



## Application Form

Please fill out completely with the non-refundable registration fee of \$200 per student.

### Child's information:

Male \_\_\_\_\_ Female \_\_\_\_\_ Date: \_\_\_\_\_  
Child's full name \_\_\_\_\_  
Child's address \_\_\_\_\_  
Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Days to attend \_\_\_\_\_ Time \_\_\_\_\_

### Parent's information:

Parent/Guardian 1 (Full name) \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_  
Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent/Guardian 2 (Full name) \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_  
Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

### Legal Guardian's information (if is other than parents)

Name \_\_\_\_\_  
Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_  
Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

### AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

**SECTION A:**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)

acknowledge that \_\_\_\_\_,  
(Licensee's Name)

the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)

has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

**SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)

acknowledge that \_\_\_\_\_,  
(Licensee's Name)

the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**NOTE:** The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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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: PENINSULA REGIONAL OFFICE  
Licensing Office Address: 851 TRAEGER AVE., SUITE 360 SAN BRUNO CA 94066  
Licensing Office Telephone #: (650) 266-8800
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](http://www.meganslaw.ca.gov)**

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents))

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### 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](http://www.meganslaw.ca.gov)**

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

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

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

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

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

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	DATE LEFT
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# 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

SONRISAS SPANISH IMMERSION \_\_\_\_\_ 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:

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DATE

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PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

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HOME ADDRESS

---

HOME PHONE

(     )

---

WORK PHONE

(     )

**PARENT/GUARDIAN'S PERMISSION TO APPLY  
SUNSCREEN TO HIS/HER CHILD**

Name of Child: \_\_\_\_\_  
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at:

\_\_\_\_\_  
(name of child care program)

to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

- \_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- \_\_\_ I have provided the following brand/type of sunscreen for use for my child:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_

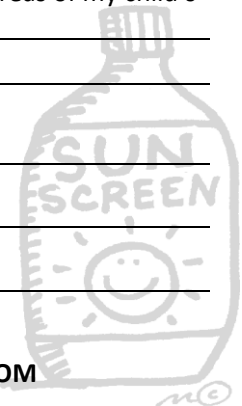
Parent/Guardian's Signature: \_\_\_\_\_

Health Care Provider's Signature (*optional*): \_\_\_\_\_

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM  
SKIN CANCER!**

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the  
Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • [http://www.dhs.ca.gov/cpns/skin/skin\\_resources.html](http://www.dhs.ca.gov/cpns/skin/skin_resources.html)

California Childcare Health Program (CCHP) 07/03 [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)





## Contract

We give our most cordial welcome to you and your child to **SONRISAS Spanish Immersion Program**.

We hope that you will be able to feel comfortable, safe, and confident knowing that our center could become a second home for your child. **SONRISAS Spanish Immersion Program** is licensed under the California Department of Social Services to provide a child care for up to 14 children. For this purpose, "Child Care" means non-medical care for children who are in need of personal services, supervision and age appropriate activities and education. We feel this agreement will aid in the clarification of teacher's and parent's/guardian's responsibilities. If you have any questions ask us to clarify them before signing this agreement. Our most important rule will be having communication with much respect and consideration for both parties. If we maintain respect towards each other, everything will work out fine. Remember that we will try to be flexible in working for the best interest of your child.

\* This agreement must be completed and returned with a **non-refundable annual (also due every following year in September)** registration fee, along with the first month's tuition. Monthly tuition is to be paid in full. Tuition payments are due by the first 5 days of the month.

\* Children enter our program on a two-week trial basis in which neither party is obligated to continue. Subsequent to the trial period, the parent/guardian(s) must give a two weeks' notice of termination or a reduction in the amount of weekly hours. **Sonrisas Spanish Immersion Program** reserves the right to discontinue child care services with a proper two weeks' notice, if we feel that our child care methods do not compliment your child's needs.

\* It is your responsibility to let us know of any changes of address, phone number, work and work number, and/or emergency contacts.

