



PLYMOUTH CHRISTIAN SCHOOL

12058 BEVERLY BLVD. WHITTIER CA 90601

FACILITY NO. 191502189

FEES AND POLICIES

- Tuition fee is due on the **1st-5th of each month**. If tuition is not paid by the **10th** of each month, a stored credit card given at the time of registration will be charged automatically.
- A late fee of \$25 will be incurred after the 5th of each month.
- The monthly tuition is the same regardless of how many weeks in a month, sick days, vacation days, or holidays. Credit will NOT be given, nor will swapping days be allowed.
- When making a payment, the payment will first be applied to any outstanding balance on the account, and the remainder will then be applied to the current balance.
- Accounts that are not paid in full by the end of each may result in the student being dis-enrolled.
- A service charge of \$30 will be assessed for each returned payment, such as NSF on a check. After **one** occurrence, only cash, credit card, or money order will be accepted.
- A fine of **\$1 per minute** for late pick-up after 12:30 p.m. /6 p.m.
- A charge of \$5.00 will be assessed when a parent does not provide a blanket and sheet for nap time.
- Mid-month enrollment will be prorated for new families only.
- June tuition covers the entire month of June. Only families, who give a two week notice of withdrawal by **May 15th**, will receive a prorated tuition amount for June.
- A sibling discount will only be issued for full time students. The first child pays regular fee, any additional sibling receives \$25 discount. Sibling discounts apply to families under the same household only.
- To change programs, a parent must fill out a "Notification Form" in the school office, at least two weeks prior of school withdrawal, a desired wish to add or change scheduled days of attendance for their child.

- Our preschool is open year round with the exception of in-service days scheduled in June/August, Harvest Carnival, and holidays. We also schedule school days only until 12 noon for special events such as Open House, Christmas Staff Luncheon/Holiday programs, and last day of school. See current yearly calendar for scheduled holidays, minimum days, and any other days when the school is closed. Scheduled days and events on calendar are subject to change.
- All families upon enrollment commit to supporting the school by participating in at least two fundraisers per year (\$150 gross sales) OR donate a flat fee of \$100 per school year.
- Payments can be made during school hours in the office via check, cash, or credit card. Fees apply for any electronic transaction.
- Please do not give payments to our teaching staff as they are not responsible for lost or stolen payments. A drop box is available in Room 104 for payments made by check. DO NOT LEAVE CASH.

I, _____ (Parent financially responsible for enrolled student) have read the above policies and fully understand the financial policies established by *Plymouth Christian School* and will abide by the terms of the agreement. I understand that monthly tuition payments are due at the 5th of each month. A late fee will be applied if not paid on time. I also understand that my credit card will be charged automatically, if Plymouth Christian Preschool does not receive my tuition payment by the 10th of month.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Plymouth Christian School

Statement Of Faith

1. We believe the Bible is the word of God, divinely inspired as originally given, and is the supreme authority in matters of faith and practice (2 Timothy 3:15; 2 Peter 1:21).
2. We believe there is only one eternal God existing in three persons: Father, Son, and Holy Spirit. Man is created in His image (Genesis 1:1, 26-27; Matthew 28:19; John 10:30).
3. We believe Jesus Christ is God manifested in the flesh, born of a virgin, the one and only Son of God. He lived a sinless life, suffered and died on our behalf, arose bodily from the grave, ascended, and is coming again in power and glory (John 10:33; Luke 1:34-35; Hebrews 4:15; 1 Corinthians 15:3-4; Mark 16:19; Acts 1:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Jesus Christ, and that only by God's grace and through faith in Jesus alone, we are saved (John 3:16-19, 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; that they are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29).
6. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is able to live a godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).
7. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).
8. We believe that marriage is between one man and one woman; that any form of sexual immorality is sinful; that God offers redemption and restoration for those seeking His forgiveness (Plymouth Congregational Church has a full Statement on Marriage and Sexuality available upon request.)

Statement of Purpose

We believe that God has given parents the direct responsibility to train and educate their children according to God's Word. We, the school, along with the church, serve as a partner with them in carrying out this responsibility.

Our mission is to reach children for the Lord and give them a Christ-centered education which will give them the opportunity to acquire the spiritual, academic, social and physical skills necessary to reach their God-given potential and encourage them to make positive contributions to their world according to God's plan for their lives.

