Welcome to LMUMCC!

Please submit all registration documents prior to your child's first day of school.

Registration Document Checklist:
_____ Completed Registration Packet
_____ Signed Childcare Agreement
_____ Signed Parent Handbook Acknowledgement
_____ Signed Potty Training Handbook Acknowledgement
_____ Doctor's Certificate completed and signed
_____ Up-to-date California Immunization Record

On the first day of school, the staff will assist you with signing in and help you get your child settled in.

- Drop off is 7:30am-9am
- Come up with a routine and stick to it every day. To make it easier, we have every child wash their hands upon entering the building, so make that your "together" routine – hug, kiss and say goodbye. Separation will get easier, and they will always have a great day.
- Know that tears are okay from everyone, if your child is experiencing separation anxiety, we will help you transition and say good-bye.
- Layer your child's clothing for cooler mornings and warmups throughout the day.
- At pick up time, congratulate your child for making it through their first day.

Please Bring:

- A morning snack, lunch, and for full day friends an afternoon snack with a cold pack inside to keep it fresh.
- Easy to use refillable water bottle (*preferably plastic*).
- At least one change of weather appropriate clothes, including shoes and socks (*please no backpacks*).
- Pull-Ups (*if your child is not potty-trained*).
- Please bring your child to school with sunscreen applied and a labeled bottle of sunscreen (*full day friends*) to be applied after naptime. Please hand the sunscreen to a teacher so we can put it away safely.
- Nap items for full day friends; a small blanket and a small friend to sleep with (*please no pillows, or bed rolls*).

Please label everything with your child's first and last name. We prefer tennis shoes on your child's feet. Please, no crocs, rainboots, or jewelry for safety on climbing structures and bikes.

Looking forward to a great year!

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ 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? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
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? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ 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

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

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

La Mesa United Methodist Children's Center
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE 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
( )	( )

La Mesa United Methodist Children's Center
Family History

Parent/Guardian Name: _____
Occupation: _____
Employer's Name and Address: _____
_____
Work Hours: From _____To _____
Interests and Hobbies: _____
_____
_____

Parent/Guardian Name: _____
Occupation: _____
Employer's Name and Address: _____
_____
Work Hours: From _____To _____
Interests and Hobbies: _____
_____
_____

Sibling's Name: _____ Age_____
_____ Age_____
_____ Age_____
_____ Age_____

Other Significant care givers in the child's life:

_____

Are there major life changes that would affect your child's well-being?
(Divorce, Split Households, Death, Birth etc.)
No: ☐ Yes: ☐ If yes, please explain: _____
_____
_____

La Mesa United Methodist Children's Center
4690 Palm Ave
La Mesa, CA 91941
(619) 466-8407

Contact Information

Parent/Guardian Name:_____

Daytime Contact:_____

Information to be used for updates, invoices, texts:

E-mail:_____

Cell Phone:_____

Parent/Guardian Name:_____

Daytime Contact:_____

Information to be used for updates, invoices, texts:

E-mail:_____

Cell Phone:_____

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccld.ca.gov/contact.htm.**

PERSONAL RIGHTS

Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

(1) To be accorded dignity in their personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME		
Community Care Licensing		
ADDRESS		
7575 Metropolitan Drive Suite 110		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Diego	92108	(619) 767-2200

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)
La Mesa United Methodist Children's Center	4690 Palm Ave. La Mesa, CA 91941
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

FAMILY CHILD CARE HOME
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family childcare home without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the family childcare home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the family childcare home without discrimination or retaliation against you or your child.

5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family childcare home while children are present. ***(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family childcare home on or after January 1, 2001).***

6. Request in writing that a parent not be allowed to visit your child or take your child from the family childcare home, provided you have shown a certified copy of a court order.

7. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing

   Licensing Office Address: 7575 Metropolitan Drive, Suite 110, San Diego, CA 92108

   Licensing Office Telephone #: (619) 767-2200

8. Be informed by the licensee, upon request, of the name and type of association to the family childcare home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

9. Receive, from the licensee, the Caregiver Background Check Process form.

10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995A (8/08) (Detach Here - Give Upper Portion to Parents))

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form the licensee. La Mesa United Methodist Children's Center
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

La Mesa United Methodist Children's Center
Digital Release

There are numerous occasions during the school year when children's art work and pictures may be displayed at our school. These are posted within the school and are fun to share as they show the emerging skills of the children. Pictures of children are posted to highlight our school spirit, special events, and a video slide show is prepared highlighting our school year and is shown at our annual Spring Fling.

From time to time, we would like to post pictures of artwork or children on our social media pages to highlight a special activity or event. No names will be shared with pictures and artwork may show a first name. To share electronic photographs of your child or his or her work, you must grant permission.

Please indicate by marking **Yes or No** below. Sign the form and return it along with your child's registration materials or to our school office.

