



Registration Packet for Returning Families

Due August 15, 2018

1. **Child's Preadmission Health History – Parent's Report.** Submit if child is going to a new teacher or class.
2. **Child's Preadmission Health History - Physician's Report.** Required yearly if immunizations have been updated. Include copy of California Immunization Record (yellow card) or fill out Immunization History.
3. **Child's ID and Emergency Information.** Submit if any information has changed. Make a copy and return both forms (one for child's file + one to be stored with emergency supplies).
4. **Health Screening for Classroom Volunteers.** Submit if a new family member is volunteering or volunteer status has changed. Required yearly by each person volunteering on behalf of the family. *(Example: Sign and complete this form if you are the main parent volunteer. Have another form completed and signed by child's other parent or grandparent who may also volunteer on occasion.)*
5. **Tuberculosis Screening Report.** Submit if new family member is volunteering or TB information has expired. Requires physician's signature. ***NO VOLUNTEERS ALLOWED TO WORK AT APPS WITHOUT AN APPROVED TB SCREENING REPORT ON FILE.*** Must have been taken within 6 months of starting school. Good for 4 years from the date of Doctor's signature. **Those with valid TB tests, write on the top of this form: date original form was submitted and the name of enrolled child at the time of submission.*
6. **Transportation Liability release form.** Submit if insurance information has changed.
7. **Parent Obligations and Agreement.** Required yearly for APPS.
8. **Committee Choice/Parents' Interest Sheet.** Required yearly. *Families who join after August 15 will be assigned to a committee by the President, filling positions where there is a need.
9. **Scheduling Form.** Select your work day (1st and 2nd choice). *Families who join after August 15 may be assigned their 2nd choice work day to balance daily workload.
10. **Child Information Sheet.** Submit if child is going to a new teacher or classroom.

***Families with multiple children:** all forms listed above required *per child*, EXCEPT Committee Choice/Parents' Interest Form (required *per family*).

Submit Completed Registration Packet with \$80 Enrollment Fee
Checks payable to: APPS | Memo: *Child's name, class, enrollment fee (per family)*

Nondiscrimination Policy:

APPS does not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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*
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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
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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: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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

DATE OF ADMISSION	DATE LEFT
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PERSONAL RIGHTS

Child Care Centers

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

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

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

Community Care Licensing Division

NAME

Community Care Licensing Division

ADDRESS

111 N. Market Street, Suite 300

CITY

San Jose, CA

ZIP CODE

95113

AREA CODE/TELEPHONE NUMBER

408-277-1286

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)

Almaden Parents' Preschool

(PRINT THE ADDRESS OF THE FACILITY)

5805 Cahalan Ave., San Jose, CA 95123

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Health Screen For Almaden Parents' Pre-School Classroom Volunteers

I, (volunteer's name)_____.

herby certify that I am in good general health, free from communicable disease, and am physically, mentally, and occupationally capable of performing my assigned duties as outlined in the APPS Parent Obligations and Agreements for the present school year.

I understand if I become ill, I am still required to have my duties covered and will need to arrange for a substitute.

If I become unable to perform my assigned duties for a prolonged length of time due to medical conditions, then a medical leave of absence may be granted at the discretion of APPS. To be considered for a medical leave, I must notify the APPS president and provide a signed doctor's note which clearly indicates the extent of my limitations and the expected length of absence. I give APPS authorization to verify the content of that note with the doctor who provides it. I understand that no leave will be granted without the approval of the APPS Board of Directors.

Note any health conditions that may create a hazard to the person or the children:

Signature of Volunteer: _____ Date: _____

Name of Enrolled Child: _____

**Almaden Parents' Pre-School Volunteer
Tuberculosis Screening Report**

NAME: _____ **Birth Date:** _____
(PLEASE PRINT)

**I hereby authorize the release of medical information contained in this report to:
Almaden Parents' Pre-School, 5805 Cahalan Avenue, San Jose, CA 95123.*

Signature : _____ **Date:** _____

PREVIOUS HISTORY OF POSITIVE TB SKIN TEST?

