



Kidsville U.S.A

Infant-School Age Child Care Center

Lic: #197414572; Lic: #197414573; Lic: #19741474

Dear parents,

ELEMENTARY

The state of California does not allow us to have children enrolled, whose files are not current.
To complete your child's file, we need the following Completed documents:

SOCIAL SERVICES CHECK LIST

- ☐ IDENTIFICATION AND EMERGENCY INFORMATION (LIC. 700)
- ☐ CHILD'S PREADMISSION HEALTH HISTORY – PARENTS REPORT (LIC. 702)
- ☐ CONSENT FOR EMERGENCY MEDICAL TREATMENT (LIC. 627)
- ☐ REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY (PM 171 A)
- ☐ CALIFORNIA SCHOOL IMMUNIZATION RECORD (BLUE CARD) (CDPH 286)
- ☐ COPY OF YELLOW IMMUNIZATION CARD
- ☐ ENROLLMENT AGREEMENT
- ☐ PARENTS RIGHTS (LIC 995)
- ☐ PERSONAL RIGHTS (LIC 613A)

SCHOOL REQUIREMENT CHECK LIST

- ☐ REGISTRATION FORM
- ☐ MEDICATION AND ALLERGIES HISTORY
- ☐ CHILD EMERGENCY INFORMATION CARD
- ☐ PARENT HANDBOOK ACKNOWLEDGEMENT
- ☐ SCHOOL CALENDAR
- ☐ AUTHORIZATION TO DISPLAY PRINTED/AUDIO/VISUAL MATERIAL
- ☐ MOON BOUNCE PERMISSION SLIP
- ☐ FIELD TRIP CONSENT FORM
- ☐ PARENT EMERGENCY EVACUATION INFORMATION FORM
- ☐ FOOD PROGRAM (NSD 3101/CACFP 29)
- ☐ LEAD POISONING FACTS



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**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

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:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<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
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Kidsville U.S.A. _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last		First	Middle	BIRTH DATE—Month/Day/Year	
ADDRESS—Number, Street			City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTp/DTT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian	Date
Name, address, and telephone number of health examiner	
Signature of health examiner	Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

PUPIL NAME (LAST, FIRST, MIDDLE)	STATEWIDE STUDENT IDENTIFIER (SSID)	ETHNICITY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR)	SEX	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)						<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥ 1 dose given at age ≥ 4 years.
DTaP / DTP -- Age 0-6 years Tdap / Td -- Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: _____ years			<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥ 1 dose given at age ≥ 4 years; 3 doses, if ≥ 1 Tdap dose at age ≥ 7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥ 1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥ 1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap -- 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age ≥ 7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

STATUS OF REQUIREMENTS	Staff Initials / reviewed pupil's Immunization record	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other See codes on reverse side	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)	
7 th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

GUIDANCE FOR COMPLETING FORM CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
- (Or advancement to) 7th grade.

1. Complete the pupil's identification section. The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.

2. Complete the vaccine and dose section using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.

- a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
- b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the required physician's written statement specifying the exempted immunization(s) in the pupil's record.

3. Complete the appropriate row in the Status of Requirements section.

- a. Enter the initials of the staff reviewing the pupil's record.
- b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
- c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due-Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
- d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
- e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue-Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

- f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:

- **IEP:** Accessing special education services required by the pupil's individualized education program, or
 - **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
 - **Home:** Enrolled in a home-based private school, or
 - **PBE (pre-2016):** Transferring from another school in California with a valid personal beliefs exemption filed before 2016,
- Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a personal beliefs exemption (PBE) filed in California prior to 2016 and has not reached the next grade span (in accordance with Health and Safety Code section 120335) or has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(e)(8)(C)).



Kidsville, U.S.A.
Infant – School Age Child Care Center
Lic #: 197414572, Lic #: 197414573, Lic #: 197414574

Elementary Enrollment Agreement

Hours of Operation: Our Preschool Program operates Monday – Friday 7:00 a.m. to 6:00 p.m. except for selected holidays, which are stated in the School Calendar.

Kidsville Elementary academic instruction hours for **Kindergarten** are 8 a.m. – 12 noon, Monday – Friday.

Kidsville Elementary academic instruction hours for **First Grade** are 8 a.m. – 2 p.m., Monday – Friday.

Tuition includes, before and after school care.

Kidsville **School Age** Program hours are 12 noon – 6 p.m. Monday – Friday, except for selected holidays which are listed in the School Calendar.

Admission Requirements: Children enrolled in the Elementary Program must be between the ages of 4.9 years and 15 years old, be in good health and capable of participating in the school's program.

Fees Due Upon Enrollment

Registration Fee: A yearly fee of \$100.00 per child. (A 50% discount is offered for each additional child enrolled in our program at the same time).

Security Deposit: A deposit of \$165.00 is required for all payees at the time of enrollment. This deposit will be credited towards your child's last week of enrollment.

