

Checklist of Required Forms

- Membership Application with \$200 deposit (payable by check only)
- Probationary Agreement
- Authorization and Release
- Imagery Disclaimer
- School Tuberculosis Policy
- Teaching Parent/Adult TB Risk Assessment Questionnaire
- Parents' Statement of Good Health
- Carpool Authorization/Emergency Card
- Emergency Information (2) (please fill out both top and bottom section)
- Family Information Sheet
- Accident Waiver and Release of Liability
- Membership Agreement
- Identification and Emergency Information* (LIC 700)
- Child's Preadmission Health History - Parent's Report* (LIC 702)
- Physician's Report* (LIC 701) *(If child has a severe or life-threatening allergy please provide a copy of the allergy test or MD report stating the allergen and reaction, proof of TB clearance required if risk factors present)*
- Notification of Parents' Rights* (LIC 995)
- Personal Rights-Child Care Facilities* (LIC 613A)
- Copy of Utility Bill (for PV residents only)
- Cubby Photo (5x7 good quality vertical photo of your child, write name on back)
- Family Photo (any size, write names of all family members on back)

I have completed and enclosed all of the above-required forms necessary for registration at PVHNS.

Signature Date

Child's Name

*Required by the State of California Health and Human Services Agency, Department of Social Services, Community Care Licensing Division.

Palos Verdes Hills Nursery School Membership Application

Please complete and return this application with a \$200 non-refundable deposit. At the end of the school year \$50 will be returned to the families who have completed all of their membership requirements and have met all of their financial obligations.

Child's Name: _____ Sex: M / F

Child's Birthdate: _____ Session: 2-Day /3-Day

Father's Name: _____

Mother's Name: _____

Address: _____

Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____

Dad's Email: _____

Are you a former member of PVHNS? Yes / No Year(s) _____

Enclosed is my nonrefundable \$200.00 deposit.

Signature: _____ Date: _____

Palos Verdes Hills Nursery School

Probationary Period Policy

Parent Participation Goals:

“A parent participation preschool serves a dual role of educating both the parent and child. While the child receives a nursery school experience, which includes the loving support of involved parents, the parent has the unique opportunity to witness his child’s development toward socialization in relation to other children and to learn from the roles the professional staff and other parents model.” (PVHNS Handbook)

The PVHNS program provides many unique experiences for each child and parent, some of which include:

- Classroom Ratio
 - 24:2 Student to teacher ratio. Teaching parents are present to facilitate activities only.
- Daily Activities
 - Structured rug time.
 - Children are also encouraged to experience a variety of stations on their own during free choice play and are encouraged to try the many activities provided by the staff that foster the child’s independence whenever possible.
- School Environment
 - Spacious yard for free play, including physical challenges for multiple levels of development.
 - Inside play areas offer an array of activities for children.

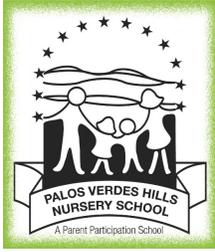
PVHNS strives to provide each and every child with a positive learning experience as described above. With this in mind, the first two (2) months of enrollment are a probationary period to ensure a proper fit between the learning environment and child. In the event that a child or family is having unusual difficulty in the cooperative school setting, as determined by a meeting of the Executive Board and the Director, the child’s family will be notified of probation and/or termination.

I have read the above information and understand the school’s policy.

Member’s Signature

Student’s Name

Date



Palos Verdes Hills Nursery School

6 Lariat Lane, Rolling Hills Estates, CA 90274

AUTHORIZATION AND RELEASE

Medical Treatment

As an express condition of acceptance of the child named below as a student at Palos Verdes Hills Nursery School (PVHNS), the parents or legal guardians hereby authorize the Staff at PVHNS to render first aid or to obtain medical treatment for the child in emergencies. The parents or legal guardians of the child agree to hold the school, and employee or volunteer of the school, free from any liability if any problems, complications, or injuries arise from such treatment.

PVHNS's staff is authorized to use its best judgement to select appropriate medical care for the child, although when possible, PVHNS will use its best efforts to seek medical treatment from physicians and hospitals designated by the parents.

Any doctor or hospital to which the child is taken is hereby authorized to render any and all necessary emergency treatment. The parents of the child named below agree to assume full responsibility for any expenses incurred with this emergency treatment.

Child's Name

Your Physician's Name

Hospital or Clinic

This agreement shall be construed to require PVHNS and its staff to exercise usual and customary care for the child.