_____ **NO** *Perform PPD / Mantoux Skin Test.

_____ **YES** * Document past skin test result below. Perform chest x-ray.

PPD / MANTOUX TEST RESULTS: (*test must be read within 48-72 hours to be valid)

DATE APPLIED: _____

DATE READ: _____

INDURATION: _____ mm

RESULT: _____ NEGATIVE _____ POSITIVE

CHEST X-RAY PERFORMED?

_____ NO _____ YES: DATE: _____

RESULT: _____

FURTHER ACTION?

_____ NONE / NO COMMUNICABLE TB PRESENT

_____ TREATMENT: _____

Signature of Physician: _____ **Date:** _____

Address: _____

**Almaden Parents' Preschool
Transportation Liability Release**

Student's Name _____

Class (circle) 2-day 3-day 4-day

Driving Parent's Name(s) _____

Auto Insurance Company _____

Policy # _____ Expiration Date ____/____/____

I agree to hold Almaden Parents' Preschool, its agents, volunteers, and employees harmless from liability/claims which may arise from my participation in any school-related activities. This includes driving my child(ren) or other children in carpools, on field trips, or on any other school-related activities.

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear responsibility for any losses or claims for damages.

Parent Signature _____

Date ____/____/____

THIS FORM WILL BE KEPT ON FILE FOR ONE YEAR AND MUST BE RENEWED ANNUALLY.

APPS PARENT OBLIGATIONS AND AGREEMENT

FOR THE YEAR 2018-2019

2 Day, 3 Day, & 4 Day Classes

Basic Services

APPS provides a developmental parent participatory preschool program for children from 2 years 5 months to 5 years 6 months. The 2 Day class meets Tuesday and Thursday from 9:00 AM - 11:30 AM. The 3 Day class meets Monday, Wednesday and Friday from 9:00 AM - 11:30 AM. The 4 Day class meets, Tuesday, Wednesday, Thursday, and Friday from 12:30 PM - 3:00 PM. Since APPS is a participating preschool, its' smooth functioning depends on the participation of all families. The following are the **minimum** levels of participation required to remain in good standing.

1. Tuition and Fees

Preschool tuition per month is as follows:

- 2 Day: \$ 235.00
- 3 Day: \$ 290.00
- 4 Day: \$ 365.00

Payable as Follows

Tuition for the months of September 2018 and May 2019 are due on or before September 1st, 2018 and are late on September 30th. Thereafter, tuition will be due the first of each month and considered late after the General Meeting (first Thursday) of each month.

Other Fees

An application fee of \$50.00 *per family* must be paid when you submit an application. This fee holds your place either in a class or on a waiting list, depending on the circumstances. This fee is non-refundable.

A non refundable enrollment fee of \$80.00 *per family* must be paid when you receive an acceptance letter. If the enrollment fee is not received by the late due date, you may forfeit your place in the school. For families notified of acceptance between February 1st and May 1st for the following school year, the fee is due May 1st and late May 30th. For families enrolling after May 1st, the fee must be paid within 30 days of acceptance or before the beginning of school, whichever comes first.

For families enrolling after September 1st, the enrollment fee is due upon acceptance of the application and is not refundable if the child begins school.

2. Handbook

The school handbook is available in the members section of the APPS website at www.appsonline.org. It is the responsibility of all members to read and understand the Handbook. Members without email addresses will be given a handbook before the September General Meeting. See the board Secretary if you do not receive one. The folder should be returned at the May General Meeting in usable condition.

3. Health Forms

All working parents must have a current TB test on file. The child's TB test will be given at the discretion of the physician. The working parent's TB test must be a mantoux (under the skin) test or a blood test. (For returning parents, a TB test must be administered every 4 years; for new parents, a TB test is considered current if it is administered no more than 6 months prior to the first day of school.) Any person who has tested positive or who has a history of a positive reaction to a TB test must have further testing done. A chest X-ray should be repeated every four years to insure that there is no active infectious TB. Anyone falling into this category of a positive TB test should be checked annually by their physician and be proven symptom free. Said person must present to the school a statement signed by a physician indicating that the person has had a negative chest X-ray, and/or is free of communicable tuberculosis.

All working parents or volunteers must have the "Health Screen for Almaden Parents' Preschool Classroom Volunteers" form on file.

