



ST. CYRIL OF JERUSALEM SCHOOL

4548 HASKELL AVENUE, ENCINO, CA 91436

818-501-4155 (P) 818-501-8480 (F)

WWW.STCYRIL.NET

Dear Prospective Family,

Thank you for choosing St. Cyril of Jerusalem School. Our school has been fostering a faith filled community and offering quality academic programs since 1950. As a parent, I know how important choosing a school for your child can be. These are choices that shape the lives of our children and our families as a whole.

At St. Cyril, being an educator is more than a job or a career; it is a calling. Part of that calling is our call to service. We take the call to serve our students in the areas of faith, academics, community, and personal excellence very seriously. My top priority as principal of this great community is to ensure that this call to service is fostered and realized throughout your child's journey at St. Cyril. Our expectation is that when your child moves on from St. Cyril they will have embraced the learning expectations we promote: to Love God, to Love Others, to Love Self, and to Love Learning.

In our time together, I look forward to getting to know you personally. While you will find the same professionalism here that exists in other schools, please know that as Catholic educators, we strive to provide a faith-filled and family atmosphere within our community. I look forward to meeting you and being able to collaborate with you on how to best serve the needs of your child within this wonderful community.

Included in this letter are important dates and information that will help you with the admissions process.

Please take the time to peruse our website and inquire with our front office about admissions questions. I invite you to come and experience all that St. Cyril of Jerusalem School has to offer your family by scheduling a tour or simply dropping by when you have the time. Thank You and God Bless!

Yours in Christ,

Mrs. Angelica Pugliese

Principal

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DATES TO REMEMBER

August 1st

- School Tours begin.** To [schedule a tour](#), go to: <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>
- New Student Assessment for Grades K-8th.** To schedule a new [student assessment](#), go to <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>

October 26th & January 18th

OPEN HOUSE 5:30 p.m.-7:00 p.m.

February 28th

- Application deadline
- Schedule a new student [assessment](#): <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>

March 15th

- Admissions letters sent

April 1st

Deadline for new student registration for

May 1st

- Tuition and fees deadline to the business office.



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PRIORITY OF ACCEPTANCE

↔ Students who are able to complete the academic program are accepted in the following order:

1st - Siblings of children already enrolled

2nd - Catholic children

3rd - Non-Catholic children

MINIMUM AGE REQUIREMENTS

- ↔ Preschool students MUST BE 3 YEARS OLD upon school entry and toilet trained
- ↔ Pre-Kindergarten students MUST BE 4 YEARS OLD upon school entry and toilet trained
- ↔ Kindergarten students MUST BE 5 YEARS OLD by September 1st

ADMISSIONS PROCESS CHECKLIST:

Preschool & Pre-Kindergarten	Kindergarten	Grades 1st-8th
<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Identification and Emergency Information <input type="checkbox"/> Child's Preadmission Health History Parent Report <input type="checkbox"/> Consent for Emergency Medical Treatment <input type="checkbox"/> Notification of Parent's Rights <input type="checkbox"/> Physician's Report <input type="checkbox"/> Personal Rights <input type="checkbox"/> Morning & Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Report of Health Examination for School Entry <input type="checkbox"/> Parish Verification (if applying for tuition reduction) <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Morning & Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Copy of 1st Communion Certificate (Catholic Students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Parish Verification (if applying for tuition reduction) <input type="checkbox"/> Most Current Report Card <input type="checkbox"/> Standardized Testing <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Morning & Afterschool Care

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EXAMPLE

Financial Responsibilities for the 2023-2024 School Year

K-8th TUITION FEE per student

K-8 Non Parishioner	\$9,397.50
K-8 Parishioner	\$7,297.50

Preschool & Pre-K Annual Tuition Per Child

PS PK Full Day 5 Days	\$9,943.50
PS PK Half Day 5 Days	\$6,462.75
PS PK Full Day 3 Days	\$5,966.10
PS PK Half Day 3 Days	\$3,877.65

Parishioner Tuition Rate:

As practicing Catholics, we encourage families to attend Sunday Mass each week at our home parish of St. Cyril. It is important that we see our parish and school as one community, together in Christ. The parish tuition rate is offered to families who are registered and active members of Saint Cyril of Jerusalem Church who contribute to the parish through regular Sunday Mass attendance and offertory donations given either by envelope or online donation.

