

# 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 or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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://cclld.ca.gov/contact.htm>.

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of Halsey Schools, Incorporated and/or for my children to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including California. In accordance with the most recent guidance and protocols issued with the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the Los Angeles County Health Care Agency (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Halsey Schools, Incorporated (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly and currently includes China, Iran, South Korea, and most of Europe. The undersigned agrees to check the CDC Travel Health Notices list (<https://wwwnc.cdc.gov/travel>) prior to utilizing the facilities, services, and programs of Halsey Schools, Incorporated, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of Halsey Schools, Incorporated if he or she (i) experiences symptoms of COVID 19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Halsey Schools, Incorporated immediately if he or she believes that any of the foregoing access/use restrictions may apply.

Halsey Schools, Incorporated has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19 and other viruses, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that Halsey Schools, Incorporated may revise its procedures at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and further agrees to comply with Halsey Schools, Incorporated. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Halsey Schools, Incorporated, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Halsey Schools, Incorporated and acknowledges that use thereof by the undersigned and/or such participating children may, despite Halsey Schools, Incorporated's reasonable efforts to mitigate such dangers, result in exposure to COVID-19 or other viruses, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER HALSEY SCHOOLS, INCORPORATED FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE PROGRAM AFFILIATED WITH HALSEY SCHOOLS, INCORPORATED, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

I read page one and am going on to page 2

Date\_\_\_\_\_

Print Name\_\_\_\_\_

Signature of applicant/parent\_\_\_\_\_

Signature of other adult/parent\_\_\_\_\_

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Halsey Schools, Incorporated, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19 or other viruses, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, or about the premises or any facilities or equipment therein or participating in any program affiliated with Halsey Schools, Incorporated. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

The undersigned agrees and acknowledges that use of Halsey Schools, Incorporated facilities and services, and participation in Halsey Schools, Incorporated programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees or otherwise while in, about or upon the premises of Halsey Schools, Incorporated and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Halsey Schools, Incorporated. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM HALSEY SCHOOLS, INCORPORATED IN CASE OF ILLNESS, INJURY DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 OR OTHER VIRUSES AT ANY HALSEY SCHOOLS, INC FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO HALSEY SCHOOLS, INCORPORATED THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I HAVE READ AND UNDERSTAND AND AGREE TO THIS DOCUMENT TITLED ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY

Date\_\_\_\_\_

Print Name\_\_\_\_\_

Signature of applicant/parent\_\_\_\_\_

Signature of other adult/parent\_\_\_\_\_

Name of child(ren)\_\_\_\_\_

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

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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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

(     )

\_\_\_\_\_  
WORK PHONE

(     )

|               |                |              |   |   |   |    |   |
|---------------|----------------|--------------|---|---|---|----|---|
| Child's Name: | Drop off Time: | Pickup Time: | M | T | W | Th | F |
|---------------|----------------|--------------|---|---|---|----|---|

**Infants & Tiny Tots Ages 6 wks - 18/24 months**

Low ratios at 3-4 children per teacher

| Days      | 7:30-5:30 |
|-----------|-----------|
| 1 Day /wk | 885       |
| 2 Days/wk | 1465      |
| 3 Days/wk | 2050      |
| 4 Days/wk | 2660      |
| 5 Days/wk | 2770      |

**Toddler Center Ages 18-20 months - 2.2**

Low ratios at 4-6 children per teacher

| Schedule     | 2 days | 3 days | 5 days |
|--------------|--------|--------|--------|
| 7:30 - 12:30 | 995    | 1355   | 2060   |
| 7:30 - 03:00 | 1140   | 1555   | 2195   |
| 7:30 - 05:30 | 1275   | 1785   | 2425   |

**Preschool Ages 2 - 6**

Low ratios at 10-12 children per teacher

| Schedule     | 2 days | 3 days | 5 days |
|--------------|--------|--------|--------|
| 7:30 - 12:30 | 775    | 1060   | 1610   |
| 7:30 - 03:00 | 885    | 1215   | 1715   |
| 7:30 - 05:30 | 995    | 1395   | 1890   |

Tuition is due monthly in advance on the 20th. All accounts are required to sign-up for automatic credit card or ACH. The payment will not change unless your schedule changes or the rates are changed.

Tuition rates are usually adjusted once every year. Rates are subject to change. Changes in tuition do not affect the requirements of this agreement. You will be given at least 30 days notice for changes in tuition rates as required by DSS.

**Registration Fee: \$ 350****Family Discount:** Free Reg / 10% off lesser**Late Pickup:** \$10/15 min \$1+/min after 5:30**Billing Fee:** \$50 - If not on auto payment plan.**Late Payment Fee:** \$50 + \$5 /day thereafter.**Lunches:** [halseyschools.com/lunch](http://halseyschools.com/lunch)**Dance, Soccer, Karate:** See flyers**Refunds:** are not available for any tuition or fees.

