



國際大使命教會附屬幼兒教育中心

United Christian Education Center

16152 Gale Ave., Hacienda Hts., CA 91745

TEL: (626) 336-3334 EMAIL: ucecenter@gmail.com

APPLICATION FORM

Child's Last Name	First Name	Middle Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address			Home Phone No.		
City	State	Zip Code	Birth Place		
Name of Siblings at UCEC:					
Mother and Father are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased: Mother / Father					
Mother's Name	Occupation	Business Phone No.	Cell Phone No.		
Mother's E-mail					
Mother's Home Address					
Father's Name	Occupation	Business Phone No.	Cell Phone No.		
Father's E-mail					
Father's Home Address					
Legal Guardian, if other than parents:					
Does your child speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some					
What language is spoken at home?					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other					
Please give the name and address of the school your child last attended.					
Program Enrolled in: <input type="checkbox"/> Kindergarten <input type="checkbox"/> Preschool <input type="checkbox"/> Toddler					
Statement of Personal Religious Beliefs:					
Church Affiliation:					
How do you hear about our Center: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Others _____					
If you are referred by a friend, please list the name:					

Registration Fee: \$ _____

I certify that the above information is correct and I will inform the center of any changes in the above information within 24 hours.

Remarks: _____

Parent's Signature: _____

Date: _____

Received By: _____

United Christian Education Center 國際大使命教會附屬幼兒教育中心

Emergency Contact Form 緊急聯絡表

Child's Name 孩子姓名 _____ Date of Birth 出生日期 _____

Last 姓

First 名

Middle 中

Address 住址 _____

Number 門號

Street 街

City 城市

State 州

Zip 郵區號碼

Home Phone Number 住家電話 _____

Mother's email 母親電郵 _____ Father's email 父親電郵 _____

****Please circle "Primary" or "Secondary" to prioritize contact person to be informed and phone number to be called. 請告知 "第一順位" 或 "第二順位" 的緊急聯絡人及其電話，以便在最短時間之內可與其聯絡。****

(Primary 第一順位/Secondary 第二順位) Mother's Name 母親姓名 _____

Last 姓

First 名

Middle 中

Mother's Cell Phone 母親手機電話 _____ Mother's Work Phone 母親公司電話 _____

(Primary 第一順位/ Secondary 第二順位)

(Primary 第一順位/ Secondary 第二順位)

(Primary 第一順位/Secondary 第二順位) Father's Name 父親姓名 _____

Last 姓

First 名

Middle 中

Father's Cell Phone 父親手機電話 _____ Father's Work Phone 父親公司電話 _____

(Primary 第一順位/ Secondary 第二順位)

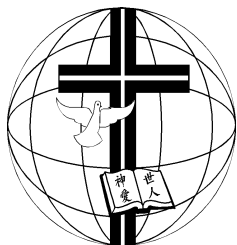
(Primary 第一順位/ Secondary 第二順位)

Additional persons who may be called (and picked the child up) in an emergency 其他的緊急聯絡(代接)人:

1. _____
 Full Name 姓名 Phone 聯絡電話 Relationship 關係

2. _____
 Full Name 姓名 Phone 聯絡電話 Relationship 關係

****Please inform the center of any changes in the above information within 24 hours. 如果以上內容有任何變更，請在 24 小時之內通知學校以維持資料正確。****



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"Things to Bring" Notice

Dear parents,

It is required that all children have a change or changes of clothes at school. Changes in our weather does require either shorts or pants, short sleeves, or long sleeves, to accommodate the temperature. Sometimes accidents happen and need changing. The younger the child the more changes are needed. **Please mark the clothes with your child's name with a permanent marker.**

These are the clothes required to be kept inside the cubby holes:

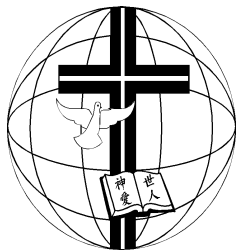
- Small Waterbottle
- Underwear
- Socks
- Pants or Shorts (depending on the weather)
- Shirt or Sweatshirt (depending on the weather)

Please bring them in a plastic ZIP LOCK BAG on your child's first day of class. Thank you for your cooperation! Please bring dirty clothes home and return an spare set of clothes the following day. This is very important!!

Your child will need for napping:

- Beach Towel (please no comforters)
- Small Pillow

Please bring **two (2) large boxes of tissues** for the classroom. This will help the school during the cold and rainy months when the students use more than normal amounts of tissue. To encourage our children to drink sufficient water, please bring a **water bottle** for your child daily.