All working parents or volunteers need to provide a copy of their immunization record for the following immunizations: MMR, TDaP and flu (optional). If you do not have a record, please provide a physician's exemption, duly signed by physician stating reasons for medical exemption.

4. Participation Day

Either parent must work one day a week with his/her child and others of similar age under the guidance of the teacher. On this day, no siblings will be permitted. Parents must be available to work on their scheduled emergency day. If there are any medical or physical problem that would limit a parent's full participation on his/her workday, the President must receive a statement signed by a physician indicating the activities the parent is unable to fulfill.

Disclosure of any physical or medical limitation will not prevent your participation in our co-op program.

Substitutes may be obtained no more than twelve times a year or four times consecutively. Substitutes may be obtained only six times a semester. Substitutes may bring siblings enrolled in the 2, 3, and 4 day class.

The Director, Co-Director, and President retain the discretionary authority to dismiss a volunteer from working in the classroom pending an evaluation by a physician. The Director, Co-Director, and President may request that a physician sign a document certifying that the volunteer is in good general health, free from communicable disease, and is physically, mentally, and occupationally capable of working with and assisting children. During the time the volunteer is unable to fulfill their shift, the volunteer is responsible for finding a substitute.

5. Conference

Each working parent (or sub) must attend a 30-minute conference at the close of the participation day. During this time, we will discuss observations or problems of the session. A parent education topic may also be discussed.

6. Extended Substitute Coverage

In case of an emergency, Board approval is required to engage extended substitutes to cover work days. For families engaging the help of a substitute the following items: (4) Participation Day and (5) Conference of the parent obligations and agreements are waived. Participation in field trip driving, attendance at session meetings, and taking positive discipline parenting classes are still required. Participation is also still required in all of the following areas of the parent obligations and agreements and parent handbook, as described within:

- General Meetings
- Work Parties
- Outside Maintenance
- Committee Participation and Work Hours
- Community Events and Fundraising (Santa Saturday and Spring Fundraiser).

Parents who are engaging a substitute, pay a higher rate of tuition as they are responsible for paying and engaging substitutes for the classroom.

7. General Meetings

At least one parent must attend a meeting held the first Thursday of each month from 7:30-10:00 p.m. as required by our Articles of Incorporation. These meetings deal with school business and adult education. The parent is expected to be present for the entire meeting. Parents are allowed one free miss. One additional miss may be made up in either of the following ways at the discretion of the President:

- Attend the next Board meeting following the General meeting missed.

OR

- Make up the missed 2.5 hours as assigned by the President.

If a family misses a third meeting, they will be fined \$40.00 for that meeting. If a family misses a fourth meeting, the Board will vote on whether the family should be excused from the program.

8. Committee Hours (2.5 hrs/month)

Each member is required to serve on a committee or as a member of the Board. A committee assignment is for the duration of the school year. Each committee will be assigned a minimum of 2 or 3 members so that the job is equitable for each member. Families with 2 or more children enrolled may be assigned to multiple committees or given charge of a complete committee job, based on their interest. Each member should complete 2-3 hours of committee work per month (24 work hours per year). Families with two or more children enrolled are required to do a minimum of 28 work hours per year.

9. Maintenance Party

Each member is required to work at one scheduled inside/outside "maintenance party," which is separate from their committee work. Each member will work one four-hour shift on that maintenance party weekend. This does not replace your Yard weekend described below in ten.

10. Outside Maintenance Weekend

All families are expected to work one weekend during the year to care for the yard. No hours will be given for this weekend. This is a shared membership responsibility to keep the yard safe for our children.

11. Fundraising

The mandatory fundraisers, voted on by the general membership, must be supported by the parents. Proceeds will be split between financial assistance, improvements to the school, the building fund, and Positive Discipline Coaches as specified by the board of directors. The mandatory fundraiser requires that each family provide a minimum \$50 VALUE donation (in either new goods, services, or procurement of an item(s)) suitable for use for a silent auction and/or raffle to be held by the school. Items will be due by November 1st.

12. Materials Fee

A \$100 materials fee is due on or before December 1st. Installment payments are accepted as long as the final payment is made by December 1st. The materials fee covers additional curriculum purchases not supported by tuition or fundraising.

