

















Enrollment Packet Checklist

(Due prior to first day of attendance)

(All forms must be received on 8 ½"x 11" white paper)

-  **Identification and Emergency Information**
-  **Physician's Report**
-  **Immunization Record**
-  **Health History Report**
-  **Consent for Medical Treatment**
-  **Parent's Rights**
-  **Personal Rights**
-  **Parent Questionnaire**
-  **Photograph/Video Waiver-Release**
-  **Allergy Form**
-  **Parental Information Sheet**
-  **Emergency Contact Cards**
-  **Small Photo of Child**
-  **Needs & Service Plan (Infant/Toddler Rooms only)**
-  **Parent Handbook _____**
-  **COVID19 Waiver _____**



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

No Shots? No Records? No School.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents.  **ShotsforSchool.org**

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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)



Starting July 1, 2019

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
 Hep B = [hepatitis B](#) vaccine
 Varicella = [chickenpox](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

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

DAILY ROUTINES (*For infants and preschool-age children only)

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
---------------------------------	--------------------------

PARENT'S EVALUATION OF CHILD'S HEALTH

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

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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

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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

_____ HOME PHONE
()

_____ WORK PHONE
()

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

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

Community Care Licensing

NAME

Palmdale Regional Child Care Office

ADDRESS

1605 E Palmdale Blvd., Suite A

CITY

Palmdale, CA

ZIP CODE

93550

AREA CODE/TELEPHONE NUMBER

661-789-6944

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: _____

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

Parent Questionnaire

Little Shepherd's Learning Center

Child's Name _____ Birth date ___ / ___ / ___ Rm. No. _____

1. What would you like for your child to learn about God?

2. What are you three most basic priorities regarding the total education of your child?
 - 1.
 - 2.
 - 3.

3. Why have you chosen **LSLC** Preschool for your child?

Please give any information concerning your child that will be helpful in his/her experience in the preschool environment:

Play habits

Likes and dislikes

Fears

Eating behaviors

Home situation

Other

PHOTOGRAPH / VIDEO WAIVER-RELEASE

Little Shepherd's Learning Center
19700 Rinaldi Street, Porter Ranch, California 91326

Childs Name: _____

Dear Parent(s) and Guardian(s),

From time to time throughout the year Little Shepherd's takes photographs and video tapes of the children. These pictures and videos are used for various purposes such as creating scrapbooks, posting on bulletin boards, posting on the website/facebook and creating a year end DVD slide show. This may include advertising and publicity.

The undersigned acknowledges that Little Shepherd's intends to use these pictures and videos using my child's name or likeness in connection with the above stated purposes. This may include advertising and publicity. The undersigned further acknowledges that the Waiver-Release herein made is without expectation of compensation of any kind to the undersigned, either now, or in the future.

The undersigned hereby grants to Little Shepherd's the right to take photographs or create other images of my minor child, by video, tape, digital reproduction and to use such likenesses for any and all purposes including creating scrapbooks, posting on bulletin boards, posting on the website/facebook, creating a year end DVD slide show, advertising and publicity. This Grant of Rights includes all right, title and interest of every kind or nature whatsoever in connection with photographs or likenesses taken, which shall be and remain the property of Little Shepherd's. The photographs or likenesses can be used, reused, displayed, reproduced, by any means whatsoever, without limitation. This Grant of Right further grants to Little Shepherd's the full right to determine how and when such photographs or likenesses are displayed, or redisplayed, and the undersigned retains no right to limit, edit, or otherwise interfere with Little Shepherd's determination of how and when said photographs and likenesses may be used, displayed, reproduced, or otherwise disseminated. The Grant of Rights further includes the right to use my child's name in connection with the photographs, likenesses, and the advertising and publicity using same.

PARENT/GUARDIAN CONSENT

The undersigned is the parent/guardian of the above-named minor. I have read this Photo-Video Waiver-Release and agree and consent thereto on behalf of the minor.

Date: _____

Signature

Relationship to Minor

ALLERGY FORM

Dear Parents,

It is the policy of Little Shepherd's Learning Center to maintain a current list of Food Allergies/Limitations for each child enrolled in the program. To help us keep up to date we would like you to complete the following questionnaire.

My child _____ is allergic or has food limitation to the following:

Item	Does your child ever consume this item?	Allergic Symptoms?

