



ENROLLMENT QUESTIONNAIRE

Cooperative Morning and Afternoon Care Programs

START DATE (specify month & year): _____

Family's Contact Information

Names of Parents/Guardian's: 1. _____ 2. _____

Address _____ City _____ Zip Code _____

Home Phone # _____ Cell # _____ Email _____

Cooperative Parent Morning Workday

Per school cooperative admission criteria, one parent is required to complete a weekly school workday from 8:30 am - 12:30 pm. Please note: your chosen workday must coincide with a day your child attends school.

Name of Parent/Guardian performing Cooperative School Workday: _____

Please Circle your choices:

Parent's Workday (1st Preference): Mon Tues Wed Thurs Fri Any Day Okay

Parent's Workday (2nd Preference): Mon Tues Wed Thurs Fri

Child's Information

1. Child's Name: _____ 2. Child's Name: _____

1. Name on Tag: _____ 2. Name on Tag: _____

1. Date of Birth: _____ 2. Date of Birth: _____

Child/Children's Cooperative Morning and Afternoon Care School Days

Per school admission criteria, child may attend up to however many days equals their age in years. For example, a 3-year old child may attend up to 3 days per week. Please contact Director to request an exception.

1. Child - Please circle your Cooperative Morning (8:45 - 12:00pm) choices:

Child's school day (1st preference): Mon Tues Wed Thurs Fri Any Days Okay

Child's school day (2nd preference): Mon Tues Wed Thurs Fri

1. Child - Please circle your Afternoon Care program (12:00–3:30) choices

Child's school day (1st preference): Mon Tues Wed Thurs Fri Any Days Okay

Child's school day (2nd preference): Mon Tues Wed Thurs Fri

2. Child - Please circle your Cooperative Morning (8:45 - 12:00pm) choices:

Child's school day (1st preference): Mon Tues Wed Thurs Fri Any Days Okay

Child's school day (2nd preference): Mon Tues Wed Thurs Fri

2. Child - Please circle your Afternoon Care program (12:00 – 3:30 pm) choices

Child's school day (1st preference): Mon Tues Wed Thurs Fri Any Days Okay

Child's school day (2nd preference): Mon Tues Wed Thurs Fri

Contract Rec'd _____ Fees Rec'd _____ ParentSquare _____ Everyone@ _____ Alumni _____ Roster _____

Hello New and Returning Families,

Welcome to SMPCW cooperative preschool and afternoon care program! We are thrilled to have you join our community and look forward to getting to know you, your family and your child.

Below is a list of items enclosed in the enrollment packet. Several of the forms are just information to help you understand our school and our requirements, but there are also quite a few that you will need to fill out and turn in at the registration day, happening in late August. (See Beginning Calendar for registration date)

- ☐ Acknowledgment – **Sign/Return**
 - ☐ Admission Agreement – **Sign/Return**
 - ☐ Handbook - (on Website and/or ParentSquare)
 - ☐ SBCC Standards of Student Conduct - (on Website and/or ParentSquare)
 - ☐ Child Care Center Notification of Parents' rights – **Sign/Return**
 - ☐ Personal Rights Child Care Centers – **Sign/Return**
 - ☐ Caregiver Background Check Process (we have no exemptions/for teachers)
- ☐ Medical Paperwork
 - ☐ Working Parent TB Test and immunization Report – **Sign/Return** (Not needed for Afternoon Care)
 - ☐ FAQ about Immunizations and TB Testing for Adults
 - ☐ FAQ about Immunizations for Children
 - ☐ Physician's Report – **Sign/Return**
 - ☐ Child's Pre-Admission Health History – Parents Report – **Sign/Return**
 - ☐ Emergency Card – **Sign/Return**
- ☐ Participation Questionnaire – **Sign/Return** (Not needed for Afternoon Care)
- ☐ SMPCW Focus Group/Committee Description (Not needed for Afternoon Care)
- ☐ Field Trip Permission – **Sign/Return**
- ☐ Photography Permission – **Sign/Return**
- ☐ Tuition Rate and Information
- ☐ Enrollment Questionnaire **Sign/ Return**

Please contact us if you have any questions or need help. See you soon!