13. Notification

It is the members' responsibility to notify the President in advance of any difficulties meeting any obligations.

14. Right of Licensing Agency - Department of Social Services

The State of California General Licensing Requirements Section 101195 States: The Department or licensing agency shall have the authority to interview children or staff, and to inspect and audit child or facility records without prior consent.

The licensee shall make provisions for the private interview of any child(ren), or any staff member; and for the examination of all records relating to the operating of the facility.

The Department or licensing agency shall have the authority to observe the physical condition of the child(ren) including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child(ren).

15. Penalties

The following penalties will apply to those members not fulfilling the minimum levels of participation as outlined in this agreement:

- General Meetings as outlined in #7 above: \$40.00 (*Miss 4 Meetings: Board vote on whether member should be asked to leave the program.)
- Work Hours as outlined in #8 above: \$20/hour not completed
- Maintenance Party as outlined in #9 above: \$80.00
- Outside Maintenance weekend as outlined in #10 above: \$80.00
- Ways and Means as outlined in #11 above: \$75.00 if the \$50 VALUE donation is not met.

These penalties will be assessed for non-participation. They are not intended as a "buyout option" in lieu of participation. In addition to a fine, non-participating members may also be placed on our "bad standing" list and will not be allowed to return to APPS.

16. Resignation

Notice of the intent to resign must be given in writing and verbally to the Membership Chairperson and the Assistant Treasurer **two weeks prior to resigning**. NO resignations will be accepted the last six weeks of school. Tuition must be paid in advance through the date of resignation. All other obligations must be met through the resignation date.

17. Termination of Agreement

This agreement is terminated when all conditions under the resignation section of this agreement are met. Parents may withdraw the child(ren) for any reason.

Please Note:

Nondiscrimination Policy: APPS does not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

Photo Release Form

I, _____ (**Print Name**) grant (*Almaden Parent's Pre-School "APPS" located at 5805 Cahalan Ave, San Jose, CA 95123*) its representatives and employees the right to take photographs of me and/or my child/children in connection with the above-identified subject.

I authorize (*Almaden Parent's Pre-School "APPS" located at 5805 Cahalan Ave, San Jose, CA 95123*) its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

APPS PARENT OBLIGATIONS AND AGREEMENT

Signature Page 1 of 2

I agree, as a participating parent of Almaden Parents' Preschool, to fulfill these obligations prior to the close of the school year 2017-2018. I understand and agree to the above terms and have received/read the facilities policy and procedures including the names and qualifications of the staff.

→ _____
Signature of parent/guardian Date



Name(s) of child/children enrolled:

Contact Information: Class Rosters are kept online which contain confidential information such as, but not limited to, name(s), address, phone number, email, and date of birth. By signing below you acknowledge and accept posting of this information, **which is for internal use only.**

→ _____
Signature of parent/guardian

APPS PARENT OBLIGATIONS AND AGREEMENT
Signature Page 2 of 2

Allergies: APPS is a nut-free school. Please sign here acknowledging your understanding that all food brought into the school must be nut-free. This includes, but is not limited to, snacks brought in for the parents and student lunches:

→ _____
Signature of parent/guardian

Since we provide a student snack and do cooking projects with the students, please check and sign below if your child has food-related allergies. We will be in contact with you for additional information.

_____ No, my child does not have food-related allergies

_____ Yes, my child has food-related allergies

→ _____
Signature of parent/guardian

Please return just the last two pages with the rest of your forms.
Keep the rest of the agreement for your reference.

APPS COMMITTEE CHOICE FORM

All members who are not presently on the board or in 12 month jobs need to serve on a committee. Please indicate your choice for a committee below.	
Assignments are made on a first come first serve basis. Individual talents and availability are considered. All jobs need to be filled. You receive work hours for committee work and any special projects done at home.	
Name:	Date:
Phone:	Class:
1st Committee Choice:	
2nd Committee Choice:	
3rd Committee Choice:	
I can serve as a Chairperson:	YES/NO

