



Coronado Unified School District Preschool Program Registration Checklist

Welcome to Crown Preschool. We are happy to have you and your family in our program. Please fill-out and return all forms listed (unless noted) and return to the Director of Preschool office which is located on the Crown Preschool campus. We look forward to you joining us!

PLEASE RETURN THE FOLLOWING FORMS:

Preschool Forms

- Enrollment Form
- Child Developmental Level, Personal History, and Photo Release Form
- Parent Participation Form

Community Care Licensing Forms

- Personal Rights (LIC 613A; bottom portion)
- Consent for Emergency Medical Treatment (LIC 627)
- Physician's Report (LIC 701) (to be completed by the child's physician)
- Child's Preadmission Health History – Parent's Report (LIC 702)
- Notification of Parents' Rights (LIC 995; bottom portion)

PLEASE KEEP THE FOLLOWING FOR YOUR RECORDS:

- Effects of Lead Exposure brochure
- Caregiver Background Check Process (LIC 995E)
- Please cut and keep top portion of Personal Rights (LIC 613A)
- Please cut and keep top portion of Notification of Parents' Rights (LIC 995)



Preschool Enrollment Emergency Form

Today's Date

CHILD INFORMATION

Child First Name:	Child Middle:	Child Last:
Address:	City / State:	Zip:
Child Birthdate:	Who has custodial rights of child?:	Parent-A Parent-B Other (explain)
Will Child Need Extended Care?:	Yes No	Approx. time child will be picked-up on a regular basis?

PARENT / GUARDIAN INFORMATION

Parent A First Name:	Parent A Last:	Relationship to Child:
Address:	City / State:	Zip:
Cell Phone:	Work Phone:	Email Address:
Parent B First Name:	Parent B Last:	Relationship to Child:
Address:	City / State:	Zip:
Cell Phone:	Work Phone:	Email Address:
Check if applicable:	Active Military- Parent A or Parent B	Coronado Unified Employee- Parent A or Parent B

EMERGENCY CONTACTS

1. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
2. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
3. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No
4. First Name:	Last:	Address:
Phone:	Relationship to child:	Authorized to sign-out & take Child? Yes No

CHILD MEDICAL INFORMATION

Physician Name:	Address:	Medical Plan & ID #:	Phone:
Dentist Name:	Address:	Medical Plan & ID #	Phone:
If Physician cannot be reached, what action should be taken?: Call Emergency Hospital Other (explain)			

SIGNATURES (must be signed with a pen)

Parent/Guardian Signature:	Date:	
Facility Representative Signature:	Date:	
Subsidy: Yes No	Date of Admission	Date Left:



Child Developmental Level, Personal History, & Photo Release

Today's Date		
CHILD INFORMATION		
Child First Name:	Child Middle:	Child Last:
Child Birthdate:	Who is completing this form?: Parent-A Parent-B Other (explain)	
PARENT/GUARDIAN INFORMATION		
Parent A First Name:	Parent A Last:	Relationship to Child:
Occupation:		
Parent B First Name:	Parent B Last:	Relationship to Child:
Occupation:		
FAMILY INFORMATION		
Others who live with Child - Name	Relationship to Child	Age
Others who live with Child - Name	Relationship to Child	Age
Others who live with Child - Name	Relationship to Child	Age
What language is most spoken at home?	Other language spoke?	
Does your child most often communicate via gestures or words? Gestures Words		
Describe any major, recent changes in your family unit (e.g., a divorce, a move, a death):		
Describe any family cultural practices or restrictions that the school should be aware of:		
Please explain how discipline is handled in your home:		
CHILD PERSONAL CHARACTERISTICS		
Describe any physical characteristics your child has (e.g., scars, birthmarks):		
If your child has allergies, please list them, including food allergies:		
How does your child act when he/she is getting sick?		
If your child naps, please list the approximate nap time:		
What activities does your child enjoy outdoors?		
What activities does your child enjoy indoors?		
Would you say your child is a leader or a follower?		
How does your child react to anxiety or fearful situations?		

