Registration Packet

2025-2026

Class (check one): ❑T/Th ❑MWF ❑JK

Child's Name (Last, First):_____

Creative Play Center Registration Checklist

Please bring the following paperwork for enrollment. Your child will remain on the wait list until all forms are returned and all payments have been made. Bring all the paperwork to Registration Day!

I. ALL MEMBERS (ALL paperwork from this section MUST be turned in to be registered. No partial paperwork accepted)

☐ Registration Payment Sheet (pg 2)

☐ Member Responsibilities (pg 5) **Note: all parents/guardians responsible for co-oping duties need to sign**

☐ Contract & Admission Agreement (pg 7) Note: all parents/guardians responsible for co-oping duties need to sign

☐ *Identification/Emergency/Health Information w/ Consent to Treat (pgs 8-9)

☐ *Co-Oper's Health Information (page 10)

☐ Media Release (page 13)

☐ Disaster Information and Release Authorization Form (pgs 14-15) Note: include a clear picture of child

☐ Personal Rights Form, signed portion Note: cut the bottom part and turn it in. The upper part is for your records. (pg 16)

☐ Parents' Rights Form, signed portion Note: cut the bottom part and turn it in. The upper part is for your records. (pg 17)

☐ COVID 19 Waiver **Note: all parents/guardians and co-opers must have their own signed page on file.** (pg 20)

☐ Teacher's Information Questionnaire

II. CO-OPERS CHECK LIST (documents needed per co-oper)**

☐ TB Clearance for Co-Opers (pg 12) **Note: One per co-oper with signature every school year**

☐ TB test results for Co-Opers (New co-opers or co-opers with TB test older than 4 years.)

☐ Measles vaccine proof (one time only, can be from any year. Co-Opers with one on file do NOT need to present it again)

☐ Pertussis vaccine proof (one time only, can be from any year. Co-Opers with one on file do NOT need to present it again)

☐ Flu vaccine declination form for student and **every** co-oping adult. If you chose to get the flu vaccine, please send that in once you get it, and we will replace the declination form with the proof of vaccine.

* Items will remain confidential.

** A person who wants to co-op occasionally (**less than 15 hours per school year/no more than 5 co-oping days**) is NOT considered a main co-oper and does NOT need to present paperwork

III. PHOTOS

☐Cubby Picture (4x6" landscape positioned picture with name and class written on the back)

☐Family Picture (4x6" with name and class written on the back)

☐ Picture for emergency disaster form (3x5"). Please attach in photo box on page 14.

IV. NEW CHILDREN TO THE SCHOOL ONLY

☐*Copy of Child's Birth Certificate

☐*Copy of Child's Immunization record (4 TDAP, 3 POLIO, 1 HIB, 1 MMR, 3 HEP B, 1 VARICELLA)

Note: A medical exemption is only accepted when it has been issued through the California Immunization Registry-Medical Exemption website.

☐* Physician's Report (pgs 18-19 with doctor's signature)

Registration Payment Sheet

Class (check one): ☐T/TH ☐MWF ☐JK

Child's Name: _____ Last _____ First _____ MI

This section is to be filled out by a CPC facility representative

1. **Outstanding Balance 2024-2025**

   No Yes Amount_____

   Note: Families with an outstanding balance will not be registered until the balance is paid in full.

2. **Registration Fee**

   $50 (per child, per year)

3. **2025/2026: May 2026 Tuition (non-refundable after 6/1/2025)**

   $197 T/Th
   $329 MWF
   $478 JK

4. **Tuition Discount**

   MULTIPLE SIBLING

   10% Second

   20% Third

5. **5% Discount on yearly Tuition if paid in full. Valid only at Registration Day!**

   $1686T/Th

   $2813 MWF

   $4087 JK

This section to be filled out by a CPC facility representative

Refund policy for Pre-Payment: the 5% discount will no longer be in effect if the refund is solicited after June First. CPC will keep the May tuition and will return any balance left for the months not attended by the child.

