

**Application for Enrollment**

Start Date	End Date

(Please Type / Print in Black Ink)



**Early Education Center**  
 550 Deep Valley Road #217, Rolling Hills Estates, CA 90274  
 Phone – (310) 265-6650  
 Fax - (310) 697-3025

**CHILD’S PERSONAL INFORMATION**

**Child’s Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Gender:  Female  Male

Birth Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Age:

Years \_\_\_\_\_ | Months \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone (land line) Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ N/A

**PARENT / GUARDIAN INFORMATION**

Child Lives with:  Both Parents  Father  Mother  Relatives  Guardian

**Father’s Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: (Complete if different from child’s address.)

Social Security Number: \_\_\_\_|\_\_\_\_|\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone / Pager Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Day Contact Information Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mother’s Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: (Complete if different from child’s address.)

Social Security Number: \_\_\_\_|\_\_\_\_|\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone / Pager Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Day Contact Information Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there any restraining orders in effect?  No  Yes (If so, please attach a copy.)

**IN CASE OF EMERGENCY, CONTACT ONE OF THE FOLLOWING:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Reviewed: \_\_\_\_\_ / Wait List Number: \_\_\_\_\_ / Enrolled?  Y  N Date: \_\_\_\_\_ / Orientation Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Director’s Initials: \_\_\_\_\_

Two empty rectangular boxes for identification or contact information.

(Please Type / Print in Black Ink)



**CHILD'S BACKGROUND INFORMATION**

**Child's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Discovery World celebrates our country's diversity by educating our children in religious and cultural celebrations that families in our country honor. Therefore, we ask you include your family's celebrations so that we can be sure we are fulfilling this goal.

Family Religious Affiliation(s): \_\_\_\_\_ Family Cultural Background: \_\_\_\_\_

Family Religious or Cultural Holidays or Celebrations: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_ / \_\_\_ / \_\_\_ Has your child been under the continuing supervision of a physician?  No  Yes

If so, explain: \_\_\_\_\_

Does the **father** live in the child's home?  No  Yes

Does the **mother** live in the child's home?  No  Yes

List others living in child's home (excluding siblings):

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**DEVELOPMENTAL / MEDICAL HISTORY**

Began to talk at \_\_\_\_\_ months

Began to walk at \_\_\_\_\_ months

Toilet Trained at \_\_\_\_\_ months

Past Illnesses (Check all those that child has had and note the approximate date.):

- |  |                    |                                    |                    |
|--|--------------------|------------------------------------|--------------------|
| <input type="checkbox"/> Chicken Pox                     | ____ / ____ / ____ | <input type="checkbox"/> Diabetes  | ____ / ____ / ____ |
| <input type="checkbox"/> Whooping Cough                  | ____ / ____ / ____ | <input type="checkbox"/> Seizures  | ____ / ____ / ____ |
| <input type="checkbox"/> Rheumatic Fever                 | ____ / ____ / ____ | <input type="checkbox"/> Asthma    | ____ / ____ / ____ |
| <input type="checkbox"/> CMV                             | ____ / ____ / ____ | <input type="checkbox"/> Mumps     | ____ / ____ / ____ |
| <input type="checkbox"/> German Measles (Rubella. 3-Dav) | ____ / ____ / ____ | <input type="checkbox"/> Hav Fever | ____ / ____ / ____ |
| <input type="checkbox"/> Ten-Dav Measles (Rubeola)       | ____ / ____ / ____ | <input type="checkbox"/> Chicken   | ____ / ____ / ____ |

Other Serious or severe illnesses or accidents: \_\_\_\_\_

Does the child have frequent colds?  No  Yes How many in the past year? \_\_\_\_\_

**To protect your child, please list any allergies of which the staff should be aware:**

Please list treatment for allergies and include any necessary medications and doctor approvals with enrollment forms:

Are there any restrictions on the child's activities?  No  Yes

If so, please explain: \_\_\_\_\_

## CHILD'S DAILY ROUTINE AND HISTORY

Time child goes to bed: \_\_\_\_\_ Time child gets up: \_\_\_\_\_ Does child sleep well?  No  Yes

How often does child wake up during the night? \_\_\_\_\_ Does child return to sleep without attention?  No  Yes

Does child need nap during the day?  No  Yes Usual nap time: \_\_\_\_\_ How long? \_\_\_\_\_

Diet:  
Breakfast: \_\_\_\_\_ Approximate time: \_\_\_\_\_  
Lunch: \_\_\_\_\_ Approximate time: \_\_\_\_\_  
Dinner: \_\_\_\_\_ Approximate time: \_\_\_\_\_  
Snacks: \_\_\_\_\_ Approximate time: \_\_\_\_\_

