



# Application Form

(Please Print or Type)

Date \_\_\_\_\_

Catholic \_\_\_\_\_  
Non-Catholic \_\_\_\_\_

Family Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name (Last) (First) (Middle) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Local School District \_\_\_\_\_ Nearest Public School \_\_\_\_\_

Previous Preschool Attended \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_

Other Siblings \_\_\_\_\_  
Name(s) & Age(s)

Siblings who previously attended this preschool \_\_\_\_\_

Father: \_\_\_\_\_  
Last Name, First Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen - Yes ( ) No ( )

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother: \_\_\_\_\_  
Last Name, First Name \_\_\_\_\_ Place of Birth \_\_\_\_\_



\_\_\_\_\_ U.S. Citizen - Yes ( ) No ( )  
Religion \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Check who child lives with:

Both Parents ( ) Grandparents ( ) Mother ( ) Father ( )  
Guardian ( ) Other ( )

Are you registered at your parish? Yes ( ) No ( )

Your Parish: \_\_\_\_\_ Envelope Number \_\_\_\_\_

**Please attach a \$\_\_\_\_\_ non-refundable application fee.**

**When submitting this application please include a copy of the child's birth certificate.**

\_\_\_\_\_

For Office Use Only  
Date \_\_\_\_\_ Dep. \_\_\_\_\_ Ck # \_\_\_\_\_ Entered \_\_\_\_\_  
Withdrawn \_\_\_\_\_ New or Returning \_\_\_\_\_



# Admission Agreement

Description of Basic Services: This is a Catholic pre-school program, which teaches age-appropriate, developmental skills in preparation for kindergarten. This program accepts children ages 2.9 – 5.

1. This agreement is between SFOA Preschool and \_\_\_\_\_ (Parent or guardian) for the care of \_\_\_\_\_ (Name of preschool student).

2. Tuition:

The parent or guardian agrees that s/he is contracting for the services that are check marked below and agrees to pay the identified rate per month.

\_\_\_ \$ \_\_\_\_\_.00 MWF/TTH. Preschool: 9:00am until 12:00 am

\_\_\_ \$ \_\_\_\_\_.00 MWF/TTH. Preschool: 12:30pm until 3:30pm

**Tuition is due on the first day of each month and is payable one month in advance.**

3. Registration Fees

A non-refundable registration fee of \$ 160.00 is due and payable at the time of registration.

4. Fundraising/Service Hours

Parents will be expected to participate in fundraising events and/or service hours.

5. Parents are welcome to visit the preschool class. They are asked to report to the office first before going to the classroom. Parents will be denied access if they are disruptive to the activities of the preschool or pose a risk to children in the facility. A non-custodial parent may be denied access if the custodial parent has requested in writing that the non-custodial parent not have access to the child.

6. SFOA Preschool reserves the right to modify any of the conditions of this agreement upon thirty, (30) days of notice to the parent or guardian.

7. Each child is accepted into the program on an introductory basis. During this time, the child may be dismissed and any unused prepaid fees will be refunded within forty-eight (48) working hours.

8. The parent or guardian is aware that the State of California Licensing Agency (Community Care Licensing) has the following authority:



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- a. To interview children or staff, and to inspect and audit child or facility records without prior consent;
  - b. To observe the physical condition of the children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).
9. The parent or guardian agrees that s/he has received and read a copy of the Parent Handbook and agrees to all the operating policies and procedures as described therein.
  10. SFOA Preschool requests that parents submit a recent picture of their child along with this admission agreement.
  11. This agreement may be terminated by SFOA Preschool for the following reasons:
    - a. Parents/guardian has not cooperated with SFOA Preschool regarding the child's discipline needs.
    - b. Parent/guardian has not paid the agreed upon fee or has been late paying fee more than twice in a six month period.
    - c. In the opinion of the Director and faculty, the Preschool is not meeting the needs of the child.
  12. The parent or guardian consents to have the child participate in walks or rides away from SFOA Preschool grounds to nearby points of interest. Parents will be notified in advance of all field trips and excursions.
  13. If the payer does not meet the obligations of this agreement, the signer of the agreement shall be financially responsible.
  14. Parties to this agreement:

\_\_\_\_\_  
Licensee or Director or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

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

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

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

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

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

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

# CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY DENTAL OR  
FACILITY NAME  
MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPTH (D.O.) OR DENTIST  
(D.D.S.) FOR

\_\_\_\_\_ . THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME  
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE \_\_\_\_\_ PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627 (12/92) (CONFIDENTIAL)

92 21438

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

# CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY DENTAL OR  
FACILITY NAME  
MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPTH (D.O.) OR DENTIST  
(D.D.S.) FOR

\_\_\_\_\_ . THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME  
CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE \_\_\_\_\_ PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

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# CHILD'S READMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST		BREAKFAST _____
LUNCH		LUNCH _____
DINNER		DINNER _____

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

PARENT'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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# 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: \_\_\_\_\_

other: \_\_\_\_\_

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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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## Discipline Policy

The school rules for the classroom and playground are as follows:

1. Keep hands and feet to self.
2. Follow directions.
3. No fighting.
4. Listen while others are speaking.
5. Share and wait turns.
6. No tackling.
7. No inappropriate language or gestures.

