



# WORLD OF DISCOVERY PRESCHOOL

## **Required Licensing Forms 2023-2024**

1. Identification and Emergency Information
2. Child's Preadmission Health History – Parent's Report
3. Physician's Report – Child Care Centers (2 pages)\*\*
4. Personal Rights
5. Child Care Center Notification Of Parent's Rights
6. Information for Parents - Caregiver Background Check Process
7. Consent For Emergency Medical Treatment-Child Care Center
8. Liability Waiver, Consent To Photograph, Waiver Relating to COVID-19, Consent for Field Trips
9. World of Discovery Preschool Admission Agreement 2023-2024

**\*\*IMPORTANT – Physician's Report form** needs a doctor's office signature or stamp. WOD is a licensed preschool with 8 forms required by the State Of California. The Physicians Report form may be a 1-3 day turnaround depending on the medical facility. A physician, nurse practitioner or nurse must sign or stamp the form. You do not need a doctor's appt. unless immunizations are not up to date. WOD cannot accept the 'yellow' immunization card because they are not always kept up to date.  
World of Discovery Preschool, (408) 867-4683 (phone)

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES****To Be Completed by Parent or Authorized Representative**

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

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

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

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

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

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

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CALL EMERGENCY HOSPITAL

☐

OTHER

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

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

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

DATE LEFT

CHILD’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:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

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

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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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)	/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /							
HIB MENINGITIS	(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

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

# 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:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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](http://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](http://www.meganslaw.ca.gov)**

# 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://ccld.ca.gov/contact.htm>.



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

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

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

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

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

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

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

(     )

\_\_\_\_\_  
WORK PHONE

(     )



**Waiver of Claims/Assumption of Risk/Consent to Photograph/Video**  
**LGS RECREATION** Los Gatos-Saratoga Community Education and Recreation



Participant Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned, in consideration of participation in the programs operated by Los Gatos –Saratoga Community Education and Recreation (LGS Recreation), agrees to indemnify and hold LGS Recreation, its Board of Directors, contractors, employees and volunteers harmless and release LGS Recreation, its Board of Directors, contractors, employees and volunteers from any and all liability for any injury which may be suffered by the named individual(s) registered in any program operated by LGS Recreation, arising out of, or in any way connected with participation in such program. I have read the above application and agreement, and fully understand that I assume all risks for any injuries received.

*Model Release: I release the photographer and LGS Recreation from liability for any violation of any personal or proprietary right I have in connection with any reproduction of or use of photographs in which I appear. I consent to the reproduction or use of photographs, without my name (or other registered participants), taken of me while participating in LGS recreation programs. LGS Recreation and its photographer will only take photographs and videos in a public setting in which there is a reasonable expectation of privacy.*

This Waiver of Claims/Assumption of Risk/Consent applies to future participation in all programs of LGS by all signatories and minors on whose behalf it has been signed.

**ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT-CHILD CLASSES, SIGN BELOW**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS**

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in recreation activities. In the event I or said minor requires medical treatment while under the supervision of staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor may require. I hereby grant permission to include pictures and/or video of me and/or said minor, *-while participating in LGS recreation program, for brochures or other publicity. LGS Recreation and its photographer will only take photographs and videos in a public setting in which there is a reasonable expectation of privacy.* I understand I will not receive any compensation for use of such pictures or video.

This Waiver of Claims/Assumption of Risk/Consent applies to future participation in all programs of LGS by all signatories and minors on whose behalf it has been signed.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Received by:

Date:



### What we're doing

LGS Recreation is continuously monitoring Public Health guidelines to ensure compliance with the latest protocols. Our priority is the health and safety of our participants and staff as we welcome the community back into our facilities. Protocols will be modified as guidelines continue to evolve.



Self-Check Procedures  
&  
Health Reviews



Enhanced Cleaning



Best Practices



Protective Supplies

## COUNTY OF SANTA CLARA DEPARTMENT OF PUBLIC HEALTH REQUIREMENTS RELATED TO CORONA VIRUS/COVID-19

We continue to adhere to recommended COVID-19 protocols at the time of publication. All participants, by signing this release, agree to follow health directives as defined by Santa Clara County. Programs are responsible for maintaining enrollment and attendance records, and should verify families' compliance with these restrictions to the extent feasible. See your registration for program specific protocols or contact us. Stay home if you are sick. If exhibiting symptoms, please refrain from attending programs until symptoms subside, participant is seen by a medical professional, or after receiving negative COVID-19 testing results. To view up-to-date Santa Clara County information, visit: <https://covid19.sccgov.org/home>.

## ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONA VIRUS/ COVID-19

The novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Los Gatos-Saratoga Community Education and Recreation ("LGS Recreation") has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, LGS Recreation cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

LGS Recreation's programs by nature involve interaction between and among participants and agency staff, as well as potential interaction between and among parents who are dropping off their children and/or observing the program. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending, and/or transporting my children to, LGS Recreation programs, activities, or events, and of the named perils listed below. I understand that the risk of becoming exposed to or infected by COVID-19 at LGS Recreation programs, activities, or events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LGS Recreation employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all named perils and/or injury to my child(ren) or myself, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren), or others, may experience or incur in connection with my child(ren)'s attendance at LGS Recreation programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless LGS Recreation, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the above named perils in connection with my child(ren)'s attendance at LGS Recreation programs. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of LGS Recreation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any LGS Recreation program.

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Signature of Parent/Guardian

Date

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Print Name of Parent/Guardian

Participant Name



## Authorization and Consent for Field Trips



I hereby grant permission for my child to participate in mini-field trips with the staff, representatives, and employees of the World of Discovery Preschool. I understand that these trips will only take place in, on, and around the Argonaut Elementary School campus. Places may include their library, their auditorium for assemblies, and areas about the campus or outer field for walks. I understand the adult/child ratio will be 6:1 on such trips.

Name of Child \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print) of Parent/ Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Director/Site Supervisor's signature \_\_\_\_\_



**Los Gatos-Saratoga Community Education & Recreation**  
**World of Discovery Preschool**  
**Admission Agreement 2023-24** *updated 12/20/2022*



**Basic Services Offered:** World of Discovery Preschool provides a preschool program in a developmental play-based environment for children age 2 - 6 years. **Based on availability**, our year-round program offers Monday thru Friday care with a 2, 3, or 5 day option. Full time child care hours are 7:30am – 6:00pm. Preschool hours are 8:45am – 11:45am.

**Tuition:** WOD is a year-round preschool program and tuition is billed monthly. We do not pro-rate. Please refer to your registration packet for closure dates, the fee schedule, late payment fees, and returned check fees policy. Make up days for any missed school days due to illness or personal reasons are not offered. If school closure is Director initiated due to an emergency, a makeup class will be offered.

**Daily Register Compliance:** It is required that the person bringing in the child or picking the child up from the preschool sign the child in and/or out and note the time. A complete legal signature is required. Initials are not adequate. Repeated failure to sign in/out may result in a penalty. This is required by the California Department of Social Services.

**Pick-up:** A Late Fee of \$25 will be charged for every 15 minutes or portion thereof after the pick-up time, according to your child's schedule. This fee is payable at pick-up. Two verbal reminders will be given before charging the fee.

**Withdrawal/Change of Enrollment Procedure:** Changes to a student's tuition plan or a withdrawal notice must be processed prior to the cutoff date noted on the Billing Calendar. Tuition plan changes must be documented on a Change Form available at World of Discovery and submitted to the Preschool Director for processing, space permitting. A \$15 fee is incurred for processing each change. Please see the Billing Calendar for specific change/cancellation cut off dates.

**Temporary Closure:** In the event that the preschool must temporarily cease in-person operations for any reason related to the COVID-19 Pandemic, or any related federal, state or local order or directive, the requirements set forth in the Billing Calendar to make any changes to a student's tuition plan, including withdrawals, shall still apply. Families who continue to make payments after a temporary cessation of in-person operations, instead of withdrawing, shall have their places in the program reserved upon resumption of operations. Continued virtual or at-home activities may be made available as applicable.

**Conditions for Termination:** World of Discovery Preschool may terminate this agreement if the child's behavior threatens the physical, mental health or well being of the other children or the school experiences are not meeting the child's mental or physical needs.

**Holidays/Closure Dates:** Please refer to the registration packet for the complete list of dates we will be closed. In some instances, a day camp may be offered at an additional fee.

**Right of the licensing agency:** Under California law, the California Department of Social Services shall have the right at any time to interview children, or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with children or any staff member and for the examination of all records relating to the operation of the facility.

This **Admission Agreement Contract** may be changed or modified when necessary. Such modifications must be in writing, and signed and dated by parent(s)/guardian (s) and preschool director/site director at least 30 days in advance.

**I have received, read, understand and agree to follow all center policies and procedures listed in this agreement, the registration packet, and in the parent handbook.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor/Director Signature \_\_\_\_\_ Date \_\_\_\_\_