**List any food allergies and their treatments:** \_\_\_\_\_

List any eating problems: \_\_\_\_\_

Are bowel movements regular?  No  Yes List Times: \_\_\_\_\_

Words used for bowel movements: \_\_\_\_\_ Words used for urination: \_\_\_\_\_

Siblings (Brothers and Sisters):

Name: _____	Age: _____	Health Problems: _____
Name: _____	Age: _____	Health Problems: _____
Name: _____	Age: _____	Health Problems: _____
Name: _____	Age: _____	Health Problems: _____

How does child get along with parents, siblings, other children? \_\_\_\_\_

Has your child had any group play experiences?  No  Yes

Does your child have any special problems?  No  Yes If so, explain: \_\_\_\_\_

Do you have arrangements for care when the child is ill?  No  Yes If not, explain: \_\_\_\_\_

Parents' evaluation of child's health: \_\_\_\_\_

Parents' evaluation of child's personality: \_\_\_\_\_

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

How did you hear about Discovery World? \_\_\_\_\_

Reason for choosing Discovery World: \_\_\_\_\_

**I will include any medications and doctors approval forms my child may need for allergies and/or any other urgent conditions.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Over-the-Counter Medications**

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(Please Type / Print in Black Ink)



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**NOTE TO PARENTS / GUARDIANS**

Dear Parent,

We require the following form to be filled out by your child’s physician before we may give your child over-the-counter drugs. We do this because most over-the-counter drugs do not have instructions for preschoolers or infants, and, therefore, we cannot verify the dosage.

We ask that you take this form to your child’s physicians to fill out any over-the-counter **drugs your child may need, such as for teething, allergies, or diaper rash creams.** We will keep this form in your child’s file. We will not give your child any drugs unless you fill out a medication slip for the day and provide the medication.

We ask that you update this form at least every six months since young children grow fast, and, thus, the dosage on their medications will change. You will find copies of this form in the office whenever you need them.

Thank you,  
Discovery World

**PHYSICIAN’S APPROVAL**

Child’s Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_

For what condition may this be used? \_\_\_\_\_

How long may this be use? \_\_\_\_\_

Name of Drug: \_\_\_\_\_

Dosage: \_\_\_\_\_

For what condition may this be used? \_\_\_\_\_

How long may this be use? \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Physician’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Report**

\_\_\_\_\_  
\_\_\_\_\_  
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**STATEMENT TO PHYSICIAN**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

I, the undersigned parent (guardian) of \_\_\_\_\_ am considering the enrollment of my child in Discovery World Infant Center and Preschool. My child will be attending the center from \_\_\_\_\_ am to \_\_\_\_\_ pm, \_\_\_\_\_ days a week. Discovery World activities include vigorous outdoor play. Please provide a report on my child's health, using the form below.

I am submitting this report to my child's doctor and hereby authorize release of the medical information contained in this report to Discovery World Infant Center and Preschool.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHYSICIAN'S REPORT**

List any significant past illnesses (including injuries, communicable diseases, complications): \_\_\_\_\_

List any conditions requiring special attention by Discovery World: \_\_\_\_\_

List any medications prescribed or specific instructions to be followed by the center: \_\_\_\_\_

Does the child have any communicable diseases?  No  Yes If so, explain: \_\_\_\_\_

**Does the child have any allergies?** \_\_\_\_\_ **If so, state the treatment:** \_\_\_\_\_

Condition of Child's Vision: \_\_\_\_\_ Condition of Child's Hearing: \_\_\_\_\_

**Screening of Tuberculin Risk Factors**

Risk Factors	
<ul style="list-style-type: none"> <li>Foreign born from a high prevalent country-Asia, Africa, Central and South America</li> <li>Live in out of home placement</li> <li>Live with an adult who has been incarcerated in the last 5 years</li> <li>Live amongst or exposed to homeless, migrant workers or residence in nursing homes</li> <li>Have abnormal chest X-ray</li> <li>Have clinical evidence of TB or suspected of having HIV</li> <li>Family Member with a history of TB or HIV seropositivity</li> </ul>	<input type="checkbox"/> Risk Factors not Present  <input type="checkbox"/> Risk Factors present; Mantoux TB skin test performed Communicable TB not present  Date: _____

**Immunization History**

Vaccine	Date of First Dose	Date of Second Dose	Date of Third Dose	Date of Forth Dose	Date of Fifth Dose
Polio (IPV)					
DTP / DTaP DT / Td					
MMR					
HIB Meningitis					
Hepatitis B					
Varicella					

**\*Date of Last Physical:** \_\_\_\_\_ **Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notification of Personal Rights**

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**NOTICE TO PARENTS / GUARDIANS**

Dear Parent,

At Discovery World, we believe in the rights of each child as an individual. We respect each child’s individuality, needs, and wants. We strive to nurture each child as an individual, while teaching respect and consideration of others. We view discipline as a method for teaching self-control and dignity. We never use corporal punishment. We use positive ways of intervention such as redirection, communication, and modeling when dealing with discipline problems. We never use “Time Out” as a threat. We only use short periods of time – less than five minutes – when, from the view of the teacher, a child needs some time to calm down.

