Preschool Application

* 6726 Washington Ave. Whittier, CA 90601 * 562-945-1654 *
whittierfriendsschool@gmail.com * http://whittierfriendsschool.org/

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IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

WHITTIER FRIENDS SCHOOL PRESCHOOL TUITION CONTRACT (07/01/26)

The enrollment of my/our child and the payment of tuition is a monthly commitment. I/We, the undersigned, wish to enroll _____ in Whittier Friends School under the following terms:
child's name

Tuition is charged regardless of the number of days or holidays in the month.
The following holidays will be observed: New Year's Eve & Day, Martin Luther King Jr Day, Presidents Day, Memorial Day, Juneteenth, 4th of July (or closest weekday), Labor Day, Thanksgiving & Friday after Thanksgiving, the week of Christmas (December tuition will be 75% to reflect this holiday week.)

Tuition/Fees:

Full-day Preschool: (7:00 a.m.-6:00 p.m.): 5 days: $800/mo, 4 days: $724/mo, 3 days: $620/mo, 2 days: $464/mo
School day is 8:45 am-3:30 pm (Extended childcare before 8:45 and after 3:30 is included in tuition)

Half-day Preschool: (7:00 a.m.-12:15 p.m.): 5 days: $570/mo, 4 days: $516/mo, 3 days: $442/mo, 2 days: $318/mo,
School day is 8:45 am-12:15 pm (Extended childcare before 8:45 is included in tuition)

Registration Fee: $100.00 at time of registration and $50.00 annually at the start of the academic year.

Sibling discount: 20% off if a sibling is enrolled in our preschool or elementary school.

- Your child's enrollment in preschool will begin after the receipt of a completed application, tuition contract, and the non-refundable registration fee. The Physician's Report must be completed and on file before your child may be physically enrolled. (A 30-day advance notice will be given for any rate changes.)
- Monthly payments are due on the first of the month and are considered late after the 10th of the month. A $15 late payment fee will be charged for any payment received after the 10th of the month and an additional $15 late fee will be charged each month until payment is made. In addition, the child may be suspended from preschool until all tuition/fees are brought current and any late fee paid. If the person(s) responsible for payment of tuition has not made an amended written payment agreement, acceptable to the school, within 90 days of the due date of the fees in question, legal action may be taken for all past due fee.
- A late pick-up fee will be charged for children picked up late. **Full-day Preschool:** $15 late fee after 6:00 p.m. plus $8 per 15 minutes starting at 6:00 p.m. **Half-day Preschool:** $15 charged at 12:25 p.m. plus $8 per 15 minutes beginning at 12:30 p.m. This charge is due and payable when you pick up your child. We appreciate your cooperation in picking up your child(ren) in a timely manner. Please communicate by phone if you are running late.
- *Returned Checks Policy*: A $20 fee will be charged for any returned checks. Additional fees my incur if replacement payment is not received promptly.
- Each family will be allowed two weeks of vacation time each academic year (from September to August) for which they will not be charged. All other tuition must be paid regardless of attendance. Two weeks' notice is required for the withdrawal of any child. Tuition is due for these two weeks and refunds will be given for tuition prepaid beyond the two weeks' notice.

_____ _____
Signature of Person(s) responsible for payment of fees Date

If the person(s) responsible for payment of tuition us/are not the parent(s)/legal guardian(s) of the student, then the parent(s)/legal guardian(s) must guarantee payment.

_____ _____
Signature of Parent(s)/Legal Guardian(s) Date

Understandings:

- We understand that our participation in our child's education is invaluable to the success of my child and of the school.

- We understand the school's policy on non-violence, and that a student who hits, bites, or attempts to injure another person will be suspended from one to three days depending on the severity of the incident.

- We understand that the school sometimes goes on walking field trips, such as to Central Park. We hereby give permission for our child to go on all walking field trips.

- We understand that pictures of our child may be used from time to time for the purposes of advertising. (If this is a problem please let us know in writing.)

- We understand that Whittier Friends School reserves the right to suspend, dismiss, or decline future enrollment for any student for any reason. If it concludes that the school is not appropriate for the student or parent(s)/legal guardian(s) who willfully disregard school policy. All students attend Whittier Friends School at the will of the School Committee. As parent(s)/legal guardians(s) we will hold harmless from any and all action, relating to such dismissal, Whittier Friends School, its employees, agents, School Committee members or representatives.

- We understand that the Community Care Licensing staff has the authority to interview children or staff, and to inspect and audit child or child care records, without prior parental consent.

- We understand that school staff members are mandated reporters of suspected child abuse and will hold harmless from any and all action, relating to such a report, all representative of Whittier Friends School

- We understand our family should plan to attend monthly parent meetings on Zoom, and that we should read the weekly emailed newsletter.

- We understand that we must provide the following for each child enrolled:
  - A daily nutritious lunch, including a refillable water bottle (labeled with name). (A microwave oven is available for heating, not cooking, lunch items.)
  - A change of clothing including underwear, socks, shirt, pants, and shoes and a sealed bag to hold soiled clothing.
  - A sheet and blanket (must fit in the child's cubby) for students in the full-day program.
  - An earthquake kit with food for 3 days and one gallon worth of bottled water. (Please choose food items your child will eat and which do not have to be heated or cooked.)

Acceptance: I/We have read, understand, and agree to all terms and conditions of this Application and Contract. I/We are the parent(s) or legal guardian(s) of the named student. (We further understand that these aforementioned terms and conditions are binding as long as my/our child is a student at Whittier Friends School and/or monies are owed to the school.

_____	_____	_____	_____
Signature of Parent(s)/ Legal Guardian(s)	Date	Signature of Parent(s)/ Legal Guardian(s)	Date

My Child will be attending Whittier Friends School on the following schedule:
M T W Th F (circle all that apply) for **FULL** or **HALF DAY.**

I/We understand that this schedule may not be altered without consent of the preschool director.

_____	_____	_____
Signature of Preschool Director	Date	Enrollment Date

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

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

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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

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

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

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

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

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

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

_____ 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:

California Department of Social Services - Community Care Licensing Division - L.A. Day Care-East

NAME

Sherell Johnson

ADDRESS

1000 Corporate Center Dr. Suite 200B

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park, CA	91754	(323)981-3350

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)
Whittier Friends School	6726 S. Washington Ave. Whittier, CA 90601

(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: LA Childcare East

   Licensing Office Address: 1000 Corporate Center Dr. Suite 200B Monterey Park, CA 91754

   Licensing Office Telephone #: (323)981-3350 WFS Analyst: Sherell Johnson

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

Whittier Friends School Communication Preferences--2026-2027

Student Name: _____

Please let us know how to reach you in various ways:

*Fliers in parent cubby

*Mailing Address: _____

_____

*Email reminders

Parent name _____ Email address_____

Parent name _____ Email address_____

*Text messages

Parent name _____ Phone number _____

Parent name _____ Phone number _____

Would you like us to include your contact info in a school-wide directory, to help other families get ahold of you? (Write preferred method of contact and info here)

Circle one Yes or No

_____

_____

_____

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

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

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

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

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

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

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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