

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	WHAT ARE USUAL EATING HOURS?
LUNCH	BREAKFAST
	LUNCH
DINNER	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:

DOES CHILD USE ANY SPECIAL DEVICE(S):

IF YES, WHAT KIND:

DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?

IF YES, WHAT KIND:

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

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



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

Creative Learning Academy Inc.

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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:

Parent Signature _____ Date _____

Home Phone # _____ Daytime Phone# _____

Parent Signature _____ Date _____

Home Phone # _____ Daytime Phone# _____



1718 W. Martin Luther King Blvd.
Los Angeles, California 90062

Phone (323)294-1444
Fax (323)298-6031

ADMISSION POLICY AGREEMENT

TO ASSURE A WORKABLE RELATIONSHIP BETWEEN YOU AND THE STAFF, PLEASE READ AND SIGN THE FOLLOWING AGREEMENT:

- 1) I, _____, have enrolled my child _____
In Creative Learning Academy Inc. on this _____ day of _____
- 2) I understand that there is a registration fee of \$_____ and this fee is non-refundable, which will not be refunded for any reason. I understand there is a tuition fee of \$_____.
- 3) I understand the school hours are from 6:30A.M. to 6:00P.M. (Monday – Friday). I or someone I designate will pick up my child before closing time and that there is a late pick up fee of \$1.00 per minute after 6:00P.M. I understand that the late penalty must be paid when my child is picked up and must be paid in **CASH**.
- 4) I understand that my child **MUST** be signed in and out of school daily by a responsible person.
- 5) I understand that my child is required to have a complete physical examination by a licensed physician and a current immunization record before enrolling I Creative Learning Academy, Inc.
- 6) **ALL FEES ARE SUBJECT TO CHANGE**
I understand that tuition is due on Monday of each week and if my child starts on any other day than Monday, the tuition will be pro-rated so that my tuition payments will start on Monday. **A Full week's tuition is paid for 2 or more days attended. ½ tuition is paid if only 1 day attended.** I understand that a late payment fee of \$15.00 is charged for late payment up to one (1) week. I understand that my child will be dismissed after one week until tuition is paid in full. **I understand all payments MUST be made by Credit/Debit Card, or Money Order.** **NO CASH PAYMENTS WILL ACCEPTED FOR TUITION PAYMENTS**
- 7) I understand that there is no tuition deduction for holidays or other school closure days listed in the parent handbook.
- 8) I understand that if my child is ill or gets injured I am to pick up my child immediately. If I am unable to be reached, the school may contact my physician or paramedics, and if necessary my child may be taken to the hospital for treatment.
- 9) I understand that a two week written notice is required to withdraw my child from Creative Learning School.
- 10) I understand that any minor scratches and/or accidents during school hours and while on fieldtrips will not be deemed as negligence or willfulness against the school, staff or other students.
- 11) I understand that the school has the right to change teachers as the school deems necessary for whatever reason.
- 12) I have read and understand the policies in the parent handbook.

The US Department of Agriculture Prohibits discrimination against its clients, employees and jobseekers on the basis of race, color, national origin, age, disability, gender, gender identity, religion, reprisal, and where applicable political beliefs, marital status, Family or parental status, sexual orientation or all or part of an individual's income are derived from any public assistance program, or the protection of genetic information in employment or in any program or activity undertaken or funded by the Department. If you wish to file a complaint about the civil rights discrimination program, complete the USDA Discrimination Program complaint form, which is online at http://www.ascr.usda.gov/complaint_filing_cust.html, or Any USDA office, or call (866) 632-9992 to request the form. You can also write a letter with all the information requested on the form. Send your complaint form or letter to us by mail at the Department of Agriculture, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, USA. By fax at (202) 690-7442 or the program email, ingestion@usda.gov. Deaf or hard of hearing people with speech disabilities may contact the USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish) "The USDA is an equal provider and employer."

