



Application Packet

MT. ZION CHRISTIAN SCHOOL

224A W. California St.
Ontario, CA 91762

Effective: September 16, 2002

*"Train up a child in a way he should go and when he is old he will not depart from it."
(Prov. 22:6)*



**Mt. Zion Christian School
Enrollment Check List**

- Identification and Emergency Information #700
- Child's Preadmission Health History #702
- Physician's Report #701 (Please Note Allergies)
- Consent for Emergency Medical Treatment #627
- Notification of Parent's Right #995
- Personal Rights #613A
- Birth Certificate
- Tour
- Admission Agreement
 - Check Immunization
 - Check Tb
 - Signed ID and Emergency form
 - Check Custody Alert
 - Check Allergies
- Parent's Rights
- Policies and Procedures
- Earthquake and Clothing Supply List
- Payment Agreement
- Tuition Fee Scale



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**Pre-School / Daycare Center
Tuition Fee Scale
Effective August 2021**

**Registration Fee: Pre-School: Two – Four Years \$100.00
Kindergarten: Five Years and up \$150.00**

Operating hours for full time care: (6:30am – 6:00pm)

FULL DAY

**5 Days per week\$175.00
3 Days per week\$125.00
2 Days per week\$90.00**

PART DAY (4 hours or less per day)

**5 Days per week.....\$125.00
3 Days per week.....\$105.00**

**A two week written notice before terminating enrollment is required.
(Vacation after one year for two weeks will be half price)**

*“Train up a child in the way he should go,
Even when he is old he will not depart from it”. (Prov. 22:6)*

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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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

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.

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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	LUNCH	
	DINNER	

ANY FOOD DISLIKES? _____ ANY EATING PROBLEMS? _____

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

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

PARENT'S EVALUATION OF CHILD'S HEALTH _____

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

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY _____

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES? _____

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT _____

PARENT'S SIGNATURE	DATE
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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
()

Parent – Teacher Conference

Parent conferences are held each fall and spring to provide an opportunity to discuss and share the progress of your child. Sign-up sheets are in each classroom previous to each conference time. Shared communication is an integral part of providing an optimal experience for your child. Special meetings / outside conferences may also be arranged should circumstances or issues deem necessary. If you need to address a teacher regarding a concern, please be considerate of class time and send a note or leave a message to have the teacher contact you at a convenient time.

Nutrition

We would like to teach our children good eating habits. We serve A.M. and P.M. snack at 9:30am and 4:00pm and will be posted in each class. Please remember to notify us of any food allergies or religious beliefs.

Biting

Parents your child may bite or be bitten. This is a stage that some children go through. The staff will make every effort to insure each child's safety. In the event that your child is bitten, the teacher will immediately wash the area with soapy water and apply ice. If the skin is broken, you will be notified immediately. An incident report will be given to both parents. In a firm voice the teacher will let the biter know that it is not okay to bite others. The biter will be removed from the area and taken to another area of play. If the biting is continuous, a conference will be held to try to solve the problem.

Emergencies

The children will have routine drills in the event of an Earthquake or a Fire. They will be instructed, when it is safe, to go to the parking lot on the east side of the building. Attendance will be taken immediately to make sure all children are present. Children will be taken care of until released to a parent or authorized person.

Parents are responsible for providing disaster supplies for each child.

Discipline Policy

The staff at Mt. Zion Christian School will model positive behavior which will help each child achieve self-discipline, self-direction and self-esteem. This is when the child is allowed to make choices and have to accept the responsibility for each choice made. Our goal is to help the children gain confidence as well as self-control. The staff will not use any form of corporal punishment when correcting misbehavior. If a child is not following the rules, the staff will use the "Three R's":

Discipline Policy continued:

1. Restate the rule
2. Redirect the child to a different area or activity
3. Reinforce positive behavior

If a child refuses to cooperate, the teacher will tell the child he/she needs Cool-Down Time. The child will be taken to a comfortable area and given books or other material. The child will be instructed to tell the teacher when he/she is ready to talk. Once the child regains control, he/she is ready to participate in the activities again. Cool down time is not punishment. It is just allowing the child to settle down. If the child is continuing to misbehave and causing harm to himself, other children, staff or property, a parent conference will be scheduled. If it still persists, the child may be excluded temporarily or permanently from the program.



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PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a Staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school's program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be deemed necessary to obtain emergency medical care if warranted. These steps may include, but is not limited to the following.

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - a) Call another physician or paramedics, b) Call an ambulance, c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school will not assume responsibility for a child who has not been signed in for the day.

