DISCOVERY PARENT-CHILD PRESCHOOL
2018-2019 Enrollment Packet

Welcome to Discovery Parent-Child Preschool for the 2018-2019 school year!

This enrollment packet contains valuable information and dates as well as all the forms that must be on file with the school before you and your child can start class. If this is your first experience with a co-op preschool, this packet may seem overwhelming, but please bear with it, as it is the beginning of a wonderful experience for you and your child!

The following fees and forms are due a week from today.

1. **First Month's Tuition:** Monthly tuition is as follows (tuition is subject to change):
   TTH = $200 MWF = $270 MTTH = $270
   Please make your checks payable to Discovery Preschool. Current members who prefer to use the credit card on file should fill out the section at the end of this cover sheet. ***First month's tuition as well as application fees are non-refundable***. Note: May 2019 tuition will be collected at the potluck meeting in September. First month's tuition for Friday Friends (FF) will also be due in September.

2. **Identification & Emergency Information:** This form is required each year so that we have your most current emergency information on file. We encourage you to include an *"Out of State Contact"* for use in the event of a larger-scale disaster.

3. **Child's Preadmission & Health History – Parent's Report:** This form is required for children who are new to Discovery. Returning students will have their form on file. This form contains personal information about your child's health history and personal habits.

4. **Consent for Medical Treatment:** This form must be filled out and signed by the parent or legal guardian. Please remember to list any medication your child may be allergic to on this page.

5. **Emergency Information Card & Transportation Agreement:** This form must be signed by the parent or legal guardian and is required for field trips.

6. **Notification of Parent's Rights/Caregiver Background Check Information:** Please read the information on both these pages and sign the *Notification of Parent's Rights & Personal Rights & Demographic Info* page to acknowledge that you have received this information. These copies are for you to keep for your reference.

7. **Personal Rights:** Please read the information on this page and sign the *Notification of Parent's Rights & Personal Rights & Demographic Info* page to acknowledge that you have received this information. This copy is for you to keep for your reference.

8. **Notification of Parent's Rights & Personal Rights & Demographic Info:** Upon reading the information on the preceding pages, please sign the section that corresponds to each of the pieces of information provided to acknowledge that you have been given copies of the documents for your reference. The demographic section is requested by the State of California Department of Health Services and is optional.

9. **Parent Contract & Signature Page:** ***Please review this carefully.*** The parent contract outlines the participation requirements for the upcoming school year. The Signature Page pertains to information that requires your release/consent.

10. **Parent Information Sheet:** This is your way to let us know the skills or services that you are willing and able to offer to the school. We depend on your time and talents to help our school operate and we are eager to hear what talents you would like to share.

11. **Committee Preference Sheet:** Please review the committee descriptions. Fill out you first 10 committee preferences. This is your opportunity to indicate the type of committee activity that you would prefer to participate in. Every attempt is made to place members on their most desired committee.

12. **Work Day Preference Sheet:** This form will help determine which day you will work in your child's class. This form also provides a space for you to indicate whether you desire work as "paid" substitute in the classroom or for indoor or outdoor weekend work party days. Please read the form for more details.

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

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

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:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

Discovery Parent-Child Preschool
_____
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE 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
( )	( )

DISCOVERY PARENT-CHILD PRESCHOOL
Emergency Information & Transportation Agreement

Emergency Information Card

Child: _____ **Class:** _____

Parent #1: _____ **Tel:** _____

Parent #2: _____ **Tel:** _____

Doctor: _____ **Tel:** _____

Dentist: _____ **Tel:** _____

Hospital: _____

Allergies: _____

In case of emergency call:

1. _____ **Tel:** _____

2. _____ **Tel:** _____

Emergency Transportation Agreement

Purpose: In order to comply with N.A.E.Y.C. requirements for the highest pre-school accreditation, Discovery is required to have on file for each child an emergency transportation agreement signed by the child's parents permitting Discovery to either transport the child, or arrange for transportation of the child, in the event of a medical emergency. The Emergency Transportation Agreement provided below for your signature is intended to fulfill these requirements.

