

Explore Through Play Family **Childcare Inc** **Family Service Plan**

Child and Family Information

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Year** _____ **Months** _____

Gender: Female _____ Male _____

Parent's/ Guardian's Name:

Name: _____ **Telephone Number:** _____

Email Address: _____

Name: _____ **Telephone Number:** _____

Email Address: _____

Home Address: _____

Date of Enrollment: _____

Full-Time (Days & Times) _____

Part-Time (Days & Times) _____

Authorize For Pick-Up:

Adults Name: _____

Adults Name: _____

Adults Name: _____

Child's Present Abilities, Strengths and Unique Needs

1) Social and Emotional Development (engaging others and interacting in the environment)

2) Cognitive (thinking and learning)

3) Expressive Communication (making sounds, gestures and talking)

4) Receptive Communication (understanding sounds, words and gestures)

5) Gross Motor (moving and using large motor skills)

6) Fine Motor (using hands and fingers)

7) Adaptive Development (self-help skills such as holding, grabbing, feeding and dressing)

All About Me

1) Who are the important people in my life?

2) What activities do I like to do at home?

3) How do I play with adults, siblings and toys?

4) My eating habits:

Summary of Family Assessment

1) Family Concerns?

2) Health of the Child?

3) Child and Family Daily Routines?

Signature of Parents/ Guardians

_____	Date _____
_____	Date _____

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name:	Sacramento Regional Office
Licensing Office Address:	2525 Natomas Park Drive Ste#250 Sac, CA 95833
Licensing Office Telephone #:	916-263-5744 or 844-LET-US-NO
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Explore Through Play Family Childcare Inc
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

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

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

PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: *(Check one)*

☐ I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.

☒ I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

8016 Turbine Drive Antelope, CA 95843

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

RECEIPT OF PARENT NOTIFICATION (Facility Copy) Additional Children in Care

I, _____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that this Large Family Child Care Home may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

**Maintain the completed and signed bottom half of this form in the child's record
and provide the completed top half of this form to the child's parent or authorized representative.**

CONSENT FOR EMERGENCY MEDICAL TREATMENT-

Child Care Centers Or Family Child Care Homes

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

Explore Through Play Family Childcare 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

NAME

. THIS CARE MAY BE GIVEN UNDER

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

<div>DATE</div>		<div>PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE</div>	
<div>HOME ADDRESS</div>			
<div>HOME PHONE</div> <div>()</div>		<div>WORK PHONE</div> <div>()</div>	

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					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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EMERGENCY CARD

DATE ENTERED _____

DATE LEFT _____

This information must be complete and correct for each child and must be retained for three years after child's departure. Address must be kept current. When confusion would result from the addition of new information, a new emergency card must be completed. All emergency cards will be reviewed at time of site inspections.

CHILD'S NAME:		BIRTHDATE:	CHILD LIVES WITH: (PLEASE CHECK) MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>	
MOTHER'S OR GUARDIAN'S NAME	HOME ADDRESS:	HOME PHONE:	WORK PHONE:	WORK ADDRESS:
FATHER'S OR GUARDIAN'S NAME	HOME ADDRESS:	HOME PHONE:	WORK PHONE:	WORK ADDRESS:

IN CASE OF EMERGENCY, (OTHER THAN PARENTS)		RELATIONSHIP:	I ACKNOWLEDGE RECEIPT OF: (PLEASE CHECK EACH ITEM YOU RECEIVED)	
1ST CHOICE	PHONE #	FRIEND _____ NEIGHBOR _____	LIC 995A "NOTIFICATION OF PARENTS RIGHTS" <input type="checkbox"/>	
		OTHER _____	LIC 995E "CAREGIVER BACKGROUND CHECK " <input type="checkbox"/>	
2ND CHOICE	PHONE #	FRIEND _____ NEIGHBOR _____	LIC 9212 "FCC CONSUMER AWARENESS INFORMATION " <input type="checkbox"/>	
		OTHER _____		
Preferred Physician	Address	Telephone	LIC 9150 "PARENT NOTIFICATION THAT PROVIDER MAY BE PROVIDING CARE TO 8 OR 14 CHILDREN": (IF APPLICABLE) <input type="checkbox"/>	
Preferred Dentist	Address	Telephone	PARENT'S/GUARDIAN'S SIGNATURE:	
Preferred Hospital	Address	Telephone	DATE:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION*

I/we, the undersigned, am/are the parent(s) or persons having legal custody of the above named minor. I/we now am/are entitled to full and complete custody of said minor child.