To qualify for the 2023-2024 parish tuition rate, a minimum of 30 Sunday Mass attendances is required. For those newly enrolled to the school community, you will start at the full tuition rate. Once you have become registered members of the parish and made a minimum of 15 Sunday Mass attendances, you will be granted the parish tuition rate.

Attendance is determined by the number of weekly offering envelopes or weekly online gifts submitted to the parish (multiple envelopes submitted on the same day count as one) and is monitored by the Parish. A minimum weekly offering of \$20.00 per family is requested equalling a minimum of \$600 per year. In-kind donations of similar value are also welcome. Please contact the parish office for information on in-kind donation opportunities.

If you wish to enroll in online giving, please visit the Online Giving page on the parish website at: <https://st-cyril.org/give-online> and follow the instructions to set up an online giving account and establish a recurring weekly donation.

Please note, your contributions to the parish are tax deductible. Please contact your tax professional.

Church contributions will be reviewed on a quarterly basis and if not current, your tuition rate will increase to the “non-parishioner rate.”

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ANNUAL FEES PER STUDENT

PS -8th Registration	\$325.00
PS - 8th Books / Materials	\$350.00
K-8th Technology	\$230.00
K-8th Emergency (Every two years; 2023-2024 SY)	0
6th-8th iPad (New Jr. High; includes 256GB iPad 10th generation + 4-years Apple Care)	\$805.00
5th iPad (Optional; includes 256GB iPad 10th generation + 4-year Apple Care)	\$805.00
8th Graduation	\$275.00
PS-8th Student Activity Fee	\$100.00

*All fees, other than registration, may be paid as part of a family's regular tuition payment over the course of the year.

** iPad Fee for incoming 6th Grade or new students can be paid in full by May 14, 2023 or over a 12 or 18 month period through FACTS

*** Athletic Fees, Musical Instruments, Enrichment Classes, Clubs, or Field Trip costs are not included.

Payment Plans

Full Payment - June 1, 2023 - Full payment of tuition and fees paid directly to St. Cyril School (\$100 discount per child for paying in full by June 1, 2023). Visa/MasterCard/Amex/Discover Card/Venmo/Paypal/checks accepted

Payment Plans - FACTS Tuition Management Company (ACH withdrawals) handles tuition payments and other fees by an automatic withdrawal from your checking and/or savings account over a period of 10 or 12 months.

12 Monthly Payments Begins June 2023 Annual FACTS Enrollment Fee : \$50

10 Monthly Payments Begins August 2023 Annual FACTS Enrollment Fee : \$50

VIRTUS Training/Fingerprinting

Every parent/guardian must complete a Protecting God's Children (VIRTUS) training class and be fingerprinted before volunteering in any capacity on campus, as a coach, or on a field trip.

Volunteer Hours - Each family is required to complete 30 volunteer service hours during the school year. Kindly note that fifteen (15) of these hours may be fulfilled through the Parish. The hours must be fulfilled by June 1, 2024. Any volunteer hours not completed by June 1st will be billed at \$25.00 per hour. You are financially responsible for unfulfilled volunteer hours. Any parent that takes on a chair position for any major school event, or coaches a school sport, receives all thirty (30) of their volunteer hours. Volunteer opportunities are posted on the School Speak Volunteer Calendar and all hours must be recorded through School Speak.

School Fundraising - Because tuition and fees alone do not fully cover the cost of educating your child at St. Cyril, each family is encouraged to contribute to and participate in our annual fundraisers. The success of our fundraisers is critical to fulfilling our school vision and to help sustain our continued growth, especially in the area of improvement to the school grounds and classroom programs.

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Exciting Before & After-School Experiences

MONTHLY TUITION RATES (Dismissal - 6:00)	
1st child	\$252 a month
Siblings	\$200 a month
MONTHLY TUITION RATES (4:15-6:00) for Junior High Students participating in sports or enrichment	
1st child	\$158 a month*
Siblings	\$132 a month*
DAILY FEES FOR EMERGENCY CARE	
Monday - Thursday	\$32/child - \$42 for 2 or more children

St. Cyril of Jerusalem School offers an after-school program for families who are seeking a safe environment under the supervision of our trained staff.