INFORMATION THAT HELPS US PLACE YOU	SKILLS	Y/N	SKILLS	Y/N
Past or Present Professions:	Label Maker	<input type="checkbox"/>	Motor skill development knowledge	<input type="checkbox"/>
Useful Experience:	Laminator	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Prior Committees:	Organized	<input type="checkbox"/>	Science	<input type="checkbox"/>
Hobbies:	Detail Oriented	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Activities:	Carpentry	<input type="checkbox"/>	Event Planning	<input type="checkbox"/>
Special Skills:	Repair/ Handyman	<input type="checkbox"/>	Management	<input type="checkbox"/>
Languages Spoken:	Painting	<input type="checkbox"/>	Early Childhood Education	<input type="checkbox"/>
Computer Skills:	Gardening	<input type="checkbox"/>	Administrative Skills	<input type="checkbox"/>

OTHER INFORMATION YOU WOULD LIKE US TO KNOW:

INTEREST IN THE FOLLOWING COMMITTEES:

COMMITTEE	Yes/No	COMMITTEE	Yes/No	CHAIRPERSONS	Yes/No
Art	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Art Chairperson	<input type="checkbox"/>
General Art Maintenance	<input type="checkbox"/>	Outside Maintenance	<input type="checkbox"/>	Culinary Arts Chairperson	<input type="checkbox"/>
Children's Parties	<input type="checkbox"/>	Science	<input type="checkbox"/>	Field Trip Chairperson	<input type="checkbox"/>
Culinary Arts	<input type="checkbox"/>	Sensory Garden	<input type="checkbox"/>	Intercultural Chairperson	<input type="checkbox"/>
Fundraising Events/ Santa Saturday	<input type="checkbox"/>	Intercultural	<input type="checkbox"/>	Party Chairperson	<input type="checkbox"/>
School Set Up	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Science Chairperson	<input type="checkbox"/>
4 Day Close Up	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Sensory Garden Chairperson	<input type="checkbox"/>
Inside Maintenance	<input type="checkbox"/>	IT	<input type="checkbox"/>	Sensory Chairperson	<input type="checkbox"/>
General Meeting Set Up	<input type="checkbox"/>	Grant Writer	<input type="checkbox"/>	Gross Motor Chairperson	<input type="checkbox"/>
Participation Secretary	<input type="checkbox"/>	Historian/ Photographer	<input type="checkbox"/>	Creative Drama Chairperson	<input type="checkbox"/>
Snack Coordinator	<input type="checkbox"/>	Environmental/ Recycling	<input type="checkbox"/>		<input type="checkbox"/>
Laundry	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Committee Chairpersons

The following Chairpersons are on the Curriculum Committee which meets once prior to the beginning of the school year and then again when (and if) meetings are necessary - at the discretion of the Director. The Curriculum Committee is a wonderful opportunity to be involved in our school's curriculum programs.

<u>Committee</u>	<u>Responsibilities</u>
Art Chairperson	Plans art program for all classes with the help of a detailed notebook, files of ideas from past years, and input from the teachers and committee members. Plans art projects on a monthly basis to be included in the school calendar. Must attend monthly staff meeting with the teachers. Coordinates set-up of the projects with the members of the committee through a meeting, phone call, or e-mail.
Cooking Chairperson	Plans and implements children's cooking projects for all classes 2-3 times a month. Communicates with committee to help plan and organize cooking projects and is available to help with the project in the classroom if needed. Writes newsletter articles as needed to let the parents know about the cooking projects that are coming up.
Field Trip Chairperson	Arrange field trips to be taken on class days. Designs field trip fliers and posts them in the office and on the website. Sends field trip reminders to all classes via email.
Intercultural Chair	Plans and maintains an intercultural curriculum with direction from the teachers and with the help of a notebook and files of ideas from past years. Maintains intercultural bulletin board and display case. Finds guest visitors for the various cultures when possible. (The Registrar provides a list of families in the school who are willing to share their family heritage with the children.) Sends thank you notes to the visitors. Is responsible for 7-10 cultures throughout the year. Shares ideas on arts, customs, cooking and music for the culture. It is important to work in harmony with the cooking, music, and art committee chairs in order to develop a well-coordinated cultural experience for the children.

