Babies and young children **need to hear plenty of language** for brain development.

80% of a child's brain growth is complete by age 3, and most of that time is spent with their families.

The more experience young children have with language, **the more their brains will grow.**

Children who are talked to and read to by their families when they are young do better in school, read better, graduate more often and are more likely to be employed as adults.

PARENT TIPS FOR BOOK SHARING

Talk to your child. Listen to your child:

- Encourage your child to tell you stories and ask questions
- Share nursery rhymes, sing songs

Share books with your child:

- Snuggle up and get close
- Ask questions
- Talk about the pictures and new words
- Share the book repeatedly
- Let your child take the lead

Remember It Is Okay.

- To read only part of the book
- If you don't read well
- If you have an accent or don't speak English, you can read in your home language
- If your child wants to hold the book and read it to you
- If you only talk about the pictures

Dear Parents,

We are excited to let you know that your child's classroom will be participating in the Raising A Reader (RAR) program! Since 1999, RAR is a national nonprofit organization that has helped families successfully build and sustain literacy routines in their homes. RAR's mission is to engage parents and caregivers in a routine of book sharing with their children from birth through age eight to foster healthy brain development, healthy family relationships, a love of reading, and the literacy skills that are critical for school success.

How Does the Raising A Reader Program Work?

Your child will be sent home with a bright red RAR bag filled with four (4) age appropriate, high-quality, and engaging picture books. The red book bags with the books inside of them will get rotated on a weekly basis. Parents/caregivers will be provided with the necessary support, training, strategies, and tools to effectively share books with their children. Families will also be connected with their local public and school libraries. At the end of the program, children will receive a blue library book bag to keep so that they can continue the practice of borrowing books and build a lifelong habit of reading.

Parents Play a KEY Role in Raising A Reader!

If you are like most parents, you want your child to be well prepared for success in school. You know that learning to read is one of the most important skills that your child will need to succeed. What you may not know is how important, but easy, your role is. You don't need fancy toys or expensive computer games. Your mind, your voice, your ideas, your time, and your love are what your children need to reach their potential. Check out the sidebar on the left for some tips about how you can begin the amazing and transformative experience of sharing books with your child.

Want More Information About Raising A Reader?

Visit the website: www.raisingareader.org



Raising A Reader Family Agreement

Dear Parents,

We are pleased to invite you to participate in the Raising A Reader (RAR) book bag lending program. Please review the following information about the responsibilities of being a Raising A Reader family. We hope you will participate in this great opportunity and fall in love with sharing books with your child every day.

- There is no cost to participate in Raising A Reader and families are not charged for lost or damaged books. However, we want the books to last 5 to 7 years.
- The books and red book bags belong to the program. It is my family responsibility to return the books and bags weekly so that they can be circulated to other children and families.

Please check the following:

- ☐ I will watch the Read Aloud parent video and shared it with other adults or teens that provide care for my child.
- ☐ I will take good care of the books and bags. They teach my children responsibility.
- ☐ I will return the books and bags if I am moving, taking my child out of the program or decide to no longer participate.
- ☐ By participating in Raising A Reader, I will make every effort to share the books with my child and establish a regular routine for reading.

I agree to the terms listed above and would like my family to take part in Raising A Reader.

Name (please print)

Address

City

Zip Code

Telephone Number

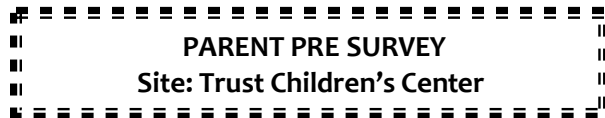
Parent Signature

Date



Thank you for answering the questions below!

Your honest answers are important to us and will be kept confidential.



Child's date of birth: Month ____ Day ____ Year ____

Child's initials: First ____ Middle ____ Last ____

Child's gender: (1) Boy (2) Girl

Your relationship to the child: (Please circle below):

(1) Mother (2) Father (3) Grandparent (4) Other: _____

1. The amount of time that families have to look at books together can vary a lot from week to week.

LAST WEEK, how many times did your child look at books with you or other people in your household?