I/we hereby authorize _____ in whose care the above
(PROVIDER'S NAME)
named child has been entrusted by me/us, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act and/or x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the California Dental Practice Act. I/we will assume financial responsibility for medical costs.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

*This authorization given pursuant to the provisions of Section 25.8 of the Civil Code of California

LIABILITY INSURANCE: This facility carries liability insurance that meets the requirements of Health and Safety Code Section 1597.532 YES ☐ NO ☐

If provider **does not** have liability insurance, please complete:

I/we the parent(s)/guardian(s) of _____ acknowledge that
CHILD'S NAME
_____ has informed me/us that this facility
PROVIDER'S NAME
does NOT carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SIGNATURE OF PARENT/GUARDIAN

DATE

NOTE: The law requires Family Child Care providers to carry liability insurance in the amount of at least \$100,000 per occurrence and \$300,000 in the total annual aggregate, or a bond in the aggregate amount of \$300,000, or to maintain this signed statement in the facility file. Lack of insurance does not affect the right of parents to bring legal action against the facility. Section 102417 (m) (1) (2) or (3)

IMMUNIZATION HISTORY

(CHILDREN CAN NOT BE ADMITTED WITHOUT RECORDS ON FILE!)

Are your child's immunizations up to date? Yes ☐ No ☐

Blue Card on file: _____ Child in school ☐ (Blue cards should be on file with School of Attendance)
(Date)

Next immunization due:

DTP or DT _____ POLIO _____ MMR _____ CHICKEN POX _____ HIB _____ HEP B _____

HAS YOUR CHILD HAD ANY OF THESE ILLNESSES?

YES NO

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?

SUCH AS:

YES

NO

LIST ANY MEDS, SPECIAL DIETS or NEEDS:

CHICKEN POX

DIPHTHERIA

MEASLES

MENINGITIS

MUMPS

PNEUMONIA

RHEUMATISM

RUBELLA

SCARLET FEVER

STREP INFECTIONS

WHOOPING COUGH

OTHER

ALLERGIES

ECZEMA

ASTHMA

DIABETES

HYPOGLYCEMIA

HYPERACTIVITY

OTHER

**CHILDS MEDICAL POLICY
NAME AND NUMBER:**

FIELD TRIP AUTHORIZATION:

AUTHORIZATION TO LEAVE CARE:

NAME /RELATIONSHIP

PHONE #

I give _____

(Provider's name)

And/or his/her adult assistant caregivers permission to take my child on field trips as part of the Family Child Care Home program. Some of these trips may be by car. Seat belts and/or car seats will be used.

SIGNATURE _____

1. _____

2. _____

3. _____

SIGNATURE _____

**Explore Through Play Family
Childcare Inc Rates**

Annual Registration Fee \$65 Due Upon Registration

Tuition is Due Every Monday

Ages 0-2yrs Old

Drop-In Rate \$65

25hrs or More Weekly \$250

24hrs or Less Weekly \$195

Ages 3-5yrs Old

Drop-In Rate \$55

25hrs or More Weekly \$215

24hrs or Less Weekly \$175

Ages 6 & up

Drop-In Rate \$45

25hrs or More Weekly \$185

24hrs or Less Weekly \$145

Children Over 3yrs Old Not Potty Trained

25hrs or More Weekly \$250

24hrs or Less Weekly \$195

Date Night Care By Appointment Only

0-2yrs Old \$55

3-5yrs Old \$45

6yrs Old & Up \$35

Weekend Care By Appointment Only

0-2yrs Old \$75 Day

3-5yrs Old \$65 Day

6yrs Old & Up \$55 Day

Date: _____

Provider Signature: _____

Child's Name: _____

Parents Driver's License Number: _____

Parents Signature: _____

Parents Driver's License Number: _____

Parents Signature: _____

**-Late Fee \$45.00
For Late Tuition
Per Child**

**-Late Fee \$45.00
For Picking-Up
Child Late Per
Child**

**-If you are late
picking up your
child more than
three times this can
result in
termination of
childcare.**

**Additional
Information:**

I am closed for all state and federal holidays. In addition I take 2 weeks off a year for vacation and 10 sick/personal paid days off as needed. Parents are required to notify provider at least 30 days in advance for terminating childcare service. Tuition is required to be paid every Monday or your child's spot will not be reserved for your child. Tuition is not adjusted if your child is sick, on vacation or absence for any reason. If tuition is not paid, I have the right to refuse childcare for your child. No refunds or payments will be accepted.

“Explore Through Play Family Childcare Inc”

Holiday Schedule For 2022

We will be closed for the following holidays:

Monday January 17th MLK King Day

Monday February 14th Valentine’s Day

Monday February 21st Presidents Day

Monday May 30th Memorial Day

Monday July 4th Independence Day

Monday September 5th Labor Day

Monday October 10th Columbus Day

Monday October 31st Halloween

Friday November 11th Veterans Day

Thanksgiving Break

Thursday November 24th-Friday November 25th

Christmas Break

Thursday December 22nd-Friday December 30th

My Vacation Time Off

Monday May 16th-Friday May 20th

Tuition for vacations and holiday breaks will be due the first week for that month with the holiday break or vacation.

Date: _____

Childs’s Name: _____

Parents Name: _____

Parents Signature: _____

Parents Name: _____

Parents Signature: _____

2023 Holiday Schedule will be available on January 2, 2023 when we return from vacation.

Thanks For Your Business This Year!