San Marcos Parent-Child Workshop

Introduction Checklist

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 drop-off / mail-in (or scan and return via e-mail) by our final registration day, in order for your child to attend at the beginning of the school year (See calendar for registration date)

- ❑ Acknowledgment **– *Sign/Return***
- ❑ COVID-19 Waiver **– *Sign/Return***
- ❑ Read Handbook - (on Website and/or ParentSquare)
- ❑ Read Amended COVID-19 Health Policies
- ❑ 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 staff)
- ❑ Notes About Medical Paperwork
- ❑ Working Parent TB Test and immunization Report **– *Sign/Return***
- ❑ California Pre-K Immunization Requirements
- ❑ Physician's Report **– *Sign/Return***
- ❑ Child's Pre-Admission Health History – Parents Report **– *Sign/Return***
- ❑ Emergency Card **– *Sign/Return***
- ❑ Informational flyer about lead
- ❑ Field Trip Permission **– *Sign/Return***
- ❑ Photography Permission **– *Sign/Return***

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

San Marcos Parent-Child Workshop

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, COVID-19 Amended Health Policies and Liability Waiver
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 for Staff (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. 6/2021

San Marcos Parent-Child Workshop

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 1/2-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.
- *Exceptions to these guidelines can be made with the director and assistant director on a case-by-case basis.*

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 between 8:45 am and 9:00 am. Children must be picked up and signed out by 12:00 pm. Pick-up after 12:00 pm will result in late fees.

3. The SMPCW afternoon care session is from 12:00 pm to 3:30 pm, Monday through Friday, except for holidays and school vacations. Children must be picked up and signed out by 3:30 pm. Pick-up after 3:30 pm 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 per family is required for new families at the time of application. Returning parents without a break in service are required to pay $30.00 per family per enrollment year.

6. Tuition bills via Jovial 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 tuition chair 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:** Withdrawal may be requested with two weeks' notice to be effective at the beginning of the next calendar month. Withdrawal request is submitted through the Director and the Enrollment Chair. Tuition shall be paid through the end of the calendar month and participation is required during this two-week period. 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/caregivers are as follows:

- All participating adult caregivers/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 online via Zoom. 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.
- Each family participates in a school Committee or by taking on tasks as requested to assist with the running of the school when there are no committees.
- Each family participates in all school related fundraising activities and/or makes up the difference via a fixed donation amount per family per semester.
- Each family participates in the set-up of the school at the beginning of the first term (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 of 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. Staff, workday caregivers and children will be screened daily upon arrival for COVID-19* symptoms (please refer to our amended Covid 19 health policies for more detailed information). If Staff believe any child is ill (including a runny nose or cough), they have the authority to refuse admittance in the morning or send that child home if they present symptoms throughout the day. It is expected that parents will pick up their child immediately when called by Staff. The Director must

also be notified immediately if a child contracts a communicable disease. 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 within an hour when called can result in probationary status or dismissal from the program.

12. The parent/guardian will receive a copy of this admission document, COVID-19 amended health policies/waiver and will download the SMPCW Handbook and read it completely. The Handbook can be found at www.smpcw.org or on 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).

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: Licensing Office Address: SOUTH HOPE AVE., C-105, SANTABARBARA, CA (805)
Licensing Office Telephone #: 682·7647
Community Care Licensing 360

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

PERSONAL RIGHTS

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 start 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

ZIP CODE

93105

CITY AREA CODE/TELEPHONE NUMBER Santa Barbara (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 NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(PRINT THE ADDRESS OF THE FACILITY)

400 A Puente Drive, Santa Barbara, CA 93110

(TITLE OF THE REPERSENTATIVEIPARENT/GUARDIAN) (DATE) LIC 613A (8/08)

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**

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NOTES ABOUT MEDICAL PAPERWORK

Cooperative Morning & Afternoon Care Programs

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 Caregiver's TB Test Results & Immunizations Dtap & MMR Report**
  - ❑ This form must be completed for any/all caregiver(s) who will participate in the morning program. If both caregivers plan to share the responsibility, we need a health statement and TB clearance for both. This includes caregivers substituting for each other. New caregivers to the program must have a negative TB test on file and signed off by a doctor.

- ❑ **Immunization for Children**
  - ❑ 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**

Additionally we recommend that all work-day adult caregivers/parents obtain a COVID-19 vaccination.