About ____ times last week

2. In the last week, how many times did your child ask to look at books with you or another person in your household?

About ____ times last week

3. Which of the following happened the **LAST TIME** you looked at books with your child (check all that apply).

✓ = 1 Blank = 0

- | | |
|---|---|
| ☐ My child did not pay much attention to the story. | ☐ My child turned the pages of the book. |
| ☐ My child quietly listened while I read and/or talked about the book most of the time. | ☐ My child asked questions about the book. |
| ☐ I asked my child questions about the story. | ☐ My child "read" the book to me or told me a story about the pictures. |
| | ☐ None of these |

4. In your opinion, how much does your child enjoy sharing books or stories with you or other people in your household? Please circle one number on the scale below.

Does not enjoy	Enjoys somewhat	Enjoys <u>very</u> much
0	2	4
	1	3

5. Do you have a routine for looking at books with your child? No = 0 Yes = 1

Examples: reading at a certain time of day, reading in a special place

No Yes If yes, please list these routines or traditions: _____
0 1 _____

6. In the past month, how many times did you visit the library with your child?

About _____ library visits in the past month

7. What language is spoken most often in your home?

(1) • English (2) • Spanish (3) • Other: _____

8. What is the number of years of education that has been completed by the adult in your home who spends the most time with the child?

- | | |
|---|---|
| (1) ☐ 1–6 years (elementary school, K–5 th grade) | (4) ☐ 2 years of training/school beyond high school, with degree |
| (2) ☐ 7–9 years (middle school, 6 th –8 th grade) | (5) ☐ Bachelor's degree (BA or BS) |
| (3) ☐ 10–14 years (high school, 9 th –12 th grade) | (6) ☐ Graduate or professional degree (e.g., MA, PhD, MD, JD) |
| | (7) ☐ Other: _____ |

9. What is your household income?

- | | | |
|---|--|---|
| (1) ☐ At or below \$30,000 | (2) ☐ \$31,000–\$50,000 | (3) ☐ Above \$50,000 |
|---|--|---|

10. Has your family previously been involved in the *Raising a Reader* book bag program?

- (0) • No (1) • Yes

Thank you for your time!

Getting to Know Your Family!

At Trust Children's Center, we believe that every child's story matters. Learning about your family helps us create a classroom where your child feels seen, valued, and at home. Please take a few minutes to share what makes your family special. There are no right or wrong answers — just your story!

1. About Your Family

Who lives in your home and cares for your child? (Check all that apply or write in your own.)

☐ Both parents ☐ One parent ☐ Grandparent(s) ☐ Other family members

☐ Guardian(s) ☐ Other: _____

What languages are spoken at home? _____

2. Family Life & Routines

What does a typical day look like for your child at home? (e.g., favorite times of day, routines, or activities you enjoy together.)

3. Family Traditions & Culture

We love to celebrate the beautiful diversity of our families. Please tell us about any traditions, celebrations, foods, or family experiences that are important to you.

Examples: Sunday dinners, Lunar New Year, Día de los Muertos, family hikes, Friday pizza night.

4. Family Interests & Hobbies

What activities, sports, or hobbies do you enjoy as a family? Would you be open to sharing one of these with your child's class?

☐ Yes ☐ Maybe later ☐ Not right now

Examples: gardening, music, dance, storytelling, cooking, crafts, sports, community events.

5. Languages & Communication

What language(s) did your child learn first? _____

What special words or greetings do you use at home that we could learn?

Would you like us to greet your child in your home language? ☐ Yes ☐ No

6. Partnering with You

How can we best support your family’s culture, routines, or values at our center?

Is there anything else you’d like to share about what makes your child or family special?

Thank you for helping us get to know your family! We look forward to celebrating and learning together.

Preferred Name at School

At TCC, your child’s name is an important part of their identity. To ensure we respect your family’s wishes and maintain consistency across classrooms, we’d like to know how you would like your child to be addressed while at school.

Child’s Full Legal Name: _____

Preferred Name at School (if different): _____

(Examples: Joseph → Joey; Elizabeth → Liz. Please note: nicknames should be a natural variation of the child’s given name. We ask that unrelated pet names not be used at school.)

Parent/Guardian Name(s): _____

Date: _____

Signature (if paper form): _____

Infant Needs and Service Plan

This infant needs and services plan will stand as an agreement between the parents/guardians _____ and the Trust Children's Center for the infant _____.

This needs and service plan will be updated every quarter or as necessary to assure that the plan meets infant childcare regulations and the ongoing needs of the infant. Parents are responsible for notifying caregivers of any changes or modification in the infant's needs. *Bottles, formula, breastmilk, diapers and wipes must be provided by the parents.