Parent Acknowledgement

I understand that all students enrolled in Plymouth Christian School of Whittier, will receive religious training in accordance with the above Statement of Faith and Purpose. I hereby authorize the school to teach my children these truths and agree to support them.

Mother's Signature _____

Date _____

Father's Signature _____

Date _____



Recurring Credit Card Payment Authorization Form

Sign and complete this form to authorize **Plymouth Christian School** to make a debit to your credit card listed below, in the event if our office does not receive your tuition payment by the **10th**, of the current month.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for the above stated transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Plymouth Christian School** to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

collection of school tuition for my child(ren): _____
(description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CCV Code: _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for attempts on collecting tuition owed to Plymouth Christian School. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Medical Information

Child's Name _____ Birth Date _____ Grade _____

Address _____ City _____ State _____ Zip _____

Date of Last Tetanus _____ Known Allergies _____

Daily Medication _____ Dosage _____

Reason: _____

Other pertinent information _____

Family Doctor's Name: _____ Phone number: _____

Dentist: _____ Phone number: _____

Hospital: _____ Phone number: _____

Insurance: _____ Policy number: _____

Medical Release

I/We, the parent(s) of the above-named child (minor), do hereby authorize the hospital most accessible during the time of accident, illness, or other emergency, or our family physician (see above) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. This action would not be taken unless the parents could not be reached.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Plymouth Christian School or its acting agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of attendance at Plymouth Christian Preschool or Elementary School unless sooner revoked in writing to the school.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Emergency Contacts & Authorized Pick Up List

Mother's Name _____ Home Phone () _____

Mother's Cell Phone () _____ Work Phone () _____

Father's Name _____ Home Phone () _____

Father's Cell Phone () _____ Work Phone () _____

THESE ARE ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL OR IN CASE OF ILLNESS OR EMERGENCY:

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Name Relationship Home Phone

Cell Phone Work Phone Pager (if available)

Parent's Signature _____ Date _____ 3/08

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
NAME

WHATEVER 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
()

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: Los Angeles Child Care East

Licensing Office Address: 1000 Corporate Center Dr. Monterey Park, CA 91754

Licensing Office Telephone #: (323) 981-3350

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

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. Plymouth Christian Preschool
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

LIC 995A (8/08)

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

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)

Plymouth Christian Preschool

(PRINT THE ADDRESS OF THE FACILITY)

12058 Beverly Blvd Whittier, CA 90601

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



PLYMOUTH CHRISTIAN PRESCHOOL

12058 BEVERLY BLVD. WHITTIER CA 90601

FACILITY NO. 191502189

Helpful General Information About Your Preschooler

Child's Full Name: _____ Nickname: _____

Home Address: _____

Birthdate: _____ Sex: _____ Age when starting school: _____

Allergies: _____ Food Allegies: _____

Mom's Information

Name: _____

Same address as child? Yes/No

If not, please specify:

Dad's Information

Name: _____

Same address as child? Yes/No

If not, please specify:

Cell phone: (____) _____

Home phone (____) _____

Work phone (____) _____

Cell phone: (____) _____

Home phone (____) _____

Work phone (____) _____

Has your child ever attended a preschool or home daycare center? Yes/No

Name of Facility: _____ City _____

If so, please state reason for leaving: _____

Does your child attend any other social play gatherings? Yes/No

Example: YMCA, sports, Sunday School?

Please list: _____

Names of siblings living in the same home as your child: _____

Unusual experiences (hospital, accident, fears, etc) _____

Favorite family time activities: _____

Please explain discipline procedures at home: _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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*
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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

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)

PLYMOUTH CHRISTIAN PRESCHOOL. 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: _____

Dental: _____

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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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

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.

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

School Year _____ / _____



PLYMOUTH CHRISTIAN PRESCHOOL

12058 BEVERLY BLVD. WHITTIER CA 90601
FACILITY NO. 191502189

NEW/RETURNING STUDENT

Admission Agreement

I, We, the parent(s)/guardian(s) of _____ have agreed with Plymouth Christian Preschool to provide Early Education and childcare service as of: (Starting Date) _____.

_____ Morning only program (8:30 a.m.-12:15 a.m.)

*After 12:30 p.m. pick-up, a late fee will be incurred

Days: Mon. Tues. Wed. Thurs. Fri.

_____ Full day program (6:30 a.m.-6 p.m.)

*After 6 p.m. pick-up, a late fee will be incurred

Days: Mon. Tues. Wed. Thurs. Fri.

