



Dear Parents,

Thank you for considering Woodland Christian School for your child's education. WCS has served the Woodland community for almost 50 years!

Our mission is to prepare students for college and the Christian life, cultivating them to know Christ through His word, communicate in a way that is winsome, gracious, and respectful, grow in discernment, work with excellence, and serve their community.

We are thankful for the privilege of pursuing that mission with your family.

Enclosed you will find all necessary paperwork to begin the enrollment process. Please look at the checklist for your child's grade level to ensure you bring all of the required information. Please contact the school office with any questions. We would love for an opportunity to share our program with you in person and provide a tour of our campus.

To be considered for priority enrollment, completed applications must be received by March 25, 2024. All other applications may be turned in at any point after that. Families will be notified of priority enrollment status no later than April 8, 2024.

Sincerely,

A handwritten signature in black ink that reads 'Ryan Devine'.

Mr. Ryan Devine
Administrator

Preschool
1787 Matmor Road
Woodland, CA 95776
T 530 662-0994 F 530 406 0900

Elementary School
1787 Matmor Road
Woodland, CA 95776
T 530 666 6615 F 530 406 0900

Middle School
1787 Matmor Road
Woodland, CA 95776
T 530 406 8800 F 530 406 0900

High School
1787 Matmor Road
Woodland, CA 95776
T 530 406 8800 F 530 406 0900

Student Name _____



2024-2025 Preschool Class Preference

	Preschool with Daycare	5 Days \$985.00	5 Half Days \$890.00	4 Days \$890.00	3 Days \$695.00	2 Days \$510.00
	Preschool Only	M-W-F \$380 Early Arrival \$420 With Lunch \$530		Tues-Thurs \$345 Early Arrival \$370 With Lunch \$435		

My child is enrolling in kindergarten

1st Choice **Every effort will be made to accommodate your first choice**

- 3/4 Class
- Pre-K Class

Select Program:

- Preschool and Day Care 7:00 am - 6:00 pm
 - 5 Days 4 Days 3 Days 2 Days
- Morning Preschool Session 9:00 am to 11:30 am
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. Early Arrival With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. (when offered)

2nd Choice **If Choice #1 is full**

- 3/4 Class
- Pre-K Class

Select Program:

- Preschool and Day Care 7:00 am - 6:00 pm
 - 5 Days 4 Days 3 Days 2 Days
- Morning Preschool Session 9:00 am to 11:30 am
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. Early Arrival With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. (when offered)

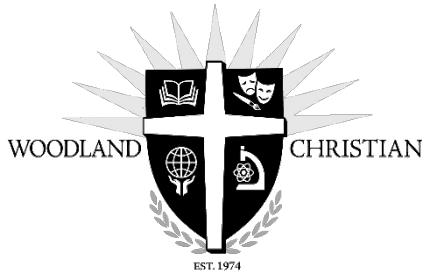
3rd Choice **If Choice #1 & 2 are full**

- 3/4 Class
- Pre-K Class

Select Program:

- Preschool and Day Care 7:00 am - 6:00 pm
 - 5 Days 4 Days 3 Days 2 Days
- Morning Preschool Session 9:00 am to 11:30 am
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. Early Arrival With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
 - 3 Days, M-W-F 2 Days, Tues. & Thurs. (when offered)

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Woodland Christian Preschool and Day Care Center
1787 Matmor Road • Woodland, CA 95776
530.662.0994

License #574500528

2024-2025 ADMISSION AGREEMENT

BASIC SERVICES

The Center shall provide the following basic services for

Child's Name: First Middle Last (Date of Birth) (Date Enrolled)

Whose parent or guardian is:

First Last (Relationship)