The following list is intended to meet the requirements of California Code Regulations, Title 22, while requires that persons be informed of their personal rights. Please read, sign, and return the bottom receipt with your registration papers.

Thank you,  
Discovery World

**PERSONAL RIGHTS**

1. To be accorded dignity in his/her personal relationship 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 the 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 the authorized representative informed by the licensee of the provisions of law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency’s complaint.
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 day care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parents or guardians of the child.)
6. To leave or depart the facility at any time, except for house rules for the protection of clients or for minors and others from whom legal authority has been established. (Pertains to Community Care Facilities only.)
7. Not to be locked in any room, building, or facility premises by day or nights.
8. Not to be placed in restraining devices without advance approval by the licensing agency.

If you feel your child’s personal rights or your rights as a parent / guardian have been violated, please see the Director or Executive Director at once.

However, if unsatisfied, the appropriate agency to contact regarding complains is:

Community Care Licensing  
6167 Bristol Parkway Suite #400  
Culver City, CA 90230  
Phone Number: (310) 337 – 4333

(Detach Here)

**ACKNOWLEDGEMENT OF PERSONAL RIGHTS NOTIFICATION**

This will acknowledge that I/we, the parent(s) of \_\_\_\_\_, have received a copy of “PERSONAL RIGHTS” from the licensee or authorized representative of Discovery World.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: This form shall be retained in the child’s file.

Notification of Parent's Rights

Empty rectangular box for parent information.

(Please Type / Print in Black Ink)



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CHILD CARE CENTER NOTIFICATION OF PARENTS RIGHTS

State of California-Health and Human Services Agency
California Department of Social Services
Community Care Licensing Division

Parent's Rights

As a Parent or Authorized Representative, you have the right to:

- 1. Enter and inspect the child care center without advanced notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public files 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, providing 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:
Community Care Licensing
6167 Bristol Parkway Suite #400
Culver City, CA 90230
Phone Number: (310) 337 - 4333
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 THE CHILDREN IN CARE

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

(Detach Here)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENT'S RIGHTS

(Parent/Authorized Representative Signature Required)

This will acknowledge that I/we, the parent(s) of \_\_\_\_\_, have received a copy of "CHILD CARE CENTER NOTIFICATION OF PARENT'S RIGHTS" and the "CAREGIVER BACKGROUND CHECK PROCESS FORM" (on the back of this form) from the licensee or authorized representative of Discovery World.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The bottom portion of this form shall be retained in the child's file. The top half of this form is for the Parent or Authorized Representative's records
.For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

## 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://cclid.ca.gov/contact.htm>



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(Please Type / Print in Black Ink)



**EMERGENCY CONTACT FORM:** We consult this form if your child becomes ill, needs to go home, or in the case of an emergency. Please include local contacts that you trust and authorize to pick up your child and/or make decisions for your child if you cannot be reached. The out of state contact gives us someone to check in with in the event of an emergency where local lines are down.

**NAMES OF CHILDREN ENROLLED AT DISCOVERY WORLD**

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_  
 Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_  
 Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_  
 Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_  
 Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Home Phone Number (Landline): \_\_\_\_\_ Date: \_\_\_\_\_

**LOCAL CONTACT**

NAME (please print)	Relationship to Child	Phone Number	Numeric order to call if needed (1 <sup>st</sup> , 2 <sup>nd</sup> , etc)
	Father Home Father Work Father Cell	_____ _____ _____	_____ _____ _____
	Mother Home Mother Work Mother Cell	_____ _____ _____	_____ _____ _____

Comments: \_\_\_\_\_

**OUT OF STATE CONTACT**

NAME (please print)	Relationship to Child	Phone Number (area code included)

Comments: \_\_\_\_\_

**ALLERGIES**

ALLERGY	Symptoms	Treatment - Please Submit Necessary Medication and Physician's Approval

Comments: \_\_\_\_\_

Please list any other information or concerns about your child that we may need in the event of an emergency on the back of this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Consent to Treatment of a Minor

[Empty box for name/signature]

(Please Type / Print in Black Ink)



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CONSENT TO EMERGENCY MEDICAL TREATMENT OF A MINOR

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: [ ] Female [ ] Male Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_ Treatment: \_\_\_\_\_

Home Address:
Street: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I (we), the undersigned, as parent(s) or guardian(s), of CHILD'S NAME, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the medicine practice act on the medical staff or employed by the director of an emergency medical department.

It is understood that this authorization is given in advance of any diagnosis, treatment or hospital care being required, but is given to provide authority and power for any such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of their best judgment may find advisable.