Consequences of Transgressions:

1st Transgression - Verbal warning by teacher or aide

2nd Transgression - Note sent home that day with the child to inform parents.

3rd Transgressions - Student to sit on a time out chair for 5 minutes - Parents will be called by the director that evening.

4th Transgressions - Student to sit on a time out chair for 5 minutes - Parents will be called by the director and expected to attend a parent conference to set up an action plan for positive behavior.

5th Transgression - Student to sit on a time out chair for 5 minutes - Parents called and conferenced - Incident is recorded on a discipline card to be kept on file.

Severe Clause:

Severe misbehavior such as fighting in the classroom or yard or bad language will result in a child's parent being notified immediately. Continued misbehavior of this sort will require the student be removed from the program.

Consecutive Transgressions

Children who have problems following rules and whose parents have been notified consistently will be placed on probation. If improvement is not forthcoming, the parents will be asked to remove the child. (Improvement means that parent and child show an effort to cooperate with the discipline policy).

Positive Rewards

Children who daily behave will receive reward certificates, stickers, stars on a chart and verbal acknowledgments.

No other form of discipline but what is outlined in this discipline policy may be used. No corporal punishment or violation of personal rights may ever occur. All discipline must follow the discipline policy.



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Provisions for parent conferences are as outlined above.

Dismissal of a student may only occur if all procedures of the discipline policy have been followed. As stated above in the policy, dismissal only occurs as a last resort or in a severe discipline problem.

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Parent 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

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

LIC 995 (12/06)

(Detach Here - Give Upper Portion to Parents)

#### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

408 324-2148

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)



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## Program Philosophy

We see our program as a partnership between school and home. We recognize that this stage in children's lives is crucial in their social, emotional, intellectual, physical and spiritual development. The goal of the Preschool is to provide a well-rounded program to address the needs of the children, and to work with the home in this process.

Our program is designed to help the child develop his/her strengths and become a unique individual, yet be able to fit into society. We strive to provide the child with experience that support success and self worth, while preparing him/her for kindergarten and the world beyond. The activities used to promote this growth will be centered around weekly themes which will be flexible enough to adapt to the interests and needs of the children.

In a Catholic Preschool, religious development is of primary importance to us. It will be approached simply and in the total context of the child's life. We believe values are cultivated in a child not only through direct teaching, but also through the example experienced in everyday situations. We will learn short prayers to be said at meals and group times. Songs, stories and activities will often be of a religious nature.

Our program attempts to guide youngsters to understand that people and the world are gifts of a loving God. Using this positive framework, we try to nurture each child's curiosity and sense of wonder.

The one-year program serves children who are four years of age by December 1 the year of entry; the two-year program serves children who are three years of age by December 1 the year of entry; and the three year program serves children who enter at 2 years nine months after September 1 the year of entry.

No transportation to or from school is provided.

Parents will provide snacks for their own child. For a part time program parents should provide one (1) snack; for a full day program, two (2) snacks should be provided. A hot lunch, if available, may be purchased, but is not included in the tuition. Lunch may also be brought by the children from home for a full day program.

There may be supplementary activities available such as special p.e. and music classes. Parents will be informed of these options and any costs associated with the activities.

Parents will be informed of all field trips, if any. Information regarding the times the children will be involved, the mode of transportation and any cost will be communicated ahead of time.

Priority for acceptance is as follows:

- siblings of children previously enrolled in the pre-school or currently enrolled in the school,
- active parishioners,



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- Catholic preschool students moving into the parish,
  - Catholic preschool students from other parishes,
  - other students.

#### Community Resources

The Principal/Director will utilize as she/he deems appropriate and available the services offered by the social and cultural agencies, public and private, which are found in the community.



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## Admission Policy

### Non-Discrimination Statement

The Preschool does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the administration of its educational policies, scholarship, and loan programs, and other school administered programs.