The program includes homework period, outdoor play, crafts, and more.

Sample Schedule for After School Care

2:55 Restrooms & Handwashing
 3:15 Check-in
 3:30 Snacks & Fresh Air
 3:45 Homework
 5:00 Outside Play / Craft / Games

To Enroll, please visit this [after school care registration link](#)



<https://forms.gle/y33uUiNwj8izYKBY6>

MORNING CARE	Time: 6:45 am - 7:30 am Location: Annex Room Fee: \$2 per student
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St. Cyril of Jerusalem
 PHONE 747-276-7904



Exciting Before & After-School Experiences

Student Pick Up:

Students will meet at the outdoor classroom area upon school dismissal

Location:

After school care room will be in the Library
This is also where parents will pick up.

Billing:

Registration fees will be billed after Aug. 31st
Monthly fees will be billed at the end of each month

Afterschool Enrichment & Sports:

Students who attend after enrichment classes will be picked up by their instructor/coach at the outdoor classroom.

After class, the instructor will take them to after school care room

After School Care Phone:

PHONE 747-276-7904

Gate Code

Use the Ventura walk through gate

Gate code will be shared with parents once registered

Sample Schedule (Fri Minimum Days)

1:05 Line Up, Restrooms & Handwashing at outdoor classroom

1:20 Check-in at Afterschool care room (Music Bungalow or Library)

2:00 Lunch & Fresh Air (pack a lunch)

3:00 Outside activity/games (weather permitting)

4:30 Inside activity/crafts/games

6:00 pick up

Sample Schedule (Mon-Thu)

2:55 Line Up, Restrooms & Handwashing

3:15 Check-in

3:30 Snacks & Fresh Air

3:45 Homework

5:00 Outside Play / Craft / Games

6:00 Pick Up



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RETURN TO ST. CYRIL

Application Form

STUDENT INFORMATION

Last Name _____	First Name _____	Middle Name _____	Grade applying for _____
Gender _____	Date of Birth _____ (month/day/year)	Birthplace _____	

CONTACT INFORMATION

Mother's phone number (cell) _____	(work) _____	(home) _____	email _____
Father's phone number (cell) _____	(work) _____	(home) _____	email _____
Guardian's phone number (cell) _____	(work) _____	(home) _____	email _____

FAMILY INFORMATION

Father's First Name _____	Middle _____	Last Name _____	Marital Status _____	Deceased _____
Birthplace _____	Religion _____	Occupation _____		
Mother's First Name _____	Maiden Name _____	Last Name _____	Marital Status _____	Deceased _____
Birthplace _____	Religion _____	Occupation _____		
Guardian First Name _____	Last Name _____	Occupation _____	Marital Status _____	Deceased _____
Birthplace _____	Religion _____			

RESIDENCE INFORMATION

Father's Address: _____	City _____	State _____	Zip _____	Telephone _____
Mother's Address: _____	City _____	State _____	Zip _____	Telephone _____

SIGNATURE _____ **DATE** _____



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PREVIOUS ENROLLMENT INFORMATION

Dates attended: _____ to _____ Grade(s) _____ Releasing School Name _____
City _____ State _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ (mo/day/year) Church _____ City _____ State _____
1st Communion Date _____ (mo/day/year) Church _____ City _____ State _____

GENERAL INFORMATION

Are you a registered contributing member of St. Cyril of Jerusalem Church?
Yes _____ (if yes, env # _____) No _____ if no, Parish Name: _____
Does your child currently attend Religious Education classes? Yes _____ (where? _____) No _____
Primary Language spoken at home* _____ Ethnic Background* _____
List other siblings names, age _____
* Information gathered will be used **only** for Title 1 and Archdiocesan census.

Thank you for your interest in St. Cyril of Jerusalem School and your belief that a Catholic Education is an advantage for life.



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Preschool, Pre-Kindergarten and Kindergarten Parent/Guardian Questionnaire

PARENTS: The information you provide us will allow us to know and understand your child as best as possible.

Please note that it is **not** expected for your child to know/perform all the items on this form.

