

2024/2025 Registration



Today's Date: _____

Child's Name: _____ Child's Birth Date: _____

Parent's Name: _____

Phone #: _____ E-mail Address: _____

Current Grove Preschool Student Grove Preschool Alumni (School Year?) _____

Regular Grove Church Attender (Which Service?) _____

Preschool & Pre-Kinder

Registration Fee: \$125

Preschool Ages 3 & 4—Not going to Kindergarten August 2025, must be 3 by Sept. 1st, 2024

Pre-Kinder Going to Kindergarten August 2025, must be 4 by Sept. 1st, 2024

1/2 Day: 9am-12pm ** Full Day: 6:30am-5:30pm ** Early Bird: 7:30am-9am

Monday through Friday

- 1/2 Day: \$460/mo. (\$4,600/yr)
- Full Day: \$860/mo. (\$8,600/yr)
- Early Bird: Additional \$140/mo.

Monday/Wednesday/Friday

- 1/2 Day: \$350/mo. (\$3,500/yr)
- Full Day: \$590/mo. (\$5,900/yr)
- Early Bird: Additional \$120/mo.

Tuesday/Thursday

- 1/2 Day: \$260/mo. (\$2,600/yr)
- Early Bird: Additional \$100/mo.

Jr. Kindergarten

Students must be 4 years old by Sept. 1st, 2024

Registration/Curriculum Fee: \$150

Traditional: 9am-2pm ** Full Day: 6:30am-5:30pm ** Early Bird: 7:30am-9am

Monday through Friday

- Traditional: \$550/mo. (\$5,500/yr)
- Full Day: \$860/mo. (\$8,600/yr)
- Early Bird: Additional \$140/mo.

Monthly payments based on total annual tuition due, and divided into ten equal monthly payments August 1st—May 1st

IDENTIFICATION/ EMERGENCY CARD

FOR OFFICE USE: CLASSROOM:	#DAYS:
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CHILD'S NAME	LAST	FIRST	MIDDLE	SEX	BIRTHDATE			
ADDRESS		NUMBER/ STREET/APT.#		CITY	STATE	ZIP	HOME PHONE ()	
FATHER'S/ GUARDIAN'S NAME			LAST	FIRST	E-MAIL ADDRESS:		CONTACT NUMBER ()	
ADDRESS (IF DIFFERENT THAN CHILD'S)			NUMBER/ STREET/APT. #		CITY	STATE	ZIP	ALTERNATE NUMBER ()
MOTHER'S/ GUARDIAN'S NAME			LAST	FIRST	E-MAIL ADDRESS:		CONTACT NUMBER ()	
ADDRESS (IF DIFFERENT THAN CHILD'S)			NUMBER/ STREET/ APT #		CITY	STATE	ZIP	ALTERNATE NUMBER ()
WHO DOES CHILD LIVE WITH? (RELATIONSHIP TO CHILD)				HOW MANY SIBLINGS LIVE IN THE HOME? _____				
				LIST NAMES/AGES: _____				
LIST ANY SIBLINGS ATTENDING THE GROVE PRESCHOOL?				Do you give the Grove Preschool permission to give your contact information to classmates for party invitations/etc? <input type="checkbox"/> YES <input type="checkbox"/> NO				

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (ABOVE LISTED PERSONS ARE ALSO AUTHORIZED)
 Child will not be allowed to leave with any other person without written authorization from parent ***Check box if person may be called in an emergency**

NAME	PHONE	RELATIONSHIP TO CHILD	
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I have added more authorized persons to the back of this form.

PHYSICIAN: _____ MED. PLAN/ NUMBER: _____
 ADDRESS: _____ PHONE: _____

DENTIST _____ ADDRESS _____ PHONE _____

I AUTHORIZE THE GROVE PRESCHOOL TO CALL 911 IN THE EVENT OF AN EMERGENCY:
 YES NO **X** SIGN: _____

I UNDERSTAND MY STUDENT MUST BE COMPLETELY TOILET TRAINED BY THE TIME SCHOOL IS IN SESSION.
 IS YOUR CHILD TOILET TRAINED? YES NO

PARENT(S)/GUARDIAN(S) OCCUPATION(S) : _____

LIST ANY FOOD, ENVIRONMENTAL, OR OTHER ALLERGIES STAFF SHOULD BE AWARE OF: _____
 SYMPTOMS: _____
 TREATMENT: _____

LIST ANY SPECIAL NEEDS, FEARS, OR PROBLEMS STAFF SHOULD BE AWARE OF: _____

X SIGNATURE OF PARENT/ GUARDIAN: _____ DATE: _____

FOR OFFICE USE ONLY	DATE OF ADMISSION:	DATE DROPPED:
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

X

DATE

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

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

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

The Grove Preschool . 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.

X

(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.

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
The Grove Preschool
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

()

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: Community Care Licensing / Inland Empire Division

Licensing Office Address: 3737 Main Street, Ste 700, Riverside CA 92501

Licensing Office Telephone #: 951-782-4200

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.

The Grove Preschool
Name of Child Care Center

X

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

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:

Department of Social Services

NAME

Community Care Licensing

ADDRESS

3737 Main Street, Suite 700

CITY

Riverside, California

ZIP CODE

92501

AREA CODE/TELEPHONE NUMBER

951-782-4200

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)

The Grove Preschool

(PRINT THE ADDRESS OF THE FACILITY)

19900 Grove Community Dr., Riverside, CA 92508

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

X

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

The Grove Preschool Policy Agreement

I have been notified that The Grove Preschool parent handbook is available online at www.thegrove.cc/preschool. All policies and procedures, such as payment terms, that The Grove Preschool follows are found in this handbook.

I understand that it is my responsibility to read this handbook and follow all policies presented in the handbook.

Parent/Guardian of _____
Child's Name

X _____ Date: _____
Parent/Legal Guardian's Signature

The Grove Preschool

Signed: Cathy Harmon, Director, The Grove Preschool
School State License Number 334819449

Note: If you do not have access to internet or would prefer a hard copy please ask The Grove Preschool for a copy.

The Grove Preschool Behavior Plan

The Grove Preschool's classes provide a safe environment that promotes the social and academic skills necessary for your child to have a successful entrance into a Transitional Kindergarten/ Kindergarten program. Our staff is well trained and our curriculum is created to accomplish this goal for all children. We strive to provide the best care for all children who attend our school. However, we are not equipped to work with children who display constant challenging behavior that is not age appropriate or with children who display angry aggressive behavior towards staff or other students.

Should your child's behavior fall into one of those categories we will take the following actions in the order presented:

1. Parents will be notified of behaviors in person or over the phone.
2. If behaviors continue, the child will be removed from the class and sent to the office. A parent conference will be scheduled at this time to discuss a behavior plan for the child.
3. If behaviors continue, the child will be removed from the class and sent home for the day. Another parent conference will be scheduled at this time to see what modifications in any can be made to the behavior plan.
4. If behaviors continue, after multiple incidents and interventions implemented, the child will be removed for our program.

Thank you for allowing us the opportunity to partner with you in providing care to your child.

I agree to The Grove Preschool behavior plan as presented above.

X

Parent/ Legal Guardian Signature

Date