6. **Total Amount to pay at Registration Day**

$_____ Cash Venmo Check# _____ Start Date (Day/Month/Year) _____

_____

Recorded by (name) Date Recorded

For CPC use: Treasurer (original) Chart (copy)

STATEMENT OF POLICY 2025-2026

(Retain for your records)

Following is the Statement of Policy of Creative Play Center. Our school is a cooperative effort by parents and staff for the benefit of our children. The school is much more than the policies, however necessary and important, which keep it running smoothly.

Creative Play Center is a cooperative preschool operated by all our members. Each member shares a responsibility in the financial solvency of the school, for the acquisition and maintenance of equipment, and for maintaining the quality and integrity of the program. *The success of our operation is dependent upon the whole hearted support, enthusiasm, and participation of all members.*

Parents are actively involved in the educational process. They assist the director and teachers and freely interact with the children. At the same time, by observing and working with groups of children and consulting with experienced educators, parents can watch their own child grow and better evaluate his or her development. Parents and children benefit immeasurably from their mutual involvement in a stimulating educational environment.

Other educational opportunities are offered to parents through guest speakers, and discussion groups. A library of current literature related to understanding and caring for the preschool child is located in the school and is available to all members of Creative Play.

Indoor and outdoor areas of Creative Play Center have been planned with the intent of achieving developmentally appropriate goals. These goals involve the social, emotional, cognitive, and physical development of the child. While striving to attain developmentally appropriate development in these areas, we have, as our overlying concern, the child's self-esteem.

Therefore, Creative Play Center can only accept cooperating families for membership. Each prospective member must read and agree to the policies of the school before admission. Each prospective member will be asked to sign a contractual agreement to this effect. Our policies have been established to support our philosophy, and to encourage the enrollment of truly dedicated people who realize the importance of participation.

The following sections summarize the major policies of the school. For further clarification, it is strongly suggested that each member familiarize herself/himself with the MEMBERSHIP MANUAL which is available online at our website: **http://www.creativeplaycenter.org/member-login** Password: Play

Creative Play Center admits students of any race, color, religion, or national/ethnic origin.

I. APPLICATION

Creative Play Center members have priority for admission to the regular session until January 31. Alumni families have priority over the general public. A child must be 2 years by the first day of scheduled school to begin attendance. A non-refundable $50.00 application fee will be charged for each applicant.

II. ADMISSIONS

Prior to admission all the things specified in the Check List of this Registration Packet MUST be completed and returned to the MEMBERSHIP CHAIRPERSON. Items marked with an asterisk (*) will remain confidential. No child will be admitted to school without meeting all requirements.

Children will be given class assignments according to their age group, with exceptions made for individual developmental needs as determined by the teachers.

A. CONTRACT

A contractual agreement, to be signed by the parents or guardians of any child enrolled at Creative Play Center, will be given to each member (returning and new). Both parents/guardians will be required to sign and return the Contract along with the remainder of the forms necessary for admission.

B.HEALTH, SAFETY AND EMERGENCY FORMS

Written permission must be given in the event of injury requiring medical attention, a child may be attended to at school, taken to his own physician or to any reputable physician if necessary, or may be taken by ambulance to a hospital. A form for this purpose is provided.

A doctor must complete the Physician's Report. Each child must have been examined within a year prior to their admission day to the school. Each co-oping parent/guardian must sign and return a Statement of Good Health. Forms for both guardian and child will be provided.

C. TB TESTS

Guardians entering Creative Play for the first time must have an intradermal PPD skin test or chest X- ray. ***TB tine is not acceptable***. TB test dates and results may be recorded by your doctor on the guardian and child health forms or other proof of a negative TB test may be submitted.

For continuing parents at Creative Play, your intradermal PPD TB skin test is valid for four years. If it has expired or will expire during the school year, you will need to have another test taken. A negative skin test is also required for any other adult, if they plan to share co-oping duties on a regular basis.

Copy of guidelines required by the State of California & Contra Costa Health Services is included.

D. VACCINATIONS

State Law requires all children to be current in their varicella (chicken pox), diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hepatitis B and Hib meningitis immunizations before entering the school. Children with missing doses will be admitted conditionally, only if the missing doses are not due yet. The family will need to show proof of immunization within 10 days of the due date. If there are past due doses the child cannot attend or be admitted to school. Immunization exemptions are only accepted when the child's physician recommends, in writing, against immunization on medical grounds and states that the child's presence will not jeopardize the other children.