### Admission Priorities

All incoming students will be admitted as follows:

- Priority 1: Siblings of children previously enrolled in the preschool or currently enrolled in the school.
- Priority 2: Students whose families are registered and active parishioners, who regularly attend Mass at this church, and whose registration forms are submitted by the required dates.
- Priority 3: If room is available, transferring Catholic preschool students whose families register and become active parishioners.
- Priority 4: If room is available, Catholic preschool students from outside the parish who will support the school.
- Priority 5: If room is available, other students who by their behavior and attitude demonstrate an acceptance of the Preschool philosophy will be admitted.

### Admission Criteria

Following the priority determination listed above, admission to Preschool will be determined by these criteria:

- Criteria 1: The applicant must be potty trained and:  
four years of age by December 1st for the 1 year program  
three years of age by December 1st for the 2 year program and  
2 years nine months at the time of admission to the three year program.
- Criteria 2: The applicant family must fill out all required forms and provide a birth certificate and proof of the child having had a physical examination within last year.
- Criteria 3: It is of the utmost importance that parents understand and agree that their support of the preschool, especially in regards to prompt payment of tuition and a willingness to volunteer in the preschool, is required for admission and continued good standing with the school.



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**Criteria 4:** All applicants and their parent(s) may be interviewed by the Director or Assistant Director. Those students accepted for Preschool will be placed on probation for 2 months. The administration and faculty of the Preschool wish to remind every family that this preschool is not designed to accommodate behavioral problems. We will do all in our power to facilitate specialized testing where deficiencies may be caused by specific learning difficulties. During the 2-month trial period, it will be determined if the program meets the child's best interests. At the end of the trial period, the child may be withdrawn a the request of the Director.



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## Curriculum Overview

### SPIRITUAL DEVELOPMENT

- to learn about God's love for them
- to develop natural curiosity and wonder about God and the world
- to shape attitudes of love and respect for self and others
- to learn prayer and songs

### SOCIAL DEVELOPMENT

- to be responsible for behavior, classroom materials and school routine
- to learn how to share
- to participate in group activities
- to begin to develop relationships with others

### COGNITIVE DEVELOPMENT

- to develop listening and speaking skills related to self expression
- to utilize play to order, generalize, and interpret experiences
- to utilize thinking skills and process information
- to begin to understand symbolic relationship between written and spoken forms of communication
- to develop the basic math concept of number patterns
- to be exposed to the concept of proceeding from concrete to the representational to the abstract

### EMOTIONAL DEVELOPMENT

- to develop a positive self image
- to relate to others in group situations
- to develop self help skills
- to utilize quiet and reflective moments

### PHYSICAL DEVELOPMENT

- to utilize activities to develop gross motor skills
- to utilize activities to develop fine motor skills
- to employ these skills in cooperative outdoor play
- to promote the development of coordination through specific activities



## Daily Schedule

### Half-day Preschool AM Program

9:00 am - 12:00 pm

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9:00-9:20- Opening Time

9:20-9:50- Open Circle

9:50-10:00- Art Time

10:00-10:15- Clean-up Time

10:15-10:45- Outside Time

10:45-11:00- Clean-up Time

11:00-11:20- Snack Time

11:20-11:30- Explore Time

11:30-12:00- Reflection Time



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## Sign In/Out Procedure

1. The parent/guardian shall bring the student to the classroom and wait for the child to be greeted and met by the teacher or director. After the student has been greeted and it has been determined that the child is in good health the parent will sign the sign in sheet with full signature putting the time of arrival and student's name and age.
2. When picking the student up from school the parent/guardian will sign the sign out sheet stating the student's name, time of departure, parent/guardian full signature.
3. Student will only be signed in/out by their parent/guardian unless written notification has been given to the director in advance signed by the parent/guardian that the student may be admitted or released to the named adult.
4. Violation of this sign in/out procedure is reason for termination.

I have read the sign in/out procedure and will follow it.

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

\_\_\_\_\_  
Date

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



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## Emergency Care and First Aid

Every school shall have a written plan for emergencies. Provisions shall be made (a) to implement the procedures, (b) to fully inform parents, (c) to inform and prepare all staff members.

In case of accident or sudden sickness, the principal or his/her delegate is responsible for (a) giving appropriate immediate care, (b) notifying parents/guardians, (c) sending pupils home, (d) guiding parents to sources of treatment, when necessary or requested.

School staff rendering first aid, with or without parental consent, will be held to that reasonable and ordinary standard of care and diligence which is ordinarily possessed by others in their profession.

In the event a child is injured or becomes ill and requires emergency medical attention and the parent cannot be reached, the Principal/Director will call 911.