I _____ **HAVE READ ALL OF THE ABOVE POLICY AGREEMENTS AND AGREED AND ABIDE BY THEM.**

Parent/Guardian's Signature

Date

CREATIVE LEARNING ACADEMY EMERGENCY CARD

Child's Name _____ Birthdate _____

Address _____ City _____ Zip Code _____

Home # () _____ Cell # () _____ E-mail _____

Mother's Name _____ SSN# _____

Mother's Employment _____ Driver's License # _____

Mother's Occupation _____ Business Phone # () _____

Father's Name _____ Driver's License # _____

Father's Employment _____ SSN# _____ In Home Yes No

Father's Occupation _____ Business Phone # () _____

Father's Cell # () _____ Father's E-mail _____

PEOPLE AUTHORIZED TO TAKE CHILD FROM SCHOOL:

Name _____ Phone # () _____ Relationship _____

Name _____ Phone # () _____ Relationship _____

Name _____ Phone # () _____ Relationship _____



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creativelearning1@att.net

Attention Parents
MANDATORY Sign-In & Sign-Out Procedures

Touchless Sign-In and Sign-Out is mandatory for everyone. All parents will receive a verification link from SmartCare sent to your e-mail address.

(If you already use SmartCare to make your payments – Skip to Step #2)

Please make sure we have a current e-mail on file for you.

(Complete & Return Attached Form)

Follow the steps below:

1. Follow the email instructions to verify your e-mail and download the SmartCare for Parents app to your cell phone.
2. When you get to school open the SmartCare app on your cell phone and tap on Sign-In/Out icon at the bottom.

3. Scan the QR code posted in the waiting area.



4. Select your child's name.

5. Tap Blue Button to Confirm

6. Sign your signature with your finger on your phone



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Los Angeles, California 90062

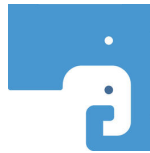
Phone (323)294-1444
Fax (323)298-6031
creativelearning1@att.net

Authorized Family Member Key Tag Sign-In and Sign-Out Procedure

Authorized family members will use our center KIOSK in the office to sign your child in and out. Follow steps below:

Step 1: Tap/Swipe Kiosk if it's in sleep mode.

Step 2: Tap the SmartCare Icon



Step 3: Tap the Camera Icon on top left



Step 4: Align your QR Key Tag with the screen



Step 5: Select Child's Name

Step 6: Tap Blue Button to Confirm

Step 7: Sign your signature with your finger on Kiosk



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SmartCare Parent Information Sheet

(Complete & Return Attached Form)

Child's Name: _____

Mother's Name: _____

Mother's E-mail: _____

Father's Name: _____

Father's E-mail: _____

Sign-In Key Tags are needed for additional authorized family members that will drop-off and pickup your child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Monday thru Friday Time: _____ to _____

Meals Served: Breakfast _____ Lunch _____ Snack _____



CREATIVE LEARNING ACADEMY INC.

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

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)
CREATIVE LEARNING ACADEMY. This Child Care Center/School provides a program which extends from 6 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to 6:00 a.m./p.m., 5 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: _____