What is the best way to comfort your child?

What else would you like us to know about your child:

DEVELOPMENT

PHYSICAL - My Child's physical activities are:
Running Jumping Climbing Skipping Galloping Coordinated Movements
Small Muscle Control Large Muscle Control Other:

SOCIAL/EMOTIONAL - My child displays the following behaviors:
enjoys learning develops friends follows directions/rules relates well to adults/peers
emotional awareness shares easily takes turns resolves conflicts without aggression
develops conscience copes with stress shows resilience to adversity exhibits self-control
has frequent tantrums has trouble sleeping is shy prefers to be alone

COGNITIVE - My child has the ability to:
think about past/present/future re-enact storylines accurately following sequence of events
coordinate and assume roles during dramatic play
organize thoughts into explanations, questions, and other categories
uses symbols such to represent reality – i.e., pictures, words, numbers
understand "pretend" and the difference between imaginary and real in most instances
able to predict what will happen next with some accuracy
solves problems through thoughtful reasoning with guidance
expresses thoughts and feelings several ways (verbalizes, draws, sings, moves creatively)

HEALTH - My child generally has:
no health issues cold/flu earaches allergies asthma/breathing difficulty fever
within normal range of physical growth regular check-ups received immunizations

Date of last doctor's examination: Date of last dental examination:

PHOTO RELEASE

The staff at Crown Preschool sometimes take photos of the children to document their activities throughout the day. This is a chance to share with you many of the wonderful things that your child does. We will post the pictures around the room for you and the children to see. We may also use them in our weekly newsletters. We need your consent to do that. When identifying students, we do not use last names. If you prefer to not have our child's name used at all, please mark that below. If you have any questions, please let us know. Thank you.

- | | | |
|--|-----|----|
| 1. I give my consent to allow pictures to be taken of my child and to be posted in the classroom. | Yes | No |
| 2. I give consent to allow the use of my child's first name when a description of the activity is given. | Yes | No |
| 3. I give consent to allow the use of my child's photo in the weekly newsletter. | Yes | No |

SIGNATURE (must be signed with a pen)

Parent/Guardian Signature: Date



Parent Participation Form

Today's Date							
CHILD INFORMATION							
Child First Name:		Child Middle:		Child Last:			
PARENT/GUARDIAN INFORMATION							
Parent First Name:			Parent Last:		Relationship to Child:		
What Days & Times are you available?							
Parent's Interest / Skill /Resource Survey							
1. List any type of musical instruments you play that would like to share?							
2. List any graphics/artistic talents you have that would like to share?							
3. List any other languages your speak other than English:							
2a. Would you be willing to read books, sing songs, or tell children's stories in these languages?					Yes	No	
4. Do you enjoy dramatic play, puppets, storytelling, and creative dramatics with small groups of children?					Yes	No	
5. Do you enjoy creative art activities with children?			Yes	No			
6. Do you have computer access/experience and are you interested in doing computer projects?					Yes	No	
7. Do you enjoy cooking/nutrition activities with children?			Yes	No			
Do you have access to or knowledge of interesting places in our community in order for our children to learn more about our community? Yes No							
If yes, list places/ideas:							
Do you have information about or access to names of people in our community who could share their resources/experience with our children (i.e., firefighters, animal experts, bakers, doctors, etc.)? Yes No							
If yes, list contacts/ideas:							
Jobs you would be willing to do as a parent participant:							
Cutting out art project materials		Yes	No	Gardening/planting/preparing		Yes	No
Weeding/watering		Yes	No	General cleaning/straightening		Yes	No
Carpentry/equipment repair		Yes	No	Electronic/appliance repair		Yes	No
Office work/filing/date entry		Yes	No	Sewing/ pillow cases, smocks, doll clothes		Yes	No
SIGNATURE (must be signed with a pen)							
All parent volunteers must provide verification of negative TB test, measles, Tdap and flu vaccine immunizations prior to participation in the classroom.							
Parent/Guardian Signature:					Date		

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.



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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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

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.

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
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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?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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

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

_____ 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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

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

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