ACKNOWLEDGEMENT

I, _____ as the parent, guardian, or authorized
representative of _____
Name of child

Have received, read, and agree with the following documents at the time of admission
to the San Marcos Parent Child Workshop (SMPCW):

1. Admission Agreement
2. Handbook - (on Website)
3. SBCC Standards of Student Conduct - (on Website)
4. Child Care Center Notification of Parents' rights
5. Personal Rights Child Care Centers
6. Caregiver Background Check Process (we have no exemptions)

I understand that the licensing agency has the right to interview children or staff and to
inspect and audit the facility or children's records without prior consent. The licensing
agency has the right to observe the physical condition of any child(ren), including
conditions which could indicate abuse, neglect, or inappropriate placement, and to have
a licensed medical professional physically examine the child(ren).

Signature of Parent/Authorized Representative

Date

Signature of SMPCW Representative

Date

Rev. 11/2019



ADMISSION AGREEMENT

SMPCW Cooperative Morning Preschool, Afternoon Care Program & Parent Education

The San Marcos Parent Child Workshop (herein called SMPCW) is a parent cooperative early childhood program and afternoon care program. The school operates on a term system with 2 terms in the school year.

1. Children between the ages of 2 ½ years to 5 years can be enrolled. The school has 2 terms per school year starting in August (Fall) and January (Spring).

- 2-year-olds and 3-year-olds may attend up to 2-3 mornings per week.
- 4-year-olds and 5-year-olds may attend up to 4-5 mornings per week.

2. SMPCW cooperative morning session is open from 8:45am to 12:00pm, Monday through Friday, except for holidays and school vacations. Parents sign their child(ren) into preschool starting at 8:45am. Children must be picked up and signed out by 12:00 pm. Pick-up after 12:00pm will result in late fees.

3. The SMPCW afternoon care session is from 12:00pm to 3:30pm, Monday through Friday, except for holidays and school vacations. Children must be picked up and signed out by 3:30pm. Pick-up after 3:30pm will result in late fees.

4. Admission to the school is granted without distinction to race, religion, culture, national origin, sexual orientation, handicap or marital status.

5. A non-refundable enrollment fee of \$50.00 is required for new families at the time of application. Returning parents without a break in service are required to pay \$30.00 per enrollment year.

6. Tuition bills will be distributed at least five days prior to the first of the month. If a family does not receive their bill they must contact the school for the correct balance.

- **Tuition payments are due by the 1st of the month.**
- **After the 5th of the month, a \$15.00 late charge will be levied.**
- If an account is unpaid by the 5th of the second month, the family will be contacted by the treasurer to arrange a payment plan.
- Tuition must be paid in full at the end of each term.
- **If tuition remains unpaid, the child(ren) will not be allowed to return for the new term.**

7. Withdrawal Procedure: For termination before May 1st, two weeks' notice must be given to the Director and the Enrollment Chair. Fees and participation are required during this two-week period. Tuition shall be paid through the end of the calendar month of withdrawal. For termination after May 1st, full payment is required for the remainder of the school year, May and June.

8. Tuition is an annual fee paid monthly. September - May are equal installments. August and June will be prorated. There are no adjustments for illnesses or vacations. Refer to Enrollment/Tuition form for school year rates for both the cooperative morning session and afternoon care session.

9. As stated above, SMPCW is a parent cooperative early childhood program. The requirements for cooperative parents are as follows:

- Both parents must enroll in the non-credit SBCC Parent Education course for Fall and for Spring semesters. At least one parent/caregiver attends the parent education class held each Tuesday night at the school, from 7:00 - 9:00 pm. These classes are required. Two absences per term are allowed, with no make-ups required. A third absence is permitted but a make-up assignment is required. Three absences per term is the limit. It is the responsibility of each family to assure their attendance at these classes and to approach the Director when they have a third absence, in order to arrange a make-up activity.
- One parent/caregiver per family works at the school one morning per week. Parents/Caregivers working that day must arrive by 8:30am and stay until 12:30pm. Continual lateness to a workday can result in dismissal from the program. **If a parent/caregiver cannot fulfill his/her workday, it is his/her obligation to find a substitute from the parent group. Spouses who have worked at the lab at least one time in the past, ideally during the orientation period at the start of the term, may substitute for the other spouse. Missed work days must be made within two weeks of the absence or a \$30 fee will be charged.**
- Each family participates in a school Committee.
- Each family participates in all school related fundraising activities including but not limited to our Fall Pancake Breakfast, Spring Children's Music Festival and Rummage Sale. Participation consists of attending all fundraising discussion meetings (during parent education classes), working on an event committee, procuring donations or sponsorships, selling tickets and working shifts at the fundraising event.
- Each family participates in the set-up of the school in August (optional for new families), end of year clean up and all school environment workshops (usually two Saturday mornings per year).

10. If a family falls delinquent with tuition fees or is unable to complete participation requirements, the parents in the family will meet with a representative from the Board and may be asked to leave the school or be placed on probationary status (one probation per year only).

11. Each parent is responsible for checking his/her child for illness before sending him/her to school. School staff have the authority to send home any child they believe is ill. The Director must be notified immediately if a child contracts a communicable disease or if a child has allergies. In an emergency, the parent will be called first and then staff will refer to the emergency form on file. It is the parent's responsibility to maintain current information in the emergency file. Failure to pick up your child when called can result in probationary status or dismissal from the program.

12. The parent/guardian will receive a copy of this admission document and will download the SMPWC Handbook and read it completely. The Handbook can be found at www.smpcw.org or ParentSquare.

13. The parent/guardian understands that the Department of Social Services or licensing agency have the legal authority to interview children or staff and to inspect and audit children or facility records without prior consent. The Department of licensing agency shall have the authority 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).

Parent 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

Licensing Office Address: 360 SOUTH HOPE AVE., C-105, SANTABARBARA, CA

Licensing Office Telephone #: (805) 682-7647

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.

San Marcos Parent Child Workshop

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

LIC 995 (9/08)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 1 01223 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

360 S. Hope Avenue, C-15

CITY

Santa Barbara

ZIP CODE

93105

AREA CODE/TELEPHONE NUMBER

(805) 682-7647

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 Caledonia Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

San Marcos Parent Child Workshop

(PRINT THE ADDRESS OF THE FACILITY)

400 A Puente Drive, Santa Barbara, CA
93110

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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, 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://ccl.dss.cahwnet.gov/RegionalOf_1829.htm

It is important to complete the following medical forms as soon as possible. The medical forms are the most time consuming ones to fill out. Please schedule doctor appointments well in advance to accommodate for any inconveniences. All medical paperwork needs to be complete and turned in before the start of preschool. Thank you for your cooperation.

Enclosed are the following forms to be filled out and returned:

- **Working Parent's TB Test Results & Immunizations Dtap & MMR Report**
 - This form must be completed for any/all parent(s) who will participate in the morning program. If both parents plan to share the responsibility, we need a health statement and TB clearance for both parents. This includes parents substituting for each other. New parents to the program must have a TB test on file and signed off by a doctor.
- **FAQ about TB Test Results & Immunization for Adults**
- **Immunization for Children (available on request)**
 - Please be sure that the immunization history on the physician's report form is filled out completely and correctly and signed by a medical professional, or copy your child's California Immunization Record and bring it at registration.
 - Refer to the California Code of Regulations to verify that your child has the necessary immunizations. Please do this NOW so that you have time to get an immunization if your child needs one. Any variation from the norm must be explained by your health professional.
- **Physician's Report-Child Care Centers** (Child's pre-admission health evaluation)
 - A signature from your child's medical professional is required on this form. Your child's exam must be within one year prior to beginning the program.
- **CHILD'S PREADMISSION HEALTH HISTORY – PARENTS REPORT**
- **SMPCW EMERGENCY CARD**

PARENTS' GUIDE TO IMMUNIZATIONS

REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)



Starting July 1, 2019

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

| Age at Entry/checkpoint | Required Doses |
|--------------------------|--|
| 2–3 Months | 1 Polio 1 DTaP 1 Hep B 1 Hib |
| 4–5 Months | 2 Polio 2 DTaP 2 Hep B 2 Hib |
| 6–14 Months | 2 Polio 3 DTaP 2 Hep B 2 Hib |
| 15–17 Months | 3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday) |
| 18 Months–5 Years | 3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday) |

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
 Hep B = [hepatitis B](#) vaccine
 Varicella = [chickenpox](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

Health Statement (to be completed by adult participating in the morning program with children)

Name of adult _____ Age _____

Your participation in the morning program at SMPCW will include direct contact with individuals and groups of young children. Your signature attests that you are in good health and physically, mentally, and occupationally capable of performing assigned tasks in the cooperative preschool.

Signature of Participating Adult Date _____

• **Pertussis Immunization:** _____ Date _____
Verification

• **Measles Immunization:** _____ Date _____
Verification

• **Influenza Immunization:** _____ Date _____
Verification

I decline the influenza immunization.

Signature of Participating Adult Date _____

• **TB Skin Test:** _____ Date _____
Verification

All parents who work one morning a week at SMPCW in the cooperative program are required by law to have a TB test on file before they can start their work day. This must be completed for your child to come on your workday. Health professional must fill this form out.

Date of Test: _____ Date Read: _____ Results (Circle one): Positive Negative

Signature of Health Care Professional – Reading Test: Phone # _____

Action taken if positive: _____

If Positive: Chest X-Ray Results (Circle One): Positive Negative Date: _____

Signature of Health Care Professional – Chest X-Ray: Phone # _____

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION | |

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

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

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

| | | | | | |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | DATES | <input type="checkbox"/> Diabetes | DATES | <input type="checkbox"/> Poliomyelitis | DATES |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| | | | |
|---------------------------------|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
|---------------------------------|--|------------------------|---|

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?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---------------------------------|--------------------------|
| WORD USED FOR “BOWEL MOVEMENT”* | WORD USED FOR URINATION* |
|---------------------------------|--------------------------|

PARENT’S EVALUATION OF CHILD’S HEALTH

| | | | |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES CHILD USE ANY SPECIAL DEVICE(S): | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

| | |
|--------------------|------|
| PARENT'S SIGNATURE | DATE |
|--------------------|------|

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.



SMPCW EMERGENCY CARD

CHILD'S FULL NAME _____ BIRTHDATE _____

ADDRESS _____

Home Phone _____

Parent/Guardian 1: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Allergies: _____

Medical conditions: _____

Takes regular medications: _____

Name of Medication: _____

Persons Authorized to pick-up child from SMPCW

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Out of State Emergency Contact Name: _____ Phone _____

Pediatrician/Primary Dr.: _____ Phone _____

In case of medical emergency, if I cannot be reached, I give SMPCW permission to seek and provide any medical treatment to insure the well-being of my child.

Parent Signature _____ Date: _____

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PARTICIPATION QUESTIONNAIRE

Cooperative Morning Programs

Our school runs by cooperative effort with each of us doing a share according to ability and school needs. Some of us are good at music, but helpless with a hammer and nails, others prefer housecleaning to a job at the telephone. We all pitch in as needed. The following information will help place you in the appropriate committee based on your interests and our needs. We appreciate your flexibility.

Parent(s)' Name(s): 1. _____ 2. _____

Work Phones: 1. _____ 2. _____

Home Phone: _____

Email: 1. _____ 2. _____

Children's Name: 1. _____ Birthdate: _____

2. _____ Birthdate: _____

1. Parent's training/education, occupation, hobbies, interests:

2. Parent's training/education, occupation, hobbies, interests:

Which parent will be the usual participant in the...

...coop morning program? _____

...evening Parent Education Class? _____

Do you know someone who plays a musical instrument? _____

Name & Contact Information

Would they be willing to play for the children at school? _____

Instrument

Do you know someone who dances, has a special animal, has an interesting vehicle, etc.? Would they be willing to come to school and share their skill/item?

Contact information and skill/item

Do you own any special equipment or tools (sewing machine, power saw, lawn mower etc.)?

Focus Group / Curriculum Committees:

Each cooperative member serves on one focus group/committee. Descriptions of the groups/committees are attached. Please read them and indicate below which ones look the most and/or least interesting to you.

Adult Curriculum

Facilities

Electronic Media/Community Out-Reach

Fundraising/Development

Children's Curriculum

Nutrition

Enrollment/Membership

Most interest

1. _____

2. _____

3. _____

Least interest

1. _____

2. _____

3. _____

Thank you!

SMPCW COMMITTEES

Cooperative Morning Programs

Below is a brief description of the SMPCW committees. Please read through them and select choices that appeal to your strengths and passions and will work for your time schedule. Please indicate your top three choices on the attached questionnaire which will help us balance your skills and strengths with the needs of the school.

- At least one parent from each family joins a committee.
- Participating in a committee offers parents a venue for working together; contributing towards the overall school cooperative effort and developing their children's education experience.
- Each committee meets with the Board V.P and Director/Teachers as needed to develop goals and assess progress as well as accomplishments.
- Development Committees consisting of Grant Writing, Fundraising, Outreach, Media/Marketing and Enrollment work closely together toward our school vision to ensure the long term success of our program.
- All other committees work collaboratively throughout the year for certain school events as needed.
- Please note that the stated numbers below are a total not the people we still need for the committees.

Fundraising Committee (5 members)

General Focus of Group: Coordinate all fundraising events, including but not limited to Pancake Breakfast, SB Children's Music Fest, rummage sales, Party Books, etc. Assist with organizing the Alumni Annual Giving mailer.

Electronic Media / Marketing Committee (4 members)

Website, ParentSquare, Facebook, Marketing and Design

General Focus of Group: Promote our school and fundraising events on media platforms listed above. Update the website monthly with new tour and event calendar. Create all printed marketing material. Train new members on communication systems as needed.

Community Outreach Committee (5 members)

Public Relations, Tabling Events

General Focus of Group: Facilitate scheduled community events, including but not limited to Lemon Festival, Birth Center 5k, Touch-a-Truck. Coordinate, staff and secure the events.

Grant Writing Committee (3 members)

General Focus of Group: Under the direction of the head of Grant Writing, committee members will work collaboratively to write grants and submit to various organizations to procure funds for our

school. Grant writers need to be available year around to write and submit grants by the organization's deadline.

Enrollment Committee (3 members)

General Focus of Group: Conduct school tours. Maintain the waitlist and enrollment spread sheet. Conduct follow up calls and inquiries from prospective parents. Maintain Master School Roster and other administrative tasks.

Nutrition Committee (5-6 members)

General Focus of Group: Plan weekly snack menu. Purchase food weekly, ensuring food is organic and seasonal. Maintain the allotted weekly/monthly food budget. Work with the Board Treasurer to account for purchases. Maintain kitchen supplies and puts groceries away and posts weekly menu. Solicit donations from local grocery stores to offset cost of menu supplies.

Facilities Committee (5 members)

General Focus of Group: Facilitate safety repairs and maintenance to the school facility, yard and equipment. Provide housekeeping: dust shelves and bookcases, wipe away cobwebs, keep front entry area clean and organized, etc. on a weekly basis. Maintain the community garden, outdoor and indoor plants. Maintain and provide care for the school animals.

Adult Curriculum Committee (2 members)

General Focus of Group: Facilitate Parent Education Night Class by assisting the Director with finding and securing speakers to cover special topics. Plan and facilitate group potlucks, family experiences: fall and spring camp outs. Coordinate the Parent Night Class snack and laundry schedule.

Children's Curriculum Committee (2 members)

General Focus of Group: Develop and organize new experiences and special days. Maintain the dress up clothing and dramatic play boxes. Develop Monthly Themed Curriculum – to include Cooking Activities, Music, Dance / Movement, Natural History Displays, and Library Books, etc.



FIELD TRIP FORM

Cooperative Morning & Afternoon Care Programs

Field trips are part of the curriculum for the children at SMPCW. Most of the field trips we will take are walking field trips close to school. If a field trip involves transportation by car, a notice will be posted in advance and a parent is welcome to provide the transportation for his/her child.

I, _____, am the parent or legal guardian of
_____, a child attending SMPCW. I give permission
for my above named child to participate in school field trips.

Signature _____ Date _____

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PHOTOGRAPHY & VIDEO PERMISSION

Cooperative Morning & Afternoon Care Programs

Documentation of SMPCW curriculum and events, through both photography and videos, will be performed throughout the school year. The purpose is to record the membership and capture images that represent the curriculum, demographic, and events that happened in the school year. Some images will be used on the SMPCW website, posted on ParentSquare and included in promotional paperwork.

I, _____, am the parent or legal guardian of
_____, a child attending SMPCW. I give permission
for my above named child to be photographed and videotaped for school related records and
promotional purposes.

Signature _____ Date _____

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As a parent of the cooperative, participation in the Parent Education Night Classes is encouraged and expected. The class is instructed and evaluated by the Santa Barbara City College and we, parents, are students in the non-credit class "Child Development at the Parent-Child Workshop". Below is information on how to register for the Parent Education Class. **Please make sure that BOTH parents are registered** in all two-parent households, even if only one parent generally works in the morning and/or attends the night class.

You will need to be registered in the class by the first Parent Class

- The easiest way to register for classes is in person at the Wake Center registration office located at 300 N. Turnpike Ave. Santa Barbara, Ca 93111.

To Register Online:

- Go to <https://pipeline.sbccc.edu/>
- Log in or set up your account. *(Record your K number and login in code)*
- Once logged in - at the top, click on "Student Non Credit."
- Click on "Registration."
- Click on "Register, Add or Drop Classes."
- Confirm and/or click through screens with your personal info until you get to the Registration page that says "Add or Drop Classes" at the top *(it was about 4 or 5 screens - Education Goal, Major/Program of Study, Update personal info, Demographic, Acknowledgment of SBCC Honor Code).*
- In the boxes under CRNs, enter the code below that corresponds to your family's work day:
FALL NC010 (Spring CRN numbers coming soon).
 - Monday (M) - 66077
 - Tuesday (T) - 66076
 - Wednesday (W) - 66075
 - Thursday (R) - 66074
 - Friday (F) - 66073

*Search – ECEP Parent- Child Wrkshp, Parenting or Early Childhood Education, if you need to confirm numbers. **FALL NC010, SPRING NC011***

- Click "Submit Changes."
- If you have problems, please let us know and/or try registering at the Wake Center registration office located at 300 N. Turnpike Ave. Santa Barbara, Ca 93111.



Dear Parents,

San Marcos Parent-Child Workshop uses ParentSquare as one of its communication formats. ParentSquare is designed to keep parents informed and facilitate participation at school. It provides a safe way for the school director, teachers, and parents to:

- Send and receive school and class information
- Share pictures and files
- See calendar items – Upcoming fundraising events, class field trip, class guests, etc
- Sign up to volunteer
- and much more . . . all in one centralized place!



ParentSquare

Getting Started Information:

How do NEW parents sign up for an account?

An email invitation to join ParentSquare (PS) will be sent to you using the email you provided SMPCW during registration. Just click the link in the invitation email to create a password and register for ParentSquare. *(If, you have not seen the invitation, please talk to a board member and we can give you the school code to set up your account.)*

Once you are loaded into ParentSquare, you will start receiving all messages posted to the school's PS account.

Welcome to ParentSquare – SMPCW new central communication site.

Now What? - Here's some of what you can do on ParentSquare.

1. **Check the school's directory.** Find contact information for parents registered at SMPCW. The information listed is what you, as the parent user, set up in your personal account.
2. **Update your personal account for the school directory.** You can add a family picture and hide or show your email, phone and address. Write a little bit about your likes and goals so others can get to know you.
 - a) Under your name at the top right corner... My Account, then Edit Account

- b) Change or add field information – this information will be visible to only 16/17SMPCW parents registered on ParentSquare.
3. **Change your notification preferences.** You can choose to receive notifications as email and/or text, instantly or as a digest.
 - a) Under your name at the top right corner... My Account
 - b) At the right hand side of the screen are 2 sub windows... the top window is Notification Settings... select the green ‘Change this’ to edit preference.
 - c) You can also change the Language Setting ...
4. **Add pictures to school albums** shared by your teacher or at school. Pictures are fun to see and share. Pictures uploaded to your class are private and viewable only by parents in your class.
5. **Check out committee at schools and/or join a group.** Participation in a committee will be discussed during a Monday Night Parent class.
6. **Download the ParentSquare iPhone or Android app** and keep track of all school activities on the go.
7. **Give appreciations for posts.** Teachers and school members love receiving them!

ParentSquare iPhone or Android app:

The FREE ParentSquare App provides you with an easy way to connect with school on your phone. The App allows you to:

- Check messages, appreciate and comment
- Sign up for items, volunteer
- Check calendar dates
- View posted pictures



ParentSquare

Look for this Icon when searching for the FREE ParentSquare App on both iPhone or Android market places.

FAQ's/ Problems:

The help menu in ParentSquare covers almost everything that you might want to know about using the site or setting up your own personal profile. *(It's the white circled question mark at the top right corner.)*

However, if you are still having trouble please ask a board member and we will do our best to “figure it out” with you.