\* Parents/guardians are welcome to come by at any time, but keep in mind that it may be difficult to go through separation twice in the same day. \* We accept children from ages 3 – 5 years old(depending on time slot). \* Our work schedule is as follows:

**Monday through Friday**  
**From: 8:00 am to 6:00 pm**



Parent/guardian is enrolling \_\_\_\_\_  
in **Sonrisas Spanish Immersion Program:**

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

If the parent/guardian ever wishes to substitute different hours than those listed in this contract, the parent/guardian must provide notice to the center. \* Fees shall be paid within the first 5 days of the month. A \$10 late fee will be applied for each day after the 5th day that a payment is not made. Fees for the non-refundable registration and the first month are due upon signing this contract. Additional fees for late pick-ups, as described below, must either be paid on the date they occur, or it will be included in the next regular payment.

Half day:           \$1,960 per month

Full day:           \$2,100 per month

Late Pick Up:     \$1 for every additional minute after the first 5 minutes

\* The full fee will be charged for all absences. No refund or make-up days provided for children who are absent due to illness or vacation. A parent/guardian shall notify the provider of any absence as soon as the parent/guardian knows that the child is unable to attend on a particular day.

\* A payment by check or cash each month is acceptable. If a check does not go through, and is returned to us, only cash payments will be accepted from then on. (There will be a \$30 charge for all returned checks).

\* Please be considerate if your child shows any signs of an oncoming illness. We have an obligation to protect children in our care from illness whenever possible. The parents/guardians are responsible to report the illness of the child and keep him or her home during the days that the child is sick. Children will also be sent home when we believe that the child's condition poses a threat to the health or safety of the child, other children, and/or staff in the program.



\* A child who becomes ill at Child Care will be separated from the group and a parent/guardian will be called. A parent/guardian must pick up the child within one hour after being notified of the child's illness. Attached is a page with the types of illnesses that will prevent a child from being admitted to Child Care until they have recovered from it.

\* A parent/guardian should provide a change of clothing (2 shirts, 2 pants, 2 underwear, 2 pairs of socks and a pair of slippers), 2 wallet sized photos, a family picture and a bottle of water for the child. Make sure to label all clothing and personal belongings with your child's full name.

\* A signed permission form with instructions provided by the parent/guardian and a doctor's prescription is required before we can administer any medication.

\* **Sonrisas Spanish Immersion Program** uses discipline techniques when the behavior of the child is unacceptable. We will talk to your child/children on their level of understanding, redirect, and help them understand what was wrong while listening to both sides of the story. We will teach them to express their feelings and/or apologize to others. We encourage good behavior, respect and caring for others.

\* We may terminate any child's enrollment in **Sonrisas Spanish Immersion Program** effective immediately upon written notice to a parent/guardian of such termination, if any of the following conditions should arise:

1. If the child's behavior poses a significant threat to the physical or mental health of others, and we are unable to resolve the issue.
2. Any payment owed by parent/guardian to the center is not paid within 15 days after such payment is due.
3. Behavior of the parent/guardian which may include harassment (verbal abuse or physical abuse towards the other parents/guardians, children, facility, and/or staff).

\* In relation to holidays, check website for closure days, these holidays will be billed as though care was provided.

\* **Sonrisas Spanish Immersion Program** is mandated to report any suspected child abuse under the terms of the California Penal Code #11166.



\* **Sonrisas Spanish Immersion Program** will release a child only to:

1. Parent with legal custody or to the child's legal guardian.
2. Anyone the parent/guardian has authorized by prior arrangement with us in writing.
3. Police or Welfare workers with proper authorization.

\* A child cannot be enrolled in the program if the IMMUNIZATION card is not up to date.

\*The Department of Social Services has the authority to interview the children, and staff, and to inspect and audit child or facility records without prior consent of anyone. They also have the right to observe the physical condition of the children, including conditions that would indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child.