III. TUITION AND FEES

A. MONTHLY TUITION

Tuition is payable by the 1st of each month and late by the 5th of each month. A fine is charged for late payments: $5.00 for the first month, $10.00 for the second month, $15.00 for the third month, etc. Failure to pay by this date will result in the child being dropped from membership. Refunds are at the discretion of the Executive Board.

T/TH Class	$197.00 per month
MWF Class	$329.00 per month
JK Class	$478.00 per month

*If you have two children enrolled in the school, a 10% discount may be applied toward the second child's tuition each month. A 20% discount may be applied toward the third child's tuition. Tuition amounts are subject to change.

B. FEES

In addition to tuition, non-refundable fees will include:

1. Application Fee: $50.00 paid with application, one time only
2. Registration Fee: $50.00 per child per year by returning and new members, securing class space

IV. CLASS SCHEDULE

Class	Class Hours	Age by September 1, 2025
T/Th	9:45am - 12:00pm	2yr - 2yr 11mos
MWF	9:00am - 11:30am	3 yr - 3 yr 11mos
JK	M-Th 9:30am -12:30pm	4yr - 4 yr 11 mos

V. PARENT PARTICIPATION & RESPONSIBILITIES

Creative Play is a *parent participation* school. All members share the work and the fun, from housekeeping and maintenance duties to co-oping and decision-making. Meeting our responsibilities and giving our best effort *is essential* to enable our school to continue to run and give our children the best preschool experience we can offer.

Please make a note of the following six areas of member responsibilities. In order to avoid fines and/or additional work requirements, fulfillment of these responsibilities is required.

A. CO-OPING

Average once a week, dependent on class size. We try to keep a one adult to 4 student ratio. On your co-oping days, you are required to arrive at school 15 minutes before the start of class to prepare your area and then stay about 15 minutes after class to for additional clean up and any items that need to be discussed.

B. COMMITTEES

One guardian from each family, except Governing Board members, is expected to serve on a committee and to attend all of its meetings. Committee assignments require a minimum of 30 hours per school year.

C. HOUSEKEEPING AND MAINTENANCE

Two 4 hour assignments are usually scheduled on two different days. Special projects may take the place of hours with permission of H&M chair. Consideration is given to particular skills and your business hours. A total of 8 hours of H&M is expected to be completed by the last day of school.

D. REQUIRED MEETINGS

1. At least one Orientation meeting for all members. Non parent alternates who will be co-oping on a regular basis must also attend.
2. General Membership meetings are on the second Tuesday evening of most months for the purpose of business, discussion of the program, special needs of children in the group, etc. Speakers may be invited to the meetings, and parent education programs may be included. The class Rap Session held in October replaces the general membership meeting. Only one parent/guardian is required to attend General Membership meetings, but all are most welcome. <u>One excused absence is allowed per year</u>. Meetings are mandatory and held via Zoom.
3. Committee meetings are scheduled as needed and attendance is required.

E. FUNDRAISING

There will be a minimum of a 4 hour required commitment by each family in the form of direct participation in the December Winter Wonderland or Spring Auction fundraisers if held during the current school year. CPC families are strongly encouraged to attend and support fundraising events.

VI. CPC BOARD POSITION

Returning Alumni may be nominated for any board position. Nominations take place in January; work begins in April. Contact the President for further details.

I have read the above required duties and commitments of Creative Play Center and accept the responsibilities therein.

Legal Guardian's Signature	**Date**
Legal Guardian's Signature	**Date**

Fee, Fines and Tuition Schedule

(2025-2026 School Year)

FEES

Application Fee	$50/child, nonrefundable
Registration Fee	$50/child, nonrefundable
Co-oping Substitute Fee[1]	T/Th: $35, MWF: $40, JK: $45 per paid substitution
Housekeeping/Maintenance Day Sub	$50 per paid substitution

TUITION

Due on the 1st, no later than after 3 pm on the 5th

T/Th CLASS	$197.00 per month
MWF CLASS	$329.00 per month
JK CLASS	$478.00 per month