_____ Potty –Training needed

1. I, We, agree to pay _____ weekly/monthly tuition to Plymouth Christian School for the services rendered. It is understood that tuition is due on the 1st of each month and is considered **late after the 5th of each month**. Any payment received after the 5th of each month, will incur a late fee. (See current rates) If a part-time family is requesting a full day on any particular day, prior arrangements must be made with the Director, and a fee will be incurred for a full day. (See current rates).
2. Tuition is paid in monthly installments. **There is no pro-rating for days missed for school holidays, vacations, or absences due to illness.** Full-time students receive one (1) week vacation credit that may be applied to any month from Aug. - July. Vacation credit may not be carried over to the following school year.
3. I/We understand that if my account becomes one month past due, Plymouth Christian School reserves the right to dismiss the above names student until the balance is paid in full, at which re-admittance will be evaluated.
4. If at any time my child's enrollment status changes or days or times need to be re-structured, Plymouth Christian School must be informed **two (2) weeks in advance** to be effective. During the two week notification period, the full amount of tuition and/or other applicable fees are due and payable. I understand that once my child is withdrawn from the program or changes the existing days of attendance, the former schedule is no longer available. Registration fee is due upon re-enrollment.
5. I/We understand that any tuition paid before attending any days in preschool is refundable **ONLY** if my child did not attend at all, and when a written notification is received from me by Plymouth Christian School. I also understand that if I do not notify Plymouth Christian School

that I no longer wish to have my child enrolled, I will be liable for tuition costs until I give notification. It is understood that tuition and registration fees along with any other fees pertaining to school events are NON-REFUNDABLE.

6. I/We understand that the Department of Social Services has the authority to examine Plymouth Christian Preschool and “interview clients” such as children and staff at any given time, and to inspect facility records without prior consent. (Section 1101195 (b))
7. All children are enrolled on a temporary basis for a period of **30** days to determine whether or not the school is able to meet the needs of a particular child. However, if at any time the behavior of a child becomes detrimental to himself/herself or others, the school reserves the right to dismiss the child from our program at any time.
8. Of utmost importance is the maintenance of a cooperative, nurturing, spiritual, and educational environment. As such, the school reserves the unconditional right to dismiss any student who does not respect its spiritual standards, cooperate in the educational process, and/or adhere to school requirements as set forth by the school through its teachers, administrator and school board.
9. I/We understand that admission to Plymouth Christian Preschool is on a school year-to-year basis, from August through June. Summer enrollment is optional.
10. We agree to abide by the school policies and procedures as stated in the ***Parent Student Handbook*** and adhere to additional policies adopted as deemed necessary by the school board. I/We will be advised of any rate changes within thirty days of implementation.
11. We agree not to participate in destructive criticism of the school or staff, and if a problem arises, to go directly to the teacher or administrator or director in a Christian manner as indicated in Matthew 18:15.
12. The school is authorized to provide religious instruction in accordance with the Statement of Faith. I also understand that Plymouth Christian School is a ministry of Plymouth Church.
13. We will pay all fees and charges as established by the school board when due, and all costs incurred by the school for collection of fees should such action become necessary.
14. I/We agree to support the school fundraiser commitment of **\$100 per family per year** (either in net income or buy out option) Any combination of school fundraisers (magazine sales, gift wrap, pie sales, See’s Candies or other)

Parents or Guardians Responsible for Child

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Plymouth Christian School admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and other school-administered programs.

School Year **2018/19**

New/Returning Student



Plymouth Christian School

Parent Communication Form

Child's

Name: _____ Teacher: _____

Parent Information:

Mother: _____

Contact number to call while your child is at school: _____

Email: _____

Father: _____

Contact number to call while your child is at school: _____

Email: _____

In the event of an emergency or if your child becomes ill, and needs to be picked up, who would you like for us to contact first? **MOTHER FATHER OR BOTH**

Do parents live in the same home? **YES/ NO**

If not, who has primary custody? _____

Please explain days of custody schedule: _____

In the event of a parent needing to be contacted for a non-emergency question such as tuition payment, lunch, field trip, school volunteering, or special event by the school office, who would you like for us to contact? **MOTHER FATHER OR BOTH**

Method of communication preferred: **PHONE CALL EMAIL**

I have read and agree fully to the terms in the Plymouth Christian Preschool Parent Handbook.