Party Chairperson	Plans and purchases supplies for 7-10 parties per year for all classes. Coordinates party arrangements with committee for children's parties including food, decorations, and special activities.
Science Chairperson	Plans a science experience for the children 2-3 times each month with the help of a notebook, files of ideas from past years, and input from the Director and committee members. Organizes the committee to help with the projects. Organizes and incubates chicks in the springtime for the classroom.
Gross Motor Chair	<i>This position is filled if enrollment is high enough.</i> Gross motor skills are the abilities required in order to control the large muscles of the body for walking, running, sitting, crawling and other activities. Without reasonable Gross Motor skills, children often struggle with the fine motor skills that are required for formal schoolwork. The objective of this position is to work with the staff in developing and implementing a regimen of developmentally appropriate and safe activities that provide the children opportunities to develop their gross motor skills indoors (circle rug area) and outdoors (play yard).

Committee Members

<u>Committee (# of people)</u>	<u>Responsibilities</u>
Art Committee (3)	Members of this committee share ideas and plan art projects on a monthly basis. Members are responsible for assembling supplies for projects, setting up projects, and leaving instructions for each project at school in the art area, as well as keeping the art area and art cabinets organized.
General Art Maintenance (1)	Responsible for restocking and organizing general art supplies such as making playdough and GAK. Filling and cleaning outdoor easels and paint cups and cutting easel paper. Also responsible for restocking and filling rice, macaroni and cornmeal bins.
Children's Parties (3)	Organize food, centerpieces, and decorations for parties, holidays, and special events. Be available at the party, if needed. Remove and store decorations after all classes have had their party.
Cooking (3)	Help plan and implement children's cooking projects 2-3 times a month. This includes assistance while the project is underway in the classroom if necessary (on your non-work day and/or in a different class).
Fundraising Events / Santa Saturday (8)	<p>This committee is in charge of Fundraising events, including our Santa Saturday and Spring Carnival fund-raising events. Members of this committee work with the <i>Santa Saturday Chair</i> in addition to the Fundraising Chair. The Santa Saturday event is one of our largest events of the year. It is not only a fund-raiser, but also a community-building event. The work includes planning craft tables, soliciting donations, purchasing supplies, organizing the Santa Saturday store, arranging for food and drink, decorating and setting up the day/night before, and organizing help from the membership for the day of the event. Members of this committee should plan on working on the event day. See the school calendar for the actual Santa Saturday date. This committee is also in charge of the Spring Carnival and any other fund-raising events during the year. In comparison to Santa Saturday, the Spring Carnival is smaller in scale. It is a community-building event, as well. Members organize crafts and activities, arrange for donations, arrange for food and beverage, etc. Members of this committee also assist the Fundraising Chair with other fund-raising efforts like the Dance-A-Thon.</p>

School Set-Up (2)	May occur on Monday morning or Sunday evening, depending on availability and schedules. Arrive at scheduled time to unload the storage room and set up furniture. Will also help to set out projects and materials as needed. Helpful if it is a Monday working parent in the 3-day class. Please indicate your schedule preference.
4-Day Close-Up (2)	Assist teacher at end of each week's 4-day session in cleaning up and putting away all materials and equipment (usually 2:30 – 3 PM). Ideal for two 4-day parents.
Inside Maintenance (3)	Assist Inside Maintenance Chairperson in attending to maintenance, cleaning and repairs inside the building and in the office. Will also assist in cleaning and maintaining toys and equipment.
General Meeting Set-up (1)	Work with the Adult Education Chair to set up the classroom for the general meetings – usually takes a half hour before to the meeting. Provide other assistance to Adult Education board member (reminder calls to members assisting with meeting set-up or bringing snack to meeting). You will also need to stay longer after the meeting to assist with clean up.
Participation Secretary (1)	Keep record of member work hours. Maintain general meeting sign-in sheet, notify President of second missed meetings. Monitor daily sign-in sheet. On a monthly basis, post a participation report and inform the President of any problems.
Snack Coordinator (1)	With the help of the Director, plan daily snack for all classes on a monthly basis. Post the snack schedule in the kitchen. Purchase food and drink for children's daily snack for all classes. Make sure there is enough snack for all classes and make sure that it is available when required. Clear refrigerator on a weekly basis.
Laundry (1)	Responsible for taking the kitchen towels and rags home each week to be washed, folded and returned to school.
Newsletter (1)	Compile and publish the monthly newsletter. A computer with MS Word or similar publishing program is needed. Duties include making posting monthly copies on the bulletin board and forwarding a copy to the web site assistant.
Outside Maintenance (3)	Assist Outside Maintenance Chairperson with special work days and in arranging for repairs, maintenance of wheel toys, improvements done on playground, mowing laws, weeding, pest control, cement work, or other miscellaneous tasks.
Science (2)	Help the Science Chairperson plan and implement science projects in the classroom 2-3 times a month. This includes all duties related to the live animal care when we hatch chicken eggs.

