



MURRIETA UNIVERSITY

39840 Los Alamos Rd, Murrieta, CA 92562
(951) 698-5480
murrietauniversity.com
Lic # 334844364

Hours of Operation

Monday-Friday 6:30am to 6:00pm

Half Day Program

8:30am to 12:30pm

Enrollment Application

Name of Child: _____ Enrollment Date: _____

Date of Birth: _____ Nickname: _____

Primary Contact Name: _____

Relationship: _____ Social Security No: _____

Date of Birth: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Work Address: _____

Additional Contact Name: _____

Relationship: _____ Social Security No: _____

Date of Birth: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Work Address: _____

Parent Signature: _____

Date: ____/____/____

Parent Signature: _____

Date: ____/____/____

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

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)

_____. 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.

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend a child care, day nursery, nursery school, family day care home, or development center.

Diseases like measles spread quickly, so children need to be protected before they enter. Staff will check your child's Immunization Records before they start and later, at ages listed above.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend a child-care facility, your child's Immunization Record must show the date for each required shot above. If you do not

have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

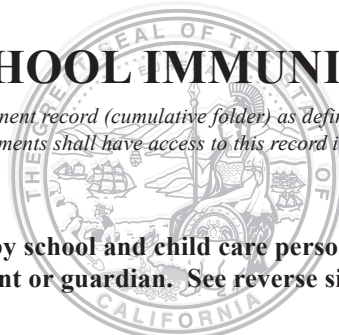
A personal beliefs exemption is no longer an option for entry into child care; however a valid personal beliefs exemption filed with a child-care facility before January 1, 2016 is valid until entry into the next grade span (transitional kindergarten through 6th grade) and may be transferred between child-care facilities in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.



This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ Daytime _____ Nighttime _____ City _____ ZIP _____

Race/Ethnicity:

- White, not Hispanic
 Hispanic
 Black
 Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)						
HEPATITIS B						
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date _____

Staff _____

Signature _____

Record Presented was:

- Yellow California Immunization Record
 Out-of-state school record
 Other immunization record
 Specify: _____

II. STATUS OF REQUIREMENTS

- A. All Requirements are met.
 Date _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY

- A. All Requirements are met.
 Name _____ Date _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up.
 Name _____ Date _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.*

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

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

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the child care center 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 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, provided 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.

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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 CHILDREN IN CARE.

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

LIC 995 (9/08)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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
()

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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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://cclid.ca.gov/contact.htm>.

Last Name of Child

First Name of Child

Start Date

Completed



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Hours of Operation

Monday–Friday 6:30am to 6:00pm

Half Day Program

8:30am to 12:30pm

Enrollment Agreement

Enrollment Policy

initials

- I understand that Murrieta University accepts children ages 24 months to 6 years old, not in Kindergarten.
- I understand that Murrieta University admits students without discrimination according to race, sex, gender, color, nationality, religion, ethnic origin, or other status.
- I understand that, upon accepting the completed enrollment packet, the administrators of Murrieta University will review the information provided and discuss the appropriate placement for my child.
- I understand that, upon enrollment, I will be required to complete a form entitled Identification and Emergency Information (LIC 700). I understand that Community Care Licensing requires that this form be filled out completely and as accurately as possible. I will remember to keep this form updated. I understand that any person picking up a child must be listed on this form, and must present a current picture ID to the center administrator at the time of pick up, without exception.
- I understand that there will be a 30-day transition period, during which Murrieta University staff will evaluate our ability to provide appropriate services for your child. After 30 days, Murrieta University will reevaluate the child's enrollment. (See Withdrawal Policy)

Definition of "Full Days" and "Half Days"

initials

- I understand that any child enrolled up to, but not more than, four hours a day is considered a "half day" student.
- I understand that any child enrolled more than four hours a day is considered a "full day" student.
- I understand that Murrieta University's Half Day Program is delivered from 8:30am to 12:30pm, Monday through Friday.
- I understand that Murrieta University's Full Day Program is offered during the center's regular operating hours between 6:30am and 6:00pm, Monday through Friday.

Pick Up and Late Pick Up Policy

initials

- I understand that my child will not be released to anyone who is not listed on Form LIC 700 (or in ProCare) as a person authorized to take the child from the facility.
- I understand that the center's operating hours are from 6:30am-6:00pm, Monday through Friday.