Agreement: In the event the undersigned's child sustains a serious bodily injury or other medical emergency while participating in classes at Discovery Parent-Child Preschool ("Discovery") or while participating in a Discovery class field trip, which, in the reasonable opinion of the Director or a Teacher of Discovery requires immediate emergency medical treatment, the undersigned does hereby authorize Discovery, including its Director and Teachers, to arrange for emergency transportation to the nearest hospital or other medical facility. In such an event, the undersigned does hereby release and agrees to hold harmless Discovery, including its Director and Teachers, from any and all liabilities and actions which may arise in connection with such emergency transportation.

Date: _____

_____ _____

Father's Signature Mother's Signature

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: Community Care Licensing

   Licensing Office Address: 2580 N. First Street, Suite #300, San Jose, 95131

   Licensing Office Telephone #: (408) 324-2148

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)

Please sign the Notification of Parents' Rights, Personal Rights, and Demographics page to acknowledge that you have received and read the information contained on this page.

Please keep this copy for your reference.

IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.**

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.ccld.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

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
Department of Social Services - Community Care Licensing

ADDRESS
2580 N. First Street, Suite #300

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Jose	95131	(408) 324-2148

Please sign the Notification of Parents' Rights, Personal Rights, and Demographics page to acknowledge that you have received and read the information contained on this page.

Please keep this copy for your reference.

DISCOVERY PARENT-CHILD PRESCHOOL

Notification of Parent's Rights & Personal Rights & Demographic Info

The California Department of Social Services Community Care Licensing Division requires all Child Care Centers to provide you with copies forms LIC 995, Child Care Center Notification of Parent's Rights, as well as LIC 613A, Child Care Centers Personal Rights. Please read the information on those forms and sign below to acknowledge that you have received the information.

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.

Discovery Parent-Child Preschool

_____

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

LIC 995 (9/08)

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 acknowledgement:

AKNOWLEDGEMENT: 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)
Discovery Parent-Child Preschool	1919 Gunston Way, San Jose, CA 95124
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

LIC 613A (8/08)

The following section is optional. This information is requested by the State of California Department of Health Services for demographic reasons.

CHILD'S RACE/ETHNICITY:

☐ White, not Hispanic ☐ Black

☐ Hispanic ☐ Other: _____

CHILD'S BIRTHPLACE:

_____

DISCOVERY PARENT-CHILD PRESCHOOL
Parent Contract

As parent(s) in a parent participation preschool, I/we accept the following responsibilities and obligations to do my/our share in making the school run efficiently and equitably. I/we agree:

_____ (initials)
1. To abide by the information provided in the Parent's Handbook, which is based on the bylaws of the school. The Discovery Parent Handbook can be found at www.discoverypreschool.org under the member's section.

_____ (initials)
2. To actively participate in Discovery's primary mode of communication by regularly checking e-mail correspondence (Google Groups) and familiarizing ourselves with the information on the Members' website.

_____ (initials)
3. To fulfill all health requirements for both child and working parent(s) prior to attendance at school.

_____ (initials)
4. To perform assigned duties as a member of a committee or as a member of the Executive Board.

_____ (initials)
5. To work in the classroom as scheduled and arrive 15 minutes prior to the start of class. If unable to work, it is my responsibility to arrange for a substitute. Due to safety considerations, siblings are not allowed to accompany the working parent.

_____ (initials)
6. To pay tuition on the FIRST of the month. Tuition is considered late after the 10th of the month (regardless of the day of the week the 10th falls on). A one-time $100 enrollment deposit per child enrolled at Discovery Parent-Child Preschool will be due at the first General Meeting/Potluck in September. This deposit will roll over each year that your child is enrolled at Discovery. Once your child moves on from Discovery, your deposit will be returned given that all your committee and work day commitments are fulfilled and your family is in good standing with the school. In the event that a family should leave the school without providing a 30-day notice, the deposit will be used to pay for sub fees that may accrue due to missed work day shifts, indoor care, and/or outdoor work parties.

_____ (initials)
7. To attend monthly General Meetings and all other required scheduled meetings. General Meetings are typically held in the evening on the 2nd Wednesday of each month. Out of respect for the speakers, no children (with the exception of newborns) are allowed at these meetings.