Multiple Child/Family Discounts	2nd child 10% discount, 3rd child 20% discount (discount applies to younger sibling, tuition only)

FINES

Failure to pick up child on time	A dollar per minute late fine will be imposed, after third late pick-up
Service Charge on Returned Checks	$25 service charge
Late Tuition Fine	$5 1st offense, $10 2nd offense, $15 3rd offense, etc. Failure to pay, child will be dropped from membership
Missed Co-op Day Fine (with no sub)	$40
Missed H&M	$25 per missed hour
Missed Membership Meeting Fine	$50 per meeting. One missed meeting is excused.
Failure to Meet Committee Assignment	$25 per missed hour up to 30 hours
Failure to Meet 4-hour Fundraising Obligation	$25 per missed hour

[1] The co-oping sub fee and Housekeeping/Maintenance day sub fee are suggested fees only because trades are personal arrangements made between the scheduled member and another member willing to substitute for a fee.Any substitute for a Housekeeping/Maintenance day must be a current CPC member. [3] "Late" means more than 10 minutes after class dismissal.

CONTRACT & ADMISSION AGREEMENT

Class (check one) ☐T/TH ☐ MWF ☐ JK

Last First MI

Creative Play Center, hereafter referred to as CPC, provides teaching and supervision to preschool age children in a parent co-op setting.

The activities of CPC often take place in an active environment that may involve risk to me and my child. Tuition must be paid monthly in the amount set forth in the Statement of Policy relative to each class.
Tuition, fees and fines are reviewed on a yearly basis, at the end of each school year. Any changes become effective the following school year.

No refunds will be given for application or registration fees (as outlined in the Membership Manual distributed at the beginning of each school year). Next May's tuition is non-refundable after June 1st.

California State Licensing Agency (Community Care Licensing) has the following authority:

a) to interview children or staff, and to inspect and audit child or facility records without prior consent;
b) to observe the physical condition of the child (ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child (ren).

This contract may be terminated if the tuition is not paid by the 5th of the month or if a child is determined by center staff to be a danger to other children.

I hereby release and forever discharge CPC, its Directors, its Board Members, its agents, and its representatives from any and all claims, suits, demands, obligations, and liability of any nature, for any damage, loss, cost or other detriment of any kind, known or unknown, fixed or contingent, that arises out of or with respect to the participation of me or my child in CPC and its functions and activities.

I agree to hold harmless and indemnify CPC, its Directors, its teachers, its Board Members, its agents and its representativesfor all costs and liabilities, including attorney's fees, resulting from my, or my child's, participation in CPC.

Binding Arbitration Agreement: Any dispute between Members and their heirs on the one hand and CPC, its Directors, its Teachers, its Board Members or other associated parties on the other hand, for alleged violation of duty arising out of or related to this agreement, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I understand that Members enrolled under this Agreement, and their heirs, thus give up their right to a court or jury trial, and instead accept the use of binding arbitration.

In consideration for the enrollment and attendance of our child (ren) in Creative Play Center, we hereby agree to abide and be bound by the terms and conditions set forth in the enclosed "Statement of Policy" & "Fee, Fine & Tuition Schedule." We acknowledge that we have received a copy of the aforementioned statements.
ALL GUARDIANS RESPONSIBLE FOR ENROLLED CHILD MUST SIGN.

Legal Guardian's Signature **Date**

Legal Guardian Signature **Date**

Facility Representative **Date**

IDENTIFICATION AND EMERGENCY INFORMATION

Class (check one): ❑ T/TH ❑ MWF ❑ JK

Child's Name _____ Birth Date _____
Last First MI mm / dd / yyyy

Child's Nickname _____ Male Female Other
(if different than above)

BASIC FAMILY INFORMATION

Check Appropriate Box: ☐New Family ☐Continuing Family ☐ Alumni Family (sibling previously enrolled, 1+ years ago)

Child's Home Address _____
Number Street City State ZIP

Guardian 1's Name _____ Telephone _____
Last First MI

Guardian 1's Home Address *(if different from above)* _____
Number Street City State ZIP

Guardian 1's E-mail _____ Is this the mail E-mail: yes no

Guardian 2's Name _____ Telephone _____
Last First MI

Guardian 2's Home Address *(if different from above* _____
Number Street City State ZIP