Accident Insurance Fee: A onetime fee of \$60.00.

Emergency Kit: An emergency kit is required for all children and can be purchased from our school at a onetime nominal fee of \$20.00.

Spirit Day: Every Friday is spirit day and all children enrolled in Preschool must wear their Kidsville U.S.A. T-shirt. T-shirts are available for purchase in the office for \$8.00.

Tuition: Tuition is always payable in advance and is due on the first day of your child's attendance. For **Weekly Payees**, tuition is due on Monday each week. **Monthly Payees must submit tuition by the 1st of the month.** Please note that there is no credit given for sick days, vacations, holidays, or absences for any reasons. _____ Initial

Late Fees: All tuition not received by their due dates is subject to a late fee of \$10.00 per week. _____ Initial

Return Check Charge: There is a \$25.00 return check charge for checks returned by your bank for any reason. _____ Initial

Late Pick-up Fee: Please make sure to notify the school in case you are unable to pick them up before their scheduled departure time so that we can reassure your child. If, however, your

8464, Corbin Avenue, Northridge CA 91324
Tel: (818) 886-3508 Fax: (818) 709-6678



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child is picked up after 6:00 p.m. a late fee of **\$1.00 per minute** will be assessed and is payable in cash to the teacher on duty at the time of pick-up. _____Initial

Pick-up of ill children: You will be called if your child becomes ill at school. If we are unable to reach you, we will attempt to contact everyone on your Emergency Contact list. Sick children must be picked up promptly or **a fee of \$5.00 is charged for every 15-minute period after the first 45 minutes of our call.** _____Initial

ELEMENTARY TUTION RATES

Full-time Weekly	Part-time Weekly	Full-time Daily	Part-time Hourly
\$302.00	\$228.00	\$80.00	\$20.00

Fundraisers: There are two (2) fundraisers a year, and each family is required to participate. _____Initial

Termination: A two-week advanced written notice is required for a child to be withdrawn from the school program. Failure to provide proper notification will result in the forfeiture of the security deposit or up to two weeks prepaid tuition. _____Initial

Inappropriate behavior: Inappropriate language, discriminatory and or derogatory comments by a child/parent is not tolerated in the school. Any child/parent found to be engaging in any verbal and or physical confrontation will be subject to immediate disciplinary action not withstanding suspension and or dismissal from the school. **Cell Phones, and iPads, are prohibited during camp hours except during major field trips.** Kidsville U.S.A. reserves the right to terminate a child without prior notice, due to inappropriate behavior/language by the child/parent or if staff/children at the facility are threatened, put in danger or due to any safety violation by a child/parent. **Kidsville U.S.A. will not tolerate Bullying.** _____Initial

Safety: The safety of all children is the school's primary concern. Please make sure that you drop off your child to a member of our staff. All children must be signed in and out each day. All drop offs, and pick-ups must be done inside the school. _____Initial

Inspection Authority: The Department of Social Services has the authority to interview the children and the staff and to enter the facility without prior consent or advanced notification. _____Initial

Financial Agreement: By completing this box and signing below you are agreeing to the terms and conditions of this Enrollment Agreement.

This agreement is between _____ and Tampe management Inc. dba as Kidsville U.S.A. for _____ (Child's Name). I/We agree to pay Kidsville U.S.A. \$ _____ due each week on Mondays for weekly payees, or on the 1st of each month for monthly payees.

SUBSIDISED PROGRAM PARENTS: CCRC STAGE 1 & 2, DCFS, CRYSTAL STAIRS, CALWORKS, GAIN:



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I have been notified that I will be responsible for payment for services if my eligibility is terminated or under paid by the subsidized program. _____ Initial

Arbitration Statement: I/We further agree to arbitrate any disputes or disagreements that may arise from the care of my child with Kidsville U.S.A. in accordance with the rules and regulations of the American Arbitration Association except for amounts owed to the facility for tuition or other fees. _____ Initial

Discontinuation of Services: Kidsville U.S.A. reserves the right to terminate services for failure to comply with any of our policies. The undersigned understands that if such a termination were required that the security deposit would be forfeited. _____ Initial

By signing below, you indicate that you have read, understood, and received a copy of this Enrollment Agreement and agree to abide by its terms.

Parent/Guardian's Signature

Date

Parent/Guardian's 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: California Department of Social Services

Licensing Office Address: 300 N. Continental Blvd. #290A, El Segundo, CA 90245

Licensing Office Telephone #: 424-301-3077

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.

Kidsville U.S.A.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are 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

California Department of Social Services

ADDRESS

300 N. Continental Blvd. #290A

CITY

El Segundo

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

424-301-3077

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Kidsville U.S.A.

(PRINT THE ADDRESS OF THE FACILITY)

8464 Corbin Ave., Northridge CA 91324

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)