_____ (initials)
8. To participate in the upkeep of the school by attending: *
    a. One Weekend Outdoor Care session per child, per year (approx. 3 hours)
    b. One Weekend Indoor Care session per child, per year (approx. 3 hours)
    c. End-of-Year Clean Up (2-3 hours)

    * For safety and efficiency, children are not allowed at any of the above sessions.

_____ (initials)
9. To participate in the eScrip program (NO spending minimum required. NO additional costs to families.)

DISCOVERY PARENT-CHILD PRESCHOOL
Parent Contract

Continued from previous page.

_____ (initials)

10. To satisfactorily complete any Service Projects (approx. 3 hours) that may be assessed due to non-participation. Non-participation may include, *but is not limited to* the following:
    a. Missing scheduled meetings, Indoor or Outdoor work parties, or End-of-Year clean up.
    b. Not fulfilling the obligations of my Committee/Executive Board assignment.
    c. As a working parent, arriving late more than twice during the year.
    d. Paying tuition or other fees late.

    Service projects must be completed by the assigned due date. All outstanding service projects must be completed before the June Board Meeting or members will lose their enrollment spot.

_____ (initials)

11. Members who fail to fulfill this contract *or* who miss three (3) General Meetings *or* who receive a total of five (5) service projects will be dismissed from the school. A family joining after January 1st may miss one (1) General Meeting and be assigned a service project. Upon missing the second General Meeting, they will be dismissed from the school.

I agree, as a participating parent of Discovery Parent-Child Preschool, to fulfill the obligations outlined above prior to the close of the school year 2018-2019. I understand and agree to the above terms and conditions.

SIGNED _____ **DATE** _____

CHILD'S NAME _____ **CLASS** _____

Please return this contract along with the following Signature Page to the Membership Chairperson. You can reference the contract at any time on the school website at: www.discoverypreschool.org

DISCOVERY PARENT-CHILD PRESCHOOL
Signature Page

Right of Licensing Agency – Department of Social Services
The State of California General Licensing Requirements Section 101195 States: The Department of licensing agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for the private interview of any child(ren), or any staff member; and for the examination of all records relating to the operating of the facility. The Department or licensing agency shall have the authority to observe the physical condition of the child(ren) including conditions which could indicate abuse, neglect, or inappropriate placement.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Contact Information
Class Rosters are kept online on the members only password protected school website. The class rosters contain confidential information such as, but not limited to, name(s), address, phone number, email, and date of birth. By signing below you acknowledge and accept posting of this information which is for internal use only.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Food Allergy
A part of the Discovery Parent-Child Preschool curriculum includes children making their own snacks/meals. As a policy, Discovery Preschool will post a list of any food allergies in the break room and other areas of the classroom where food is being prepared (i.e., cooking station, food trays). The purpose of posting the allergy list is to prevent chances of cross contamination of the food being handled/prepared. By signing this agreement, you consent to the posting of any food allergies for the safety and health of the children and staff.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Photo Release
Discovery Parent-Child Preschool occasionally allows media representatives to photograph or film students. Parents and guardians use this form to allow or withhold authorization for media representatives to publish and/or broadcast photographs or film individually identifying their child or children. Photographs may also be used in school press releases.

Discovery Preschool also maintains a website (www.discoverypreschool.org). The purpose of this site is to inform our members and the community about our school. Photographs of students may be published on this site.

☐ **YES** ☐ **NO** **SIGNATURE OF PARENT/GUARDIAN** _____ **DATE** _____

Ethical Guidelines for Parents and Staff Members
Our guidelines are taken from the NAEYC "Code of Ethical Conduct" and their "Supplement for Early Childhood Adult Educators." **All staff and parents must adhere to these principles at Discovery Parent-Child Preschool.**

Our most important standard is to do no harm. We shall not engage in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children.

We commit to:

- Appreciate childhood as a unique and valuable stage of life
- Base our work on knowledge of how children develop and learn
- Appreciate and support the bond between the child and family
- Recognize that children are best understood and supported in the context of family, culture, community, and society
- Respect and dignity, worth, and uniqueness of each individual child, family member, and colleague
- Respect diversity in children, families, and colleagues
- Recognize that children and adults achieve their full potential in the context of relationships based on trust and respect.