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

PRE-KINDERGARTEN

(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry[1]:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION[2,3]				
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib	
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib	
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib	
15 through 17 months	3 Polio	3 DTaP	2 Hep B		1 Varicella
		On or after the 1st birthday:		1 Hib[4]	1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B		1 Varicella
		On or after the 1st birthday:		1 Hib[4]	1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hib = Haemophilus influenzae, type B vaccine
Hep B = hepatitis B vaccine
MMR = measles, mumps, and rubella vaccine
Varicella = chickenpox vaccine

INSTRUCTIONS:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

UNCONDITIONALLY ADMIT a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations (17 CCR section 6050).

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil's parent or guardian of the date by which the pupil must complete all remaining doses.

Questions?

See the California Immunization Handbook at ShotsForSchool.org

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WORKING CAREGIVER / PARENT TB TEST RESULTS & IMMUNIZATION REPORT

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.

_____ Date _____
Signature of Participating Adult

- **Pertussis Immunization:** _____ Date _____
  Verification
- **Measles Immunization:** _____ Date _____
  Verification
- **Influenza Immunization:** _____ Date _____
  Verification

I decline the influenza immunization.

_____ Date _____
Signature of Participating Adult

TB Skin Test: _____ Date _____
Verification

All caregivers who work one morning a week at SMPCW in the cooperative program are required by law to have a negative TB test and proper immunizations on file before they can start their work day. Health professionals must fill this form out.

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

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

Action taken if positive:_____

_____

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

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

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER'S NAME		DOES MOTHER 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:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____ . This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

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

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

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

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

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.

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SMPCW EMERGENCY CARD

CHILD'S FULL NAME _____
BIRTHDATE_____

ADDRESS_____

Parent/Guardian 1: _____

Email: _____

Cell Phone:_____ Other Phone: _____

Parent/Guardian 2: _____

Email: _____

Cell Phone:_____ Other 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:_____

San Marcos Parent-Child Workshop

PARTICIPATION QUESTIONNAIRE
Cooperative Morning Programs

[[NOT NEEDED FOR MAY/JUNE 2021]]

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. _____

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 they may be willing to play for the children at school?

_____

Name, Instrument & Contact Information

San Marcos Parent-Child Workshop

PARTICIPATION QUESTIONNAIRE
Cooperative Morning Programs

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.) that you would be willing to use to help the school?

_____---_____

_____

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/ Marketing

Community Out-Reach

Grant Writing

Fundraising/Development

Children's Curriculum

Enrollment/Membership

Most interest_	Least interest
1. _____	1. _____
2. _____	2. _____
3. _____	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, Chaucer's, 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 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 spreadsheet. Conduct follow up calls and inquiries from prospective parents. Maintain Master School Roster and other administrative tasks. Works closely with Director.

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.

School Pet Care (2 members) - sub committee under the facilities committee. Care for the school pets.

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. Act as social secretary to coordinate support for families who may need it and also to send out thank you notes for donors etc.

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 etc. Support the Assistant Director in Monthly Themed Curriculum – Coordinate special visitors like fire truck etc, access Natural History Displays, and Library Books, etc.

San Marcos Parent-Child Workshop

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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San Marcos Parent-Child Workshop

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 _____

SBCC PARENT EDUCATION REGISTRATION

Cooperative Morning Program

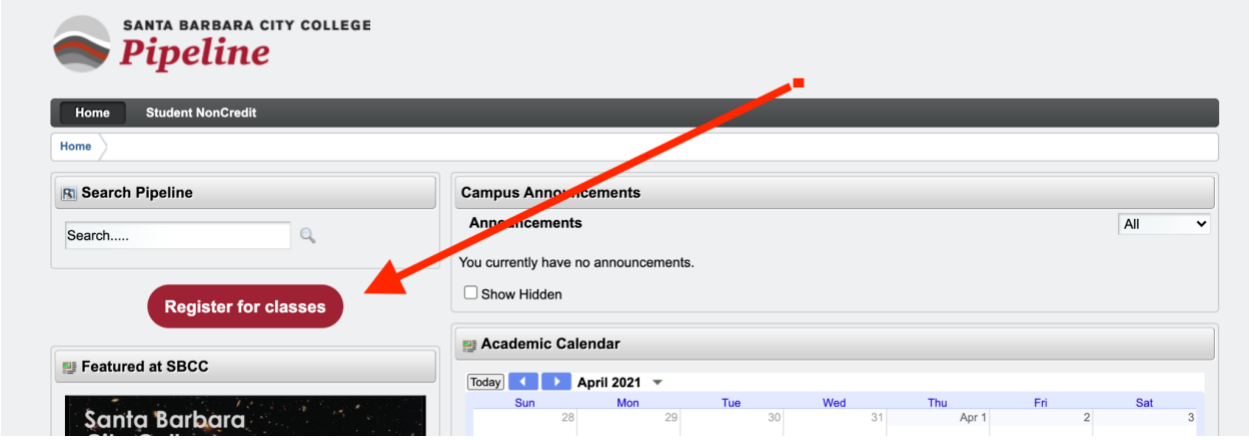
San Marcos Parent-Child Workshop is a Santa Barbara City College sponsored program. As a parent/caregiver of the cooperative, participation in the Parent Education Lecture Classes(Tuesday Night Meetings or TNM) and Weekly Workday Lab is expected. The class is instructed and evaluated by Santa Barbara City College and we, parents/caregivers, 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 ALL participating parents/caregivers are registered**.