- I understand that a late fee of \$1.00 per minute will be assessed for any child left in the center's care after 6:00pm, regardless of the situation. The late fee should be included in the following month's tuition.
- I understand that after the 3rd late pick-up my child may be dismissed from the center.
- I understand that legal authorities will be contacted if a child is left at the center for more than one hour after closing time.

Withdrawal Policy

initials

- I agree to give the center's management a two-week written notice prior to withdrawing from the center. If I do not give proper notice, I agree to pay any outstanding tuition charges and fees as a result.
- If I withdraw from the center with a balance owed, I understand that my account is subject to being turned over to a collection agency and being reported to credit bureaus.
- I understand that my child may be dismissed by the center's management without notice if it is in the best interest of the child or the center to do so. (See Discipline Policy)
- I understand that Murrieta University has the right to revoke the enrollment of a child from the center in the event of tuition nonpayment, nonpayment of registration or material fees, returned or stopped checks, or other account balance discrepancies accrued during the duration of my child's attendance.
- I understand that Murrieta University has the right to revoke a child's enrollment from the center immediately, without notice, in the event of a parent's verbal or physical abuse towards any child or staff member at the center.

Food Service Policy

initials

- I understand that the center provides a morning snack for both full day and half day students, as well as an afternoon snack for its full day students.
- I understand that it is my responsibility to inform my child's teacher(s) as well as Murrieta University's management of any food allergies my child may have. If my child develops a food allergy after the start of enrollment, it is my responsibility to inform the child's teacher and center administration.
- I understand that it is my responsibility to provide a nutritionally adequate lunch. This lunch will include three food groups and a drink.
- I understand that the center may reheat food that has already been prepared, but will not cook food. I will not send items that need to be cooked or that require more than a simple warm-up in the microwave, such as:
 - Cup O'Noodles or Top Ramen
 - Easy Mac
 - Canned items
 - Frozen meals
- I understand that the center will not serve the children any candy, soda, or diet-type bars, even if placed in lunch.
- I understand that the center will not tell children to eat their food in a specific order.
- I understand that I may bring my child's breakfast to school if we arrive before 8:15am, and that I will be responsible for the set-up and heating of breakfast. I will not bring breakfast after 8:30am, as this is a disruption of classroom time.
- I understand that Murrieta University will never serve the children food that presents a choking hazard. All hotdogs, grapes and cherry tomatoes will be cut horizontally, and the center will never serve the children chewing gum, popcorn, or hard candy.

Toileting Policy

- _____
initials
- I understand that Murrieta University defines “potty trained” as:
 - Having no more than one accident per month
 - Having the ability to wipe and pull up clothing on his/her own
 - Having the ability to communicate bathroom needs
 - I understand that, should my child begin enrollment at the center under the presumption that they are fully potty trained, and the center finds my child is not in compliance with this requirement; my child's enrollment may be terminated.

Clothing Policy

- _____
initials
- I understand that preschool is a place for investigating and learning, and acknowledge that this may create a messy or wet environment.
 - I understand that Murrieta University is not responsible for the care of my child's clothing. I will send my child to school in clothing that is appropriate for preschool play.
 - I understand that all shoes must have backs, and that flip flops are not allowed at school.
 - I understand that no shoes with heels are allowed at school.
 - I understand that jackets need to be labeled with my child's full name.
 - I understand that Murrieta University will not reimburse nor replace any clothing damaged or lost by preschool play.

Naptime Policy

- _____
initials
- I understand that Murrieta University is required to offer the children a rest period. This rest period is from 1:00pm to 3:00pm, and all children must rest during this period.
 - I understand that I am required to provide a crib sheet and small blanket (labeled with my child's full name) for rest time. No pillows are allowed.
 - If crib sheet and/or blanket are not provided, families will be charged \$1.00 a day.
 - I understand that all bedding must be taken home and laundered each week.

Toys and Personal Items from Home Policy

- _____
initials
- I understand that personal items from home often cause unnecessary problems, and that the center requests that toys from home not be brought to the center.
 - I understand that If a toy is brought from home, it will remain in the child's cubby until the end of the day.
 - I understand that the center is not responsible for lost or damaged toys or personal items.