In the event a child is injured or becomes ill and requires emergency medical attention any resulting hospital, medical or related costs and expenses will be paid by the medical insurance or benefit plan of the parents.

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# Medication Policy

## A. GENERAL POLICY

1. No student shall be given prescribed medications during school hours except upon written request from a licensed physician who has the responsibility for the medical management of the student. This request must be made on the "Physician's Statement Regarding Administration of Medicine by School Personnel" included in the Parent Handbook. All such requests must be co-signed by the parent/guardian.

## B. RESPONSIBILITY OF THE PARENT OR GUARDIANS

1. Parents or guardians will assume full responsibility for the supplying of all medications.
2. No medications may be brought to school by students.
3. Parents or guardians shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier, any medication to be administered under the provisions of this policy.

## C. RESPONSIBILITY OF THE PHYSICIAN

1. A request form for each prescribed medication must be completed by the student's physician, signed by the parent or guardian, and filed with the school administrator or his/her designated representative.
2. The container must be clearly labeled with the following information:
  - Student's full name
  - Physician's name
  - Physician's telephone number
  - Name of medication
  - Dosage, schedule and dose form
  - Date of expiration of prescription
3. Each medication is to be in a separate container labeled as above.

## D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. Students taking medication will be assisted by authorized school personnel. This shall be done in accordance with the physician's instructions.
2. All medications administered by school personnel must be kept locked in a secure place under appropriate temperature conditions.

## E. ASPIRIN AND OTHER OVER-THE-COUNTER DRUGS



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The dispensing of aspirin will be treated as a prescription drug. No aspirin will be administered to students by any school personnel without written authorized from the student's physician.

No over-the-counter drugs (with the exception above) will be administered to students by any school personnel.

# ST. FRANCIS OF ASSISI PRESCHOOL VOLUNTEER FORM

Parent help is welcome at St. Francis of Assisi Preschool. Please indicate below in which areas you would be willing to help us! Thank-you!

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

## Substitute/Teacher Aide

\_\_\_ Involves taking over for the teacher/aide in his/her absence (pay available)

## Classroom Opportunities

- \_\_\_ Helping with special projects or special days
- \_\_\_ Sharing a special story, song, game or other activity at group time
- \_\_\_ Sharing with the class concerning your occupation or hobby
- \_\_\_ Sharing a special talent (art, dancing, music, singing, magic tricks, etc.)
- \_\_\_ Cooking or preparing a special snack with the children

## Field Trips and visits

- \_\_\_ Driving for field trips (seatbelts required for each student)
- \_\_\_ Chaperone on walking or bus field trips
- \_\_\_ Inviting the class to your home for a visit (collection, hobby, activity)
- \_\_\_ Inviting the class to your workplace

## Cleaning/Repairing/Making

- \_\_\_ Doing laundry (doll & playhouse clothes)    \_\_\_ painting toys
- \_\_\_ Cutting out paper projects    \_\_\_ Minor repair of toys
- \_\_\_ Taking toys home to clean    \_\_\_ Repair furniture
- \_\_\_ Repair of electronic equipment    \_\_\_ Cutting pieces for art projects or puzzles

## Fundraising

- \_\_\_ Help coordinate fundraising activities

## Annual Teacher's Appreciation Luncheon

- \_\_\_ Help plan and coordinate luncheon

## Other

- \_\_\_ Please be creative! \_\_\_\_\_



ST. FRANCIS OF ASSISI PRESCHOOL  
5111 San Felipe Road  
San Jose, CA 95135

## CREDIT CARD AUTHORIZATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

The monthly tuition for my child's preschool attendance is due before the end of each current month as payment for each incoming month, with a grace period up to the 5<sup>th</sup> day of the incoming month.

I agree that my credit card will be charged the tuition fee for the incoming month and a \$30.00 late fee, if this has not been paid and received by St. Francis of Assisi Parish by the 5<sup>th</sup> day of the incoming month.

Agree: \_\_\_\_\_  
Parent/Guardian Signature

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



*St. Francis of Assisi Preschool*

5111 San Felipe Road

San Jose, Ca. 95135

(408) 223-1562

**RELEASE FOR USE OF PHOTOGRAPH OR REPRODUCTION**

I hereby give to St. Francis of Assisi Preschool, to its agents and assigns, my free consent to use for publicity or educational purposes the photograph(s)/reproduction(s) described below, and I waive all claims for any compensation for use or for damages.

Date of Photo:

Photographer:

Location: St. Francis of Assisi Preschool

**DESCRIPTION:**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address, City, zip**

**If under 18 years of age-**

**Consent from Parent or Guardian**

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

\_\_\_\_\_  
**Signature**

Additional Comments: