

So Big Co-Op Preschool
License Number: 070200750
www.sobigpreschool.org
sobigmembership@gmail.com

1201 W. 10th Street
(Contra Costa Fairgrounds)
Antioch, CA 94509
(925) 757-6474

Registration Application

(Please Print Legibly)

Date: _____

Child' Name: _____

Birth Date: _____

Address _____

Home Phone: _____

E-mail: _____

Mother : _____

Mother Cell: _____

Father: _____

Father Cell: _____

Guardian: _____

Physician: _____

Physician Phone: _____

Are you a So Big Alumni? **Yes No**

Do you have interest in serving as a school
board member: **Yes No Maybe**

How Did you hear About So Big?

How to Register Your Child:

Complete this application and send it, along with a **\$55.00 non-refundable application fee plus a \$15 background check fee for each person who will be working in the classroom** to: So Big Co-Op Preschool at the above address.

For returning members: if a background check is currently on file, you do not have to pay for another one.

You will receive a t-shirt for one adult and one child enrolling for preschool. A Parent Handbook including Bylaws will be provided.

In June, an enrollment packet will be sent to you. If your child has not had a physician physical examination within the year prior to enrollment, they will need one before the start of school. *Because many kids start kindergarten in September, doctor's offices are very busy and you are encouraged to call and schedule an appointment as soon as possible.*

Our school year starts in late August or early September and ends in May. First month and last month (May) tuition are due by August 1 or before your child can attend class.

Please select your class choice below:

- ☐ Tues/Thurs Class: 9am to 12pm
\$150/month (child must be at least 24 months and toilet trained at time of enrollment – NO EXCEPTIONS TO AGE REQUIREMENT).
- ☐ Mon/Wed/Fri Class: 9am to 12pm
\$225/month (child must be at least 24 months and toilet trained at the time of enrollment – NO EXCEPTIONS TO AGE REQUIREMENT).
- ☐ Mon/Tues/Wed/Thur/Fri Class: 9am to 12pm
\$375/month (child must be at least 24 months and toilet trained at the time of enrollment – NO EXCEPTIONS TO AGE REQUIREMENT).

Note: The policy of the school is to honor registration application on a "first come/first serve" basis. Alumni and their siblings are given priority status.

So Big Responsibilities

I understand some of my responsibilities at So Big will include the following (Please initial each statement and sign at the bottom):

_____ Complete background check form for each working parent and pay the \$15 fee per each working parent BEFORE child starts school. Not applicable for returning members with a background check already on file.

_____ Pay my tuition by the 1st of each month (considered late if not paid by the 5th). First month and last month (May) tuition are due BEFORE child can start school:

- Tues/Thurs Class \$150/month
- Mon/Wed/Fri Class \$225/month
- Mon/Tues/Wed/Thur/Fri \$375/month

_____ Work in classroom from 8:45 am - 12:15pm approximately 2-6 days per month per enrolled child. These are only guidelines. In some situations parents may have to work more often (for example a class that is not full) or less.

_____ Attend 1 Maintenance Day at school (Fall or Spring). No children are allowed at this 4 hour working shift.

_____ Work a 2 hour shift at all Special Events (2-4 throughout the school year).

_____ Hold a board position or committee position on one of the various So Big committees.

_____ I am responsible for working a 4-hour shift that will be dedicated to:

- 2-day Members: removing items and cleaning the facility for the summer closure. No children are allowed at this working shift.
- 3-day Members: setting up the school and cleaning the facility for the start of the school year. No children are allowed at this working shift.
- 5-day Members: a time will be coordinated by a board member.

_____ Attend all Parent Meetings held every other month from 7:00pm to approximately 8:00pm. No children are allowed at this meeting with the exception of infants who are not yet crawling.

_____ Participate in fundraising and raise a minimum of \$100 (for the first enrolled child and \$50 for each additional enrolled child) for the school year.

_____ Provide a gift card or basket valued at a minimum of \$25 for the Silent Auction (goes towards \$100 fundraising for the school year).

_____ Pay fines within 72 hours of notification.

_____ I will be responsible for bringing a healthy snack for the entire classroom on a rotating schedule, approximately once a month.

_____ Should my contact information change, I am responsible for notifying the membership coordinator.

_____ It is my responsibility to continue being an involved parent and enjoy this wonderful adventure with my child! (We assume you would want the last one, but wanted to make sure you read them all!)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian of: _____

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS
FOLLOWS:

SECTION 1.

Section 1596.7995 is added to the Health and Safety Code, to read:

1596.7995.

(a) (1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.

(2) If a person meets all other requirements for employment or volunteering, as applicable, but needs additional time to obtain and provide his or her immunization records, the person may be employed or volunteer conditionally for a maximum of 30 days upon signing and submitting a written statement attesting that he or she has been immunized as required.

(b) A person is exempt from the requirements of this section only under any of the following circumstances:

(1) The person submits a written statement from a licensed physician declaring that because of the person's physical condition or medical circumstances, immunization is not safe.

(2) The person submits a written statement from a licensed physician providing that the person has evidence of current immunity to the diseases described in subdivision (a).

(3) The person submits a written declaration that he or she has declined the influenza vaccination. This exemption applies only to the influenza vaccine.

(4) The person was hired after December 1 of the previous year and before August 1 of the current year. This exemption applies only to the influenza vaccine during the first year of employment or volunteering.

(c) The day care center shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this section, in the person's personnel record that is maintained by the day care center.

(d) Section 1596.890 does not apply to a violation of this section.

(e) For purposes of this section, "volunteer" means any nonemployee who provides care and supervision to children in care.

IMMUNIZATION RECORDS

In compliance with Senate Bill 792, the following current immunizations are required to work in a setting with young children.

Parent
~~Student~~

Address _____

Mobile phone: _____

Primary Care Physician: _____

Physician Address: _____

Dates of most recent immunizations:

Date:

Tuberculosis Clearance*

within last 2 years

Measles immunization (booster)

within the last 10 years

Pertussis (Whooping Cough)

within the past 10 years

Influenza (between 8/1-12/1)

each year or a signed declination

Physician/Medical Office Signature: _____

Date: _____

*Please attached Tuberculosis Clearance verification form

Child's Name: _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

Email Address: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize SO BIG CO-OP PRESCHOOL and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to SO BIG CO-OP PRESCHOOL or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. SO BIG CO-OP PRESCHOOL and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.

OFFICE USE ONLY

DATE REQUESTED: _____

DATE RECEIVED: _____

Paid: ☐

check # _____

Cash _____

NEW STUDENT ENROLLMENT PACKET CHECKLIST
(PLEASE ATTACH THIS CHECKLIST TO THE FRONT OF YOUR PACKET)

Child's Name: _____ CLASS: 2Day 3Day 5Day
Parent Name(s): _____
Phone Number(s): _____
E-mail: _____

PACKETS MUST BE RETURNED NO LATER THAN AUGUST 1 IF ENROLLING FOR THE NEW SCHOOL YEAR

Please make sure the following items are completed and in your packet:

- ☐ Membership & Admission Agreement
- ☐ Identification and Emergency Information
- ☐ Consent for Emergency Medical Treatment
- ☐ Child's Pre-admission Health History – Parent's Report
- ☐ Physician's Report
- ☐ Record of Child's Immunizations (Copy of Yellow Immunization Card or Record from Physician's Office)
- ☐ Notification of Parents' Rights
- ☐ Personal Rights
- ☐ Photo Release
- ☐ Parent Involvement Form
- ☐ Parent Volunteer Health Screening Form (one per volunteer)
- ☐ Parent Volunteer TB Test Form (one per volunteer) - health care provider's form okay
- ☐ Volunteer Emergency Contact Form (one per volunteer)
- ☐ Copy of child's Birth Certificate
- ☐ Copy of enrolling parent or legal guardian's Drivers License
- ☐ Payment for first and last month's (May) tuition (if registration & 1 background check fees were not already paid, please include payment now. Add \$15 for each additional background check needed)
2Day class = \$300 (\$370 if including \$55 registration & 1 background check fee at \$15)
3Day class = \$450 (\$520 if including \$55 registration & 1 background check fee at \$15)
5Day class = \$750 (\$820 if including \$55 registration & 1 background check fee at \$15)

MAIL THE ABOVE ITEMS TO:
SO BIG CO-OP PRESCHOOL
1201 W 10TH STREET
ANTIOCH, CA 94509

OR CONTACT THE MEMBERSHIP COORDINATOR AT sobigmembership@gmail.com or 925-757-6474 TO MAKE ARRANGEMENTS TO TURN IN ENROLLEMENT PACKET.

So Big Co-Op Preschool 20__-20__ Membership & Admission Agreement

I wish to enroll my child, _____, born on _____, in the:

- ☐ TWO DAY CLASS (T/Th 9:00am-12:00pm) at SO BIG CO-OP PRESCHOOL for the **20__ / 20__** school year.
- ☐ THREE DAY CLASS (M/W/F 9:00am-12:00pm) at SO BIG CO-OP PRESCHOOL for the **20__ / 20__** school year.
- ☐ FIVE DAY CLASS (M/T/W/Th/F 9:00am-12:00pm) at SO BIG CO-OP PRESCHOOL for the **20__ / 20__** school year.

As a co-op member I agree to the following:

1. Payment of a non-refundable registration fee in the amount of \$55 and background check fee of \$15 per person working in the classroom to ensure my child's enrollment, for processing paperwork and a So Big Preschool T-shirt & Parent Handbook.
2. Payment of a monthly tuition of \$____. for as long as my child is enrolled in the **20__ / 20__** school year. This payment is due the first of every month from October to April. First (September) and last month's (May) tuition (in the amount of \$____) and all registration forms are due back to the Membership Chairperson by August 1. Tuition will be subject to a late fee, as outlined in the Parent Handbook, if not received by the 5th of each month. Payment arrangements may be made on a case by case basis with the Treasurer for those who need alternative dates or cannot meet the tuition obligation in a timely manner. If enrolling mid-year, payment is due before child can attend class.
3. Attend, in the entirety, semi-monthly parent meetings. These meetings are for discussing the business necessary to conduct this cooperative enterprise successfully. Only one family representative need attend. To avoid distractions, children of crawling age or older are not allowed at these meetings.
4. Co-op in the school as scheduled (approximately 2-6 times per month per enrolled child). I agree to arrive at the school by 8:45 am on days I am scheduled to co-op and will not leave until all tasks have been completed for the day and a final meeting with the teacher is completed (approximately 12:30pm).
5. Participate on either a school committee, individual position or as an elected board member.
6. Attend one mandatory maintenance day per school year (board members exempt).
7. Attend mandatory move in day at the start of the school year for 3Day or mandatory move out day at the end of the school year for 2Day.
8. Participate in a school-wide fundraising event by working a two hour shift per family at the event (Maintenance Chairperson exempted).
9. Meet the monetary fundraising obligation of **\$100** for the first child and **\$50** for each additional enrolled child.
10. Abide by the rules of the Parent Handbook and the school's Bylaws.
11. Acknowledge that, as authorized in Section 101195 B&C of the Child Daycare and General Daycare manual, a Licensing Agent shall have the authority to interview children or staff, to inspect, audit and copy child or facility records without prior consent.
12. Unpaid balances will be sent to a Collection Agency.
13. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims which you, your child's heirs and successors may have against the center and its officers, directors, employees, agents or volunteers for any and all injuries, losses or damages to you or your child, your child's personal property and your personal property. By signing this agreement, you specifically limit the center's liability to the amount covered by the center's insurance policies. You agree to be responsible for, indemnify, and hold harmless the center from and against any claims, suits, judgments, or costs which may be brought against the center, its officers, directors, employees, agents or volunteers for the actual or alleged acts or omissions of you or your child.

