



Fundraising Responsibilities

The Redding Cooperative Preschool schedules several fundraising activities during the school year. These fundraisers are important for helping to keep tuition costs down. All Co-Op families are expected to participate in the following fundraisers during the school year. Failure to participate in the following events will result in a fine.

Jog-A-Thon: (Fall) Parents commit to raising a minimum amount of money (typically \$100 per child enrolled) by getting sponsors from family, friends, etc. Raising the minimum amount of money is mandatory as this is one of our biggest fundraisers of the year.

Children's Concert: (February) The children sing at David Marr Auditorium and the Shasta High School Orchestra also performs. This event is held on a weekend (usually Sunday early afternoon). The preschool holds raffle fundraiser organized by the Concert Committee. Parents are asked to work a shift at the concert (set up, clean up, concessions, etc) and/or to sign up to bring baked goods or snacks to be sold at the concert. This fundraiser requires a commitment of time from each family in order to be successful.

Garage Sale: (March) This event is held on a weekend with a Friday evening set up and Saturday sale. Families are asked to donate unwanted items to be sold at a garage sale with proceeds going to the preschool. Each family is required to sign up to work a shift during the garage sale in order to set up, clean up, and adequately supervise the sale itself.

I have read the Fundraising Responsibilities and agree to participate in these mandatory events. I understand that a fine will be assessed for each missed activity.

Participating Parent(s) Signature

Date

*School copy. Please return to Redding Co-op Preschool

Redding Co-op Preschool Membership Agreement

I (we) understand that the Redding Cooperative Preschool Association, Inc. is an organization whose successful operation depends on the participation and sharing of responsibilities by all cooperating families. I (we) are willing to participate in the following ways:

Daytime Duties: To assist the preschool one morning a week in the 4 year old class or once every two weeks in the 3 year old class depending on which class your child/children are enrolled in.

Meetings: Attend operation/business and education meetings.

Maintenance: Assist in cleanup of the school and in major periodic work parties as scheduled for maintaining school premises.

Administration: Serve on one school committee to assist in the operation of the school and turn in a job description report form at the end of the school year.

Fundraisers: Participate in all school fundraisers.

Finances: Make monthly tuition payments to the treasurer of the Redding Co-op Preschool.

I (we) have read and understand the above agreement of the school and agree to abide to it.

Participating Parent(s) signature

*School copy. Please return to Redding Co-op Preschool.

REDDING COOPERATIVE PRESCHOOL REGISTRATION FORM

Parent Information:

Father's Name, Mother's Name, Father's Occupation, Mother's Occupation, Business Name, Work Phone, Cell Phone, Past Occupations, Mailing Address, Home Address, Email of Parent working at Preschool

Emergency Information: (Persons to call if Parents are unavailable)

Name, Relationship, Telephone, Family Doctor and Telephone Number

Child Information:

Child's Legal Name, Nickname (name will be printed on child's cubby), Birthdate, Gender, Siblings (name/age)

Others in addition to parents living in household, Is a language other than English spoken in the home?

Your child's physical development:

Does your child have food allergies? If yes, to what? Does your child have any chronic problems with allergies (plants, pets, bee stings, etc.) ears, eyes, tonsils, or orthopedic? If yes please explain.

Your child's emotional development:

Does your child have fears? Does your child exhibit temper tantrums? Is your child dependent upon their mother or any other adult? Does your child exhibit habits that you wish to discuss with the Teacher/Director before school begins?

What are your child's favorite things/activities? What are your child's least favorite things/activities? Please share anything you would like to share about your child.

Other:

Are you a returning Co-op Parent? Have you been involved in another Co-op? Favorite family activities? What strengths or passions can you share with the students? What are your goals for your child this year at preschool? Do you have any specific needs/requests?

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*	MONTHS	BEGAN TALKING AT*	MONTHS
		TOILET TRAINING STARTED AT*	MONTHS
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:			
<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps	
		<input type="checkbox"/> Poliomyelitis	
		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
		<input type="checkbox"/> Three-Day Measles (Rubella)	
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS			
DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
DAILY ROUTINES (*For infants and preschool-age children only)			
WHAT TIME DOES CHILD GET UP?*		WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*		WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)		BREAKFAST	WHAT ARE USUAL EATING HOURS?
		LUNCH	BREAKFAST _____
		DINNER	LUNCH _____
			DINNER _____
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<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

IDENTIFICATION AND EMERGENCY INFORMATION DAY CARE CENTERS

To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	BUSINESS TELEPHONE
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE	HOME TELEPHONE
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE	BUSINESS TELEPHONE

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN 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 GUARDIAN)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

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

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

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

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m., _____ days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

Redding Cooperative Preschool
(530) 241-4355

Parent Permission Form and Authorization to Consent to Treatment of
A Minor

Child's Name _____ Birth Date _____
(print in ink)

(I) (We), the undersigned, parent(s)/legal guardian of _____ a minor, do hereby give permission for said minor to participate in the Redding Cooperative Preschool program. It is understood that notice will be given of all special activities of the program, including the mode of transportation, the director and other circumstances of each outing. Permission is also given to participate in special field trips, if field trip notice form is filled out and signed by parents/legal guardian.