**Materials & Supplies Fee:** \$299 billed once per family per school year in February or September depending on your child's start date.

**Vacations, Absent Days, Holidays & Days Closed:**

Teachers' wages are not affected by the daily attendance of your child. In order to maintain the salary levels and benefits for your child's exceptional teachers, credits for vacations, days missed, holidays, days closed, etc are not available. *Happy teachers = Happy children.* Days cannot be made up or exchanged.

**Parents Night Out / Weekend Care:** Periodically we may offer extended care at an additional cost during the week or weekend care for parents to drop off children and have some me or we time. :)

**The school will be closed on major holidays:**

See current calendar or handbook for this year's planned, subject to change, closures.

**Unexpected Temporary Closures:** Natural or other disasters, emergencies, epidemics, pandemics, mandatory or other unexpected temporary closures may occur. If they do, there are no tuition credits, adjustments or refunds available. Full tuition will continue to be billed during the temporary closing with no credits/adj.

**Change of Schedule:** Schedule changes take place on the first of the month. Halsey Schools will make every effort to assist your schedule needs. Please request any schedule change in writing by the 15<sup>th</sup> of the month before the change is to take place.

**Withdrawals:** ALL Withdrawals take place on the last day of the month with notice given by the 15<sup>th</sup> of the last month. No prorating credits or refunds are available for withdrawals. Written notice **must** be given by the 15<sup>th</sup> of the last month attending. Lack of attendance does not constitute withdraw. Notice must be in writing. (Informing a teacher or other staff member is not sufficient notice.) Tuition calculations and withdrawal month are determined by the date your letter of withdrawal is received. If written notice is not received, tuition charges continue to accumulate until withdrawal is confirmed by the administration. Required notice will still apply. Refunds, not available.

**Excursion Permission:** I the undersigned do hereby give the above specified child permission to leave the school grounds with his class under the supervision of teachers, and/or teachers aides retained by or volunteering for Halsey Schools. These excursions will be on foot (not requiring vehicle transportation) to local attractions, nature walks etc. If a field trip requires transportation a separate permission slip will be signed and fees will be posted. Please see the monthly calendar for scheduled excursions.

**Media Authorization:** I understand, photos & videos are taken often and posted online or used in advertisements or promotions. Halsey Schools, Inc. has my permission to use any media or medium, i.e. videos, audio, pictures, likenesses, etc., of me, my child and/or family for advertising or promotional purposes free of charge and liability. I understand media is added to Facebook, instagram, HalseySchools.com and other social platforms regularly and all media is viewable by the general public.

**Halsey Schools, Inc. is licensed by Community Care Licensing at 424-301-3077. The license numbers are 197-407441 & 197-407439**

The Department of Social Services' Licensing Agency (the 'Department') requires parents or their authorized representative be advised: The Department shall have authority to interview children and staff, and/or to inspect and audit child or facility records without prior consent. The Department shall have authority to observe the physical condition of any children. Halsey Schools posts current State License and a copy of 'Personal rights of children' regulations with current address and telephone number of the State of California, Social Services - Community Care Licensing Division. Each child must be signed out daily by a parent or assigned representative..

**Toddler Center Permission:** (Required by DSS) If my child is entering or will be entering the Toddler Program at any time, I give my child permission to enroll in that program by signing below.

**Illness Policy:** We follow a strict illness policy that requires self checking at home and a second pre-entry inspection with temperature check. All illnesses, stay home. No credits or tuition adjustments are made when out sick, under quarantine or out for any other reason.

**Halsey Schools, Inc. reserves the right to refuse service to anyone at any time for any reason.** In order to preserve the integrity and stability of our program, Halsey Schools, Inc. reserves the right to have a family withdraw immediately at any time, if the administration or staff deems it necessary for any reason. Notification will be given by the administration, not a teacher.

**My signature below indicates I have read, understand and agree to abide by this enrollment agreement and all of the above.** I understand I will be held responsible for any and all attorney's fees, collections fees, and any other costs associated with the enforcement of this contract and that no modifications can be made to this contract/agreement by me.

X

Parent/Guardian/or Child Representative Signature

Printed Name

Date

Halsey Schools, Inc. Rep.

