

New Student Application Checklist

*The following documents, forms, and fee must be submitted **before** enrollment is complete:*

- **Non-Refundable, Annual Registration Fee \$250 Per Child**
- **Original Birth Certificate**
- **Immunization Card**

Student application forms (included in packet):

- AHCC Application Form
- LIC 700 Identification And Emergency Information
- LIC 701 Physician's Report- **MUST BE SIGNED BY PHYSICIAN & turned in BEFORE or ON Child's First Day of School**
- LIC 702 Child's Pre-Admission Health History
- LIC 627 Consent For Emergency Medical Treatment
- LIC 613a Personal Rights
- LIC 995 Notification Of Parent's Rights
- AHCC Student Release Card
- AHCC Admission Agreement
- AHCC Clothing And Activity Permission Form
- AHCC Items To Provide Center
- SECC Photo Release Form
- AHCC Bounce House Release Form
- AHCC Permission to Apply Sunscreen Form
- AHCC Financial Agreement

Welcome to



azure hills
Children's Center

22577 City Center Court • Grand Terrace CA 92313 • 909-825-7054

Azure Hills Children's Center



APPLICATION FORM

School Office #: 909-825-7054

Today's Date: _____ Start Date: _____

Child's Name: _____ DOB: _____
Last Name, Middle Name, First Name

Address: _____
Number and Street, Apt # if any

_____ City State Zip Code

Seventh-day Adventist Church Membership (if applicable):

Parent #1: _____ Cell Phone: _____
Last Name, First Name

Address: _____ Home Phone: _____
Number and Street, Apt # if any

_____ City State Zip Code

Occupation: _____ Employer: _____

Email: _____ Work #: _____

Parent #2: _____ Cell Phone: _____
Last Name, First Name

Address: _____ Home Phone: _____
Number and Street, Apt # if any

_____ City State Zip Code

Occupation: _____ Employer: _____

Email: _____ Work #: _____



Azure Hills Children's Center

ADMISSION AGREEMENT

1. **Eligibility:** Open to all children age 2 to 5 regardless of race, nationality, or creed.
2. **Religious Activities:** Children will be involved in religious instruction and activities including daily prayer. The center is affiliated with the Seventh-day Adventist Church. AHCC operates as a private, non-profit childcare and education business.
3. **Lunch & Snacks:** AHCC provides AM & PM snacks daily. Students must bring lunch daily or may purchase lunch from school Monday-Thursday only. Lunch charges will be added to your account at the end of the month. **Please NO PORK or food containing nuts. This is a NUT-FREE center.**
4. **Center Hours:** Monday-Friday, 6:00 am-6:00 pm.
Winter Hours: Monday-Thursday, 6:00 am-6:00 pm. Friday, 6:00 am-4:00 pm.
5. **Registration:** Registration fee of \$250 is due upon enrollment. This fee is non-refundable and is subsequently charged to your account on July 1st of each year. There is no prorating for registration.
6. **Tuition:** Monthly tuition is set with no variance. Full tuition is due on the 1st of every month regardless of attendance. **There are no "make-up" days.** If your child does not attend for any reason on a contracted day, this time cannot be made up on another day. **There are no refunds on tuition for early withdrawal or dismissal for any reason.** A 30-day notice will be given before tuition rate is increased.
7. **Late Payment Fee:** A grace period is given until the 10th of each month to pay tuition in full. A \$25 charge will be added to your account if paid after the 10th.
8. **Family Discount:** A 10% discount will be applied to each additional sibling's tuition on the same account.
9. **Late Pick-up:** The late pick up fee is \$25 for every 15 minutes or fraction thereof. The center reserves the right to dismiss a family due to excessive late pick-ups.
10. **Vacation & Illness:** There are no adjustments or refunds for any days missed for illness, vacation, holidays, or school closures (Please check school calendar). Vacation is encouraged during the summer months after the school year is over.
11. **Disenrollment:** Either party for any reason may terminate childcare services with a two-week WRITTEN notice. No refunds will be given for withdrawal mid-month.
12. **Termination:** A family may be asked to leave for inappropriate behavior by either the child or parent/guardian (including all parties authorized to drop off and pick up). Childcare services will also be terminated for excessive late pick-ups and/or delinquent accounts. No account will be delinquent more than 20 days.
13. **Delinquent accounts:** The center reserves the right to forward all delinquent accounts to a collection agency.

RIGHTS OF LICENSING AGENCY: Community Care Licensing reserves the right to review all information kept in the center's files and to observe the children at the facility at any time with or without notice.

I have read the foregoing and hereby agree to abide by the policies as set forth above and in the Parent Handbook.

Child's Name

Date

Parent's Name (PRINT)

Parent's Signature



Child _____ Birth Date _____
 First M.I. Last Mo/Day/Year
 Address _____ City _____
 Epi-Pen Allergy (Please Circle): Yes / No State _____ Zip Code _____

Father/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH Yes Dept. Name _____ Ext _____ Pager _____
 SDA Church Member: Yes/ No Email: _____

Mother/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH Yes Dept. Name _____ Ext _____ Pager _____
 SDA Church Member: Yes/ No Email: _____

UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT LISTED AS PARENT/GUARDIAN OR THOSE PERSONS LISTED BELOW.

In order of priority, list at least three persons to be contacted if the parent/guardians are not available. This is in case the child becomes ill, there is an emergency, special occasions, or for every day pick up.