YES__☐____ **NO**__☐____

I hereby give the above permission and release La Mesa United Methodist Children's Center from any liability resulting from or connected with the electronic sharing of such artwork or photographs. I understand that all photography/videotaping will be related to classroom and/or school programs, activities and other school functions.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

La Mesa United Methodist Children's Center

Non-Prescription Medication Form

Child's Name _____

I hereby give permission to LMUMCC to administer the over-the-counter preparations listed below in accordance with the directions for use listed on the container.

Specify Brand Name, Frequency, and duration of use

Sunscreen

Baby Wipes

Ointment (e.g. Desitin, Aquaphor, Vaseline, etc.), Baby Powder, Other

I release LMUMCC from any liability from administering these products. All items must be supplied by parents if use is requested. All items must be provided in the original container clearly labeled with the child's name.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

La Mesa United Methodist Children's Center . This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 5:30 a.m./p.m. , 5 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: _____
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.

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: *Regulation Section 101221 requires the following information be on file.*

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
La Mesa United Methodist Children's Center	376701602	

PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.

2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.

3. Prescription and nonprescription medication shall be administered in accordance with the label directions.

4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	**DOSAGE**

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

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

PARENT'S SIGNATURE:	DATE:

MEDICATION CHART
Staff Documentation of Medicine Administration

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

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

STAFF	DATE

La Mesa United Methodist Children's Center
4690 Palm Ave.
La Mesa, CA 91941
(619)466-8407

Child Care Agreement

I, _____agree to have the La Mesa United Methodist Children's Center care for my child, _____ in the toddler/preschool/school-age care program.

LMUMCC is open to all children regardless of race, nationality, or religion, who may benefit from our program.

Tuition is billed monthly and spread out over 12 equal payments. PLEASE REFER TO THE MOST CURRENT TUITION SCHEDULE FOR A COMPLETE LIST OF AVAILABLE SCHEDULES, TUITION, AND FEES.

Registration Policy: Upon initial registration, parents must pay the non-refundable registration fee. Each year in August, the parent/guardian must pay another registration fee for returning students to guarantee placement for their child in August of the new school year.

Toddler Program: A child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. On occasion children in the toddler program may be placed in a preschool program classroom.

Payment Policy: We accept checks, cash, credit, debit, and auto-payment. All checks should be made payable to the La Mesa United Methodist Children's Center or LMUMCC. Payment is due no later than the 15th of the month. If tuition is not paid by the 15th of each month, a late charge shall apply. Checks returned by the bank for insufficient funds will incur a fee. If more than two checks are returned, you will be required to pay your tuition in cash. The Center reserves the right to terminate enrollment for non–payment of fees. ***While enrolled, payment is required whether your child is in attendance or not, including summer months. There is no refund policy, and we require four weeks' advanced notice should you decide to discontinue enrollment for any reason.*** I understand that it is my responsibility to pay fees on a current basis, and that failure to comply with the payment schedule will result in a late fee assessment and/or will result in my child not being permitted to attend the Center. If further action for collection is necessary, I understand that these costs will be passed on to me, the parent/guardian.

Scheduled Days: La Mesa United Methodist Children's Center operates on a contract service rather than a drop-in service. You have contracted for specific days and hours and are responsible for paying for these fees whether or not your child attends. Permanent schedule changes are contingent on classroom availability. All schedule changes must be for a period of 4 weeks or longer. Additional days and hours may be arranged on a space-available basis by contacting the office. Although we are happy to add an extra day if space is available, we are unable to substitute or switch one scheduled day for another. Schedules may need to be changed or adjusted at the Director's discretion.

Late Pick-up Policy: Your child must be picked up by either 12:00 p.m. or 5:30 p.m. depending on their schedule. Children picked up after those times will be charged a late fee. We understand that sometimes situations are out of your control. Please communicate with the Children's Center if you find that you will be late picking up your child.

Holiday and Closure Policy: Regular tuition will be charged for all days, the school is closed for holidays, staff preparation and cleaning. In addition, if it is necessary to close the Children's Center on the recommendation of state agencies, (for example, due to fires or flu epidemic), or for emergency maintenance repairs, tuition will be charged for two weeks per event.

Vacation Policy: A one week, tuition free, vacation credit per academic year will be permitted. Written notice must be given at least one week in advance. Vacations must be taken in weekly increments (Monday thru Friday), and on the child's regular scheduled days. For a leave of more than 1 week, payment must be made in advance, or space will be forfeited.

Pictures: On occasion, the Children's Center may take pictures during a party or special event. These pictures may be used for displays or on our social media sites showing what we do at our school.

Licensing: Community Care Licensing has the authority to make unannounced visits with a valid ID to inspect the facility and interview staff and children on site.

