



Kids Klub

Child Development Centers
Infants ☆ Preschool ☆ School Age

Dear Parents,

Welcome to Kids Klub Child Development Centers! Enclosed, is a membership application packet containing important information. At Kids Klub, we have a mutual concern for the well being of your child. These forms will help us to understand your child better and allow us to provide him/her with the proper care. Please complete and return them to us as soon as possible along with the non-refundable initiation fee of either \$200.00 (weekdays) or \$35.00 (evenings & weekends) per child.

Because we are required by the State of California Community Care Licensing Department to have completed records on all children, we ask that you take the time to fill out the attached documents completely and accurately.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED. IF A REQUIRED DOCUMENT IS MISSING, YOU WILL BE ASKED TO HANG ON TO THE APPLICATION UNTIL ALL COMPLETED DOCUMENTS CAN BE HANDED IN TOGETHER WITH INITIATION FEE. **EXCEPTION IS MADE FOR UNBORN INFANTS TO BE PLACED ON WAITING LIST ONLY

All Children:

- ☐ Enrollment Application & Parent Information
- ☐ Membership Contract & Payment Method
- ☐ Identification and Emergency Information
- ☐ Child's & Parent's Rights
- ☐ Field Trip / Sunscreen / Photo Permission
- ☐ Child's Pre-Admission Health History - Parent Report
- ☐ Infant or Child's Needs Form

Infants & Preschool Only:

- ☐ Physician's Report (Top portion completed by parent, bottom portion by pediatrician)
- ☐ Proof of current T.B. Test required (18 months & older) - Mantoux test
(A Mantoux TB test is required within one year prior to school entry. Skin results must be read by a physician or nurse. For infants, the test must be given by 18 months of age.)

School Age (After School & Camp) Only:

- ☐ After School Contract OR Camp Registration **(NOT INCLUDED IN PACKET)**
Physician's Report NOT REQUIRED IF CHILD IS ENROLLED IN A PUBLIC OR PRIVATE KINDERGARTEN OR ABOVE

For children starting our Evening/Weekend Program: Once your application has been received and is complete, you may start using us within 24 hours. pending certain circumstances, you may be asked to attend an Orientation for the Evening / Weekend Program prior to acceptance.

For children starting one of our Weekday Programs: An Orientation is required with you to discuss any particular needs your child may have. An appointment will be made for your family 1-3 weeks prior to your start date and be prepared to pay for your first month's tuition at that time. You may start using the Evening/Weekend program within 24 hours of your complete application being received.

Please retain the last 2 pages of this packet for your records. Copies of other pages in this packet can be made for you upon request. Please read the Membership Handbook thoroughly to understand all of the Kids Klub Policies & Procedures. If you have any questions, I will be happy to answer them.

Sincerely,
Vivian Leis, Executive Regional Director

Kids Klub Child Development Centers

ENROLLMENT APPLICATION

☐ Check if Existing
Kids Klub Family
Adding a New Child

Today's date: _____

Main Billing Address: _____, CA _____
(Street) (City) (Zip)

School Preference	Age Group	Services Desired (check all that apply)
<input type="checkbox"/> First Available Location	<input type="checkbox"/> Infant (0 - 2yrs)	<input type="checkbox"/> Weekday Care
<input type="checkbox"/> Pasadena	<input type="checkbox"/> Preschool (2yrs - Pre-K)	<input type="checkbox"/> Evening/Weekend Care
<input type="checkbox"/> San Gabriel/Rosemead	<input type="checkbox"/> School Age (Kinder - 8 th grade)	<input type="checkbox"/> Camp (Summer/Winter/Spring)
<input type="checkbox"/> *South Pasadena (<i>*DAYTIME SCHOOL AGE PROGRAM ONLY!</i>)		

Please complete and return the following application form and include \$150.00 per child for the non-refundable initiation fee of weekday members (additional forms and orientation required) or \$35.00 per child for Evening/Weekend members. These fees cover administrative costs for establishing a membership as well as costs for earthquake kits, mats, sheets, etc. We look forward to being able to meet your childcare needs.