	<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

OUT OF STATE CONTACT IN CASE OF DISASTER

	<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Child's Physician _____ Phone Number _____
 Father/Guardian Signature _____ Date _____
 Mother/Guardian Signature _____ Date _____



Clothing and Activity Permission Form

While your child attends AHCC, the staff will encourage your child to explore and immerse themselves in much indoor and outdoor art activities as well as outside play. Please dress your child in comfortable clothing and footwear. Do not send your child in clothing that you do not want to get dirty.

Tennis shoes are a must for climbing and running. Save fancy shoes and clothing for the weekends. For health and safety reasons, children must wear closed shoes and socks to school daily. Toddlers are encouraged to use self-help skills, which involve the children feeding themselves. Always have an extra set of clothes for your child, making sure that they are replaced frequently.

AHCC certainly appreciates family values and encounters many differences in terms of culture, languages, ethnic backgrounds, religions, perspectives and ways of living. However, it is our prayer and desire that the one commonality for young children we should agree on is that a child be allowed to be a child. This means allowing them the freedom to have fun, while at the same time keeping them safe. Dirty clothing, sand in the hair, smudged faces and dirty hands can ALWAYS be taken care of with a little soap and water. Not providing a child the freedom to explore and create cannot occur! The center strongly encourages that you dress your child in play clothing, not fancy attire. We also recommend that children do not wear fancy bows, ribbons, bracelets and necklaces.

_____ Yes, my child may participate in art activities and work with items such as paint, glitter, crayons, markers, etc. as the teacher allows. I understand that my child's clothing and footwear may get dirty while creating and having fun. I understand that my child will be asked to change into their extra change of clothing, which I provide as needed. Toddlers will be assisted in changing their clothing. The soiled clothing will be sent home to be laundered. I understand that it is my responsibility to make sure my child always has "extra clothing" at the center. I understand that if I choose to send my child to the center in clothing which is inappropriate for the daily activities, which they will engage in as listed, above I will hold the center blameless.

_____ I understand the AHCC's philosophy in accordance with *National Association for the Education of Young Children (NAEYC)* is that children's play is their "work."

Child's Name

Date

Primary Parent Name (PRINT)

Signature

ITEMS TO PROVIDE TO THE CENTER



I have reviewed the list below and will bring and replenish all items as needed, clearly labeled with my child's name.

Child's Name

Date

Primary Parent Name (Print)

Signature



2 year-old Toddlers- Potty Training

Items to bring/replenish daily:

- Pull-ups (no diapers)
- Tub of baby wipes
- Extra clothing – 2 sets
- Bedding (fitted crib sheet and blanket) to be taken home at the end of each week to be laundered and returned on the following school day
- Nutritious, balanced lunch with snacks

2 to 5 years old

Items to bring/replenish daily:

- Extra clothing – 1 set
- Bedding (fitted crib sheet and blanket) to be taken home at the end of each week to be laundered and returned on the following school day
- Nutritious, balanced lunch with snacks.

Summer (Optional)

- Sunscreen

Name of Minor _____

PHOTO RELEASE FORM

SOUTHEASTERN CALIFORNIA CONFERENCE
(conference name)

I hereby grant to AHCC (ECEC program) the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, editorial or any pictures AHCC (ECEC program) had taken of me or in which I may be included with others, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever with restriction as to alteration; from time to time, or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless AHCC (ECEC program) its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.

I understand that the photographs taken by AHCC (ECEC program) will be included into stock files. I agree that the photographs, the transparencies thereof and the rights to copyright the same, shall be the sole property of AHCC (ECEC program), with full right of lawful disposition in any manner.

I hereby grant permission to AHCC (ECEC program) to photograph _____ (name of minor) during activities to use the photographs in audio-visual and printed materials without compensation or approval rights.

Signature of Adult Date

Printed Name of Adult

Address

City State Zip

PUC 5740.1



azure hills
Children's Center

Bounce-House Release Form

Child's Name: _____ DOB: _____

The option to rent a Bounce House to celebrate birthdays comes at the expense of parent planning a birthday celebration. In addition, the center reserves the right to use a Bounce House for special events. Children will always be directly supervised while on campus.

By signing this form, I understand that it is the intent of AHCC to provide safety and protection for my child at all times, including use of Bounce House.

I understand that my child will be under supervision at all times while playing on the playground equipment or in the Bounce House. This acknowledgement of risk and waiver of liability, being understood completely, is signed voluntarily.

Parent Signature: _____
Date

Parent Print Name: _____

****Please Note:** This signed form will be in effect until otherwise changed by parent in writing.



PERMISSION TO APPLY SUNSCREEN

Child's Name: _____ DOB: _____

As the parent of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer. Therefore, I give permission for the staff at AHCC to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, after water play and if they will be playing outside, especially during the months of March through October and between the time of 10AM-4PM.

Please read and complete all applicable information regarding the center's policy.

- _____ I have provided sunscreen for my child.
- _____ I do not know of any allergies my child has to sunscreen.
- _____ My child is allergic to sunscreen brand(s) _____
- _____ I agree to apply sunscreen to my child before they come to school. AHCC staff will reapply after water play and for afternoon play. I understand that sunscreen may be applied to exposed skin including face (excluding eye lids), ears, shoulders, arms, and legs.

Parent Print Name: _____

Parent Signature: _____

Date _____