Infant's feeding plan

Time Bottle Solids

_____ OZ _____

_____ OZ _____

_____ OZ _____

_____ OZ _____

Infant's Diapering plan

Any special directions for diapering _____

Infant's sleeping plan

Napping position _____

Napping routine _____

Nap Times _____ to _____ & _____ to _____

_____ to _____ & _____ to _____

Date _____

Parent/Guardian Signature _____

Lead Teacher Signature _____

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT’S INFORMATION

Infant’s Name	Gender	Birth Date
Authorized Representative’s Name (Primary Contact)		Phone Number
Authorized Representative’s Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: ☐ Crib ☐ Play Yard ☐ Other (Specify) _____	What are the Infant’s usual sleeping hours? _____ _____
What is the infant’s average length of the Infant’s nap(s) during the day time? _____ minutes _____ hours	Does the infant use a pacifier? ☐ Yes ☐ No ☐ Sometimes If yes , brand: _____

SECTION C: INFANT’S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

Authorized Representative Signature	Date
-------------------------------------	------

SECTION D: INFANT’S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
--------------------	------

Authorized Representative Signature (To be completed no later than the next business day following observation)	Date
--	------

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date
-------------------------------------	------

Safe Sleep Policy for Infants

Safe sleep and napping practices reduce the risk of Sudden Infant Death Syndrome (SIDS) and the spread of contagious diseases. SIDS is the unexpected death of a seemingly healthy infant under one year of age for whom no cause of death can be determined. It is the leading cause of death in children from one to twelve months of age.

Infant Sleep Practices and Environment:

Infants will always be put to sleep on their backs. Side sleeping is not as safe as back sleeping and is not advised. Research shows that putting an infant to sleep on his/her back does not cause him/her to choke or aspirate.

- 1. Infants will be placed on their back to sleep until one year of age.
- 2. Infants will be placed on a mat with a tight-fitting sheet until one year of age.
- 3. At one year of age you will be required to purchase a Tot Cot bedding set.
- 4. No toys, stuffed animals, pillows, bumpers, positioning devices (unless ordered by a health care provider) or extra bedding will be on or around mat.
- 5. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult. Infants will not be dressed in more than one extra layer than an adult.
- 6. The infant's head will remain uncovered when she/he sleeps.
- 7. Swaddling is not allowed in childcare, per Child Care Licensing Regulations.
- 8. Sleeping infants up to 24 months will be physically checked every 15 minutes for signs of distress or overheating.
- 9. Infants will not share mats.
- 10. Mats will be labeled to keep track on what side goes down on floor.
- 11. The childcare program is a smoke-free environment. Infants exposed to smoke have an increased risk of SIDS.
- 12. If infants arrive asleep in a car seat they will be moved to a mat.
- 13. Infants may be offered a pacifier when they are on the mat if parents offer a pacifier at home. Pacifiers will not be attached by a string or to the infants' clothing. Pacifiers will not be reinserted if they fall out after the infant is asleep.

Each infant up to 12 months will have an Individual Sleeping Plan (LIC 9227). When the infant is able to roll back and forth from back to front, the parent will update and sign Section C, and parent and provider will sign Section D. Once the document is signed the infant will be put to sleep on their back and allowed to assume a preferred sleep position.

If a parent/guardian requests that their child be put to sleep in a position other than on their back, the parent must provide a Physicians' Signed Note that explains how the infant should be put to sleep and medical reason for this position. This note will be kept in the child's medical file and all staff will be notified of the infant's prescribed sleep position.

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Resources:

Adapted from California Childcare Health Program handout



Child Care Medical Waiver for Sleep Sack, for infant ages 0-12 months

It is a requirement of the State of California Community Care Licensing to follow Safe Sleep guidelines. The requirements are consistent with the American Academy of Pediatrics safe sleep guidelines.

Infants under *12 months of age must be placed alone, on their back to sleep, in a crib.
Pacifiers are allowed without any sort of attachment device. Blankets or pillows are not allowed.
*12 months, or sooner if they pull themselves up in crib.

Name of infant: _____

Date of birth: _____

Name of health care provider: _____

Address of health care provider: _____

Telephone of health care provider: _____

Describe the sleep sack that the infant will use. Include manufacture name and age rating of sleep sack:

I believe this sleep sack is safe and appropriate for infant up to 12 months, in a crib.

Health Care Provider signature _____ Date _____

Parents signature _____ Date _____