Program enrolling in: 3-4 Class Pre-Kindergarten Class

1. The child shall be furnished a mid-morning snack. A snack shall be furnished mid-afternoon for children who are at school after 3:00 p.m. A balanced lunch will be served at 11:30 a.m. to all Day Care children.
2. Children must be three years of age by December 2 of the year they are enrolled and must not be over the age of six. They must be able to take care of themselves in the bathroom. We do not accept non-ambulatory students. The child shall be involved in a program of play and preschool learning experiences which are appropriate to the age of the children enrolled in the school.
3. The school shall assume responsibility for the child after the child has passed the legally required morning health inspection and has been signed in by a parent, guardian, or designated representative of the child's parent or guardian. The school shall retain responsibility until the child is signed out by a parent, guardian, or designated representative of the child's parent or guardian.
4. The child shall be administered medication only upon the written request of the child's parent or guardian. The school shall have no responsibility of any kind whatsoever for failure to provide the requested medications nor for any adverse reactions which are caused by the administration of such medication.
5. The school shall give appropriate first aid to an injured child, and the parent or guardian shall be contacted immediately if it is the judgment of the school staff that immediate medical or dental attention is necessary. If it is further the judgment of the school staff that the injury is of sufficient emergency, paramedics shall be called to the school and a parent or guardian notified. It is the responsibility of the parent or guardian to maintain emergency plans and emergency phone numbers with the school's office at all times.
6. It is also the responsibility of the parent or guardian that, should a child become ill at school and the parent or guardian be notified that the child needs to be picked up, the child will be picked up immediately.

7. The school shall notify the child's parents or guardian of a suspected exposure to a communicable disease.
8. The Director or any other staff members shall report to Children's Protective Services or the Police Department as required by the California Penal Code any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.
9. A school calendar listing events and holidays for the school year will be given to each family with a child enrolled.
10. Parent Service Hours - Each WCS family is required to serve annual parent hours as follows: Full Time - 15 hours; M-W-F - 9 hours; T-Th - 6 hours. In lieu of service hours, you may pay \$15.00 per service hour. You may combine hours served and dollars paid.

PAYMENT PROVISIONS

In accordance with the statement of fees in the parent's handbook:

1. A non-refundable registration fee of \$155.00 shall be paid upon enrollment.
2. This fee is due yearly for students who plan to continue in our program. It shall be applied to summer enrollment as well.
3. Tuition payments are paid monthly, with the first payment due the first day of September, as outlined in the Tuition Agreement. Services shall be denied if payment is not received by the end of the month.
4. Tuition paid monthly is due by the tenth of each month. Tuition is based on the school year. Credit shall not be given for days the school is officially closed, nor for days when the child is absent.
5. A completed and signed tuition agreement by the person or persons accepting financial responsibility for charges must be on file.
6. Students who are attending in August or June of the current school year who are utilizing All Day, Early Arrival, or Lunch Services will be billed accordingly:
All Day (\$45 p/day), Early Arrival (\$6 p/day), Lunch (\$6 p/day)

TUITION PRICE GUIDE

Day Care	5 Days \$985.00	5 Half Days \$890.00	4 Days \$890.00	3 Days \$695.00	2 Days \$510.00
Preschool	M-W-F \$380.00	Tues-Thurs \$345.00			

