



Welcome Amigos  
Spanish Immersion  
Education Center

# 2012 - 2013 Preschool Application Form

Please attach  
a recent photo of  
student.

*\*\*All fields must be filled out completely and clearly to print, if it does not apply to you, please indicate \*\**

## Student's Information:

Male       Female      Reapplying Student?     Yes     No  
Is English primary language?  Yes     No      If no, please specify: \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth date \_\_\_\_\_ Student's Current age \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Location: San Mateo - Hamlet

Desired Class \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_

Alternate Choice \_\_\_\_\_ Days \_\_\_\_\_ Time \_\_\_\_\_

## Parents/ Legal Guardian Information: *(please indicate Mr., Mrs., Ms., etc.)*

Parent A/ Legal Guardian Full Legal Name \_\_\_\_\_

Parent B / Legal Guardian Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 (if Student resides in an additional address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent A / Legal Guardian Occupation or Position \_\_\_\_\_ Business Number \_\_\_\_\_

Parent A / Legal Guardian Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Parent B/ Legal Guardian Occupation or Position \_\_\_\_\_ Business Number \_\_\_\_\_

Parent B/ Legal Guardian Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

If parents are separated, who is the custodial parent? \_\_\_\_\_

## Release Form

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### Pictures

Throughout the year, the children participate in several different special events at Welcome Amigos. We like to capture these special moments by taking pictures and/or videotaping. We would like to use these pictures/videos on the web site, and in some of our publications. Only Welcome Amigos will use these pictures.

Please sign below if you give permission.

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Student's name

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Parent/Legal Guardian signature

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Date

### Email

At Welcome Amigos the best way to communicate with families is via e-mail. We send out pictures, weekly summaries, website updates announcements, invitation, among others.

Please list all members of your family of whom you want us to include in our mailing list

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Name E-mail Relationship to Child

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Name E-mail Relationship to Child

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Name E-mail Relationship to Child

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Name E-mail Relationship to Child

### Directory

Welcome Amigos would like to compile a school directory. This directory would include the children in each classroom, parent's names, e-mails, and phone number. Please fill out the information below if you want your child's information to be included in the directory. We will only include the information that is given

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Student's Name

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Parent/ Legal Guardian Name

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E-mail

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Phone Number

Please list other information that you want us to include:

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## **Your Hopes and Dreams for your child at Welcome Amigos**

Please take a few quiet moments to think about and respond to the questions listed below. Your answers will help us make your child feel at home at Welcome Amigos.

What are your hopes in your child's academic learning for the school year?

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What are your hopes for your child's social development for the school year?

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Types of school activities (sports, tutoring) that your child will be involve within the school year.

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What else should we know about your child?

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How did you hear about Welcome Amigos?

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## 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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. \_\_\_\_\_

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)**

LIC 995A (8/08)

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

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME  
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME  
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  
( )

**PARENT NOTIFICATION****ADDITIONAL CHILDREN IN CARE**

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

- I am licensed as a Small Family Child Care Home and may provide care for a maximum of 8 children when one child is enrolled in and attending 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, may provide care for a maximum of 14 children when one child is enrolled in and attending Kindergarten or elementary school and another child is at least six years old and no more than three infants are in care.

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(PRINT FACILITY ADDRESS)

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(CUT ALONG DOTTED LINE)

**RECEIPT OF PARENT NOTIFICATION**

I acknowledge receipt of the notification that this Family Child Care Home will/may be providing care to 8 or 14 children.

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(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

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(DATE)

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(CHILD'S NAME)

Maintain this signed receipt in each child's file.

**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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# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>

### AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

**SECTION A:**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)

acknowledge that \_\_\_\_\_,  
(Licensee's Name)

the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)

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.

**SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_,  
(Child's Name)

acknowledge that \_\_\_\_\_,  
(Licensee's Name)

the licensee of \_\_\_\_\_,  
(Name of Family Child Care Home)

has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**NOTE:** The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.