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IMPORTANT THINGS TO KNOW

Illness

1. If a child shows symptoms of an illness during the school session, he or she will be isolated from the other children with a staff member, while parents are being contacted. It is the parent's responsibility to come IMMEDIATELY for their child and secure alternate childcare.
2. If your child has had a fever (temperature 99.7° F or more), he or she should remain at home a full 24 hours after his temperature has returned to normal.
3. If your child is absent any days during the month, the full tuition is still due. Please be sure to call the school office before 10:00 a.m. if your child is going to be absent.

Vacation

During the school term you are entitled to two (2) weeks tuition-free for vacation. This may be taken at any time during the year, and the weeks may be taken together or separately. Children must attend school for three (3) months before being eligible for vacation. Any time taken off after the two weeks free vacation will be charged at the regular tuition rate.

To use your vacation credit, the following steps need to be completed:

1. Obtain and complete a REQUEST FOR VACATION CREDIT form from the preschool office.
2. Return the complete form to the office at least TWO WEEKS IN ADVANCE of your vacation date.

Withdrawal

Two weeks' notice must be given **in writing** if you are planning to withdraw your child from school. You need to obtain and complete a TWO WEEKS WITHDRAWAL FORM from the preschool office. If notice is not given, tuition will be due.

Late Charge

Children picked up after 6:30 p.m. will be charged \$1.00 per minute after the first 5 minutes. A five minutes leeway will be given by the school office's time clock. Fee will be paid to the teacher on duty.

Parent Participation / Suggestion

We would like to encourage our parents to join and support school activities and workshops.

If you have any good suggestions or concerns about your child in school, the teacher's teaching methods, and the school's equipment, please feel free to talk to the teacher or the staff in the school office. We will try to improve with all sincerity.

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)	/ /	/ /	/ /	/ /	/ /

TB Skin Test is required by
United Christian Education Center

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.

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO
 UNITED CHRISTIAN EDUCATION CENTER _____ 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

<small>HOME PHONE</small> ()	<small>WORK PHONE</small> ()
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*United Christian Education Center
 Incidental Medical Service Plan*

In accordance with Health and Safety regulation CCC sections 101126, 101173, and FCCH section 102417 United Christian Education Center agrees to provide Incidental Medical Service (IMS) to its students for the following condition.

- Administering inhaled medication
- Administering Epinephrine/Antihistamine
- Prescribed and over the counter medications

All medications (i.e. prescription medications, over the counter medications, lotions/ointments, chap stick, cough drop, etc.) will be stored in a container in the child's classroom. Parents will complete an IMS instruction form prior to the first service given. All medications must be administered in accordance with the pharmacy or manufactures label. Staff administering approved IMS will be trained either by the student's parent or professional medical personnel prior to administering any IMS. Safety precautions will be taken (i.e. using gloves, etc.). All necessary disposal equipment will be provided by the student's parent. Final disposal of biologic materials will be the responsibility of the student's parents. An IMS log will be used to record any services given to a student and will include the date, time, and administering staff's signature.

All prescription medications must be in original containers from the pharmacy. All over the counter medications must be in original containers. Homeopathic ointments must be in sealed containers and a list of ingredients must be kept with the ointment.

I have read and understand the IMS policy for United Christian Education Center. By signing below I agree to follow stated policy.

Date

Child's Name

Room #

Phone #

Parent's Name

Parent's Signature

Photo Use Release Form

I, _____ agree/ disagree hereby grant and authorize United Christian Education Center the right to take, edit alter, copy exhibit, publish, distribute and make use of any and all pictures or video taken of my child, _____ by United Christian Education Center to be used in and/or for legally promotional materials including, but limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual report, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markers now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke and authorization in writing.

I understand agree that these materials shall become the property of United Christian Education Center and will not be returned.

I hereby hold harmless, and release United Christian Education Center from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Signature:

Date:

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
--	------------------------	---

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?

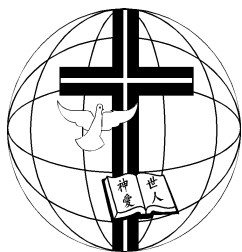
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE



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SCHOOL POLICY

1. Please be sure to fill out ALL the forms in Admission Packet and return all forms, including physician report, the result of TB test and immunization record, to the office at the first day of school.
2. The preschool academic program begins at 9:00 a.m.
 The kindergarten academic program begins at 8:30 a.m.
 Please have your child at school before that time.
3. Parents must sign, using your full name, your child in each morning and out each afternoon.
 This is required by law.
4. Please inform the office if someone other than a previously authorized person is to pick up your child.
5. Please notify the school before 9:30 a.m. when you plan to keep your child out for a day or longer.
6. Children may not come to school if they have a fever, diarrhea, conjunctivitis, a heavy cold vomiting. Parents will be called and asked to pick up any child who becomes ill at school.
7. Please dress your child in comfortable play clothes that cannot be ruined by paint or other creative materials. Children's coats and sweaters should be marked with their name.
8. Children's shoes must have back straps. Tennis shoes are the preferred footwear.
9. Please do not send gum or candy to school at any time. They will be taken away from your child.
10. Share days are on Fridays. Do not allow your child to bring toys to school on any other day.
 Guns and other type of destructive toys are not allowed at school and will be taken away.