- Intercultural (1) Assist Intercultural Chairperson in coordinating a program including intercultural guests, music, arts and crafts, cooking, games, activities, and the sharing of intercultural artifacts.
- Public Relations (1) Assist Public Relations Chairperson with sponsor program, open house, and other publicity. Also assist with melmac plates in March. Take photos at school events. Supply copies of pictures to the membership as necessary. Assist with end of year slide show and photo album.

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- Grant Writer (1) *This position is filled if there is high enough enrollment.* Identify grant sources and fill out grant applications. Maintain information and data file for future grant applications.
- Historian/Photographer (3) *This position is filled if there is high enough enrollment.* Ideally one person for each class. Responsible for taking candid photos at school and on field trips throughout the year. Would also be responsible for assembling a class scrapbook and assisting with an end of the year slide show presentation.
- Environmental/Recycling (1) *This position is filled if there is high enough enrollment.* Maintain classroom recycling and garbage bins and make sure that items are being separated. Research ways that the school can be more environmentally conscious. Sell, donate or recycle old or unwanted school equipment. Keep track of toy or equipment recalls. Collect and recycle ink cartridges for school credit.

For Scheduler only:

Carpool:

Babysitting:

Leave:

APPS Scheduling Form

New Member Returning Member Alumni Parent

2-Day (T/Th am) 3-Day (M/W/F am) 4-Day (T/W/Th/F pm)

(Please list the names you and your child prefer to be called.)

Name of participating parent: _____ Phone#: _____

Child's name: _____

Address: _____

Nearest cross street: _____

2-Day, 3-Day, and 4-Day parents: Mark your 1st and 2nd choice for work days.

4-Day parents ONLY: To indicate your choice of emergency work day, write E1 and E2. (Your emergency day is a different day than your regular work day.)

2-Day class: Tues AM Thurs AM

3-Day class: Mon AM Weds AM Fri AM

4-Day class: Tue PM Weds PM Thurs PM Fri PM

List any reasons you must have a certain workday, or list any day you cannot work at school.

Would you like to participate in a carpool? _____ No _____ Yes

_____ Not necessary, but I will if someone else needs a ride.

Do you need help arranging babysitting on your work day? _____ No _____ Yes

If yes, birth date of child who needs a sitter: _____

Do you anticipate needing a medical or maternity leave during the school year?

_____ No _____ Yes If yes, when? _____

In case the Scheduler needs to contact you, when will you be on vacation during summer?

Are you interested in being a paid substitute? _____ No _____ Yes

If you have any questions about scheduling or if there is any change in the above information, please contact the Scheduler as soon as possible.

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CHILD INFORMATION SHEET

Please complete this form in detail and bring it with you to your CONFERENCE appointment. The more information you can give us, the more help it is to our teachers.

Child's Name: _____ Birth Date: _____

Name by which he is called: _____ Birth Place: _____

Parents' Name: _____ Phone #: _____

Address: _____

Occupation of Father: _____ Mother: _____

Names and ages of other children in family: _____

Other adults in the house besides parents (give relationship of child to each): _____

Does he/she have the opportunity to play with other children outside the family?: _____

Does your child need any help in the bathroom? _____

Favorite Play Materials: _____

Favorite Pastimes: _____

Types of family outings he/she enjoys: _____

Family Pets (kinds and names): _____

Special Problems: Fears: _____

 Foods: _____

 Health: _____

 Allergy to Food or Materials: _____

Previous Serious Injuries or Illnesses: _____

Any other information that will help the teacher better understand your child: _____

Date: _____ Parents Signature: _____