Members may terminate their membership at any time by giving a 30 day notice to the Membership Chairperson and Director. May's tuition payment and registration fee will not be refunded. Upon termination, you are still responsible for all working days on the calendar or a \$100 fine will occur per working day. Members may be involuntarily terminated for reasons that may include, but are not limited to, members not fulfilling the above obligations or student behavior problems. May's tuition (paid in August) and the remainder of the current month's tuition will be repaid to the family within two weeks of notice of the involuntary termination.

So Big Co-Op Preschool does not discriminate on the basis of sex, race, national origin, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, religious beliefs or other affiliations of the family.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE, UNDERSTAND AND ACCEPT ALL OF THE TERMS & RESPONSIBILITIES SET FORTH IN THIS AGREEMENT.

Member Signature

President or designee Signature

Date

Updated 3/26/17

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

11:30 am

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

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

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

So Big Play Center (DBA: So Big Co-Op Preschool) **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:

DATE _____

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

WORK PHONE

()

11 ()

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?
	LUNCH	BREAKFAST _____
	DINNER	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*		

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)

So Big Play Center (DBA: So Big Co-Op Preschool). This Child Care Center/School provides a program which extends from 9 : 00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 1200 a.m./p.m., 2 / 3 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/ (DIPHTHERIA, TETANUS AND DT/Td (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

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

Licensing Office Name: Community Care Licensing Division: Bay Area Regional Office

Licensing Office Address: 1515 Clay Street, Suite 1102, Oakland, CA 94612

Licensing Office Telephone #: (510) 622-2602

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

UC 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.

So Big Play Center dba So Big Co-Op Preschool
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

UC 995 (9/08)

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 Licensing Division: Bay Area Regional Office

ADDRESS

1515 Clay Street, Suite 1102

CITY

Oakland, CA

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

(510) 622-2602

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)

So Big Play Center dba So Big Co-Op Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1201 West 10th Street, Antioch, CA 94509

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

So Big Co-op Preschool Photo/Video Release Form

Throughout the school year the staff and parents at So Big take photos/videos of the children in the classroom, at special events and on field trips. These photos/videos are used primarily for classroom activities, documentation of meeting required accreditation standards and for classroom scrapbooks.

There may also be times, however, when we would like to use pictures for purposes outside of class including program promotion, membership recruitment or presentations of the program to outside groups (this may include publishing the picture for a brochure or on any So Big website that may be developed).

In addition, we have occasionally been approached by newspapers and other news media to do a story on our preschool. Often these stories are accompanied by a photo or video of the children at school or at an activity.

Please indicate your preferences by marking the appropriate boxes and signing this form.

I give my permission for my child, _____, to be photographed and or video taped during school events for the following purposes:

- classroom activities, documentation of accreditation standards and classroom scrapbooks and other internal purposes.
- program promotion, membership recruitment or presentations of the program to outside groups and other public purposes.
- news media stories including both print and recorded media.

I give my permission to identify my child by **first name only** with the picture and/or video.

☐ Yes ☐ No

I give my permission to identify my child by **first and last name** with the picture and/or video.

☐ Yes ☐ No

Parent's Signature

Date

I withhold my permission for my child, _____, to be photographed and/or video taped for any purpose at this time.

Parent's Signature

Date

SO BIG CO-OP PRESCHOOL

Parent Involvement Form

Parent Name(s): _____

Enrolled Child/ren: _____

Class: 2-day 3-day Both

CLASSROOM TIME: Each participating member family will be scheduled to work in the classroom 2 - 4 times per month per enrolled child. If you have a preference of which days you would like to work, please indicate below. Three day parents must select at least two days.

Monday Tuesday Wednesday Thursday Friday No Preference

Only those family members with appropriate background checks and health screening forms/current TB tests will be able to work in the classroom.

PREVIOUS SO BIG EXPERIENCE (indicate dates):

Board Member (indicate position):

- | | |
|---|---|
| <input type="checkbox"/> Cleaning and Decorating | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Grounds Keeping/Maintenance | <input type="checkbox"/> Pet Keeper |
| <input type="checkbox"/> Fundraising & Special Events | <input type="checkbox"/> 2-day Photographer |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> 3-day Photographer |

CURRENT COMMITTEE PREFERENCE:

Each member family is required to assist in the running of the school by serving as a board member, on a committee or with an individual job. Please indicate your 1st, 2nd and 3rd choice. **At least two choices must be committee positions.** If you are on the board you do not need to fill out the rest of the form.

