

Kings Christian School Inc.  
900 East D Street  
Lemoore, CA 93245  
559-924-8301 Fax 559-924-0607  
License # 163808460

## Pre-Kindergarten Application Requirements

The following are the requirements for registration of all new students. All items must be completed and turned in to the office for processing. Applications will not be processed without all items completed. Upon the completion of the application process and ALL requirements are met, your student will be placed on the class list.

Special Note: Students must be 4 years old by September 30th to enroll. Age will be verified by Birth Certificate.

1. Application Form
2. Child Release Permission Form
3. Copy of Birth Certificate
4. Copy of Shot Record
5. Kings Christian School Emergency Medical Form
6. Payment of Application Processing Fee \$ 150.00 (non-refundable) (Late enrollment will be assessed \$100.00 totaling \$ 250.00 to start)
7. Student Information Form
8. Tuition fees Agreement

### Title 22 Requirement Forms (including the following forms)

Child's Pre Admissions Health History- Parent Form  
Consent for Emergency Medical Treatment  
Identification and Emergency Information Form  
Notification of Parents' Rights Form  
Personal Rights Form  
Physician's Report-(Pre-Admission Health Evaluation Form)

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## Application for Admission

Please Print: \_\_\_\_\_ Am \_\_\_\_\_ All day \_\_\_\_\_

Student name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male or Female \_\_\_\_\_

Birthplace: City: \_\_\_\_\_ State: \_\_\_ US Citizen \_\_\_ Other \_\_\_\_\_

Family Nationality: \_\_\_ White \_\_\_ Hispanic \_\_\_ Black Asian/Pacific \_\_\_ American Indian \_\_\_ Other \_\_\_\_\_

What language (s) other than English do you speak? \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer \_\_\_\_\_ Work number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer \_\_\_\_\_ Work number: \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Student lives with ( ) both parents ( ) father ( ) mother ( ) other (specify) \_\_\_\_\_  
Who has Legal Custody? \_\_\_\_\_

**Must have a copy of the court order to be on file at all times. Should a change in custody or marital status occur the parents are responsible to report ALL changes and provide the necessary paperwork to the office.**

Step Father's / Guardian's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Step Mother's / Guardian's Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Employer: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

KCS has permission to use photos/snapshots of our child for press releases and other advertising materials as deemed appropriate by the School Chief Administrator.

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## Tuition Agreement:

Family Name (please print): \_\_\_\_\_

	1st Child	2nd Child	3rd Child
All Day	5,202	4,902	4,602
Am	4,070	3,770	3,470

The following statements form an agreement which defines the obligation of the parent, guardian or individual which is financially responsible to Kings Christian School, Inc. on behalf of the following named student whose enrollment has been accepted by Kings Christian School, Inc.

We have elected the following payment option: Annual (by Sept. 10th), Quarterly (due by the 10th of Sept, Jan. April, July) 11 Month Plan (due by the 10th of Sept.-July) Circle one Initials: \_\_\_\_/\_\_\_\_

We understand that if we enroll after the first day of school, a Late Enrollment fee of \$100 will be processed along with the Application Processing Fee of \$150. Initials: \_\_\_\_/\_\_\_\_

We understand that upon this agreement, all fees are due in full by July 31st. Further, we acknowledge the school has the right to terminate the attendance of any student for any reason addressed in the KCS Student/Parent Handbook, including the failure of the parent to maintain their financial obligation to Kings Christian School, Inc.. Initials: \_\_\_\_/\_\_\_\_

We understand that there is a \$ 25 returned check fee for each payment returned. Initials: \_\_\_\_/\_\_\_\_

We understand that a payment not received by the 20th of the month is subject to a late fee of \$25 for every month it is not paid in full. Initials: \_\_\_\_/\_\_\_\_

We understand that if any payment is not made within sixty (60) days of the due date, KCS may turn the account over to Kings Credit Service for collection and suspend the student (s) and is under no obligation to provide services, educational or otherwise, to aid said student. A \$25 processing fee will be charged. Initials: \_\_\_\_/\_\_\_\_

We understand if the students listed above withdraw, or are suspended or dismissed from Kings Christian School, Inc. for any reason after the school year commences, tuition will be prorated on a weekly basis. An Early Withdrawal Fee of \$100 will be billed to my account. Initials: \_\_\_\_/\_\_\_\_

We understand that this Tuition Payment Policy is in effect for as long as my child attends Kings Christian School, Inc.

\_\_\_\_\_  
Father/Guardian (please print) Signature of Father/Guardian Date

\_\_\_\_\_  
Mother/Guardian (please print) Signature of Mother/Guardian Date

**The name and address of the person paying the tuition other than the parents (please print):**  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**This agreement MUST be signed by both parents before application is processed.**

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## Statement of Agreement

Kings Christian School, Inc. is committed to excellence in academic achievement and quality of instruction. The services of Kings Christian School, Inc. are available to any student regardless of race, color, national or ethnic origin, provided the student and parents are willing to meet the achievement, behavioral, moral and biblical standards of the school. It recognizes Christian education as the expression of an idea which can only be realized in the integration of the TOTAL PERSON under the Lordship of Jesus Christ. This involves meeting the student's spiritual, moral, academic, physical and social needs, and is best accomplished through the complimentary efforts of the school, the home, and the church.