Consent and Authorization for Emergency Medical Treatment

My/Our child (1) has history of epilepsy. _____ (2) is diabetic. _____ (3) other, please specify. _____

Date of last tetanus shot _____
Family physician _____ Telephone _____
Physician's Address _____
Preferred Hospital _____

Name and telephone number to call in case of an emergency. _____

Name of two alternates (relatives or friends) who may be contacted in case parents or legal guardian cannot be reached in an emergency:

- 1. Name _____ Relationship _____ Telephone _____
- 2. Name _____ Relationship _____ Telephone _____

Parent/Guardian Insurance Information

Medical Insurance Company _____
Policyholder's Name _____ Policy Number _____
Drivers license number (mother) _____
Drivers license number (father) _____
Automobile Insurance Company _____
Policy holder's name _____ Policy number _____
Insurance telephone _____

Consent/Authorization continued

It is understood that the preschool director is to be contacted if there are any changes in said minor's physical condition or other information listed above. It is also understood that every reasonable measure will be taken to safeguard the health and safety of all preschool participants and that I/we will be notified in case of any emergency involving my child. In the event I cannot be reached in an emergency I hereby authorize the calling of a physician and at my expense to provide whatever emergency medical or surgical treatment necessary. The Redding Cooperative Preschool director or organization will not be held responsible.

I/We, the undersigned, parent(s)/legal guardian of _____, a minor, do hereby authorize the Redding Cooperative Preschool, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician, surgeon or dentist licensed under the provisions of the Dental or Medical Practice Act on the medical staff of selected hospital, or other medical facility, selected by the preschool director.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provision of California Civil Code section 25.8.

This authorization shall remain effective until _____ unless sooner revoked in writing delivered to said agent.

Please note that children will not be released to individuals other than the emergency contacts listed above or the parent/guardian, listed below, unless the director receives written permission.

Please sign in ink.

* _____
Parent/Guardian Signature

* _____
Parent/Guardian Signature

Address: _____
Home Phone: _____
Work Phone: _____
Date: _____
Witness: _____

Address: _____
Home Phone: _____
Work Phone: _____
Date: _____
Witness: _____

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

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

PERSONAL RIGHTS**Child Care Centers**

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

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

520 Cohasset Rd. Suite 170

CITY

Chico

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

(530) 895-5033

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

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

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 520 Cohasset Rd. Suite 170, Chico, Ca 95926

Licensing Office Telephone #: (530) 895-5033

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

LIC 995A (8/08)



Allergy Form

_____My child _____does not have any allergies.

_____My child _____is allergic to the following item (s) _____

You will be required to fill out a Food Allergy Plan Form to be completed by the child's health care provider and returned to the preschool.

_____My child _____has a food sensitivity to the following item(s): _____

Food sensitivity is one that causes a child physical discomfort of some kind. If a child has a special dietary need, parents should discuss it with the teacher/director upon enrollment.



Redding Cooperative Preschool Parent's Statement of Good Health

Name of Parent(s) _____

Statement of Good Health: (please write your statement below that you are in good health)

Signature _____

Date _____

**PLEASE ATTACH A COPY OF YOUR T.B. TEST
 (please note that it must be read and signed by a medical institution)**



PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child, _____,
(child's name)
to be photographed/videotaped in scheduled preschool activities. Such
photographs may be used by the coop for publicity or educational purpose.

Please check any/all that would apply to your child.

You have my permission to take my child's picture and/or videotape my
child. Yes _____ No _____

You have my permission to identify my child by first name only with the
picture and/or video.

Yes _____ No _____

You have my permission to identify my child by first and last name with the
picture and/or video.

Yes _____ No _____

Parent's Name (please print)

Date

Parent's Signature

**I wish to withhold permission to photograph and/or video my
child, _____, at this time.**
(child's name)

Parent's Name (please print)

Date

Parent's Signature