CHILD'S INFORMATION

Shaded area to be filled in by Kids Klub

First Name	Last Name	Birth Date	Sex	Soc. Sec #	Program Code	Days of the Week	Lunch	Start Date
						M Tu W Th F	Y N	

MOTHER'S INFORMATION

Name: _____
 Address: _____
 (if Different from _____, CA _____
 Billing Address) (City) (Zip)
 Employer: _____
 Occupation: _____
 Address: _____
 _____, CA _____
 (City) (Zip)

Contact Information:

Home: () - -
 Work: () - -
 Cell: () - -
 Email: _____
 Soc. Sec #: - -
 Drivers Lic: _____

FATHER'S INFORMATION

Name: _____
 Address: _____
 (if Different from _____, CA _____
 Billing Address) (City) (Zip)
 Employer: _____
 Occupation: _____
 Address: _____
 _____, CA _____
 (City) (Zip)

Contact Information:

Home: () - -
 Work: () - -
 Cell: () - -
 Email: _____
 Soc. Sec #: - -
 Drivers Lic: _____

**FORM REQUIRED
FOR ALL CHILDREN**

MEMBERSHIP CONTRACT & PAYMENT METHOD

AGREEMENT TO FOLLOW KIDS KLUB POLICIES

My signature below certifies that I have read, understand and agree to all of the conditions and policies (pre-admission, Admissions and fees) of a Kids Klub Membership. I understand that Kids Klub reserves the right to refuse membership or terminate an existing membership to anyone whom does not comply with our Policies as outlined in the Membership Handbook.

Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

X

PARENTS NAME

PARENT/GUARDIAN SIGNATURE

DATE

PAYMENT METHOD

Standard Payment Method:

- ☐ Tuition will be paid by check, cash or money order on the 1st of each month. I understand that a late charge of \$25.00 will be added to my account if payment is not received by the 10th of each month. All returned checks will be charged a \$10 returned check fee.

Optional Automatic Withdrawal Payment Method:

If you would like your tuition automatically withdrawn from your checking or credit card each month, please fill out this section of the application. Your total monthly charges will be deducted on the 3rd of the month and you will receive a statement three week prior detailing your charges and notifying you of the upcoming withdrawal. We accept MasterCard, Visa & Discover Cards.

- ☐ Tuition will automatically be charged to my credit card on the 3rd of each month:

(circle applicable credit card type)

MasterCard

Visa

Discover

Amex

Card Number: _____ Expiration Date: _____ CID: _____

3 OR 4 DIGIT CODE ON BACK

PRINT NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

OR

- ☐ Tuition will be automatically deducted from my checking account on the 3rd of each month.

**ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE**

AUTHORIZED SIGNATURE: _____

For office use only:

Initiation Fee Received: \$ _____ Date: _____ Check #: _____

First Payment Received: \$ _____ Date: _____ Check #: _____

**FORM REQUIRED
FOR ALL CHILDREN**

IDENTIFICATION AND EMERGENCY INFORMATION

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Kids Klub CDC to seek all emergency dental or medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (DDS) for

_____ This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following medication/food allergies: _____

X

PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

DATE

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN / DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
PHYSICIAN / 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 WHO MAY BE CALLED IN AN EMERGENCY AND ARE AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP	TELEPHONE	Authorized to Pick up Child on a Regular Basis	Authorized to Pick up Child only in an Emergency
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL NEEDS / SPECIAL CIRCUMSTANCES

Does your child have any special needs OR special circumstances that Kids Klub should be aware of? if Yes, please explain: Yes ☐ No ☐

Kids Klub Child Development Centers are licensed by the State of California. Some children with special needs or special circumstances may not be able to be accommodated due to the nature of their individual situation. As such any child that has a unique need or situation will need to be evaluated to determine if their needs can be met and that all licensing requirements are met. This applies for both day-time and Evening/Weekend programs.