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

**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<br>(     ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>(     ) |

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 |
|-------------------|-----------|

**INDIVIDUAL INFANT SLEEPING PLAN**

Date of plan: \_\_\_\_\_

**SECTION A: INFANT'S INFORMATION**

|  |        |              |
|--|--------|--------------|
| Infant's Name  | Gender | Birth Date   |
| Authorized Representative's Name (Primary Contact)   |        | Phone Number |
| Authorized Representative's Name (Secondary Contact) |        | Phone Number |

**SECTION B: SLEEPING ENVIRONMENT INFORMATION**

|   |  |
|---|--|
| At home, the infant sleeps in:<br><input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____ | What are the Infant's usual sleeping hours?<br>_____<br>_____  |
| What is the infant's average length of the Infant's nap(s) during the day time?<br>_____ minutes   _____ hours                                    | Does the infant use a pacifier?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes<br>If <b>yes</b> , brand: _____ |

**SECTION C: INFANT'S ABILITY TO ROLL**

My child, \_\_\_\_\_ is able to roll from their back to their stomach and stomach to their back beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

|                                     |      |
|-------------------------------------|------|
| Authorized Representative Signature | Date |
|-------------------------------------|------|

**SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE**

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

|  |      |
|--|------|
| Provider Signature   | Date |
| Authorized Representative Signature<br>(To be completed no later than the next business day following observation) | Date |



**SECTION E: MEDICAL EXEMPTION**

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

**I certify that all information contained in this form is complete and accurate to the best of my ability.**

Authorized Representative Signature

Date



# Your Child's Needs and Services Plan



At Halsey Schools we adjust to your child's schedule.  
Please complete the following with the assistance of the Director or the teachers.

Child's Name: \_\_\_\_\_

**Feeding Plan (Normal Schedule)** Among other things, children should not be fed Honey or Corn Syrup during their first year.

| Time | Type of Food (i.e. Breast milk, Brand and type of formula. Use of cups, utensils, etc.) | Amount |
|------|---|--------|
|      |   |        |

## Sleeping (Normal Schedule)

| Time | Length of Time | Child's sleeping preferences and comments - i.e. swing, bouncy seat, crib, etc <i>All children are put to sleep on their backs. No exceptions, please.</i> |
|------|----------------|--|
|      |                |  |
|      |                |  |
|      |                |  |
|      |                |  |

## Diapering & Potty Instructions

(Changed as needed & at least every 2 hours.)

Ointments, powder etc.

## Special Needs / Services

(i.e. Child has reflux she must sit upright after feeding. Special exercises etc.)

## Allergies

Please keep this up to date by completing a new form whenever something changes. You are also encouraged to constantly communicate directly with the teachers in writing and verbally for any changes to these schedules. Additionally, the daily Your Child is Special form is available to write daily notes or updates. Please complete Child's Pre-admission Health History – Parent's Report (Lic. 702) for additional information.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Where Children Love to Learn & Teachers Love to Teach!* | 818-992-1942 | [HalseySchools.com](http://HalseySchools.com) | [info@HalseySchools.com](mailto:info@HalseySchools.com)

## 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: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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](http://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.

\_\_\_\_\_  
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](http://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

Community Care Licensing Division

ADDRESS

300 N. Continental Blvd., Suite 290A, MS 29-13

CITY

El Segundo, CA

ZIP CODE

90345

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)

Halsey Schools, Inc.

(PRINT THE ADDRESS OF THE FACILITY)

21321 Costanzo &amp; 5319 Comercio 91364

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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/<br>DT/Td             | (DIPHTHERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANUS<br>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

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**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.

# Halsey Schools Registration & Parent Portal Instructions



1. Complete [Online Online Registration here](#) or visit [HalseySchools.com/Enroll](https://HalseySchools.com/Enroll) and click on Access Online Registration. After we receive the registration we'll send you an invitation to the Parent Portal.
2. Setup your Parent Portal

## Here's what to do

You should have received an email from us to set up your parent portal account here <https://parentportal.runsandbox.com>. We can send email again if you need it. Follow these instructions to update your family information.

### 1. Click on Settings

1. Click on Pencil to the right of Time Clock Pin to set up your signing in/out PIN. Don't use a 0 as first number.
2. Under Notifications click on pencil then check
  - a. Receive Email Notification when you receive a new Message
  - b. Receive Email Notification when there is a new item in your Newsfeed
3. Under Payment Details Click on +Add Payment Method - and add your payment information. (We prefer ACH)

Fill in information. Make sure you click on **Enable Automatic Withdrawal**

We prefer you choose ACH - CC charge us a lot of money that could go to better use on the children and the teachers. :) When you set up ACH you'll see a popup note that two small deposits will be made to your account. You'll need to verify the deposits in a couple of days to complete the setup process.

## Updating registration information

### 2. Click on Child Info

- Click on pencil to edit items
- At Medical and Other Requirements, Click on +Add at upper Right to add immunizations Don't type in date use the CALENDAR

### 3. Click on Contacts

- Click on pencil to edit
- Click on +Add to add the other parent/guardian. A photo of each person would be GREAT!
- Add other Contacts (Photos would be GREAT)
- Add Doctor

Thanks for helping us set this up. We really appreciate it.