Financially Responsible Party: _____ Date: _____

Home Phone: _____ Cell Phone: _____

OBLIGATIONS OF PARENTS OR GUARDIANS

1. All paperwork must be completed before the child may start school. The parent or guardian shall furnish all medical information required for enrollment.
2. Upon arrival at school, the parent, guardian, or designated representative of the child's parent or guardian shall bring the child to the teacher with the class roll, wait for a health inspection by the receiving teacher, and then sign in on the appropriate register using both the child's and the adult's first and last name and the time of arrival.
3. A parent, guardian, or designated representative of the child's parent or guardian shall sign the child out on the appropriate register using both the child's and adult's first and last names and time of departure before taking the child from the premises.
4. A parent, guardian, or designated person shall pick up the child from the Center promptly at the end of each class session. Morning preschool at 11:30 a.m. and afternoon preschool at 2:45 p.m. Our Center closes at 6:00 p.m. Monday through Friday, and all day care children must be picked up prior to that time. Late pickups will be charged \$6.00 for the first 5 minutes and \$12.00 per 5 minute interval after that.
5. The parent or guardian shall notify the school when someone other than those named on the emergency information form will be coming for the child.
6. The parent or guardian shall notify the school of the child's possible exposure to a communicable disease.
7. The parent or guardian shall notify the school when the child is absent.
8. The parent or guardian shall give 30 days notice or forfeit one month's tuition, in case of withdrawal from the program.
9. The parent or guardian shall come to school for conferences when asked to do so by a member of the school staff.

TERMINATION OF THE AGREEMENT

This agreement shall be terminated if any one of the following occurs:

1. The school year has come to an end.
2. Serious and/or prolonged illness has prevented the child from attending.
3. The agreed-upon tuition has not been paid.
4. Failure of the parent or guardian to honor the obligations listed in this Agreement or in any rules, regulations, or manuals provided by the school, after the school has given written notice.
5. Children with physical or emotional impairment may require special consideration before they can be admitted into any of our programs. We are not staffed for a child who requires one on one teacher supervision, nor can we accommodate children in wheelchairs.
6. A child will be dismissed from the program for continuous misconduct, incompatibility with group activities, or interference with the educational opportunities of the other children, if a satisfactory resolution of the problem cannot be achieved upon consultation with parents or guardians. Reimbursement for tuition paid will be determined by the date of withdrawal.

RIGHTS OF THE LICENSING AGENCY

The Department of Social Services licensing department has the authority to inspect as specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535. They have the right to interview children attending preschool or staff without prior consent. This authority includes the right to inspect, audit, or copy the child's records upon demand during normal business hours.

SIGNATURES TO AGREEMENT

I agree to cooperate with the policies of the Center, to perform the obligations of parent or guardian set forth in this Agreement, and to abide by the rules, regulations, and manuals provided by the Center. I further indicate that I have had this material explained to my satisfaction and that all of my questions have been satisfactorily answered.

I further agree to pay the non-refundable registration fee of \$155.00 upon enrollment of my child.

For services listed in Agreement, and in accordance with the terms of this agreement, I agree to pay Woodland Christian Preschool and Day Care Center the monthly sum of:

Tuition: \$ _____

You will be given at least 30 days notice before any changes are made to this agreement.

Date

Date

Print Parent or Guardian Name

Signature of Director

Signature of Parent or Guardian

OFFICE USE ONLY

Date Received: _____/_____/_____
 Fee: \$ _____ Cash CC Ck # _____
 Testing/Interview Date: _____/_____/_____
 Received by: _____

**OFFICE USE ONLY**

_____ RenWeb _____ Google Doc
 _____ Excel _____ QB

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 Fax: 530-406-0900

WWW.WOODLANDCHRISTIAN.ORG

2024–2025 PRESCHOOL ENROLLMENT APPLICATION

STUDENT INFORMATION

Applying for:

3 & 4 YEAR OLDS PROGRAM (beginning social skills, introduction to letters and numbers)

PRE-KINDERGARTEN PROGRAM (Preparation for Kindergarten, pre-reading skills, phonics)

Preschool and Day Care 7:00 AM—6:00 PM:

5 Days 4 Days 3 Days 2 Days

Morning Preschool Session 9:00 AM—11:30 AM:

3 Days, M-W-F 2 Days, T-Th Early Arrival With Lunch

Afternoon Preschool Session 12:30 PM—2:45 PM (Pre-K Only):

3 Days, M-W-F 2 Days, T-Th

Full Legal Name _____/_____

_____ Last _____ First _____ Middle _____ Preferred First Name _____

Date of Birth: _____/_____/_____ Age: _____ Gender: M F _____

Student Social Security Number (Entering grades 11 & 12 only) _____

Primary Address (All school mailings will be sent to this address) _____ City _____ State _____ Zip _____