I have read and received a copy of the "Ethical Guidelines for Parents and Staff Members."

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

DISCOVERY PARENT-CHILD PRESCHOOL
Parent Information Sheet

"Parent Power" is the foundation on which Discovery Preschool is built on. The information on this form is used by the Executive Board and/or Committee Leads to make the best use of talents, skills, and resources we have available in our membership and enable each of us to contribute in an enjoyable way. Please complete all areas. Thank you!

School Year _____ **Class Attending: ☐ TTH ☐ MWF ☐ MTTH**

Child's Name: _____

Classroom Working Parent Name: _____

Classroom Working Parent's Employer/Occupation (Previous employer/occupation if currently a stay-at-home parent)

_____

Spouse's/Partner's Name: _____

Spouse's/Partner's Employer/Occupation (Previous employer/occupation if currently a stay-at-home parent)

_____

What would you enjoy doing for the preschool?

_____

Do you have any teaching experience? ☐ **Yes** ☐ **No** If yes, are you credentialed? ☐ **Yes** ☐ **No**
Please list classes taught:

_____

Please list any offices or committees that you may have participated in for public organizations including at Discovery:

_____

Do you play a musical instrument? _____

Do you speak another language other than English? _____

Do you have special computer skills? (i.e., email groups, web design/maintenance, desktop publishing, etc.)

_____

Do you have any special hobbies, talents, collections, occupations or otherwise that would help enrich our program?

_____

Occasionally we have a need for the services and equipment listed below. Please check any that either parent or caretakers working in the classroom would be willing to share if the need arises.

☐ Sewing	☐ Plumbing	☐ Cement Work	☐ Painting
☐ Appliance Repair	☐ Bike Repair	☐ Electrical	☐ Gardening
☐ Carpentry	☐ Tree Trimming	☐ Arts & Crafts	☐ Scrapbooking
☐ Pick Up Truck/Trailer	☐ Lawnmower	☐ Outdoor Extension Cord	☐ Sand
☐ Wheelbarrow	☐ Welding Equipment	☐ Pruning Tools	☐ Pea Gravel
☐ Chain Saw	☐ Paint Sprayer	☐ Wood Fibar	☐ Sprinkler Systems
☐ Weed Eater	☐ Paint	☐ Lumber	☐ Plants

DISCOVERY PARENT-CHILD PRESCHOOL
Committee Preference Sheet

Child's Name _____ **Class** _____ **School Year** _____

Parent's Names _____

As a part of the Discovery Parent-Child Preschool "Parent Contract," a member from the enrolled child's family serves on a committee or holds a Board position. General committee assignments are made in June/July. Some committees begin work during the summer. Responsibilities continue through the end of the school year.

Please indicate by number in the left margin, your **first 10 committee preferences**, with 1 being your first choice and 10 being your least preferred. Every attempt is made to place members on their most desired committee.

Committees and Responsibilities
All responsibilities listed below are carried out under the direction of a Board Member.

_____ **Class Membership Representatives:** 3 members (one from each class)
Representatives assist at Welcome Park Days during the summer; maintain class binders – ensuring that required forms are up-to-date: compile and/or update Emergency Information lists and class rosters; prepare monthly Class Parent work schedules using MS Excel; coordinating class field trips; and emailing school information to class members as needed; assist at Open House; assist with registration packets. Comfortable using MS Excel and MS Word is essential.

_____ **Me Books:** 6 members (two from each class)
Me Book Member takes photos of children at special events and assembles memory books ("Me Book") for each child to be given out at the end of the year containing photos, samples of their work, and the like. Scrapbooking interest or experience a plus.

_____ **Purchasing:** 2 members (one from each class not represented by the Purchasing Committee Coordinator)
Members help monitor and shop for consumables, program, office, and art supplies. One member is responsible for weekly inventory of the coffee room and art room. The other member makes the consumable and program purchases based on the inventory.

_____ **Fundraising:** 3 members (one from each class)
Scrip sellers will be responsible for selling scrip in your class, on a non-working day, once a week before class begins; scrip sellers will also educate members on rebates, sellers will also coordinate one fundraising dinner per year. Specific tasks may vary if additional fundraising activities are necessary.