I am currently on the **board** (indicate position): _____

_____ **Maintenance Committee:** At the direction of the Maintenance Committee Chairperson, members provide weekly grounds keeping and maintenance of the school on a rotating basis.

_____ **Fundraising & Special Events Committee:** Members assist the chairperson in planning, organizing, preparing for and executing fundraising activities and special events.

_____ **Membership Committee:** At the direction of the Membership Committee Chairperson, members provide assistance by giving tours of the school to prospective parents and actively recruit members in the community.

Only **one** of your three choices may be for one of the following positions:

_____ **Newsletter & Website:** Responsible for writing and publishing a monthly parent newsletter with input from members of the school and updating the website as needed.

_____ **2-day Photographer:** Responsible for taking candid pictures of the class during the year and maintaining a photo album of the year. **MUST** be able to attend special class days, special events and all field trips.

_____ **3-day Photographer:** Responsible for taking candid pictures of the class during the year and maintaining a photo album of the year. **MUST** be able to attend special class days, special events and all field trips.

OTHER TALENTS & GIFTS TO SHARE

Please tell us of any other talents, professional or personal experience you have that you could share with the school. Examples of things parents have done in the past include, but are not limited to:

- Classroom special visitors - coming to school in uniform and talking about your job, setting up an easel and painting while the children watched and imitated, playing a musical instrument for the children, reading a book in another language, cooking with the children, etc.
- Behind the scenes help - sewing, laying tile floor, building or fixing things.
- Financial assistance - large corporations or small businesses providing free copies or office supplies to our non-profit school
- Professional Services - legal assistance, accounting, accreditation experience, or human resources experience.

The possibilities are endless!

So Big Co-op Preschool

Parent Volunteer Health Screening Form

One form must be completed for EACH person who plans to volunteer at So Big during class time

I certify that I, _____ am in good health and free from any communicable disease. I have no health condition that would create a hazard to the children or adults of So Big Co-op Preschool.

I am capable of performing assigned tasks as outlined in the So Big Co-op Membership Agreement.

Signature

Date

So Big Co-op Preschool

Parent Volunteer TB Test Form

One form must be completed for EACH person who plans to volunteer at So Big during class time
You may submit this form or a form provided by your health care provider

Volunteers over age 35 who have not had a TB test within the past four years will require two tests at least one week apart (two step process).

Volunteer's Name: _____
Please Print

Date of Birth: _____

Date PPD (Mantoux) Administered: _____

Site: ☐ R ☐ L

Date PPD Read: _____

PPD (Mantoux) Test Result:

☐ Negative

☐ Positive

Induration: _____ mm

Signature of Health Care Provider

Date

Printed Name of Health Care Provider

SO BIG CO-OP PRESCHOOL

VOLUNTEER EMERGENCY INFORMATION

Volunteers are required to fill out this form so that the preschool has information on file in case of a medical or other emergency that occurs while the volunteer is working at the school.

This information will be kept confidential and only used in case of an emergency.

Volunteer Name: _____ **Date:** _____
Last Name First Name

Contact Information:

Street Address _____ Apartment _____
City _____ State _____ Zip Code _____
() () ()
Home Phone Number Cell Phone Number Other Phone Number

Emergency Contact Information

Name _____	Relationship to Volunteer _____	() Phone Number _____	() Phone Number _____
Name _____	Relationship to Volunteer _____	() Phone Number _____	() Phone Number _____
Name _____	Relationship to Volunteer _____	() Phone Number _____	() Phone Number _____

List any Allergies or Medical Conditions _____

Physician/Medical Office _____ ()
Phone _____
Health Insurance _____ Group Number _____ ()
Contact Phone Number _____

Disaster Contact Person

It is recommended that all families have an out of state emergency contact in case of a widespread community disaster. If you have such a contact, please list that person here.

Name _____	Relationship to Volunteer _____	() Phone Number _____	() Phone Number _____
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