Vacation, Sick Days, and Holidays Policy

- _____
initials
- I understand that there are no rate reductions or make-up days for absences or holidays.
 - I understand that I am responsible for my full contracted tuition, which includes sick days.
 - I understand that the center is closed for the following Holidays
 - New Years Eve at Noon

- New Years Day
- Martin Luther King Jr. Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran Days
- Thanksgiving Day and the following Friday
- Christmas Eve at Noon
- Christmas Day
- Professional Development Days (April 5th, 2024 & August 2nd, 2024)
- I understand that, should a Holiday fall on a weekend, the center's management will determine an alternative day to observe the holiday.
- I understand that I will be given a discount of 50% off my contracted tuition for 2 weeks per year and the week of Thanksgiving should I be absent for the entire week. The year will begin on the anniversary date of enrollment. ____/____/____
- I understand that after my two weeks' of vacation discount, I am responsible for the full contracted tuition, even if my child does not attend school.
- I understand that if my child is absent for two weeks consecutively without notice to the director, I have forfeited my child's space at the center.

Illness Policy

initials

- I understand that Murrieta University is not responsible for my child becoming ill.
- I understand that there will be no discounts or refunds due to illness.
- I understand that my child will be sent home if they exhibit the following symptoms:
 - Fever of 100.4 degrees or higher
 - Heavy or excessive coughing
 - Discharge from the nose that is colored, excessive, or uncontrolled
 - Vomiting (for any reason)
 - Diarrhea (2 or more)
 - Any unusual rash
- I understand that the center also reserves the right to send children home for symptoms of illnesses that are highly contagious including, but not limited to:
 - Chickenpox
 - Conjunctivitis (pink eye)
 - Hand, foot, and mouth disease
 - Head lice
 - Impetigo
 - Ringworm
 - Roseola
 - Scabies
 - Strep throat
- I understand that my child is required to stay home for a 24-hour "Get Well" period, and I acknowledge that my child may not return to school prior to the 24-hour period even with a doctor's note.
- I understand that Murrieta University may require a doctor's visit with a medical release before returning to school.
- I understand that, should my child become sick at school, I (or an alternative pick-up person on the emergency release form) will be contacted by Murrieta University management.
- I understand that, should I be contacted because my child is being excluded due to illness, I must

have my child picked up within one hour or the center will be forced to call 911.

Medication Policy

initials

- I understand that Murrieta University may administer both prescription and nonprescription medications to children at the center, so long as written consent is provided on the *Parent Consent for Administration of Medications and Medication Chart* (Form LIC 9221), and that each medication is listed on the same form.
- I understand that Murrieta University will store all prescription and nonprescription medications in accordance with all regulations outlined in Division 12, Chapter 1, Article 6, Sections 101226(e)(1) and 101226(e)(2) of the California Code of Regulations, Title 22:
 - Medications shall be kept in a safe place inaccessible to children.
 - Each container will have an unaltered label.
 - A refrigerator will be used to store any medication that requires refrigeration.
 - All prescription and nonprescription medications shall be maintained with the child's name and shall be dated
- I understand that *nonprescription medications*, including but not limited to: sunscreen, Vaseline, diaper rash ointments, eye drops, Tylenol, Ibuprofen, and Benadryl will be administered in accordance with the product label directions on the nonprescription medication container(s).
- I understand that *prescription medications* will be administered in accordance with the label directions as prescribed by the child's physician.

Injuries, Accidents, and Emergency Care Policy

initials

- I understand that every effort is made to provide a safe environment for my child; however, unintentional accidents sometimes still occur.
- I understand that, in the event of an accident resulting in injury, first aid will be administered.
 - I understand that all teachers are CPR and first aid certified.
 - I understand that I will be contacted by telephone if an incident is deemed serious and might require further care. This includes head injuries.
- I understand that I (or another designated emergency contact) will be asked to transport the child in a less serious situation. Should I (or another designated emergency contact) be unable to transport the child, an emergency vehicle will be called.
- I understand that under no circumstance will a representative of Murrieta University transport a child.
- I understand that, in any serious emergency situation— including seizures—911 will be called.
- I understand that a written incident report will be completed by the staff member that witnessed the incident. Signatures from the teacher, parent, and director are required. A copy of the incident report will be made available to me.

Medical Assessment and Physical Examination Requirements

initials

- I understand that it is required for all children entering preschool or child care for the first time to have the necessary immunizations required by the State of California.
 - I understand that I am required to provide a copy of the child's yellow California Immunization card to Murrieta University
 - I understand that each child's immunization record must be updated in compliance with the state law, and that the center has the right to place a temporary hold on a child's enrollment for failure to do so.