You will need to be registered in the class by the first Parent Education Class(TNM)/Caregiver, workdays will be confirmed during our registration week (the week before school begins).

To Register Online:

- Go to https://pipeline.sbcc.edu/
- Log in or set up your account. *(Record your K number and login in code)*
- Click on "Register for classes”

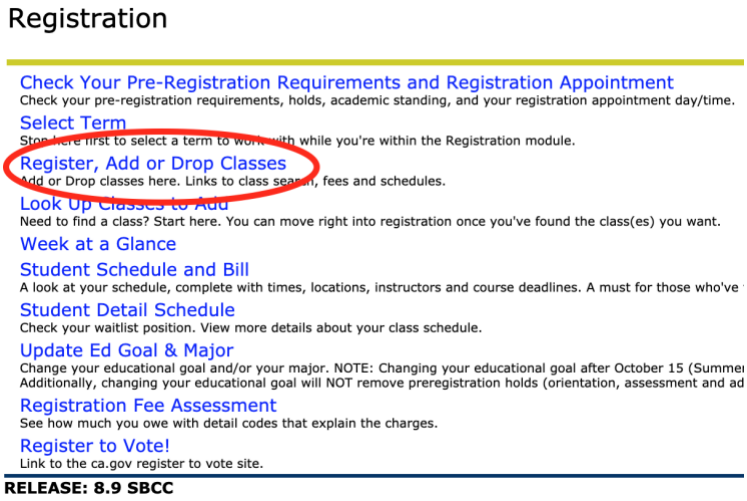


San Marcos Parent-Child Workshop

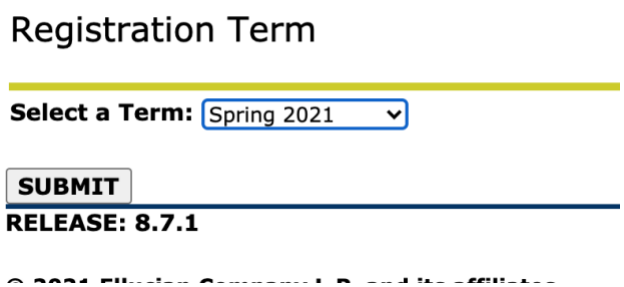
SBCC PARENT EDUCATION REGISTRATION

Cooperative Morning Program

- Click on "Register, Add or Drop Classes."



- Select the appropriate term



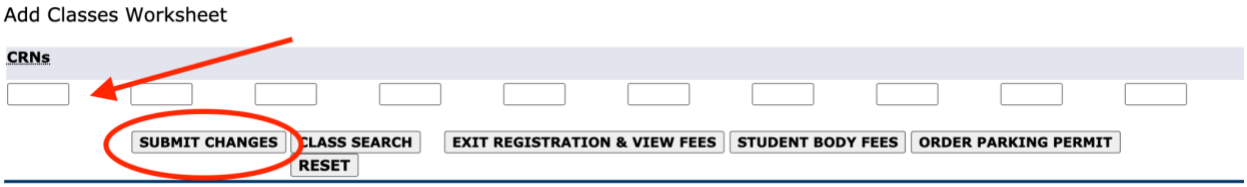
- Confirm and/or click through screens with your personal info until you get to the Registration page that says "Add or Drop Classes" at the top *(it was about 4 or 5 screens - Education Goal, Major/Program of Study, Update personal info, Demographic, Acknowledgment of SBCC Honor Code).*

San Marcos Parent-Child Workshop

SBCC PARENT EDUCATION REGISTRATION

Cooperative Morning Program

- Scroll down to the bottom of the page to see where to add classes. In the boxes under CRNs, enter the code below that corresponds to your family's work day. Click “Submit Changes”



- If you have problems, please let us know.