I also understand that any changes made during or after the school year this edition will supersede the information in this handbook.

Student's Name _____

Parent's Signature _____ Date: _____

Print Name: _____

Parent's Signature _____ Date: _____

Print Name: _____



Permission to Photograph

I, _____, give permission for **Plymouth Christian School** to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on school website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Plymouth Christian Preschool



We want to reassure parents that the health and safety of our students is priority. In the event of an emergency such as earthquake, fire, lockdown, or sudden evacuation from the facility due to structural damage due to gas leak or natural disaster, our staff is trained for such events as these.

Upon your child's enrollment, an emergency kit will need to be supplied to be used for YOUR CHILD ONLY. **Please place the following items in a gallon size Ziploc bag labeled with your child's name written in permanent black marker and return on first day of school.**

Items:

1. 2 small bottles of water
2. 4-6 snacks with high calories and protein. Please select snacks with long shelf life –granola bars, protein bars, cheese and crackers, fruit snacks, canned fruit (with pull-off top), or Pop-Tarts
3. Mini first aid kit (can be found at Dollar-Tree)
4. 1 extra pair of underwear/ or Pull-Ups
5. Germ-X Wipes Individual pack
6. A family picture
7. A small age appropriate toy

IMPORTANT INFORMATION FOR PARENTS

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://cld.ca.gov/contact.htm>.

**Plymouth Christian School
Preschool Supply List**



The following supplies are needed for the first day of school. These supplies are to stay at school for classroom use. Supplies may need to be replenished throughout the school year. Your child's teacher will notify you when this occurs. **ALL PERSONAL ITEMS SHOULD BE LABELED WITH CHILD'S NAME.** Toys and books may not come to school unless your child's teacher is having a special share day, or has requested it. Thank you!

2/3 year olds

- | | |
|---|--|
| 2 packages of flushable wipes | 1 small bottle of glue |
| 1 crib sheet AND light blanket (full-time students) | 2 containers of Clorox wipes |
| 1 travel-sized pillow rest time (full-time students) | 1 week supply of diapers/Pull-Ups for non-potty trained students |
| 2 boxes of Kleenex | 1 tote bag or backpack for bedding |
| 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes. | |
| 1 water insulated water bottle with spout (optional)-no sippy cups, please | |

3 & 4 year olds

- | | |
|--|---|
| 3 large glue sticks | 1 set of watercolor paints |
| 1 small bottle of white glue | 1 container of Clorox wipes |
| 1 lunch box/bag with name clearly marked | 2 packages of flushable wipes |
| 2 reams of white copy paper (8 ½ X 11) | 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes. |
| 2 boxes of Kleenex | 1 box of washable thick tip markers |
| 1 crib sheet AND light blanket (full-time students) | |
| 1 travel-sized pillow rest time (full-time students) | |
| 1 tote bag or backpack for bedding | |

Pre-K

- | | |
|--|--|
| 1 big eraser | 1 bottle of white glue |
| 1 box (8-10) of washable thick tip markers | 2 containers of Clorox wipes |
| 4 glue sticks | 1 complete change of clothes AT ALL TIMES-shirt, pants, or other bottoms, socks, and shoes |
| 2 reams of white copy paper (8 ½ x 11) | 1 crib sheet AND light blanket (full-time students) |
| 2 boxes of Kleenex | 1 travel-sized pillow rest time (full-time students) |
| 1 tote bag or backpack for bedding | |
| 1 small set water color paints | |

TK- Transitional Kindergarten

- | | |
|---|--|
| 1 large pink eraser | 1 sock or eraser (for white board)-labeled |
| 1 bottle of glue | 1 bottle of hand sanitizer |
| 4 glue sticks | 2 containers of Clorox wipes |
| 1 pencil box (standard size) | 1 crib sheet AND light blanket (full-time students) |
| 2 reams of white copy paper (8 ½ x 11) | 1 travel-sized pillow rest time (full-time students) |
| 1 (12 pack) of colored pencils | 1 tote bag or backpack for bedding |
| 2 boxes of Kleenex | 1 box of washable thick tip markers |
| 2 dry erase markers (labeled) | 1 set of watercolor paints |
| 1 small white board (labeled) | |
| 1 sock or eraser (for whiteboard) labeled | |
| 1 bottle of hand sanitizer | |