Guardian 2's E-mail _____
Is this the main E-mail? yes no

Person(s) responsible for child: Guardian1 Guardian2 both other *(list information below)*

Name _____ Relationship to Child _____

Home Address _____ Phone _____ E-mail _____

How many persons will be co-oping? _____ Person(s) who intends to co-op: Guardian 1 Guardian 2 other

Will you be double co-oping (i.e. two students enrolled simultaneously)? yes no

ADDITIONAL PERSONS (OTHER THAN PARENTS) WHO MAY BE CALLED IN AN EMERGENCY

	Name	Address	Day Phone	Relationship to Child	*Is this person authorized to take child from School?*
1)					☐yes ☐ no
2)					☐ yes ☐ no
3)					☐ yes ☐ no
4)					☐ yes ☐ no

CONSENT FOR EMERGENCY MEDICAL TREATMENT DOCTOR AND DENTIST EMERGENCY CONTACT INFORMATION			
Doctor's Name	Doctor's Address	Doctor's Phone Number	Medical Plan ID #
Dentist's Name	Dentist's Address	Dentist's Phone Number	Medical Plan ID #
Preferred Hospital Name		OR, Any Emergency Hospital?	yes no

As the parent or authorized representative, I hereby give consent to Creative Play Center to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or dentist (D.D.S.) for

_____

Child's Full Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

x _____ _____

*****Parent/Authorized Representative Signature***** Date

ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM SCHOOL List anyone you may be carpooling with; child will not be allowed to leave with any other person without written authorization from parent or guardian.		
Name	Relationship to Child	Day Phone
1)		
2)		
3)		
4)		

CHILD'S HEALTH INFORMATION

Developmental History

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
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		Ten-Day Measles (Rubeola)	
Rheumatic Fever		Whooping Cough		Three-Day Measles (Rubella)	
Hay Fever		Mumps			

Specify any other serious or severe illnesses or accidents				
Does child have frequent Colds	no	How many in last year?		
Allergies (food, medication, insect, etc):				OR No known allergies
Prescribed Medication(s):				OR No prescribed medication
Dose & Other Instructions/Side effects:				
Current Illnesses? Diabetes yes no Seizures or Convulsions yes no Asthma yes no Special Devices yes no				
Parent's Evaluation of child's health:				

X _____ _____

********Parent/Guardian Signature******** **Date**

**If more than one co-oper, don't forget to fill out and sign additional sections.

Creative Play Center

CO-OPER'S HEALTH INFORMATION

MAIN CO-OPER'S HEALTH INFORMATION (CO-OPER #1)

Name _____ Date of Birth _____

Allergies (food, medication, insect, etc): _____ OR No known allergies

Prescribed Medication(s): _____ OR No prescribed medication

Dose & Other Instructions/Side effects: _____

Current Illnesses? Diabetes yes no Seizures or Convulsions yes no Asthma yes no Special Devices yes no

yes no If yes, please explain _____

I am in good health and able to perform all duties assigned to me at Creative Play Center.

_____ _____

Co-oping Person's Signature Date

Additional CO-OPER'S HEALTH INFORMATION (CO-OPER #2)

Name _____ Date of Birth _____

Allergies (food, medication, insect, etc): _____ OR No known allergies

Prescribed Medication(s): _____ OR No prescribed medication

Dose & Other Instructions/Side effects: _____

Current Illnesses? Diabetes yes no Seizures or Convulsions yes no Asthma yes no Special Devices yes no

yes no If yes, please explain _____

I am in good health and able to perform all duties assigned to me at Creative Play Center.

_____ _____

Co-oping Person's Signature Date

Additional CO-OPER'S HEALTH INFORMATION (CO-OPER #3)

Name _____ Date of Birth _____

Allergies (food, medication, insect, etc): _____ OR No known allergies

Prescribed Medication(s): _____ OR No prescribed medication

Dose & Other Instructions/Side effects: _____

Current Illnesses? Diabetes yes no Seizures or Convulsions yes no Asthma yes no Special Devices yes no

yes no If yes, please explain _____

I am in good health and able to perform all duties assigned to me at Creative Play Center.

