

# 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)**

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### **2) Cognitive (thinking and learning)**

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

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

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

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### **6) Fine Motor (using hands and fingers)**

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

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### All About Me

1) Who are the important people in my life?

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

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

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4) My eating habits:

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### Summary of Family Assessment

1) Family Concerns?

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2) Health of the Child?

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3) Child and Family Daily Routines?

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### Signature of Parents/ Guardians

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Date \_\_\_\_\_

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Date \_\_\_\_\_

## FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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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

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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](http://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](http://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

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

Explore Through Play Family Childcare Inc \_\_\_\_\_ 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.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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DATE

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PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

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HOME ADDRESS

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HOME PHONE  
(      )

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WORK PHONE  
(      )

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL

OTHER

EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

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

DATE OF ADMISSION	DATE LEFT
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# 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		FRIEND <input type="checkbox"/>	NEIGHBOR <input type="checkbox"/>	LIC 995A "NOTIFICATION OF PARENTS RIGHTS" <input type="checkbox"/>		
		OTHER <input type="checkbox"/>		LIC 995E "CAREGIVER BACKGROUND CHECK" <input type="checkbox"/>		
2ND CHOICE		FRIEND <input type="checkbox"/>	NEIGHBOR <input type="checkbox"/>	LIC 9212 "FCC CONSUMER AWARENESS INFORMATION" <input type="checkbox"/>		
		OTHER <input type="checkbox"/>				
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  
PROVIDER'S NAME  
has informed me/us that this facility  
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?		DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?			
YES	NO	SUCH AS:	YES	NO	LIST ANY MEDS, SPECIAL DIETS or NEEDS:
CHICKEN POX		ALLERGIES			
DIPHTHERIA		ECZEMA			
MEASLES		ASTHMA			
MENINGITIS		DIABETES			
MUMPS		HYPOGLYCEMIA			
PNEUMONIA		HYPERACTIVITY			
RHEUMATISM		OTHER			
RUBELLA					
SCARLET FEVER					
STREP INFECTIONS					
WHOOPING COUGH					
OTHER					

CHILDS MEDICAL POLICY NAME AND NUMBER:  _____	FIELD TRIP AUTHORIZATION:  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 _____	AUTHORIZATION TO LEAVE CARE:  NAME /RELATIONSHIP PHONE #  1. _____ 2. _____ 3. _____  SIGNATURE _____
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**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 17<sup>th</sup> MLK King Day

Monday February 14<sup>th</sup> Valentine’s Day

Monday February 21<sup>st</sup> Presidents Day

Monday May 30<sup>th</sup> Memorial Day

Monday July 4<sup>th</sup> Independence Day

Monday September 5<sup>th</sup> Labor Day

Monday October 10<sup>th</sup> Columbus Day

Monday October 31<sup>st</sup> Halloween

Friday November 11<sup>th</sup> Veterans Day

Thanksgiving Break

Thursday November 24<sup>th</sup>-Friday November 25<sup>th</sup>

Christmas Break

Thursday December 22<sup>nd</sup>-Friday December 30<sup>th</sup>

## **My Vacation Time Off**

Monday May 16<sup>th</sup>-Friday May 20<sup>th</sup>

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

**Date:** \_\_\_\_\_

**Child'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!**