****I have read and understood the school policy.****

Parent's Signature _____

Date _____

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:

DEPARTMENT OF SOCIAL SERVICES

NAME

COMMUNITY CARE LICENSING DIVISION

ADDRESS

1000 CORPORATE CENTER DRIVE, SUITE 200 B

CITY

MONTEREY PARK

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

(323) 981-3350

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)

UNITED CHRISTIAN EDUCATION CENTER

(PRINT THE ADDRESS OF THE FACILITY)

16152 GALE AVE., HACIENDA HTS., CA 91745

(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: Department of Social Services Community Care Licensing Division

Licensing Office Address: 1000 Corporate Center Dr. Suite 200 B, Monterey Park, CA 91754

Licensing Office Telephone #: (323) 981-3350

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.

UNITED CHRISTIAN EDUCATION CENTER
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

A Parent’s Guide to the Understanding of Child Sexual Abuse

The State of California requires that parents of children enrolled in preschools receive information about child sexual abuse. At this time the official pamphlet is being revised and is unavailable. Schools have been instructed to provide the following information in this format until the new brochures are completed. Please return the tear-off to the school office after you have read the information.

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks, or threatens a child in order to have sexual contact with him or her. This contact can include such “non-touching” behaviors as in adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (fondling), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult’s sexual needs or desires.

“Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on.” He said, “Doesn’t that look like fun?” I didn’t think so, but I said, “Yes.”

Who Gets Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind:

- Although the majority of adults do not sexually assault children, most sexual abuse occurs with an adult the child knows and trusts.
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

“When Mommy goes to work, I stay at Mrs. Jenkin’s house. I wish I didn’t have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkin’s son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear, and he put his finger in my privates.” He said, „You better not tell.”

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment, or abandonment; they may think people won’t believe them. Boys are less likely to report an abuse than girls. The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.

How Can You Determined If Sexual Abuse Has Taken Place?

First and foremost, if your children confide that they have been sexually assaulted, believe them! Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically.

Often there is not physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence.

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching, or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (such as a day care center or friend)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (such as an older child sucking his or her thumb)
- Unexplained changes in behavior at school, day care, or in relations with peers.
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings.
- Excessive masturbation.

While everyone should report child abuse and neglect, the California Penal Code provides that certain professionals and laypersons must report suspected abuse to the proper authorities. The mandated reporters include:

- Any Child Care Custodian (teachers, licensed day care workers, foster parents, social workers)
- Medical Practitioners (physicians, dentists, psychologists, nurses)
- Nonmedical Practitioners (public health employees, counselors, county welfare department employees)

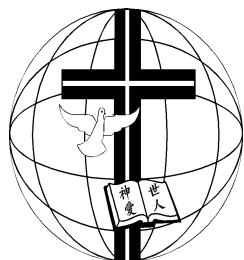
Failures to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a \$1,000 fine or both.

Child Abuse Prevention Pamphlet Receipt

Please sign the form in the space below to indicate that you have received a Child Abuse Prevention Pamphlet Receipt. This portion will be kept in your child’s file.

I/we, the parents of _____, have received a copy of “Child Abuse Prevention Pamphlet: A Parent’s Guide to the Understanding of Child Sexual Abuse” from.

Signature of Parent(s)/ Guardian(s) _____ Date _____



國際大使命教會附屬幼兒教育中心

United Christian Education Center

16152 Gale Ave., Hacienda Hts., CA 91745
 TEL: (626) 336-3334 EMAIL: ucecenter@gmail.com

FINANCIAL AGREEMENT

I agree to pay a tuition of \$_____ on the first of each month. Upon registration and every new school year, there will be a \$_____ registration fee. There is a \$_____ book fee and \$_____ material fee for the year (Non-refundable).

Registration, book and material fee will be based on your child's age and program enrolled, please refer to our school brochure

I also agree to notify the school two weeks in advance and in written form before I withdraw my child. IF NOTICE IS NOT GIVEN IN WRITING, TWO WEEK'S TUITION WILL BE DUE. Any tuition paid in advance will be prorated and returned.

ADMISSION AGREEMENT

I, _____ (parent's name), have read my child's UCEC preschool enrollment package and fully understand the contents thereof, including the school policy and tuition schedule as well as all other relevant information about UCEC preschool, and agree to abide by the school's policies stated therein.