**FORM REQUIRED
FOR ALL CHILDREN**

CHILD'S & PARENT'S RIGHTS

NOTIFICATION OF CHILD'S PERSONAL RIGHTS AT KIDS KLUB CDC

Personal Rights, Section 101223. Each child receiving services from Kids Klub CDC shall have rights, which includes, but are not limited to the following:

1. To be accorded dignity in his/ her personal relationship with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishing 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 the 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 the authorized representative informed by the licensee of the provisions of the law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, 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 completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), domestic partner(s), or guardian(s) of the child.
6. Not to be locked in any room, building or facility premise by day or night.
7. Not to be place in restraining device, except a supportive restraint approved in advance by the licensing agency.

I have been personally advised of, and have received a copy of the personal/child's rights contained in the California Code of Regulations, Title 22, at the time of admission to KIDS KLUB Child Development Centers, located at 380 S. Raymond Ave., Pasadena, CA 91105 or 4930 Earle Ave., Rosemead, CA 91770.

_____	X	_____
(CHILD'S NAME)	PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE	(DATE)

NOTIFICATION OF PARENTS' RIGHTS AT KIDS KLUB CDC

As a Parent/Domestic Partner/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.
Department of Social Services, Community Care Licensing Division, Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200-B
Monterey Park, CA 91754
(323) 981-3350
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/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

I, the parent/domestic partner/authorized representative of the child listed below have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from Kids Klub CDC.

_____	X	_____
(CHILD'S NAME)	PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE	(DATE)

**FORM REQUIRED
FOR ALL CHILDREN**

FIELD TRIP / SUNSCREEN / PHOTO PERMISSION

WALKING FIELD TRIP PERMISSION

- ☐ I hereby give Kids Klub CDC my consent and permission to take my child from the center on local walking field trips close to Kids Klub.
- ☐ I DECLINE to give Kids Klub CDC my permission for walking field trips.

In either case, you will always be notified of an upcoming remote field trip where the children will be transported from the center by van, bus or car. For each trip, you will receive details of the trip, and you will need to give your permission for each trip. Only children with signed authorizations will be allowed to go on field trips.

<hr/>	<hr/> X <hr/>	<hr/>
(CHILD'S NAME)	PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE	(DATE)

SUNSCREEN PERMISSION

- ☐ I hereby give the staff of Kids Klub CDC permission to apply sunscreen on my child as needed. I understand that it is my responsibility to provide sunscreen and keep it in my child's cubby. Due to the potential of allergic reactions to certain sunscreens, Kids Klub cannot provide the sunscreen for me.
- ☐ I DECLINE to give Kids Klub CDC my permission for Sunscreen.

(CHILD'S NAME) **X** PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE (DATE)

PHOTOGRAPHIC RELEASE PERMISSION

- ☐ Full PhotoPermission: I hereby give Kids Klub CDC permission to use photographs of my child on the photo boards, website and /or in brochures, etc. I understand that these photographs will not be sold by Kids Klub, and that my child may appear individually or in a group setting. Other than on our hallway photo boards, the name of my child will not be published in conjunction with these photographs without additional written consent from the parent.
- ☐ Partial Photo Permission: I hereby give Kids Klub CDC permission to use the photographs of my child for in house use (photo boards, personal portfolios, holiday gifts) and WiMLO Private (just sent to parent's of child only). _____

WiMLO Private: Any group shots sent to the class parents involving a “private” child will be blurred out or not include the child. The “private” child’s parents can received either group shots including the child and/or individual pictures of the “private” child – these will be sent exclusively to just the child’s parents

- ☐ I DECLINE to give Kids Klub CDC my permission for Photographs in any form.

X

(CHILD'S NAME)	PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE	(DATE)
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**FORM REQUIRED
FOR ALL CHILDREN**

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
<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 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

X PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**REQUIRED FOR ALL
INFANT & PRESCHOOL CHILDREN****PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

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

Kids Klub CDC

(NAME OF CHILD CARE CENTER/SCHOOL)

. This Child Care Center/School provides a program which extends from 6:30 am

to 10:00pm 7 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.

X**Parent / Domestic Partner / Guardian Signature**

(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:

other:

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.

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.

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

KIDS KLUB INFANT & CHILD'S NEEDS

The purpose of this information is to help your caregiver have a better understanding of your child's history.
The information contained on these pages will aid in planning for your child's individual needs.