- I understand that I am required to complete a Child's Preadmission Health History—Parent's Report (LIC 702) at the time of enrollment.
- I understand that a Physician's Report—Child Care Centers (LIC 701) is required for each child at the time of enrollment. This form documents any problems that the center should be aware of prior to enrollment, discloses TB risk factors, and documents the date of the child's most recent physical exam or well child visit. This form is to be signed by a doctor and is a one-time requirement for each child (unless withdrawn from the center for more than a year).

COVID-19 Policy

initials

- I understand that, should a staff member, parent, or child be diagnosed with COVID-19, Murrieta University will notify the CDC, Riverside County Department of Public Health, Community Care Licensing Division, and all enrolled parents immediately.
 - Murrieta University will ask that all parents and staff monitor for symptoms.
- I understand that Murrieta University will close for a period of 48 hours to clean and disinfect the center, and that this period could be extended depending upon the health and safety of the children, staff, and parents at Murrieta University—and by the recommendation of the above-mentioned agencies.
- I understand that, should a child exhibit symptoms while at school, I will be notified immediately, and my child will be in isolation in the staff room, using only the men's restroom until pickup.
- I understand that parents or guardians are required to pick up their child within 1/2 hour of being called for symptoms of COVID-19.

Event of Force Majeure Policy

initials

- I understand that neither party shall be held liable or responsible to the other party nor be deemed to have defaulted under or breached this Agreement for failure or delay in fulfilling or performing any obligation under this Agreement when such failure or delay is caused by or results from causes beyond the reasonable control of the affected party, including but not limited to:
 - Natural disasters (including, but not limited to, fires, floods, earthquakes, droughts, tidal waves, and explosions)
 - Utility disruptions or failure (including, but not limited to, electrical outages, gas leaks, and water shut-offs)
 - Plague, epidemic, pandemic, outbreaks of infectious diseases any other public health crises, including quarantine or other employee restrictions
 - Acts of war, rebellion, revolution, insurrection, riots, or other acts of threats or terrorism
 - Strikes, lockouts, or other labor disturbances
- I understand that either party shall provide the other party with prompt written notice of any delay or failure to perform that occurs by reason of force majeure.
- I understand that in the event that Murrieta University is required to close for any of the reasons stated above, the following tuition and attendance policies will be implemented:
 - Should Murrieta University be required to close for up to 2 weeks, parents or guardians will be required to pay 1/2 week of contracted tuition for the 2-week period.
 - Should Murrieta University be required to close beyond a 2-week period, parents or guardians will not be required to pay tuition after the first 2 weeks of closure, but will be required to re-pay registration fee upon returning to school, should space be available.
 - Should Murrieta University be required to close beyond a 2-week period, parents or guardians may pay the registration fee prior to closure to guarantee a space upon

reopening.

- Should Murrieta University be required to close for a period less than a week parents or guardians will be required to pay their full contracted tuition.

Adult Etiquette and Responsibility Policy

initials

- I understand that Murrieta University is not responsible for any actions that take place in the parking lot or street between adults. This includes but is not limited to car accidents, verbal altercations, and damages to vehicles. Should an altercation arise, the management will contact the authorities to handle the situation.
- I understand that adults may not use foul language in front of the children.
- I understand that parents or other adults are prohibited from disciplining a child at the center that is not their child, or intervening with other students interacting in the classroom.
- I understand that no parent or guardian may ever spank or strike his or her child inside the center.
- I understand that parents or other adults may never verbally abuse or attack the staff.
- I understand that parents may only initiate physical contact (including hugs, handshakes, or high-fives) with their own children, and are prohibited from unsolicited physical contact with other children.

Tuition Policy

initials

- I understand that tuition may be paid by check, cash, EFT, Venmo, or PayPal (located on our website)
- I agree to pay the registration fee at the time of enrollment. This fee is non-refundable.
- If at any time I decide to re-enroll my child at the center, I agree to pay the registration fee at the time of re-enrollment.
- I agree to pay my child's weekly tuition as stated on the first day that my child attends the center each week. I understand that this is a contracted rate and that I will not be given a weekly bill.
- I agree to pay a \$10.00 per week late fee if my child's tuition is not paid prior to the close of business on the first day of attendance for the week. The late fee is to be included in the same week's tuition.
- I understand that if tuition becomes two weeks past due, my child will no longer be able to attend the center until the balance is paid in full and providing there is still a space available.
- I agree to pay a fee of \$20.00 for any checks returned. This includes, stop payment, frozen accounts, or closed accounts.
- I understand that after two checks have been returned, Murrieta University will then require that tuition be paid in cash, cashiers check or money order.