Student E-mail Address _____ Student Home Phone _____ Student Cell Phone _____

Ethnicity (Optional): American Indian African American Asian Caucasian Hispanic or Latino Pacific Islander Other _____

PARENT INFORMATION

PARENTS' MARITAL STATUS: Married Divorced Remarried Single Deceased (Father Mother) Other _____

STUDENT LIVES WITH: Father Step-father Guardian Shared Custody

Spouse Name, if different than Mother: _____

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Mailing list only <input type="checkbox"/> NO contact	Father or Guardian: _____	Work Phone: (____) _____ Cell Phone: (____) _____ Home Phone: (____) _____ <input type="checkbox"/> Unlisted
	Mailing Address: _____ <i>(if different than student)</i>	
	Occupation: _____	
	Place of Employment: _____	
	Is Parent an Alum of Woodland Christian School? Yes No	

E-mail Address: _____ Home Work

STUDENT LIVES WITH: Mother Step-mother Guardian Shared Custody

Spouse Name, if different than Father: _____

<input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> Weekends only <input type="checkbox"/> Mailing list only <input type="checkbox"/> NO contact	Mother or Guardian: _____	Work Phone: (____) _____ Cell Phone: (____) _____ Home Phone: (____) _____ <input type="checkbox"/> Unlisted
	Mailing Address: _____ <i>(if different than student)</i>	
	Occupation: _____	
	Place of Employment: _____	
	Is Parent an Alum of Woodland Christian School? Yes No	

E-mail Address: _____ Home Work

NEWSLETTERS & ANNOUNCEMENTS BY E-MAIL: Newsletters and announcements will be sent via the e-mail addresses provided. Please send communications to the e-mail address provided for: _____

Father Mother Both

2024–2025 ENROLLMENT APPLICATION CONTINUED

EDUCATIONAL BACKGROUND

List the schools student has attended in the past, beginning with the most recent.

School _____ Grade(s) Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Reason for leaving: _____

School _____ Grade(s) Attended _____ Phone _____

Address _____ City _____ State _____ Zip _____

Reason for leaving: _____

Has your student attended WCS in the past? Yes No

If yes, please indicate the reason/circumstances for leaving and why you would like to return to WCS:

How far do you intend to have your student(s) remain at Woodland Christian School?

- Preschool Only**
 Through 5th grade
 Through 8th grade
 Through 12th grade

FAMILY INFORMATION: Please list all children under the age of 18 living with the family.

Name	Date of Birth	Grade Level	School Attending

CHURCH INFORMATION

Does family attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Church attendance: <input type="checkbox"/> Weekly <input type="checkbox"/> Once a month <input type="checkbox"/> Less than once a month
Pastor Name:	Name of Church:

PHOTOGRAPHY USE AGREEMENT: Woodland Christian School has permission to use any photo in which my child is pictured for use in school newsletters, web pages, promotions, etc. Yes No Conditional yes. Photo only, please do not publish name.

Is grandparent an Alum of Woodland Christian School? **Yes (please specify):** _____ **No**

*Name of person/current WCS family who referred you to WCS: _____

I CERTIFY THAT THE INFORMATION SUPPLIED ON ALL DOCUMENTS IS TRUE AND COMPLETE.

_____ / _____ / _____
 Parent Signature Printed Parent Name Date

WOODLAND CHRISTIAN PRESCHOOL & DAY CARE

1787 MATMORROAD • WOODLAND, CA 95776 • 530.662.0994



2024—2025 TUITION INFORMATION

License #574500528

Open week days from 7:00 am to 6:00 pm.

Bible stories, songs, verses and prayer are a part of our day.

Yearly non-refundable application and registration fee is \$155.00.