_____ _____

Co-oping Person's Signature Date

TUBERCULOSIS SCREENING GUIDELINES FOR SCHOOLS AND CHILD DAY CARE FACILITIES CONTRA COSTA COUNTY

The following are recommendations for implementing current laws for the control of tuberculosis in California (1). These guidelines are prepared by the Contra Costa Health Service/Public Health Tuberculosis Control Program to advise schools of the current laws and regulations.

INSTITUTION, AGENCY OR FACILITY	INITIAL EXAM	REPEAT EXAM	EXAM TO CONSIST OF:
SCHOOL & CHILD DAY CARE FACILITIES: (Includes Nursery Schools, Day Nurseries and Developmental Centers): 1. All employees and volunteers in public, private and parochial schools for K-12 and child day care facilities. Exceptions may be made for volunteers who are NOT in contact with students or children.	Within 60 days prior to employment: 1. PPD skin test if previously negative. 2. If previously PPD positive, one negative chest x-ray after skin test turned positive. NOTE: Public Health recommends that the employee who is previously PPD positive also have a TB symptom screen at the initial exam.	1. Employee with a negative skin test, repeat every four years. 2. Yearly symptom screen/risk assessment is recommended for all employees. 3. Employee with documented (2) positive test that was followed with an x-ray, no requirements for additional exams.	1. Intradermal Mantoux 5TU PPD skin test. Note: TINE or other multiple puncture tests, even is solution is PPD, are NOT acceptable. 2. If the test is positive (10mm or more of INDURATION) it must be followed by a chest x-ray. 3. Employees must have on file a certificate from an examining physician indicating that the employee is free from active disease.

(1) Laws: Education Code §49406 Health & Safety Code §3400 et. seq. CA. Admin Code: Title 5 §12066 et. seq. Title 22 §41301 et. seq.

(2) Documentation: A written result which includes. Type of Test (Mantoux not multiple puncture), Date of Test, and Millimeters of induration (do not measure redness)

TB CLEARANCE FOR CO-OPERS

**A separate form must be completed for EACH co-oping person. Print multiple forms if needed. Signature required at bottom.

Class (check one): ☐T/Th ☐ MWF ☐ JK

Child's Name: _____
Last First MI

Co-oping Person's Name _____

Relationship to Child_____

CONTRA COSTA PUBLIC HEALTH SERVICES
TUBERCULOSIS SCREENING GUIDELINES FOR SCHOOLS AND CHILD CARE FACILITIES
(LAWS: CALIFORNIA EDUCATION CODE 49406 HEALTH AND SAFETY CODE 3400)

All employees and volunteers of public, private and parochial schools (K-12), pre-schools and day care facilities must show that they are free of communicable tuberculosis.

If you are a new co-oper at Creative Play Center, you will need to have a PPD skin test (County Health Services recommends is an Intradermal Mantoux 5TU PPD skin test. Please note TINE is not acceptable) performed by your health care professional. Your health care professional needs to provide signed and dated certification of a negative test result (i.e., free of active disease).

If you have a positive PPD skin test result, one negative chest x-ray is required.

CHECK THE BOX BELOW THAT APPLIES TO YOU:

□ I am a new family at Creative Play Center. **Attached is a signed and dated written verification from my health care provider of my negative TB test result.**

□ I am a continuing co-oper and have a current TB test on file _____
Class your child attended last year

(Skin tests are valid for 4 years with no more than a 1 year break in service).

X

_____ _____
Co-oping Person's Signature Date

***Co-oping person volunteers for more than 15 hours/5 days per school year*

MEDIA RELEASE

Class (check one): ☐ T/TH ☐ MWF ☐JK

Child's Name: _____ Last First MI

I give my permission for my child's images to be used for in-house communications (i.e class newsletter, school newsletter)
YES **NO**

I give my permission for my child's images to be used on the school web site.
YES **NO**

I give my permission for my child's images to be used in the school brochure and marketing materials.
YES **NO**

I give my permission for my child's images to be used on the school's public FaceBook page.
YES **NO**

I give permission for my child to appear on their own class private FaceBook Page.
YES **NO**

I give my permission for my child's images to be used on the school's private Alumni FaceBook page.
YES **NO**

I give my permission for my child's images to be included in school slideshows that may be used, but not limited to viewing at the Spring Auction.
YES **NO**

No names will ever be associated with any image of you or your child in any of our collateral.