Tuition and Fees Calculator

Contracted Days/Week	2	3	4	5
Weekly Tuition	= \$ _____	- Prorate	\$ _____	= \$ _____
Registration Fee	\$150 for single child, \$200 for families			= \$ _____
Materials Fee	\$80/child			= \$ _____

Total due on the first day = \$ _____

Total due on the first day of each subsequent month = \$ _____

Acknowledgment

This agreement, including tuition rates, is subject to change in whole or in part by Murrieta University, LLC with two (2) weeks' notice. Should any part of this agreement be breached, Murrieta University, LLC. reserves the right to refuse service.

I certify that I have received, read, and understand the information contained in this Enrollment Agreement/ Policies and Procedures. I agree to the financial terms, conditions and fees as listed above:

Printed Name of Parent

Signature of Parent

Date

Printed Name of Murrieta University Administrator

Signature of Murrieta University Administrator

Date



MURRIETA UNIVERSITY

39840 Los Alamos Rd, Murrieta, CA 92562

(951) 698-5480

murrietauniversity.com

Lic # 334844364

Hours of Operation

Monday–Friday 6:30am to 6:00pm

Half Day Program

8:30am to 12:30pm

Media Release

In an effort to highlight our center's positive school climate, as well as provide information to the general public regarding the center's academic programs, curriculum, and events, Murrieta University occasionally publishes digital and printed materials that depict students in everyday learning situations.

We value the privacy of our families and are committed to obtaining expressed written consent for the use of photos or videos of your child on our website, social media pages, and promotional materials, such as brochures, flyers, newsletters, annual reports, and advertisements.

Please read the following options carefully and select the one that reflects your preference:

- I give my full consent for Murrieta University to use photos or videos of my child on the center's website, social media pages, and printed materials.**

- I do not give consent for Murrieta University to use photos or videos of my child on the center's website, social media pages, and printed materials.**

By signing below, I acknowledge that I have read and understand the above options and have made my selection.

Child's Name

Signature of Parent

Date



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Discipline Policy

An important part of attending preschool is learning how to get along with others. Conflict is a natural part of childhood, so it is important that children are taught conflict resolution skills.

Safety is our main concern and our teachers will do their best to prevent these accidents from happening; however, your child will be in a group childcare setting with several other children. It is to be expected that children will have disagreements throughout the day, the most common being an altercation over an item. When these occur, the teacher will redirect the agitated child to another activity.

It is also common for children to use their body to express their anger. Common physical expressions of anger include: scratching, biting, hitting, kicking, and pinching. The staff is there to help the child(ren) understand that this type of behavior is not acceptable. As we work through the situation, we will teach the child(ren) to "use their words" as opposed to their bodies.

The most common ways MU handles discipline are:

- Redirecting negative behavior and engaging the child(ren) in a different activity
- Using "active ignoring" (particularly in the event of a tantrum)
- Helping children understand the consequences to their behavior (e.g. "Your friend was hurt by that rough play, how does that make you feel?")
- Limiting choices or having the child do an individual activity

There are many times that children act out with poor behavior due to circumstances beyond our control. For example: divorce, recent move, death in family, or a new baby. Please keep your child's teacher informed of these types of circumstances so that we can be sympathetic and try to use more conscious discipline.

There will also be times that your child's behavior is the result of our center not "being the right fit". There are many children that need a smaller ratio, or are challenged by our rotating schedule. We feel it is important for the parent to take this into consideration if your child is having behavior challenges.

Murrieta University will do our best to work with any child that has behavior challenges. However, there will be times when we will decide that your child may have to be dis-enrolled from the center.

Unfortunately, challenging behavior can become a liability to our center. Your child's director will give your written notice prior to being dis-enrolled.

The following are considered excessive behavior problems:

- Disrespecting classmates and/or teachers
- Intentional destruction of school property
- Excessive foul language
- Excessive amounts of aggressive behavior such as but not limited to; hitting, biting, kicking, pinching, and spitting

The staff at MU expects the parents to cooperate and participate in the consequences of excessive behavior problems. The director may call the parent and/ or have the parent pick up their child based on the inability of the staff to regain control of a discipline situation. The director may unenroll a child based on the parent's unwillingness to engage and follow through with a plan of action.

I have read and understand the discipline policy as set forth by Murrieta University.

Child's Name

Signature of Parent

Date