The highest pattern for Christian conduct is in conforming to the image of Jesus Christ. (Romans 8:29) The purpose of Christian education is to teach all students with all possible wisdom seeking to bring each one into God's presence as a mature individual, conformed to Christ's image and in union with Him. (Colossians 1:28)

The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of the student are counter to or are in opposition to the biblical lifestyle the school teaches. This includes, but not necessarily limited to, participation in, supporting, or condoning sexual immorality, homosexual activity, or bisexual activity, promoting such practices; or being unable to support the moral principles of the school (see Leviticus 20:13 and Romans 1:27).

Individual commitment to Jesus Christ is voluntary in nature; therefore, the school does not force students to subscribe to a particular belief. The student is confronted with the person of Jesus Christ and is invited to become acquainted with biblical principles basic to the formulation of a Christian lifestyle. Students are encouraged to make a personal commitment to Jesus Christ, to learn the meaning of that commitment, and to demonstrate discipleship in serving God and man. The school is designed to assist the student to grow morally and academically.

Teachers and staff will actively promote a high standard of personal conduct in our students in area of dress, grooming, and personal behavior. Virtues to be stressed include honesty, clean speech, respect for God, for persons, and for property. Specific standards of behavior are stated in the Student/Parent Handbook. These will be instituted by classroom teachers to create the finest possible environment for learning and development.

Kings Christian School, Inc. will hold each student responsible for these standards while attending school. A family joining as a member of the school family registers understanding of the school's standards and pledges support of these regulations even in areas where they may have no personal convictions. A student unwilling to abide by these regulations or who gives evidence of being out of harmony with the goals, beliefs and objectives of KCS, may be subject to disciplinary action and may be asked to withdraw.

I give KCS permission for my child to take part in all school activities, including bus trips, sports activities and school sponsored trips away for the school premises.

I further agree that should legal action, for any reason, be taken against Kings Christian School, Inc. or any agent thereof on my child's behalf and the school or its agent is found not to be at fault, I will pay any attorney and court fees, damages, or other costs that Kings Christian School, Inc. or its agent should incur to defend against such action.

I have read the above statements and agree to be supportive of these beliefs, goals and policies. I am familiar with the standards stated in the Student/Parent Handbook and agree that my child shall be subject to them. I hereby indicate my trust in the teachers and staff of Kings Christian School, Inc. to provide an excellent environment for learning and for growth, and to exercise appropriate discipline when necessary.

This Statement of Agreement will be in effect for as long as my children attend Kings Christian School, Inc.

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Father/Guardian (please print)

Father/Guardian Signature

Date

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Mother/Guardian (please print)

Mother/Guardian Signature

Date

Updated 3/17/10

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## EMERGENCY MEDICAL INFORMATION RELEASE FORM

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Living in Home: Yes/No Living in Home: Yes/No

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

My child has an ongoing health problem. Yes/No If yes please explain: \_\_\_\_\_

**If yes, a special Assessment Tool Form will be sent separately.**

ANY KNOWN ALLERGIES? Please list: \_\_\_\_\_

Does your child have a history of:  Allergies  Chicken Pox  Chronic Asthma  Diabetes  Drug Use  
 Eye Problems  Epilepsy  Frequent Colds  Hay Fever  Hearing Problems  Heart Condition  Measles  
 Mumps  Nervous Disorder  Stomach Upsets Other: \_\_\_\_\_ If Yes to any of the above, please explain: \_\_\_\_\_

Does your child carry an **inhaler or medication** on his/her person? If so, you are **REQUIRED** to fill out an **Authorization for Medications During School Hours Form**.

**Does your child wear:** Glasses Contacts Hearing Devices

Is your child on any medications Am or Pm? If yes, please list them and dosage: \_\_\_\_\_

Doctor's Name (please print): \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMERGENCY INFORMATION:

Please list two emergency name and numbers we can use in case of an emergency (please print):

Name: \_\_\_\_\_ Tele#: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Tele#: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event my child has need for medical treatment where it is outwardly apparent the immediate care is necessary: CONSENT IS HEREBY GIVEN to such treatment rendered as deemed necessary by a physician.

**Note:** If a student becomes unconscious we will call 911. Our highest priority is the care and protection of our students. Should that happen we are asking the parents to designate which hospital they would like us to transfer the child to:

Central Valley\_\_ Adventist Medical Center Hanford\_\_ Kaweah Medical Center\_\_ The Children's Hospital\_\_

If there is a life threatening situation your child will be transported to the nearest hospital and stabilized then you can transport to your hospital of choice.

Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature

Date

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## Student Information Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

Zip Code

Home Phone: \_\_\_\_\_ Cell #'s \_\_\_\_\_

Both Parents

(Number 1-6, in order of preference, whom to call in the event of an emergency)

\_\_\_\_ Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Full Name

\_\_\_\_ Father's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Full Name

### OTHER'S TO CALL:

\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Others AUTHORIZED to care for or pick up student:

\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Please notify the above persons that a picture ID must be shown before the student will be released.

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS/ HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S 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'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**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: medicines: \_\_\_\_\_  
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/DToP/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

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

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

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_

DATE

\_\_\_\_\_

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_

HOME PHONE

( )

\_\_\_\_\_

WORK PHONE

( )

**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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

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

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

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

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

For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995 (9/08)

**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), domestic partner(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/DOMESTIC PARTNER/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

State of California Department of Social Services

NAME

Community Care Licensing Fresno District Office

ADDRESS

770 East Shaw Avenue Suite 300 MS 29-01

CITY

Fresno

ZIP CODE

93710

AREA CODE/TELEPHONE NUMBER

(559)243-4588

DETACH HERE

TO: PARENT/DOMESTIC PARTNER/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)

Kings Christian School, Inc.

(PRINT THE ADDRESS OF THE FACILITY)

900 East D Street Lemoore, CA 93245

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(DATE)

Kings Christian School, Inc.  
Pre-Kindergarten License # 163808460

Pre-Kindergarten Dress Code

BOYS AND GIRLS:

1. Shorts should be mid-thigh or longer.
2. Shoes must be appropriate for activities such as running, jumping and kicking balls.
  - A. Slip on shoes must fit snug and stay on your child's feet.
  - B. No sandals, flip flops, or other opened shoes.
3. Jeans are acceptable but must be in good repair (no holes).
4. No clothing with superheroes or teen musical singers or stars.
5. Hair must be clean and out of eyes.
6. Clothing that promotes the appearance of evil (skulls, ghosts, witches) is not acceptable. (Thessalonians 5:22).
7. Any clothing that is viewed by staff members as beyond the borders of modesty or appropriateness or is a distraction to the class will not be allowed.

GIRLS ONLY:

1. No spaghetti or thin strap shirts.
2. No T-back, strapless or halter tops.
3. No bare midriffs.
4. Shorts must be worn under dresses.

BOYS ONLY:

1. No earrings (Romans 4:13).
2. No ponytails. Hair length must be above the collar (Romans 4:13).
3. No muscle shirts or tank tops.

Kings Christian School, Inc.  
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Pre-kindergarten Supply List  
**2011-2012**

Please bring these supplies during your visitation day before school starts.

- 1 Backpack/Book bag (no roller bags)
- 2 Dixie Cups 3 oz. size
- 1 Sponges (package)
- 1 Small tube of kids toothpaste (Dollar Tree Store)  
(full day students)
- 1 Pack kids toothbrushes (4 or 5 in pack at Dollar Store)  
(full day students)
- 1 Box tall kitchen bags (13 gallon)
- 1 Box tissues

Kings Christian School, Inc.  
Pre-Kindergarten - License #163808460  
900 East D Street  
Lemoore, CA 93245  
(559) 924-8301

## Pre-Kindergarten Handbook Agreement Form

- We hereby consent to have my child participate in field trips supervised by the teaching staff and designated representatives away from school grounds to nearby points of interest. Initial \_\_\_/\_\_\_
- We have read the **Parental Covenant of Cooperation** and will comply with it. Initial \_\_\_/\_\_\_
- We have read and understand **KCS Notice of Nondiscrimination Policy** Initial \_\_\_/\_\_\_
- We have read the **Consent to Photograph Policy** and give KCS consent as long as my child attends KCS (Pre-KG-12th) Initial \_\_\_/\_\_\_
- We have read the **Title 22, Section 101200 (b & c)** and understand the statements Initial \_\_\_/\_\_\_
- We have read under **Curriculum** the goals and skills that will be taught to my child. Initial \_\_\_/\_\_\_
- We have read **Pre-kindergarten Options** and have chosen All Day/ AM and will notify the Pre-Kg staff if Extended Care is needed Initial \_\_\_/\_\_\_
- We have read the section of **Daily Inspection for Illness** and understand should my child display symptoms of illness he/she will be sent home. Initial \_\_\_/\_\_\_
- We have read the **Dress Code for Pre-Kg** and will comply. Initial \_\_\_/\_\_\_
- We hereby consent to have my child participate in field trips supervised by the teaching staff and designated representatives away from school grounds to nearby points of interests. Initial \_\_\_/\_\_\_
- We have read the **Conditions of Termination** and understand the statements Initial \_\_\_/\_\_\_

We have read and understand the policies and responsibilities set forth in the Kings Christian School, Inc. Pre-kindergarten Handbook. We agree that my child, and anyone I choose to represent me in the classroom and I will comply with all the regulations set forth in the handbook.

Furthermore, I understand that as a Parent/Guardian I am required to participate and or attend specific meetings and activities throughout the school year.

My child's name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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Father/Guardian (please print)

Signature

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Mother/Guardian (please print)

Signature