Date of Physical Exam: _____

Address: _____

Date This Form Completed: _____

Telephone: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner



Admission Policy Agreement

A. TO ASSURE A WORKABLE RELATIONSHIP BETWEEN YOU AND THE STAFF, PLEASE READ AND SIGN THE FOLLOWING AGREEMENT:

- 1) I, _____, have enrolled my child _____
in Creative Learning Centers on this _____ day of _____.
- 2) I understand that there is a registration fee of \$ _____ and this is a non-refundable fee, which will not be refunded for any reason. I understand that there is a tuition fee of \$ _____.
- 3) I understand the school hours are from 6:30 A.M. - 6:00 P.M. I or someone that I designate will pick up my child before closing time and that there is a late pick up fee of \$1.00 per minute after 6:00 P.M. There must be another person designated to pick up my child if I can not be reached by 6:00 P.M. I understand that the late penalty must be paid when my child is picked up and must be paid in cash.
- 4) I understand that my child must be signed in and out of school daily by a responsible person.
- 5) I understand that my child is required to have a complete physical examination by a licensed physician and an up to date immunization record before enrolling in Creative Learning Centers.
- 6) **All fees are subject to change**
I understand that tuition is due on Mondays of each week and if my child starts on any day other than Monday, the tuition will be pro-rated so that my tuition payments will start on Monday. I understand that a late payment fee of \$10.00 is charged for late payment up to one (1) week. I understand that my child will be dismissed after one week until tuition is paid in full. No checks will be accepted for late payment. I understand that after two returned checks are made to the school, the school will not accept any more checks. I understand that I will have to pay a fee of \$15.00 for each returned check in addition to the late payment fee for tuition.
- 7) I understand that when my child is out of school for any reason, illness, vacation, etc..., tuition must be paid according to the fees set up by the school.
- 8) I understand that there is no deduction for holidays or other days listed in the handbook that states when the school will be closed.
- 9) I understand that if my child is ill or gets injured that, I am to pick up my child immediately. If I am unable to be reached, the school may call my physician or the paramedics, and if necessary my child may be taken to the hospital for treatment.
- 10) I understand that a two week written notice is required to withdraw my child from Creative Learning Centers, and all fees must be paid before the center will release any information concerning my child.
- 11) I understand that any minor scratches and/or accidents during school hours and while on fieldtrips will not be deemed as negligence or willfulness against the school, staff or other students.
- 12) I understand that the school has the right to change teachers as the school deemed necessary for whatever reason.
- 13) I understand that the school may be closed at any time, due to decrease in enrollment or staff vacation during summer months and I will be notified.
- 14) I have read and understand the policies and regulations posted in the office and in the parent handbook.
- 15) I give my permission for my child to go on field trips planned by the school with notice of place and date of field trip and authorized by me before the field trip day.

I _____ HAVE READ ALL OF THE ABOVE POLICY AGREEMENTS AND AGREE AND ABIDE THEM.

Parent's or Guardian's Signature

Date

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), domestic partner(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/DOMESTIC PARTNER/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing		
ADDRESS 6167 Bristol Parkway		
CITY Culver City, CA	ZIP CODE 90230	AREA CODE/TELEPHONE NUMBER 310-377-4333

DETACH HERE

TO: PARENT/DOMESTIC PARTNER/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) Creative Learning Academy Inc.	(PRINT THE ADDRESS OF THE FACILITY) 1718 W. Martin Luther King Bl. LA, CA 90062
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)	(DATE)
--	--------



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Student Photo/Video Release Form

I, _____ (parent/guardian) give Creative Learning Academy Inc. permission to use my child's photograph or photographic image in official Creative Learning Academy Inc. business, including: parent information board, school website, newsletters, graduation and recital slide shows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

_____ Yes, I agree with the release form.

_____ No, I do not agree with the release form.

Date: _____

Child's Name: _____

Parent Name: _____

Parent Signature: _____



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All tuition payments are made ONLINE thru SmartCare for Parents or by Money order at school. NO CASH ACCEPTED

Payment Policies

1. All tuition is prepaid before service is rendered.
2. Weekly tuition is posted every MONDAY thru SmartCare for Parents and must be paid by WEDNESDAY.
3. Monthly tuition payments are due in advance on the 1st day of the month.
4. ANY tuition balance that is outstanding for over 2 weeks will result in immediate dismissal of the child from school.

Absences and Holidays

1. Regular tuition is due for holidays when school is closed.
2. Full tuition is due for 2 or more days of attendance.
3. Half tuition is due for 1 day of attendance.

Family Tuition Rate

- A 5% tuition reduction is given for the 2nd child.
- A 5% tuition reduction is made to the lower of the two tuition rates.

Child's Name: _____

Parent Signature: _____ Date: _____