_____ **Librarian:** 1 member
Under the direction of the Parent Education Chairperson, member maintains the adult library, administers the monthly children's Scholastics book orders, and coordinates the Book Fair.

_____ **Hospitality:** 3 members (one from each class)
Members host General Meetings by setting up chairs, tables, and light snacks and beverages (budget set and covered by the school); organize school-wide family social activities, assist in welcoming new babies and providing support and assistance to members in time of family health emergencies.

_____ **Indoor Facilities:** 8 members (including 1 assistant)
The assistant coordinates and monitors the indoor weekend care for general membership. Members assist in the maintenance of the indoor facility and equipment. Each person has a specific job such as making playdough or paint, laundering dress-up clothes, maintaining the children's library, keeping the Coffee Room orderly. Members required to participate in school set-up, mid-year clean-up, and end-of-the-year clean up.

_____ **Outdoor Facilities:** 4 members (including 1 assistant)
Members assist Chairperson in organizing and running Outdoor Work Parties and ensuring completion of outdoor maintenance. Requires year-round commitment to monitoring condition of playground and yard. May require that emergency/short notice action be taken to make necessary repairs. One member serves as assistant to Chair.

_____ **Science:** 4 members
Science committee members organize and set up general science lessons and related small group science activities. The Science Committee also manages the care of the school pet(s).

_____ **Arts & Crafts:** 9 members
Members prepare art materials required by the Teachers under the supervision of the Arts & Crafts Chairperson. Tasks may include preparing art projects (cutting, tracing, labeling, collecting supplies, and organizing), making the children's monthly nametags, helping create children's holiday gift and Mother's Day gift, assisting in the preparation of the classroom bulletin board displays, making and posting birthday balloons, sewing birthday hats, as well as other classroom activities.

DISCOVERY PARENT-CHILD PRESCHOOL
Work Day Preference Sheet

This form will determine which day you will work in your child's class. Work days for the different classes are:

TTH: One day every other week with an occasional "On-Call" shift in between weeks
MWF: One day every week, with every fourth week "Off" or "On-Call"
MTTH: One day every week, with every fourth week "Off" or "On-Call"

Although every effort will be made to give you your first choice, we appreciate you being flexible where possible. In addition to your classroom work days, over the course of the school year each member is required to participate in one three-hour indoor weekend work party and one three-hour outdoor weekend work party, usually scheduled for Saturday mornings between 9:00 a.m. and 12:00 p.m.

CHILD'S NAME _____ **CLASS** _____

CLASSROOM WORKING PARENT'S NAME(S) _____

1st WORK DAY CHOICE: _____ **2nd WORK DAY CHOICE:** _____ ☐ **NO PREFERENCE**

If you need your first choice for a special reason, please state the reason below:

_____

If you are in a carpool, please list the other parents in your carpool and the day each is requesting to work:

NAME _____ **WORK DAY** _____

NAME _____ **WORK DAY** _____

This form also provides a space for you to indicate whether you desire to work as a "Paid" substitute in the classroom or for indoor or outdoor weekend work party days. **Scheduling and payment of paid substitute is the responsibility of the absent parent who requested the substitute.**

Paid **classroom** substitutes list their names as potentially available to work on any class day to fill in for another parent who may be unable to work on that particular day. The paid classroom substitute will be paid the sum of **$40.00** per class day worked.

Paid **indoor or outdoor weekend work party** substitutes list their names as potentially available to work on any scheduled indoor or outdoor weekend work party days to fill in for another parent who may be unable to attend their scheduled work party day. The paid outdoor weekend working party substitute will be paid the sum of **$75.00** per outdoor weekend work party worked. The paid indoor weekend work party substitute will be paid the sum of **$75.00** per indoor weekend work party worked.

Paid Substitute (Check as applicable)

☐ I want to be a paid substitute to work in the **classroom** and can fulfill the requirements described above.
☐ I want to be a paid substitute to work **indoor weekend work parties** and can fulfill the requirements described above.
☐ I want to be a paid substitute to work **outdoor weekend work parties** and can fulfill the requirements described above.

(for office use only)

DATE FORM RECEIVED _____

WORK DAY ASSIGNED _____

DATE ASSIGNED _____