



## Registration Forms Checklist

Please sign and return the enclosed forms *before* date of enrollment.

- Contract/ Tuition Agreement
- Consent for Medical Treatment
- Identification and Emergency Information
- Liability Insurance Affidavit
- Parent's Rights (return bottom portion)
- Personal Rights (return bottom portion)
- Parent Notification for class size capacity
- Copy of Current Immunization Records
- Parent Interest Survey & Questionnaire
- Photo Release Form
- Child Nutrition Program Form\* (you will receive this form in the fall)

\*The Child Nutrition Program is a federally funded program of The Child Nutrition and Good Distribution Division, United States Department of Agriculture. It is designed to help provide nutrition to young children and in turn, develop good eating habits that will last through out their lives. Please take time to fill out this form as we participate in this program.

God Bless,

*Ms. Mindy*



## Parent Tuition Agreement

I, \_\_\_\_\_, am enrolling \_\_\_\_\_ in Seedsowers Montessori for the 2020 – 2021 school year. I agree to pay the tuition fee of \_\_\_\_\_ per \_\_\_\_\_. My child will attend the following days per week: \_\_\_\_\_ and \_\_\_\_\_ from \_\_\_\_\_ o'clock to \_\_\_\_\_ o'clock.

I am aware that Seedsowers will integrate Christian principles with the Montessori methods, offering a unique educational experience to my child.

I am also aware and in agreement with the policies and procedures outlined in the Seedsowers Montessori Parent Informational Packet.

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

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

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

### Cost Break Down

Days Attended Per Week	Tuition per Month
2	\$255/morning or \$255/ afternoon
3	\$365/morning or \$365/ afternoon
4	\$490/morning or \$490/afternoon

Please enclose a non-refundable, annual \$100.00 materials fee with this completed form to secure your child's enrollment slot. Please return this form as soon as possible.

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED  
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED  
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

# 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
-------------------	-----------

**AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME**

**SECTION A:**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, (Child's Name),  
acknowledge that \_\_\_\_\_, (Licensee's Name),  
the licensee of \_\_\_\_\_, (Name of Family Child Care Home),  
has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

**SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, (Child's Name),  
acknowledge that \_\_\_\_\_, (Licensee's Name),  
the licensee of \_\_\_\_\_, (Name of Family Child Care Home),  
has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**NOTE:** The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

---

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 3737 Main St # 700, Riverside, CA 92501

Licensing Office Telephone #: 951-782-4200

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. \_\_\_\_\_

Name of Family Child Care Home

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

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

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

LIC 995A (8/08)

# PERSONAL RIGHTS

## Child Care Facilities

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

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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

Community Care Licensing

ADDRESS

3737 Main St # 700, Riverside, CA 92501

CITY

Riverside

ZIP CODE

CA

AREA CODE/TELEPHONE NUMBER

951-782-4200

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)

Seedsowers Montessori/Roth Family Childcare

(PRINT THE ADDRESS OF THE FACILITY)

39806 Cambridge Place Temecula 92591

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## PARENT NOTIFICATION

### ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby advised that: *(Check one)*

- I am licensed as a Small Family Child Care Home and may provide care for a maximum of 8 children when one child is enrolled in and attending Kindergarten or elementary school and another child is at least six years old and no more than two infants are in care.
- I am licensed as a Large Family Child Care Home and with an assistant, may provide care for a maximum of 14 children when one child is enrolled in and attending Kindergarten or elementary school and another child is at least six years old and no more than three infants are in care.

\_\_\_\_\_  
(PRINT FACILITY ADDRESS)

-----  
(CUT ALONG DOTTED LINE)

### RECEIPT OF PARENT NOTIFICATION

I acknowledge receipt of the notification that this Family Child Care Home will/may be providing care to 8 or 14 children.

\_\_\_\_\_  
(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CHILD'S NAME)

Maintain this signed receipt in each child's file.





## Parent Interest Survey & Questionnaire

Dear Parents,

Your response to the following questions will help me understand and support your child during our class. Thank you for taking the time to take part in this survey.

### I. FAMILY

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_

### II. MEDICAL/PHYSICAL

1. Please specify any known or suspected allergies.

2. Is your child right handed? / left handed? / don't know yet

3. Please give usual times for the following:

bedtime \_\_\_\_\_ waking up time \_\_\_\_\_ naptime \_\_\_\_\_

breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \_\_\_\_\_

4. Does your child have any dietary restrictions?

5. Does your child have any favorite foods?

### III. GENERAL

1. What are your child's favorite activities and toys?

2. Does your child have any special interests or seem unusually advanced in any area?

3. Does your child need special help in any area?

4. Is there anything else you would like me to know about your child?

5. What goals do you have for your child during this preschool year?



## Photo Release Form

Seedsowers Montessori has a website to help keep current parents informed of field trips, menus, letter of the week and ideas for working with your child at home. Additionally, the website serves as a tool to inform prospective parents about our program. We would like to use photographs of our students to show how much fun we have at school and how the classroom works. Please sign the form below if you agree to let us use photos of your child in our brochures, newsletters as well as the website. We will not mention any personal information concerning your child. If you do not feel comfortable letting us use photos of your child, we understand and will respectfully comply. Thank you!

Miss Mindy

**I hereby authorize Seedsowers Montessori and the web site developer to use, reproduce, and/or publish photographs of my child. I understand that this material may be used in brochures, newsletters and on the Seedsowers Montessori Internet Web Page. This authorization is continuous and may only be withdrawn by my specific written instructions to revoke this authorization.**

---

Name of Student

---

Parent Signature

Seedsowers Montessori  
39806 Cambridge Pl.  
Temecula, CA 92591