Childs' Full Name: _____

Nickname, if applicable: _____ **Date of Birth:** _____

Other Children in family:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Please check the places that your child has visited:

farm _____ beach _____ mountains _____ museum _____ county fair _____ downtown _____

zoo _____ other _____

Has your child ever traveled by:

plane _____ train _____ boat / ship _____

Has your child previously attended pre-school?

Yes _____ No _____ Years attended _____ Days per week _____

Name of School _____

Does your child play:

actively _____ quietly _____ mostly by himself/herself _____ with peers _____

with mostly boys _____ with mostly girls _____

What activities does your child enjoy outdoors?

Does your child watch television?

Yes _____ No _____ How many hours per week _____

Favorite shows _____

What kind of books / stories does your child enjoy?

Is your child able to sit and listen to a story? Yes _____ No _____ For how long? _____

Is your child able to remember songs or nursery rhymes?

List examples _____

Has your child had experiences with paints, crayons, and/or scissors? Yes _____ No _____

How often? _____

Does your child have any problems we should be aware of? _____

List any food allergies your child might have: _____

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At what age did your child:

walk alone _____

Feed himself / herself _____

Say first words _____

Talk in sentences _____

Is your child right or left handed? _____

Does your child select the clothing he/she wears? Yes _____ No _____

Does your child dress himself/herself? Yes _____ No _____

Which items? buttons _____ snaps _____ ties shoes _____ zipper _____

Is your child able to: skip _____ hop _____ jump _____

Is your child able to print his/her name? Yes _____ No _____

Is your child aware of dangers such as: fire _____ electricity _____ traffic _____ strangers _____

Can your child take care of his/her toileting needs? Yes _____ No _____ To what extent? _____

Does your child wet the bed? Never _____ Occasionally _____ Rarely _____

What time does your child usually go to bed? _____

Is your child able to share and take turns? Yes _____ No _____

Does your child know:

Parent's phone number? _____ Address? _____ Birth Date? _____

Does your child present any of the following behaviors:

Cries easily _____ Temper tantrums _____ Fearful in new situations _____ Sulks _____ Destructive _____

Inattentiveness _____ Bites nails _____ Eating problems _____ Sleeping problems _____ Whines _____ Frustrates easily

_____ Jealous _____ Dislikes sharing _____ Sucks thumb _____ None _____

Briefly describe your child: _____

What are your child's strengths? _____

What are your child's challenges? _____

What do you expect your child to acquire through his/her Pre-Kindergarten or Kindergarten experience at St. Cyril School? _____

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Additional Information you would like to share with your child's teacher:

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GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) filed at a **prior California child-care facility** for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten.** For complete details, see ShotsforSchool.org.
- Submits a **licensed** physician's written statement of a **permanent** medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:		1 Hib ⁴	1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:		1 Hib ⁴	1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#), and acellular [pertussis](#) vaccine
Hib = [Haemophilus influenzae, type B](#) vaccine
Hep B = [hepatitis B](#) vaccine
MMR = [measles](#), [mumps](#), and [rubella](#) vaccine
Varicella = [chickenpox](#) vaccine

INSTRUCTIONS:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

UNCONDITIONALLY ADMIT a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed prior to 2016).[†]

CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

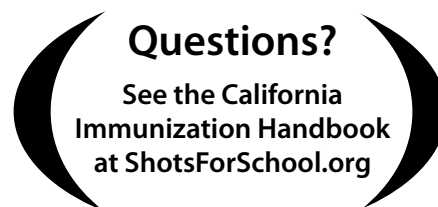
CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil’s age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled “EXCLUDE IF NOT GIVEN BY”), or
- is younger than 18 months and has received all the immunizations required for the pupil’s age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil’s parent or guardian of the date by which the pupil must complete all remaining doses.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.



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					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					BUSINESS TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					BUSINESS 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

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:

	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	DATE
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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://cclid.ca.gov/contact.htm>.

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

()

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: Department of Social Services: Community Care Lic. Division

Licensing Office Address: 6167 Bristol Parkway Suite 400 Culver City, CA 90203

Licensing Office Telephone #: 310-337-4333

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

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

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

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

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

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

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____

Comments/Explanations: _____

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

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

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		
Department of Social Services: Community Care Lic. Division		
ADDRESS		
6167 Bristol Parkway Suite 400		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Culver City	CA 90230	310-337-4333

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)