Signed _____ (Mother or Legal Guardian) Date _____

Signed _____ (Father or Legal Guardian) Date _____

Witness _____ Date _____

Witness _____ Date _____

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Mt. Zion Christian School Tuition Policy Agreement

STUDENT'S NAME: _____

PROGRAM: _____ SCHEDULED START DATE: _____

Our signatures indicate that we have read, understand and agree to the following terms and conditions. We are enrolling the student in and agree to pay the following to Mt. Zion Christian School:

TUITION: \$ _____

REGISTRATION: \$ _____ NEW RATE: (*Discounts*): _____

SURVIVAL KIT FEE: \$ _____ DATE: _____

OTHER: \$ _____ INITIALS: _____

DESCRIPTION OF OTHER _____

Fees and Tuition policy agreement are subject to change with a 30-day notice.

PAYMENTS:

There is a nonrefundable Registration fee of \$100.00 (Pre-School), and \$150.00 (Kindergarten). Tuition is due in advance. Fees are due Mondays for the weekly schedule, the 1st & 15th (biweekly), or monthly prior to child's attendance. Any payments received after 4:00pm on Tuesdays will result in a late fee of \$15.00. Accounts must be kept current and those in arrears will result in immediate disenrollment, upon payment enrollment may be re-instated. No tuition credit is extended for vacation time or sick days. If you plan on being gone for an extended time period during the school year, the full month's tuition will be required to hold your child's spot. No deductions are made for holidays. We use the rent theory. There is no deductions for holidays when you pay rent. No refunds. All checks returned from the bank for any reason will be charged a \$35.00 fee. A money order will be required if a second returned from the bank. Cash, checks or money orders are acceptable forms of payments.

**If you are required to pay Family Fees, they are due on the last school day of the month.*

TUITION CREDITS AND DISCOUNTS

Vacation/ Sick policy - refer to vacation policy on next page.

The discount for Mt. Zion Baptist Church members; staff members, and for each child after the first child in the family is 10% deducted from the tuition. **This only applies towards full time enrollment.*

HOLIDAYS:

The school will be open each day Monday through Friday throughout the year with the exception of the following holidays; New Year's Day, Martin Luther King Day, Abraham Lincoln Day, George Washington Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the Day after, and Christmas Thru after New Year's. Full tuition will be charged for weeks when these holidays occur.

LATE PICK UP CHARGES:

This school's normal operating hours are 6:30am to 6:00pm. (With the exception of the holidays listed above). A late fee of \$1.00 per minute will be assessed for every minute or fraction thereof that a child is left beyond the school's operating hours. This fee is due at the time the child is picked up. Children may not return until the fee is paid. If fees have to be accessed by administration an additional 10% fee will be added to the late pick up fee.

WITHDRAWAL POLICY:

Parents may withdraw their child from our program at any time. Any unused tuition will be refunded if a child is withdrawing within the initial month. After one month's attendance, a two-week notice is required. Parents who withdraw their child and fail to provide a two-week notice will be liable for two weeks of tuition. Any time a child is withdrawn another may fill his/her on the waiting list. In order to re-enroll a registration fee is again required along with an enrollment application.

TRANSPORTATION:

Parents are expected to provide transportation to and from the school and to be responsible for seeing the child into their classroom and picking up your child from their classroom. If you wish to have someone pick up your child other than the persons listed on your enrollment application as authorized to do so, please notify the school's Director or person in charge beforehand. For Mt. Zion Christian School to accept legal responsibility, your child must be signed in and out by the adult (must be 18 years or older) bringing him/her up each day.

ARBITRATION CLAUSE:

I agree on behalf of myself and my child that any sort, statutory, or contractual claim or dispute arising out of the services provided by this contract will be settled by binding arbitration through Mt. Zion Baptist Church.

(Initial) _____.

VACATION POLICY

- ❖ After 12 months of continuous enrollment you are eligible for 50% off of one week of tuition. (Continuous enrollment is defined as no lapse in the contracted scheduled of attendance and no lapse in contracted fees).
- ❖ Vacation credits must be used in one-week increments.
- ❖ Your child must be absent from the school for the credit to apply. Vacation credits apply to tuition only and are excluded from all other fees.
- ❖ **ILLNESS:** Our program and licensing regulations require to engage staff based on the number of children who are scheduled to attend any given day. Therefore we do not give tuition refunds or discounts for days your child is absent due to illness.
- ❖ Your balance needs to be current before leaving for vacation.

This contract must be signed by both parents, the parent legally responsible for educational expenses, and the legal guardian. (Please specify)

I/we have read this Tuition Contract and agree to abide by all of the regulations stated therein.

I/we agree to abide by the rules and regulations in the Parent Handbook and/or policies and procedures, which may be amended at the school's discretion.

Child's Name (please print) _____

Signature

Relationship to Child

Signature

Relationship to Child

Applications will not be accepted without signed contact, application fee, and deposit.

Discount Requested: [] Yes [] No

_____ Church Membership 10%

_____ Staff Member 10%

_____ I verify that I am entitled to funding through the California Department of Education, Cal Works and GAIN. Please initial here if you qualify for the Cal-Works or GAIN rate: _____

OR _____ I do not qualify for any of the above discounts for tuition. Please initial here if you do not qualify for any discount: _____

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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

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

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

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

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

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)