It is very important that you list everything your child is allergic to. This should include both food allergies as well as environmental allergies.

*** IF YOUR CHILD DOES NOT HAVE ANY ALLERGIES, PLEASE FILL OUT THIS FORM AND MARK **NONE** OR **N/A**.**

Parent Signature _____ Date _____

LITTLE SHEPHERD'S LEARNING CENTER
PARENTAL INFORMATION SHEET

Name of Student: _____ *Date:* _____

THIS PARENTAL INFORMATION SHEET MUST BE COMPLETED FOR ALL STUDENTS WHERE LEGAL CUSTODY AND/OR PHYSICAL CUSTODY RIGHTS ARE HELD BY DIFFERENT PARENTS OR CARETAKERS, OR FOR ANY STUDENT AFFECTED BY COURT ORDERS.

Please answer the following questions:

1. Are the natural or adoptive parents of this student separated or divorced or in the process of divorcing?
____ Yes ____ No

If your answer is yes, please answer the following questions:

- a. Who has legal custody?

- b. Who has physical custody?

- c. Are there any court orders affecting the legal custody or physical custody of this student?

____ Yes ____ No. If so, a complete copy of the court order must be submitted prior to admission.

- d. Are there any restraining orders against the father or mother of this student or any other person which affect the student or the time the student is at school?

____ Yes ____ No

If the answer is yes, a complete copy of all orders must be submitted prior to admission.

2. Is this student in the care of any person other than the natural or adoptive parent.

___ Yes ___ No

If the answer is yes, please explain

3. Has any person(s) other than the natural or adoptive parents been appointed as guardian or caretaker for this student? ___ Yes ___ No

If the answer is yes, who is the legal guardian (s) or caretaker (s):

A complete copy of the court order appointing a person(s), guardian or caretaker for this student for all such persons must be submitted prior to admission.

IN THE EVENT OF AND CHANGES IN THE INFORMATION PROVIDED OR IF THERE IS A MODIFICATION, REVISION OR RESCISSION OF A COURT ORDER, OR NEW COURT ORDERS ARE ISSUED, IT YOUR RESPONSIBILITY TO UPDATE THIS PARENTAL INFORMATION SHEET AND PROVIDE THE SCHOOL WITH COPIES OF THE CURRENT ORDERS.

Signature

Date: _____

For School Use only

- Copy of Court Orders affecting legal or physical custody received.

Verified by: _____.

- Copy of Court Orders affecting Restraining orders received.

Verified by: _____.

- Copy of Court Orders appointing Guardian(s) or caretaker(s) received.

Verified by: _____.

SUPPLIES NEEDED

Infant/Toddler Program

- 6-8 diapers or pull-ups- labeled with child's initials
- Box of wipes- labeled with child's name
- Individual servings in bottles or sippy cups- enough for entire day- labeled with child's name
- Foods in labeled containers
- Blanket- one or more- labeled with child's name
- 2 changes of clothing- labeled with child's name
- Burp clothes/pacifier if needed- labeled with child's name

Preschool Program

- 6-8 pull-ups if potty training- labeled with child's initials
- Box of wipes- labeled with child's name if potty training
- Back pack with at least 2 changes of clothing, including shoes-label all clothing items, including back pack.
- 1 small blanket –labeled with child's name.
- Insulated lunchbox with icepack- labeled with child's name

Summer Program

- Water Play- each classroom will participate in water play on Tuesday and Friday. Have your child wear a swimsuit under clothing. If your child isn't potty trained, provide a "Swim Pull-Up". A gallon size ziplock bag, labeled with your child's name will also be needed. Inside the bag place a labeled towel, labeled underwear, labeled closed toed water shoes, and then place the bag in your child's cubby.
- On Campus Activities- will be held on a weekly basis. If your child isn't scheduled to attend school on a Campus Activity day, they are welcome to join in as long as they are accompanied by an adult.

Note

LABEL EVERYTHING WITH PERMEMENT MARKER!!