MONTHLY FEES DUE BY THE 1ST OF EACH MONTH:

Preschool	9:00 - 11:15	3 Day MWF	\$380.00
		2 Day T TH	\$345.00
Afternoon * Advanced Pre-K only *	12:30 - 3:00	3 Day MWF	\$380.00
		2 Day T TH	\$345.00
Preschool Early Arrival	8:00 - 11:15	3 Day MWF	\$420.00
		2 Day T TH	\$370.00

DAY CARE OPTIONS

Full days include academic program, lunch, 2 or more snacks, nap time and day care.

5 Full Days	Preschool and Day Care	\$985.00
4 Full Days		\$890.00
3 Full Days		\$695.00
2 Full Days		\$510.00
5 Half Days	7:00 - 12:00 lunch M-F	\$890.00
3 Half Days	7:00 - 12:00 lunch M-W-F	\$590.00
2 Half Days	7:00 - 12:00 lunch T-Th	\$465.00

EXTRA CHARGES

Early Arrival	\$ 6.00 per day	Lunch	\$ 5.00 per day
Half Day	\$30.00 lunch included	Late Fee	\$25.00 after the 10th
(7:00-12:00) Half Day	\$25.00 no lunch	Returned Check	\$25.00 per check
(7:00-11:15) Hourly	\$6.00 (7:00–8:00 am or after 3:00)	Late pick-up	\$6.00 for first 5-minutes, \$12.00 per 5-minute interval after that
Daily	\$45.00 per day		* After two returned checks, "Cash Only" Status *

New Student Application & Registration Fee: This fee is \$155 per new student and submitted at the time of initial application. This fee is non-refundable.

Payments: Payments are made to the school and due on the first of each month. School payments are established by choices made on the tuition agreement. **The first payment is due September 1, 2024. This payment is non-refundable.**

Payment Plans: There are three payment plans available for monthly payments, made by check, ACH Direct Debit or Credit Card Auto Debit.

The first payment is due September 1, 2024. All accounts must be paid in full by May 31 of each year.

Billing: The accounts receivable policy for all families is as follows:

- All accounts are charged a \$25.00 late fee per family if payment is received later than the tenth of the month.
- Accounts with returned checks are charged a \$25.00 fee, which is over and above the late fee.

Parent Service Hours: Each full time preschool family is required to serve 15 hours per year (hours for part-time preschool families will be pro-rated). Parents can log their volunteer hours via RenWeb. Hours can be fulfilled in many ways, including but not limited to: serving on a committee, helping with school activities or serving on a beautification day. Grandparents, adult aunts and uncles can also serve the hours. Hours served during the summer will count toward the upcoming year.

In lieu of fulfilling the service hours, families may opt to pay \$15 per each hour of the requirement (\$225) or opt to serve a portion of the hours and pay \$15 per hour for any unserved hours. At the end of the year, hours will be tallied and a bill will be sent out for any unserved hours.

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Woodland Christian Preschool 2024-2025 Tuition Agreement

Please read and sign.

FOR OFFICE USE ONLY	
_____ Annual Amount	
_____ Monthly Amount	

FOR OFFICE USE ONLY			
_____ Excel		_____ Invoice	
_____ Mem		_____ Reg	

Financial Responsibility: This agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed on the Enrollment Application or Re-Enrollment Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory, and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the bookkeeper at WCS to make payment-plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student's enrollment.

Tuition Agreement: *This Tuition Agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for Person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-Enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

Delinquent Accounts: Students whose accounts become 30 days delinquent may not be allowed to attend class until the account is paid in full or arrangements have been made with the bookkeeper.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last months tuition prior to readmission for the following year.

Early Withdrawals: If a family withdraws their student(s) during the school year, the family is responsible for tuition through the end of the month (K-12). For preschool students only, the parent or guardian shall give 30 days notice or forfeit one month's tuition, in case of withdrawal from the program.

