

WELCOME

Orangeburg Christian School
Preschool
Enrollment
2017-2018

313 E. Orangeburg Avenue
Modesto, CA 95350
Phone: (209) 577-2576
www.orangeburgchristian.com





Orangeburg Christian School's Preschool Program

We are delighted that you have chosen our school for your child's education. We have been teaching preschool successfully for over 40 years. We offer a loving Christian atmosphere that promotes language and reading development as well as math, science, music, and art experiences. Our monthly themes will help your child explore God's world in a fun and exciting way.

Please take a moment to review the following documents. Each page will need to be filled out and turned in at the time of registration. You do have two weeks from the time of registration to have your physicians report turn in.

Hours of operation:

7:00am-6:00pm

Office Hours:

8:00-4:00pm

313 E. Orangeburg Avenue

Phone: 577-2576

Thank you,
Chantel McFall
Director

email: ocspreschool@yahoo.com

**Orangeburg Christian School
2017-2018 Preschool Tuition and Fee Schedule**

<u>Registration:</u>	<i>Re-enroll</i>	<i>New</i>
	\$60.00	\$100.00

*Students entering OCS Preschool must be 2 years -6 years of age.

*An additional charge per month will be added for 2 year olds not potty trained:

- ❖ \$15 per month for those attending 2 or 3 days per week
- ❖ \$20 per month for those attending 4 or 5 days per week

This cost covers gloves, paper sheets for changing table, and diaper pail holders. Parents are responsible for diapers and wipes. (We have four programs available)

5% discount if year is paid in full

Program A-Full Day 7:00a.m.-6:00p.m.	1 st Child	2 nd Child	3 rd Child
5 days	\$520.00	461.00	421.00
4 days	\$460.00	409.00	373.00
3 days	\$360.00	320.00	293.00
2 days	\$280.00	250.00	229.00

Program B ¾ Day 7:00a.m.-3:00p.m.	1 st Child	2 nd Child	3 rd Child
5 days	\$450.00	399.00	365.00
4 days	\$420.00	373.00	341.00
3 days	\$330.00	294.00	269.00
2 days	\$260.00	232.00	213.00

Program C ½ Day 7:00a.m.-12:15 p.m.	1 st Child	2 nd Child	3 rd Child
5 days	\$380.00	337.00	301.00
4 days	\$350.00	311.00	285.00
3 days	\$290.00	259.00	237.00
2 days	\$240.00	215.00	197.00

Program D Morning Only 8:30a.m. -11:30a.m.	1 st Child	2 nd Child	3 rd Child
5 days	\$290.00	258.00	237.00
4 days	\$260.00	232.00	213.00
3 days	\$240.00	215.00	197.00
2 days	\$180.00	162.00	149.00

Orangeburg Christian School Admissions Agreement
PRESCHOOL

We, the undersigned, as parents or guardians of _____ wish to enroll our child
Child's Name
in Orangeburg Christian School. We understand and will abide by the following policies:

Our child will be attending Orangeburg Christian Preschool: (Check all that apply)

_____ Full Day _____ Regular Day _____ Half Day _____ Morning Only
7:00 a.m.-6:00 p.m. 7:00 a.m.-3:00 p.m. 7:00 a.m-12:15 p.m. 8:30 a.m-11:30 a.m.

Days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Our Child's Social Security Number is _____

Our tuition will be _____ per month and will be paid in advance. Monthly tuition is due on the 1st of each month and late on the 15th. Please make checks payable to Orangeburg Christian School. All checks returned by the bank will result in a \$20.00 fee in addition to any other bank charges. All overdue accounts will result in a \$25.00 late fee and your child may be withdrawn from our program. We understand that if our child is withdrawn, he/she will not be allowed to attend preschool until the account is brought current including a \$25.00 reinstatement fee.

We understand that failure to meet our financial obligation to Orangeburg Christian School will result in further collection processes. OCS expects parents to honor their financial obligation for the entire school year.

If we need to withdraw our child, the school office must be notified in writing at least ten (10) working days prior to withdrawal date. We understand that all charges are to be paid by the final withdrawal date.

OCS has a “**NO REFUND**” policy for registration fees.

We understand there is **no credit for absences**. OCS costs continue, regardless of your child's attendance. The school's obligation to the staff and the purchase of materials is based on the commitment of parents at the time of enrollment. There is an additional charge if you bring your child in on any day that your child is not already scheduled unless other arrangements have been made with the school office.