LITTLE SHEPHERD'S LEARNING CENTER

CUSTODY POLICY

1. Little Shepherd's Learning Center (also known as L.S.L.C.) recognizes the parental rights of parents, guardians and others legally entitled thereto.
2. If a student is subject to custody orders issued by any Court, including family law courts, probate courts and juvenile courts, L.S.L.C. will comply with the Court Order.
3. All Court Orders affecting the legal or physical custody of students must be on file with the school prior to admission. The law distinguishes legal custody from physical custody. Both parents may be jointly entitled to legal and physical custody, or one parent may be entitled to sole legal and/or sole physical custody. It is for this reason current copies of all Court Orders affecting the legal and/or physical custody of students must be on file with the school. It is the responsibility of the custodial parent to inform the school of any changes in Court Custody Orders and provide the school with a complete copy of the amended or revised Order.
4. L.S.L.C. will not interpret Court Orders or provide legal advice to either parent.
5. L.S.L.C. is not an arbitrator of custody disputes. Custody disputes should be resolved between parents and/or their attorneys so that L.S.L.C. may be provided with a clear instruction on what should be done with a student. Please do not put L.S.L.C. in the middle of a custody dispute.
6. In the event of a dispute between parents or their designees concerning the custody or release of a student, L.S.L.C. will comply with the Court Orders on file and/or honor the written instructions of the parent having the right to physical custody. If the dispute cannot be peaceably resolved, L.S.L.C. will immediately request a filed unit response from the Los Angeles Police Department.
7. In the event both parents retain joint physical custody L.S.L.C. will honor the instructions of either parent so long as they do not violate Court Order by which L.S.L.C. is bound. It will release a student to either parent or individuals designated by either in writing.

8. In the event one parent retains sole physical custody, L.S.L.C. will honor the instructions of only that parent so long as they do not violate a Court Order by which L.S.L.C. bound. It will release a student only to that parent or persons designated in writing by them.

9. Oral agreements or instructions deviating from Custody Orders on file will not be honored by L.S.L.C.. L.S.L.C. will only honor written instructions deviating from Court Custody Orders signed by both parents entitled to physical custody of the student. These instructions may be revoked in writing at any time by either parent in which case L.S.L.C. will comply with the Court Custody Orders on file.

10. All students who are subject to guardianship petitions or orders must have a complete copy of all Court Orders for each person having guardianship rights on file with the school prior to admission. It is the responsibility of the legal guardian to advise L.S.L.C. of any change in guardianship rights and promptly provide a complete copy of the Order amending or changing said rights. L.S.L.C. will honor the instruction of the legal guardian or guardians with respect to physical custody and legal custody rights.

11. Except in the case of emergency, oral instructions, even from a parent or guardian with the right to physical custody, to release a student to a person not authorized in writing by the parent or guardian with custodial rights will not be honored.

12. In the event of a restraining order against either parent, or any other person which affects the custody of a student or access to a student while at school or limits the subject's proximity to the student or the school, L.S.L.C. will notify the parent having physical custody rights, and, if necessary, will request a field unit response from the Los Angeles Police Department.

13. All parents and others with legal custody rights (as distinguished from physical custody rights) will be given equal access to student information and records.

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://cclid.ca.gov/contact.htm>

EMERGENCY CONTACT CARDS

1. Call a friend or relative who lives outside the state and ask them to be your families' "out-of-state contact".
2. Explain to them that after a disaster they will be your surest means of communicating with other family members, both in and out of state. Make sure that they understand that it will be their responsibility to be available to take calls immediately following a disaster in your area.
3. ***PLEASE MAKE 3 IDENTICAL CARDS and supply a small picture.***

Example:

EMERGENCY-OUT-OF-STATE CONTACT		
NAME	OUT OF STATE	PHONE
JOHN DOE		512-555-5555
PARENT'S NAME		PHONE
JANE + JACK DOE		818-555-4444
CHILD'S NAME and ADDRESS		
BOBBY DOE		
12345 PARK AVE.		
SONWHERE, CA 90020		

EMERGENCY-OUT-OF-STATE CONTACT		
NAME	OUT OF STATE	PHONE
PARENT'S NAME		PHONE
CHILD'S NAME and ADDRESS		

EMERGENCY-OUT-OF-STATE CONTACT		
NAME	OUT OF STATE	PHONE
PARENT'S NAME		PHONE
CHILD'S NAME and ADDRESS		

EMERGENCY-OUT-OF-STATE CONTACT		
NAME	OUT OF STATE	PHONE
PARENT'S NAME		PHONE
CHILD'S NAME and ADDRESS		