FINANCIAL RESPONSIBILITY INFORMATION

PRINT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1.	2.
HOME ADDRESS(S):	1.	2.
MAILING ADDRESS(S):	1.	2.
E-mail Address(s):	1.	2.

TUITION PLAN:

I (we) choose the following tuition schedule: (please check one)

- Plan A:** 9 monthly payments by check or cash due on the first of each month. (September 1, 2024 to May 1, 2025)
- Plan B:** 9 monthly ACH Direct Debit payments. (September 5, 2024 to May 5, 2025) *(complete attached form, side "C")*
- Plan C:** 9 monthly Credit/Debit Card Automatic Debit payments. (September 5, 2024 to May 5, 2025) *(complete attached form, side "D")*

PLEASE NOTE: A \$25.00 late fee will be added if payment is not received by the 10th of the month. There will be a \$25.00 charge on any returned item (check or ACH). Accounts with multiple returned checks/debits may be required to make all payments with a Cashier's Check or Cash.

SIGNATURE(S)	1.	2.
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Return this signed agreement along with your registration fees.

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Woodland Christian School



PRESCHOOL
 1787 Matmor Road
 Woodland, CA 95776
 Phone: 530.662.0994
 Fax: 530.406.0900
 License #573615861

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 Fax: 530.406.0900

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 Fax: 530.406.0900

HIGH SCHOOL
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 Woodland, CA 95776
 Phone: 530.406.8800
 Fax: 530.406.0900

ACH Debit Authorization Agreement

PLEASE CHECK ONE: Enroll Withdraw Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (We) hereby authorize WCS to initiate debit entries to my (our):

Checking Account

Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month with the **last payment being May 2025**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my(our)account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title
 (as it appears on your bank account): _____

Print Name _____ Joint Tenant Name _____

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Account holder is required to verify bank account data and attach a voided check here.

- Attach voided check here -

1 Routing Number (requires 9 digits)

2 Bank Account Number (not to exceed 17 digits)

3 Check Number

I(we) would like ALL charges (athletic, extended care, emergency lunches, etc.) to be debited from my account as they occur.

Initials _____

Woodland Christian School



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Fax: 530.406.0900

HIGH SCHOOL
1787 Matmor Road
Woodland, CA 95776
Phone: 530.406.8800
Fax: 530.406.0900

Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:

Enroll

Withdraw

Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ _____ on the fifth day of each month **with the last payment being May 2025**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my (our) account must comply with the provisions of US law.

Payment/Authorization Information:

Accepted Payment Methods: MasterCard, Visa, Discover

Card Number _____ (enter number without spaces)

Expiration Date (MM / YY) _____ Security Code # _____ (3-digit code on back of card)

Amount Each Month: \$ _____

Customer Billing Information:

Last Name _____ First Name _____

Company _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (_____) _____ Fax (_____) _____

E-mail: _____

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print Name _____

Joint Tenant Name _____

Signature _____

Signature _____

Date _____

Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Student Information

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

I(we) would like ALL charges (athletic, extended care, emergency lunches, etc.) to be debited from my account as they occur. Initials _____



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PARENT LETTER
FOR APPLICANTS ENTERING GRADES PS-12

As a parent/guardian, why do you want your student(s) to attend Woodland Christian School?

ASSUMPTION OF RISK, WAIVER OF LIABILITY, and INDEMNIFICATION AGREEMENT

In consideration for being allowed to participate in Activities at or with Woodland Christian School (“WCS”), on behalf of myself and my next of kin, heirs, and representatives, **I release from all liability and promise not to sue** Foundation for Excellence at Woodland Christian Schools (“FFE”) or WCS, which includes the employees, officers, directors, volunteers, and agents of FFE or WCS (collectively, “**Releasees**”). This release and promise not to sue applies to **any and all claims, including claims of negligence** resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss suffered because of participation in WCS Activities, including travel to, from said Activities. For purposes of this document, the term “**Activities**” includes, but is not limited to, participation as a student (whether on-site or via distance learning), participation in extracurricular activities (e.g., sports, clubs, camps, extended care), or participation in any other program offered by or at WCS.