Sick Policy and Medications: No child may attend if there are any signs of illness. If a child becomes ill while at the Children's Center, the parent will be contacted immediately to pick up the child. All children must be symptom free without fever reducing medication for a minimum of *24 hours* before they may return to school. Parents are required to inform the Children's Center of any contagious illnesses. All days missed will be charged at the regular tuition rate. Please refer to the Sick Policy in the Parent Handbook.
A parent must sign the Medication Authorization Form before the Children's Center can administer medication. Medications are administered at 12:00 noon only and must be prescribed by a physician. Medications must be in original container labeled with the name of the medication, child's name, the name of the prescribing physician, and the proper dosage. All medication will be stored in the director's office or in the upstairs refrigerator.
If a child needs medicine administered at another time or a medical procedure performed, parents may come at any time to administer to their child's needs.

Emergency Form: Emergency forms must be kept current with names, addresses and phone numbers. Only persons listed on your emergency form will be allowed to pick up your child. If a parent is not allowed to pick up a child, there must be a signed restraining order on file in the office. Any changes to the pick-up list must be submitted in writing. Please contact the office to submit a form.

Sign-In/Out: All children must be signed in and out with a full signature by the parent or guardian each day. LMUMCC will not assume responsibility for any child who has not been signed in when he/she arrives for the day. School-Age children arriving from school will be signed in by their teacher. School-Age parents must notify the Children's Center before 12:00 noon if their child will not be attending on a scheduled day. Failure to do so will result in an additional fee.

Termination Policy: You may disenroll your child from the program with a *written two (2) week notice*. All fees must be paid at the time of disenrollment, and you will be charged for four weeks whether your child attends or not. LMUMCC will reserve the right to provide a notice of termination for which full tuition is due, whether or not your child is in attendance. The Children's Center reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the of the Children's Center staff or other children in attendance.

LMUMCC reserves the right to change the schedule, terminate the enrollment contract or disenroll your child for the following reasons:

- Failure to follow Children's Center policies
- Failure to follow our payment policy
- Failure to complete the required forms
- Habitual Late Pick-up
- If your child is unable to adjust and is not ready to benefit from our program
- If it is determined that the child or the family is unable to adjust to the school's schedule, policies, procedures, to cooperate with staff and/or for behavior endangering themselves, other children, families, or staff.
- Lack of parental cooperation
- The director feels that the Children's Center is unable to meet the needs of the child or parents.

This Child Care Agreement becomes valid upon signing, and supersedes all previous agreements, whether they are written or oral. I have read and understand the above.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Revised 7/31/26
Effective 7/31/26

POTTY TRAINING POLICY

ACKNOWLEDGEMENT

I, _____, parent or legal guardian of _____,

acknowledge that I have read and understand the terms and conditions of my child's enrollment at the La Mesa United Methodist Children's Center.

_____

Printed name of parent or guardian

_____

Signature of parent or guardian

_____

Date

Revised 11/12/2025
Effective 11/12/2025

PARENT HANDBOOK
ACKNOWLEDGEMENT

I, _____, parent or legal guardian of _____,

acknowledge that I have read and understand the terms and conditions of my child's enrollment at the La Mesa United Methodist Children's Center.

_____

Printed name of parent or guardian

_____

Signature of parent or guardian

_____

Date

La Mesa United Methodist Children's Center
CONSENT TO PARTICIPATE AND
RELEASE OF LIABILITY

Name of Child:_____

I the undersigned parent(s)/guardian(s) of the minor mentioned above, give my permission for him/her to use all play equipment and participate in all programs and activities of the La Mesa United Methodist Children's Center.

I understand that the La Mesa United Methodist Children's Center agents and employees are hereby released and relieved from all liability for accident or injury arising from any and all such activities.

Name of Parent or Guardian

_____

(Signature)

_____

(Print Name)

Name of Child

_____

(Print Name)

Date _____

Name of Parent or Guardian

_____

(Signature)

_____

(Print Name)

Date _____

LA MESA UNITED METHODIST CHILDREN'S CENTER

Registration Agreement

Thank you for becoming a part of our family. We are so happy to have you. Please carefully read the following statements, initial each and then sign below.

Initials

- ☐ I will give the school a 30-day written notice if I withdraw my child from school
- ☐ I understand that payments are due in full every month, before the 15th of the month, unless discuss arrangements with the Director.
- ☐ I give permission for my child to participate in walks around our campus and surrounding areas and on rainy days to play in the Social Hall.
- ☐ I understand that I must pick my child/ren up on time; or a late fee will be charged to me. (unless you call prior due to extenuating circumstances)
- ☐ I give permission for my child to be photographed or videotaped for school projects, school/church websites or news events.
- ☐ I give permission to be included in the Parent Directory and Class Lists.
- ☐ I will notify the school immediately if there is a change of address, telephone number, or child's absence from school
- ☐ I understand that under certain circumstances my child may be asked to leave the program.
- ☐ I understand all fees, including tuition and any other fees charged with respect to child's attendance are non-refundable and no credit will be applied for any days my child is not in attendance at the school.

I understand that the registration fee is non-refundable

_____ _____

Parent Signature Date