Father/legal guardian's Signature

Mother/legal guardian's Signature

Date

Date

Imagery Disclaimer

Here at PV Hills Nursery School, parents are welcome to celebrate and share memories of their children at our school through photos and movies.

Our school collects these photos and movies for educational and promotional purposes. In addition to various print media (school newsletters, local newspapers, education publications, etc.), and our website, our school also uses many of these photos in the Palos Verdes Directory. The use of these photos and movies will not include any unique identifiers (e.g. full names, birthdates, etc.). Some photos and movies are also collected to preserve the school's history, and may be used in future promotional activities.

PV Hills Nursery School commits to the limited use of these photos and movies to only those purposes listed. Where the use of unique identifiers is necessary, specific consent will be sought.

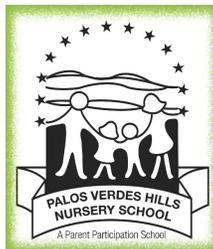
Given the interactive nature of our school activities, it is not possible to exclude or omit individual children from these photos and movies. It is also not possible to seek parental consent for every instance of use.

I, _____, parent of _____,

hereby consent to the collection and use of photos and movies of my child by PV Hills Nursery School, for the purposes listed.

Parent/Guardian Signature _____

Date _____



Palos Verdes Hills Nursery School
6 Lariat Lane, Rolling Hills Estates, CA 90274

TUBERCULOSIS SCREENING POLICY

● **PARENTS**

- All teaching parents must take an Intradermal Mantoux 5TU (0.0001mgm) PPD skin test within the sixty (60) day period just prior to their child's first day of school. Documentation of this test and its results need to be given to the Membership Director no later than the first day of school.
- All teaching parents must repeat the Intradermal Mantoux skin test every two years.
- If positive (10mm or more in duration), the skin test must be followed by a chest x-ray. A signed certificate from the examining physician showing that the parent is free from active tuberculosis must be submitted to the school and will be kept on file.
- If any member of a prospective family (adult or child) has an active case of tuberculosis, the child will not be admitted to the school.

● **CHILDREN**

- An Intradermal Mantoux skin test must be taken within one year prior to entering school. It need not be repeated.
- Documentation and the results of this test need to be returned in the membership packet.
- A positive test would be subject to the same requirements noted above for Parents. In addition, the County Health Officer must be informed of any positive skin test in a child under 6 years old.

● **REQUIREMENTS FOR ADMISSION**

- As with all school health requirements, compliance with the school's Tuberculosis Policy is mandatory in order to complete the admissions process. Tuberculosis has reached epidemic proportions in both Los Angeles and Orange Counties, as well as in many surrounding counties. Inability to provide the health documentation outlined in the school's Standing Rules for any teaching parent or child will prohibit the child from being admitted to the school.

- In any health matter, the Board of Directors and the Director retain the right to require more frequent or extensive examinations.
- MEMBERSHIP APPLICANTS

Please sign and return. You may keep the policy statement page for reference.

“We have read the Palos Verdes Hills Nursery School Tuberculosis Screening Policy and agree to comply with this policy.”

Mother/legal guardian’s Signature

Father/legal guardian’s Signature

Date

Date

Palos Verdes Hills Nursery School

Parents' Statement of Good Health

I affirm that I am in good general health and free from any communicable diseases, disabilities, and/or physical limitations that would adversely affect any persons with whom I will work at Palos Verdes Hills Nursery School.

Signature of Teaching Parent

Date

Signature of Teaching Parent

Date

We understand that ***all*** parents' names at Palos Verdes Hills Nursery School will be cross-checked with the Megan's Law database. **We understand that if any violations are discovered upon the background check of an individual, the school reserves the right to refuse or restrict the family's membership.**

Father/legal guardian's Signature

Date

Mother/legal guardian's Signature

Date

Carpool Authorization

Child's Name (please print)

Child's Date of Birth

I hereby authorize the following people. to pick up my child/children from Palos Verdes Hills Nursery School:

Name

Phone Number

Signature

Date

Emergency Card

Father/legal guardian's Name

Mother/legal guardian's Name

Address

Home Phone

Business Phone

Physician's Name

Physician's Phone

Physician's Address

Neighbor/Friend

Phone

Out of State Contact

Phone

Special medical problems/allergies

Signature

Date

Emergency Information:

Child's Last Name (please print) Child's First Name DOB

Father's Name _____ Mother's Name _____

Address _____

Home Phone # _____ Mom's Cell _____ Dad's
Cell _____

Work # _____ Neighbor/Friend _____ Phone # _____

Out of State Contact _____ Phone # _____

Physician _____ Phone # _____ Address _____

Medical Problems/Allergies _____

Carpool Authorization:

I hereby authorize the following people to pick up my child/children from Palos Verdes Hills Nursery School:

Name and Phone#

Date _____ Parent Signature _____

Emergency Information:

Child's Last Name (please print) Child's First Name DOB

Father's Name _____ Mother's Name _____

Address _____

Home Phone # _____ Mom's Cell _____ Dad's
Cell _____

Work # _____ Neighbor/Friend _____ Phone # _____

Out of State Contact _____ Phone # _____

Physician _____ Phone # _____ Address _____

Medical Problems/Allergies _____

Carpool Authorization:

I hereby authorize the following people to pick up my child/children from Palos Verdes Hills Nursery School:

Name and Phone#

Date _____ Parent Signature _____

The Family Information Sheet

Child's Name _____ Nickname _____

Mother's Name _____

Father's Name _____

Siblings:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Family Background:

Address _____

How long have you lived there? _____

Cultural Background _____

Favorite family food/snacks or holidays from that culture? _____

—

Mother's career past or present, interests, talents, positions, etc _____

—

Father's career past or present, interest, talents, positions, etc _____

—

Family interests or hobbies _____

—

Pets _____

—

Do we have permission to publish or post this information? _____

Please include a family photo with this form!

Palos Verdes Hills Nursery School

ACCIDENT WAIVER AND RELEASE OF LIABILITY

This Accident Waiver and Release of Liability (the “Release”) is executed by

(your name) _____

on behalf of (**list all members of your family who will attend any Activity, including**

yourself) _____

—

_____ (the “Participants”).

In consideration for the Participants being permitted to participate in **any and all events associated with Palos Verdes Hills Nursery School (the “Events”)**, the undersigned does hereby release, waive, and forever, discharge **Palos Verdes Hills Nursery School**, its controlling persons/entities, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the “Company”) from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, or cost and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by the Participant in conjunction with the Participant’s involvement in the Activity.

Participant has signed this Release in full recognition and appreciation of the dangers, hazards, and risks involved with the Events. Participant further attests and Participant’s Parent/Guardian agrees that the Participant has individually assumed the risks involved with all Events.

Participant understands and acknowledges that this Release is binding on Participant and Participant’s family, estate, heirs, administrators, representatives and assigns. Participant further agrees to hold harmless, indemnify and defend the Company from any claim by Participant or Participant’s family arising out of Participant’s involvement in the Event.

Participant and Participant’s Parent/Guardian agree that Palos Verdes Hills Nursery School is granted permission to seek and obtain emergency medical treatment, if necessary, and that

such action by the school does not constitute any assumption of responsibility by the school for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems that would preclude or restrict Participant's ability to take part in the Activity.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

Participant's Signature _____

Participant's Address _____

Date _____

Parent/Guardian Waiver for Minors (under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's participation in the Activity or Event, and has agreed on behalf of the child to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parents further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents.

Print Participant's Name **Age**
(include siblings who may attend any social event)

_____	_____
_____	_____
_____	_____
_____	_____

Signature of parent/guardian _____

Date _____

Earthquake Kits

All parents are required to prepare an earthquake kit for their child. These kits will be stored in the school's earthquake shed. **Please bring your child's earthquake kit to the Orientation Meeting.** Place your child's earthquake kit in the appropriate box in the science center and mark your child's name off on the posted list.

Pack the following in a gallon size or larger zip-lock plastic bag. Clearly label the outside of the bag with your child's name and class (2-day or 3-day).

1. A card with your child's name and address, an out-of-state contact's phone number, any medical instructions, and emergency phone numbers
2. 1 small towel
3. A small pack of tissues
4. A small package of baby wipes
5. An old sweatshirt and two pairs of underwear
6. 48-hr supply of necessary prescription medication with instructions for use
7. A small bottle of sunscreen (SPF 15+)
8. A favorite small toy or family photo
9. A small flashlight
10. 2 cans of juice
11. Small packages of food that are vacuum packed or well sealed. **Please do not include any items that contain peanuts or other nut products.** Examples of foods to pack: cereal bars, cheese and crackers, granola bars without nuts, pop top cans of tuna, beans or fruit, small boxes of cereal, etc. Include a spoon if necessary.