X _____ _____

Parent/Legal Guardian Signature Date

Disaster Information and Release Authorization Form 1/2

- This form will only be used in the event of a major disaster or civil defense emergency; times when your child would be at school for an extended period of time.
- When choosing people who may pick up your child if you were unable to get to school, please consider listing friends and family from various locations. If roads were closed from one direction, someone who lived in a different area might be able to get to CPC sooner.
- Be sure to list an out of state contact. Often during an earthquake or other local disaster, phone lines will only work in calling out of State. This person can be a contact between you and the school.
- It is important that you notify everyone on your contact list that they have been authorized to pick up your child under these circumstances.
- Please list any additional information you would like us to have on the back of this form

Attach a clear, high quality photo of your child here.
This picture should be ONLY of your child.

The picture size should be approximately 3x5.

Child's Name _____

Child's Class _____

Child's Birthday _____

Child's Address

_____

Home-Phone # _____

Parent 1 Phone# _____

Parent 2 Phone# _____

Out of State Contact _____

Out of State Phone # _____

_____

Insurance Provider _____

Policy # _____

Child's Known Allergies _____

_____

_____

_____

Important child's AND parent/guardian (who may be working at school) medical information

_____

_____

_____

Do you authorize CPC teachers and working parents to offer your child pain medication they deem appropriate in the case of an emergency?

□ Yes □ No

Who May Pick up your Child in the event of an Emergency? (*We will not release your child to anyone whose name is not on this list. Please feel free to add additional names on back)*

Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____
Name: _____	Relationship: _____	Phone #: _____

Disaster Information and Release Authorization Form 2/2

Under ordinary circumstances, every effort will be made to contact parents/guardians in case of illness or emergency. However, some situations dictate the school must obtain permission from or turn the care of my child over to one of the adults I have indicated on this card. In the absence of these or any other specific directions, the school authorities are empowered to use their best judgment in the interest of the health and safety of my child.

In the event of a civil defense emergency, I hereby give my permission for my child to be transported to a safe location as determined by the school or its designee, or be housed at a congregate care center until such time as an adult I have listed on this card can assume responsibility for my child. Transportation may be made by private car, school bus, or other means of public transportation.

In the event of a disaster or major emergency the adults I have listed on this card may pick up my child from school as assume responsibility of my child until I am able to do so. I understand that the school will not release my child to anyone whose name is not on this list.

I will make these people aware that I have listed them on this form.

_____ _____

Parent's/Legal Guardian Signature **Date**

School Use Only

Child released to:

Name_____ Authorized by _____

Date & Time _____

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

Bay Area Child Care Licensing Office

ADDRESS

1515 Clay Street, Suite 1102, CA 96

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Oakland	94612	510-622-2602

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)
Creative Play Center	2323 Pleasant Hill Road, Pleasant Hill CA 94523

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER NOTIFICATION OFPARENTS' 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 thelicensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licenseemade during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation againstyou 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: Bay Area Child Care Licensing Office

Licensing Office Address: 1515 Clay Street, Suite 1102, Oakland CA 94612

Licensing Office Telephone #: 510-622-2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care centerfor 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.

Creative Play Center

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

LIC 995 (9/08)

HEALTH AND HUMAN SERVICES AGENCY COMMUNITY CARE LICENSING

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: _____ Date of Physical Exam:1
Address: _____ Date This Form Completed:
Telephone: _____ 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.

****A separate form must be completed for EACH co-oping person**.**

Print multiple forms if needed.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to BE ON PREMISES at CREATIVE PLAY CENTER (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

2. Notwithstanding the risks associated with COVID-19 or any other infectious disease, virus, or communicable disease ("CONTAGIONS"), which I readily acknowledge, I hereby willingly choose to participate in Activities.

3. I acknowledge and fully assume the risk of illness or death related to CONTAGIONS (including but not limited to COVID-19) arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children form whom I have the capacity contract) Creative Play Center, its owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to CONTAGIONS (including but not limited to COVID-19) which might occur as a result of my being on the premises and participating in the Activities.