\* **Sonrisas Spanish Immersion Program** reserves the right to modify and/or amend this agreement upon two weeks written notice of any changes in the basic rates or services provided. Changes in the basic rates/services do not require parent/guardian consent.

\* **Sonrisas Spanish Immersion Program** does not discriminate in providing care on the basis of race, color, religion, cultural heritage, political belief, marital status, sexual orientation or disability of either the child or the family.

We hope to serve you well, knowing that your satisfaction will also be ours. We have read and understand this entire enrollment agreement and contract.

\_\_\_\_\_  
Sonrisas Spanish Immersion Program Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Date



## **Sick Child Policy**

**Your child must stay at home if he/she presents these conditions:**

- **Fever:** Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally. A child needs to be fever free for a minimum of 24 hours before returning to school.
- **Undiagnosed skin rash and rash with fever and or behavior change.**
- **Earache:** It's sometimes related to an ear infection. If the child has been free of symptoms, he/she may return to school after 24 hours of starting on antibiotics.
- **Diarrhea:** runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
- **Vomiting:** 2 or more times in a 24 hour period.
- **Breathing trouble, sore throat, continuous coughing, swollen glands, loss of voice.**
- **Pink eye.** Children may return to school 24 hours after starting eye drops or ointment.



## Agreement and Authorization

As the parent or legal guardian of \_\_\_\_\_, I agree to the following (initial each one):

A. \_\_\_\_\_ I understand that state law requires children's immunizations to be up to date at all times.

B. \_\_\_\_\_ I will notify Sonrisas Spanish Immersion Program of any change of phone numbers and/or address for myself and those authorized to pick up my child (emergency numbers).

C. \_\_\_\_\_ I understand that my child will NOT be released to anyone who is not inscribed in their release form or if someone is under 18 years of age.

D. \_\_\_\_\_ When notified that my child is ill, I agree to pick him/her up immediately (within an hour).

E. \_\_\_\_\_ I agree to follow all health policies and to inform Sonrisas Spanish Immersion Program of any contagious illness.

F. \_\_\_\_\_ I agree to bring my child according to my contracted childcare hours and days.

G. \_\_\_\_\_ I agree to report my child's absence or late arrival at least an hour before his/her scheduled arrival time on the day of the absence.

H. \_\_\_\_\_ I understand that as the parent or guardian, I am responsible for picking up my child on time. If for any reason I pass the pickup time I will be charged \$1.00 for every additional minute after the first five minutes AND I will pay the late fee once I pick up my child, or it will be included in the next regular payment.

I. \_\_\_\_\_ I understand that my child will not be released to anyone under the influence of alcohol or drugs.

J. \_\_\_\_\_ I understand that fees are due every month that my child is scheduled to attend childcare, including days of absences due to illness or vacation. Child care fees are due within the first 5 days of the month. If for any reason the fee is turned in after the first 5 days, a \$10 late fee will be applied per day.

K. \_\_\_\_\_ I understand that if a check is returned by the bank with insufficient funds I will be charged a \$30 fee, and ONLY cash payments will be accepted from then on.



L. \_\_\_\_\_ I understand that the first TWO weeks of care will be considered on an adjustment period. Either the parent/guardian or the facility, can cancel this contract with a two weeks' notice.

M. \_\_\_\_\_ I understand that services may be discontinued if my child's behavior is continually disruptive, and/or presents a danger or safety problem.

N. \_\_\_\_\_ I understand that verbal or physical abusiveness by a parent/guardian toward teachers, children, the facility, or other adults may result in termination of services.

O. \_\_\_\_\_ I authorize and give permission for all of the following for my child (optional):

1. \_\_\_\_\_ Permission for my child to appear in photographs or videos for use only by Sonrisas Spanish Immersion Program, Facebook, newsletters, website, brochures, or public relations efforts.
2. \_\_\_\_\_ Participate in walks around the neighborhood.
3. \_\_\_\_\_ Going to the park.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date