Furthermore for the best welfare of my child, I acknowledge that as a parent of _____ (child's name), I am responsible to report my child's unusual health problem and solution or treatment in case my child may get severely sick at school. Also I understand that there is no deduction for any absences. In addition, I have read the following:

"The department of licensing agency shall have the authority to interview children or staff and to inspect and audit a child of facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren) or any staff member; and for the examination of all records relating to the operation of the facility. The department of licensing agency shall have the authority to observe the physical condition of the child(ren), including condition which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren)."

I would like to enroll my child in:

Toddler-Option Program _____

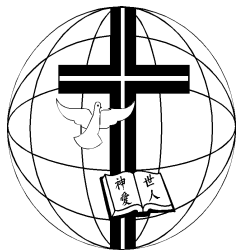
Preschool (2 to 5 yrs.) Program _____

Kindergarten (above 5 yrs.) Program _____

 Child's Name

 Parent's / Guardian Signature Date

 Received Employee's Signature Date



國際大使命教會附屬幼兒教育中心

United Christian Education Center

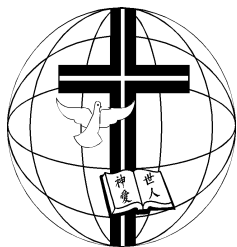
16152 Gale Ave., Hacienda Hts., CA 91745

TEL: (626) 336-3334 EMAIL: ucecenter@gmail.com

IMPORTANT School Policy

Please be sure to fill out all the forms in this packet and return to the office before your child enters their first day of school. You must present your child's documented proof of immunization before he or she can attend our center. T.B. Test is required for school admission.

請將所有的表格填寫完全，包括醫生填寫完的健康報告、肺結核檢測、及疫苗注射卡於上課的第一天繳至辦公室。



國際大使命教會附屬幼兒教育中心

United Christian Education Center

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 TEL: (626) 336-3334 EMAIL: ucecenter@gmail.com

親愛的家長，

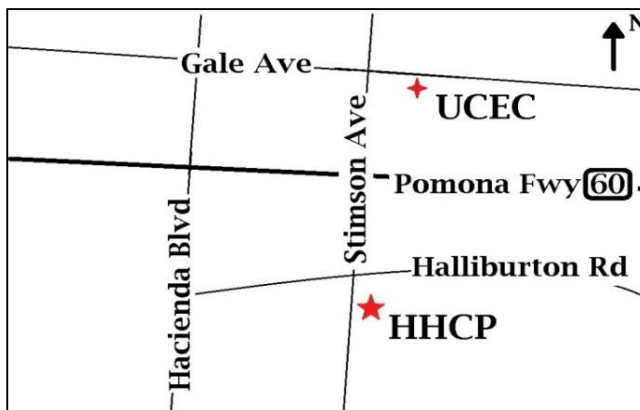
為了學生的安全和學習災難發生時應如何應變，學校每個月都會做防火演習和每三個月做防震演習。如果真有災難發生，學校會馬上通知各家長，家長可以到學校來接您的孩子。如果有重大災難發生，學校必須疏散孩童到別處時，學校會盡力先通知家長們，除非電話系統不通，家長們可以到以下的兩個地點接您的孩子。謝謝家長們的配合!願上帝祝福您們!

Dear parents,

To ensure the safety of our children and to be able to handle emergency situations, the whole school performs fire drills every month and earthquake drills every three months. If any natural disaster may happen, the school will contact each parent at once and parents can come and pick children up in school. In case a serious natural disaster happens and we have to evacuate and relocate the children, we will try to contact each parent. If the phone line is not working, parents can come to the listed places to pick your children up. Thank you for your cooperation! May the Lord bless you all!

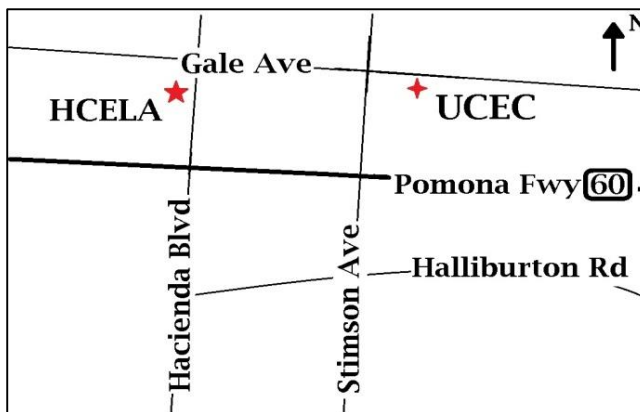
第一定點 (First priority location)

Hacienda Heights Christian Preschool
 2100 S. Stimson Ave.,
 Hacienda Heights, CA 91745
 (626)961-4242



第二定點 (Second priority location)

Home of Christians Eastern Los Angeles
 1145 S. Hacienda Blvd.,
 Hacienda Heights, CA 91745
 (626)336-1516



UCEC 辦公室 Office

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://cld.ca.gov/contact.htm>.