I am **voluntarily** participating in these Activities. I acknowledge, appreciate, and agree that there are risks associated with traveling to/from and participating in Activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death.

Participation also includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and **COVID-19**. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activities’ location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in Activities, including travel to, from, or during Activities.**

I agree to **hold Releasees harmless** from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in Activities, including travel to, from, and during the Activities. If the Releasees incur any of these types of expenses, I agree to reimburse Releasees. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older and the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the Releasees from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in Activities, including travel to, from, and during Activities.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. **I have read this two-page document, and I am signing it freely.** No other representations concerning the legal effect of this document have been made to me.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. **I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.**

Minor Student/Participant Name: _____ Grade: _____

Minor Student/Participant Name: _____ Grade: _____

Minor Student/Participant Name: _____ Grade: _____

Minor Student/Participant Name: _____ Grade: _____

Minor Student/Participant Name: _____ Grade: _____

Name of Participant's Parent/Guardian(s) (*print*): _____

Signature of Participant's Parent/Guardian: _____ Date: _____

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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
----------------------------	-----------------------------------	---------------------------------------------

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
------------------------------------------------------------------------------------------	------------------------	---------------------------------------------

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?	
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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
--------------------------------------------	------

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

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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)

Woodland Christian Preschool
(NAME OF CHILD CARE CENTER/SCHOOL)

. This Child Care Center/School provides a program which extends from _____ : _____
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.

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, River City Regional Office

Licensing Office Address: 9835 Goethe Road, Suite 100, Sacramento, CA 95827

Licensing Office Telephone #: 916-263-5744

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.

Woodland Christian Preschool

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.

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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:

Community Care Licensing

NAME

River City Regional Office

ADDRESS

9835 Goethe Road, Suite 100

CITY

Sacramento, CA

ZIP CODE

95827

AREA CODE/TELEPHONE NUMBER

916-263-5744

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)

Woodland Christian Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1787 Matmor Road, Woodland, CA 95776

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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 - (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.
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NAME

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ADDRESS

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CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Sacramento, CA	95827	916-263-5744

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(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Woodland Christian Preschool	1787 Matmor Road, Woodland, CA 95776
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

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

_____ Woodland Christian Preschool _____ 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

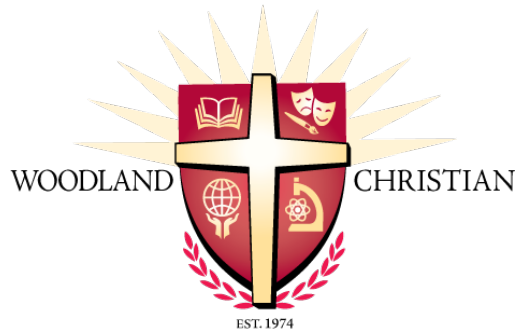
_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

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Dear Parent/Guardian

Pursuant to Health and Safety Code 1596.7996 all Child Care Centers are required to provide parents and guardians of children enrolling or reenrolling in our care with written information on the risks and effects of lead exposure, blood lead testing requirements and recommendations, and options for locations of affordable blood lead test as specified.

The attached flyer Lead Poisoning Facts is provided to you courtesy of the California Department of Public Health.

Lead Poisoning Facts

I _____
the parent/guardian of _____ have
received and copy of and read the attached flyer Lead Poisoning Facts as provided by
Woodland Christian Preschool and Day Care Center.

Signature

Date

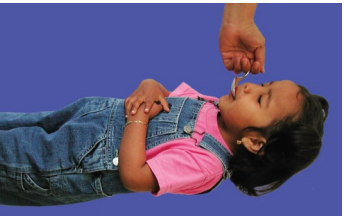
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POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019

EFFECTS OF LEAD EXPOSURE



Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;

- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*

- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.

- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