The school office must be notified two weeks in advance before a vacation in order to receive any tuition credit.

We understand that it is our responsibility to know that our child is well before bringing him/her to school. In the event, that our child becomes ill during school hours, temporary care will be provided until we are notified to pick up our child. We also understand that exposure of my child or other family members to communicable and infectious diseases or illnesses must be reported promptly to the school office, enabling the staff to be watchful for symptoms in other children: i.e. chicken pox, lice, etc. In case of serious or contagious illness, a physician's note is required for our child's return to the school.

Our child must have a TB clearance and an up-to -date immunizations record submitted prior

to the first day of attendance. Our child must have a current physical examination form completed by a physician and returned to the preschool within 30 days of enrollment.

If it becomes necessary for medication to be administered at school, the parent or guardian must come to the school office with the medication and fill out a release for administration of medication form. This form must be filled out for each medication. This request is in compliance with California Code #49423 which is sited below.

Education Code 49423 states that, notwithstanding the provisions of Section 49422—Any pupil who is required to take, during the regular school day, medication prescribed for him, by a physician, may be assisted by the school nurse or other designated personnel if the school receives (1) a written statement from such physician detailing the method, amount and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school assist the pupil in matters set forth in the physician's statement.

I give permission to administer to my child:

Tylenol_____

Motrin_____

For the safety of our child, and because the State of California mandates, we agree to sign him/her in and out each day using our full legal signature. If we cannot pick up our child ourselves, we will arrange for another authorized person to sign for and pick up our child. We understand that if we designate a different person to pick up our child other than originally identified, we will notify the school office by a phone call or in writing including our authorized signature.

We promise to encourage obedience to the rules and standards of the school. Orangeburg Christian School does not tolerate profanity, obscenity in word or action, dishonor to God or to the Word of God, or disrespect for personnel or school property. We agree to cooperate and discipline our child in the home as needed. If he/she does not comply with the standards of the school, we agree to withdraw him/ her from enrollment.

We understand that the OCS dress code standards state that all messages and pictures printed on clothing should not encourage aggressive and violent behavior. Inappropriate sayings and images should not be worn to school. Lunch boxes, bedding, toys, books, or backpacks with these endorsements or figures should not be brought to school.

We understand that our child will need a complete change of clothes, which are labeled with the child's name, to be kept at school.

We also understand that our child will need a sheet, pillowcase, or blanket with his/her name on each item for naptime. This bedding will need to be brought to school freshly laundered at the beginning of each week.

We understand that the school is not responsible for any lost clothing or toys.

We consent to the use of our child's photographs for release to the newspaper for stories about the center and the school, for other media releases, posting on bulletin boards, etc.

We understand that we will be notified of any field trips when our child will be driven or walked.

State Department of Social Services (Community Care Licensing)

We understand the following in accordance with Title 22, Child Care Licensing:

The Department of Social Services shall have the authority to interview children or staff, and to inspect and audit child/facility records, without prior consent.

As licensee, Orangeburg Christian School shall make provisions for private interviews with any child, or any staff member as well as provide for the examination of all records relating to the operation of this facility.

The Department of Social Services shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement.

Orangeburg Christian Preschool agrees to notify parents in writing at least 30 days in advance of any change in the admissions policies or tuition fees.

We have read the admission policies of Orangeburg Christian Preschool and agree to abide by these policies.

SIGNATURE OF PARENT OR GUARDIAN:

Signature of Father Date Social Security Number

Signature of Mother Date Social Security Number

Signature of Preschool Director 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	HOME TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
CELL PHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
CELL PHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL
 OTHER
 EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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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?)		WHAT ARE USUAL EATING HOURS?
BREAKFAST _____		BREAKFAST _____
LUNCH _____		LUNCH _____
DINNER _____		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*	

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
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers or Family Child Care Homes

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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: Community Care Licensing

Licensing Office Address: 770 E. Shaw Avenue Ste. 300 Fresno, CA 93710

Licensing Office Telephone #: 559-243-4588

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

COMMUNITY CARE LICENSING

ADDRESS

770 E. SHAW AVENUE SUITE 300

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
FRESNO, CA	93710	559-243-4588

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)

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.

(TODAY'S DATE)

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

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: _____

_____ other: _____

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/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS DT/Td AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (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