Childs Name: _____ Child's Age: _____ Today's Date: _____

ALLERGIES ONLY: List all Foods / Medications / Environmental allergies--

Has an Epi-Pen been prescribed by a doctor for your Child?: YES NO

If Yes, please tell us what it has been prescribed for: _____

SPECIAL CIRCUMSTANCES: IE. FOOD PREFERENCES / DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONDITIONS, ETC: Please list any foods / drinks that you would like for Kids Klub to avoid feeding your child. This is for preferences only not allergies, please list any true allergies above:

☐ Updated in Computer

☐ Allergy Paper Work Given to Parents _____ (initials)

PART A: FOR CHILDREN UNDER 2 YEARS OF AGE – OVER 2 YEARS OLD, PLEASE SKIP TO PART B

INFANT INDIVIDUAL FOOD AND FEEDING PLAN:

We warm formula or breast milk in a bottle warmer. Our care giving staff wants to be able to greet each family and exchange information as well as check for any illness upon arrival.

Breastmilk /type of formula or combination of? _____.

My child usually has a bottle about every _____ hours, and takes approximately _____ ounces.

Is your child on a special diet? YES / NO If yes, please describe _____.

Is child on solid foods? YES / NO If yes, please describe _____.

My child is usually COMFORTABLE / UNCOMFORTABLE after eating. If uncomfortable, I usually

_____.

My child's sleep schedule is as follows: _____.

My child naps for approximately _____ hours/minutes between _____ & _____ a.m. and _____ & _____ p.m.

How does your child get to sleep? ROCKING EATING PACIFIER FUSS A LITTLE?

In what position does he/she sleep best? BACK OR SIDE?

What does child sleep with? _____.

DIAPERING/TOILETING

Does your child have a tendency to get diaper rash? YES NO

If yes, what do you do to alleviate it? _____.

What words are used at home in reference to toileting?

What are your goals/desires regarding toilet training?

Parent's Signature: _____

Date: _____

Director's Signature: _____

Date: _____

PART B FOR CHILDREN OVER 2 YEARS ON SECOND PAGE

**FORM REQUIRED
FOR ALL CHILDREN**

Childs Name: _____ Child's Age: _____ Today's Date: _____

PART B: FOR CHILDREN OVER 2 YEARS OF AGE

Circle one: My child is a: good moderate picky eater.

Are there any special dietary needs? Please Explain:

Has your child had any regular caregivers outside the immediate family, or any prior group experience? If yes, describe.

Please note any distinguishing physical and / or emotional characteristics which you feel may affect your child's total behavior (e.g. high activity level, sensitive, large for age, tires easily, etc.....)

Does your child have any fears that we should be aware of? How do you deal with these fears?

Has your child had any serious accidents, serious illnesses, operations, hospitalizations, disabilities, or convulsions? Describe those or any other pertinent medical facts.

Any major domestic type of events that may have affected your child?

How does your child relate to strangers?

What makes your child angry or upset?

Does your child nap? YES NO How long do they normally nap for? _____

Does your child use a pacifier, suck their thumb or cling to a blanket? If so, please describe when it is needed.

Is any other language than English spoken at home?

If your child has words or sounds that are not commonly used by others, please list their meaning:

Are there any areas of your child's speech / language development that concerns you? If so, has it been professionally diagnosed?

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

PERIODIC UPDATES ON INFANT & CHILD'S NEEDS MAY BE REQUIRED

**FORM REQUIRED
FOR ALL CHILDREN**

PARENT'S INFORMATION PAGES

Parents: Please detach the last 2 pages from this application packet and retain for your records. We are happy to make copies of any additional pages that you would like to have for your records as well.

NOTIFICATION OF CHILD'S PERSONAL RIGHTS AT KIDS KLUB CDC

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10. 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 the daily living functions, including eating, sleeping, or toileting, or withholding of shelter, clothing, medication, or aids to physical functioning.
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14. Not to be place in restraining device, except a supportive restraint approved in advance by the licensing agency.

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Department of Social Services, Community Care Licensing Division, Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200-B
Monterey Park, CA 91754
(323) 981-3350
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/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/DOMESTIC PARTNER/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

I, the parent/domestic partner/authorized representative of the child listed below have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from Kids Klub CDC.

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