4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of inhouse or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of CONTAGIONS (including but not limited to COVID-19) or any other illness or injury.

5. I have explicitly communicated the content of this WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT in its entirety to all individuals who has current legal custody of my minor child/children (i.e. divorced parent, grandparents, legal guardians), and they have been put on notice of the assumption of risk I am voluntarily taking in consideration of my being on the premises and participating in the Activities.

6. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

SIGNATURE:_____ DATE: _____

NAME: _____

NAMES OFMINOR CHILD(REN): _____

****A separate form must be completed for EACH co-oping person**. Print multiple forms if needed.**

A Parent Participation Preschool & Junior Kindergarten
Pleasant Hill, CA • 925-974-6820
www.CreativePlayCenter.org

2025-2026 INFLUENZA VACCINATION DECLINATION FORM

Written declination is required!

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months. In CA, influenza usually arrives around New Year through February or March.
- I understand that the flu vaccine cannot transmit influenza. It does not, however, prevent all diseases.
- I have declined to receive the influenza vaccine for the **2025-2026** season. I acknowledge that influenza vaccination is recommended by the CDC for all early childhood education workers and volunteers to prevent infection from and transmission of influenza and its complications, including death, to students, my coworkers, my family, and my community. **Knowing these facts, I choose to decline vaccination at this time**. I may change my mind and accept vaccination later, if a vaccine is available. I have read and fully understand the information on this declination form.

Print Name _____

Child Name _____

Class (Circle one): T/Th MWF JK

Signature _____ Date _____

Creative Play Center does not discriminate on the basis of race, color, national or ethnic origin.

Creative Play Center

TEACHER'S INFORMATION QUESTIONNAIRE

Class (check one): ❑ TTH ❑ MWF ❑ JK

Child's Name: _____

Last First MI

Siblings' Names and Ages _____

Pets _____

Parents, please feel free to attach a separate sheet of paper for lengthy answers to the following questions:

1. What are your occupations? Would you be willing to share this in the classroom?

2. Do you have a hobby or skill to share in classroom?

3. How does your child feel about going to preschool/developmental kindergarten?

4. What special interests does your child have?

5. Any challenges with your pregnancy/delivery with your child that you think might be beneficial for us to know?

6. Does your child have any special challenges, fears (e.g., crowds, loud noises, animals) or needs?

7. Have there been any sudden upsetting experiences affecting your child (e.g., illness, hospitalization, death, new baby)?

8. What is your evaluation of your child's personality?

Creative Play Center

Class (check one): ❑ TTH ❑ MWF ❑ JK

Child's Name: _____

Last First MI

9. How does your child get along with parents, brothers, sisters and other children?

10. Has the child had group play experiences?

11. Does your child have regular eating and sleeping habits?

    Does child nap? When? How long?

    What is usual eating hour? Breakfast Lunch Dinner

12. Is your child toilet trained? If so, at what stage?

12a. Are bowel movements regular? What is the usual time?

13. Do you have any specific goals for your child in his/her year at Creative Play Center? Are there any areas of development that you feel need emphasis?

14. How did you happen to choose a cooperative school?

15. What holidays does your family celebrate and when are they celebrated?

15a. Would you be willing to share this with the class?

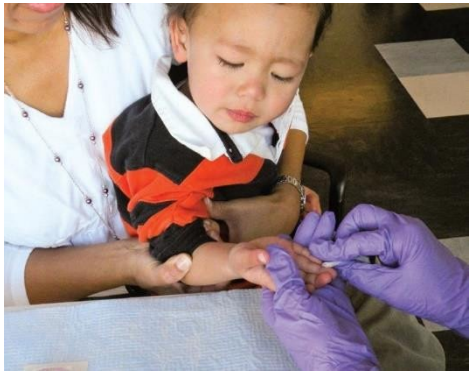
POTENTIAL SOURCES OF LEAD

- 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 poi-soning 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 run- ning water and use it to water plants not intended for eating.)

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

You can also visit The California De- partment of Public Health's website at https://www.cdph.ca.gov.