This authorization is given pursuant to the provision of section 25.8 of the California State Civil Code.

Any restrictions to authorization: \_\_\_\_\_

This authorization shall remain in effect until enrollment has been terminated.

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Guardian's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Registration Agreement**

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(Please Type / Print in Black Ink)



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**START DATE AND SCHEDULE**

**Child's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle: \_\_\_\_\_

**Requested Start Date** \_\_\_\_\_ **Requested Schedule - Day Options:**  5 days (M-F) |  3 days (M/W/F) |  2 days (T/Th)  
**Time Options:**  Full (7am-6pm) |  Mid (9am-3pm) |  Half (9am-12pm)

**AGREEMENT**

I, the undersigned, as parent or guardian, do hereby agree to the following terms and conditions:

The tuition fee for my child is \$ \_\_\_\_\_ per month.

This agreement is for a set schedule each month. Payment for this set schedule is required whether or not my child attends. Schedule may change with **two weeks written notice** from parent/guardian no more than once in two months, starting at the beginning of the month. Changes in schedule will be approved if space is available.

Pick up and Drop off times are the schedule you signed up for. Additional time, before or after scheduled times is available if we have the staffing-please call if needed. Time beyond your scheduled time is billed up to the nearest half hour at the Drop In rate and is due at time of service.

Discovery World does not switch days for any circumstance. Additional days may be reserved with payment with at least 48 hours notice and will be accepted if space is available. Cost for additional days is at the hourly Drop In Rate.

Tuition is due and payable on the first day of each month.

Children whose accounts are not paid by the fifth day of school will not be accepted until the account is paid. Accounts not paid by the morning of the fifth day of the month will incur a late charge of \$20.00, which must be paid along with the tuition before the child may attend.

An additional charge of \$20.00 must be paid for any returned check. Late tuition fees may also incur. In order for the account to remain open, returned checks and charges must be paid within twenty-four (24) hours of notification.

An absence of less than two (2) weeks will require payment of full tuition.

Tuition will be adjusted for absences of **two consecutive weeks or more if two weeks written notice is given**. The adjustment will be calculated as follows: Regular tuition will be charged for the amount of time the child is at Discovery World. Half tuition will be charged for the time the child is absent. **Tuition must be paid in advance**.

There will be **no refunds** or adjustments to **registration and/or tuition fees** for holidays, illnesses, or withdrawals.

If the child is left before or after Discovery World business hours, a charge of \$1.00 per (1) minute will be assessed. This charge is due when the child is picked up.

A two (2) week written notice of intent to terminate enrollment must be given or a charge equal to fifty (50) percent of the full tuition will be required.

The child will be accompanied to and from school by an authorized adult. The child will be released to an authorized adult over the age of eighteen (18) years of age only. An authorized adult will legibly sign the child in and out each day.

I have read and understand the medication policy.  
I further acknowledge having read and understood the accompanying form. "Consent of Treatment of a Minor" and the brochure outlining the school's general policies, rules, and operating regulations, and I agree to abide by those policies, rules, and regulations.

Parents or Guardians are responsible for tuition and fees due. If subsidizing agency denies payment, the parent/guardian will be held responsible for the payment to Discovery World.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ Please read and sign backside

# REGISTRATION AGREEMENT ADDENDUM

## Surveillance System

As of September 1, 2014, Discovery World will utilize video and audio surveillance equipment to view and record classroom and playground activity. Everyone on the premises will be subject to video and audio viewing and recording, including the children and their families. We will use the surveillance system primarily for security and staff training purposes. We may also use the content to showcase activities to parents on-site. Surveillance videos are for viewing by Discovery World personnel but may be made available to parents by written request. Content will be stored and secured onsite. Content will be accessed onsite through the local network. Only the director or designee will have offsite access to stream content over an encrypted connection. Content will not be stored on third-party servers. No surveillance equipment is installed in restrooms.

## Electronic Communication Software

Discovery World will be utilizing electronic communication software for lesson plans, daily reports, and child portfolios. Its features will allow Discovery World personnel to photograph and videotape events to share with parents. Photographs and videos will be shared with parents through email and over the internet by logging into a portal. Photographs and videos may also be displayed on-site to showcase activities at the school.

## Enrichment Programs

Enrichment programs may be provided by independent contractors, not employed by Discovery World. While Discovery World does its due diligence in acquiring and monitoring these programs, it shall not be expected to control all aspects of these programs. Discovery World makes enrichment program information available to parents, and parents are welcome to contact programs directly should they have any additional questions.

**By signing below, you understand and agree to the above modifications, and you agree to hold Discovery World harmless from any damages resulting from them, including, but not limited to, events beyond our control (e.g. enrichment program absences or unintended access to photo, video, or audio content generated from the surveillance or software systems discussed above, including theft of any kind).**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_