As an SBCC student you have access to multiple additional resources that can be found on pipeline and on the student main page (https://auth.sbcc.edu/sso/default.aspx) including (but not limited to):

- SBCC parking passes and mass transit passes
- LinkedIn Learning classes
- Pipeline email address
- Google Drive
- Office 365
- Career Center Services

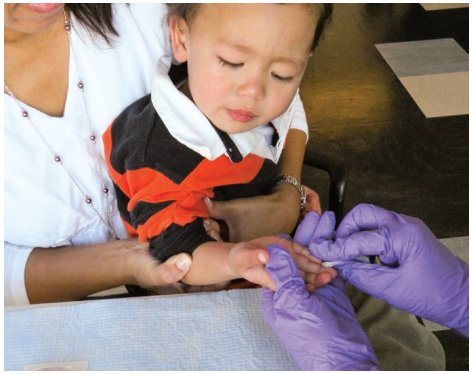
POTENTIAL SOURCES OF LEAD

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

SYMPTOMS OF LEAD EXPOSURE

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

OPTIONS FOR LEAD TESTING



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

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

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

1/2019

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EFFECTS OF LEAD EXPOSURE

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

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

LEAD POISONING FACTS

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

IN THE US:

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

LEAD IN TAP WATER

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

Tap water is more likely to have lead if:

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

To reduce any potential exposure to lead in tap water:

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

WARNING!

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

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

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at https://www.cdph.ca.gov.

San Marcos Parent-Child Workshop
400 Puente Drive, Suite 2
Santa Barbara, CA 93110
(805) 964-8994

Partial Participation Enrollment

Requirements and Expectations

SMPCW Board of Directors Comments:

San Marcos Parent-Child Workshop is first and foremost a cooperative preschool where parents and children actively engage in learning and discovery through hands on play and exploration. SMPCW works toward individualizing our program for children and families. We acknowledge that each person brings different needs, skills, interests, backgrounds and life experiences. We view families as an integral part of the community and our curriculum is based on promoting social, emotional, physical, cognitive, and creative development not only in the child but also the parent. Cooperative parents are required to engage actively in the administration, supervision, curriculum design and maintenance of the SMPCW preschool.

The Partial Participation Enrollment Program was designed to provide working families with the opportunity to join this unique partnership of families.

To ensure adherence to California state-licensing standards the ratio of adult supervision (cooperative workday parents) to children on any given weekday must be maintained at a 1 to 4 ratio. As such, the available partial participation enrollment spot is a limited offer and is based on a total cooperative enrollment per-semester not to exceed licensing maximum operating numbers.

The SMPCW Board of Directors, Director and Teaching Staff has approved 5 partial participation spots for the 2017-2018 school year based upon fulfillment of certain requirements (outlined herein) by each prospective family.

SMPCW Partial Participation Enrollment Expectations:

A. Waiver of Morning (AM) Cooperative Program parent workday requirement
B. Waiver of medical records for parent(s)

Requirements to be fulfilled by Partial Participation Families:

The following requirements will need to be fulfilled by the Partial Participation Families to ensure qualification in the Partial Participation program.

1. Completion of Well-Baby/Well-Child checkup
2. Up-to-date Immunization Medical records for child(en) to be on file before enrollment starts (or Medical/Doctor documents stating exemption)

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3. Attendance at 2 Santa Barbara City College sponsored SMPCW Parent Education Night Class per month (logistics of this will be discussed at entrance interview)
4. Parent/Family participation in all SMPCW fundraising and community outreach events
5. Parent/Family participation in all SMPCW environmental workday(s) (i.e. cleaning and repairing the preschool grounds, supplies, equipment and facility)

Terms and Conditions of Partial Participation Enrollment:

The Partial Participation program will be granted and continued as long as there are available openings (not exceeding licensing ratios that would prevent new families from enrolling in both the Morning (AM) Cooperative and Afternoon (PM) Care programs, and/or until the Board of Directors and Teaching Staff revisits the program before the beginning of each semester. The Board may revisit the program availability at an earlier period if any of the outlined requirements are not being fulfilled by the enrolled family. Failure to comply with any of these stated requirements may result in termination of family's enrollment in the program as outlined in this contract.

PARTIAL PARTICIPATION AGREEMENT SIGNATURE PAGE

The San Marcos Parent-Child Workshop Board of Directors/ Teaching Staff and potential Partial Participation Family agree to the terms and conditions of the SMPCW Partial Participation Enrollment for the 2019-2020 school year as outlined above.

_____ _____

Family Representative Date

_____ _____

President, SMPCW Board of Directors Date

_____ _____

Director/Parent Education Instructor Date

San Marcos Parent-Child Workshop

ParentSquare SMPCW Communication

Keeping the School Connected

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

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.