

## Los Angeles First Preschool & Kindergarten

2029 W. Washington Blvd., Los Angeles, CA 90018

Tel: (323) 733-8827 Fax: (323) 733-1313

### ADMISSION REQUIREMENTS

Welcome to LA First Preschool & Kindergarten!

For your child's enrollment application, we need the following items:

#### **Admission Packet** ( ) *check for completion*

- ( ) Child's Preadmission Health Report
- ( ) Identification and Emergency Information
- ( ) Emergency Info card
- ( ) Current Physical & Dental Exam [Filled by a medical professional]
- ( ) A Written Oath
- ( ) Permission to Participate Form
- ( ) Personal Rights
- ( ) Notification of Parents' Rights
- ( ) Child Abuse Prevention Receipt
- ( ) Meal Benefit Form
- ( ) Consent for Medical Treatment

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#### **Please make copies of following items:**

- ( ) Copy of Birth certificate of child  
*Certificado de nacimiento de el niño*
- ( ) Copy of Immunization record with T.B. Skin Test  
*Record de inmunización y la prueba de tuberculosis*
- ( ) Copy Health Insurance Card / *Seguro de salud*
- ( ) Copy of I.D. cards of all authorized adults

#### **Other:**

- ( ) School fees (registration, tuition, materials, potty training...)
- ( ) Backpack + student supply list
- ( ) Labeled Blanket, pillow, fitted sheet for naptime
- ( ) Extra change of clothing: shirt, pants, underwear, socks, etc.
- ( ) Diaper / Wipes
- ( ) \_\_\_\_\_

**Los Angeles First Preschool**

**EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M / F Entry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Parent(s)/ Guardian(s): \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_ Medication: \_\_\_\_\_

Names of Persons Authorized to Take Child From Facility (other than Parent/Guardian):

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Physician to be Called in Emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Insurance No.: \_\_\_\_\_ Medi-Cal No.: \_\_\_\_\_

**Permission for Medical Treatment:** *In case of an accident or emergency, I authorize a staff member of LA First Preschool to take my child to above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Los Angeles First Preschool**

**EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M / F Entry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

Parent(s)/ Guardian(s): \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_ Medication: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Insurance No.: \_\_\_\_\_ Medi-Cal No.: \_\_\_\_\_

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# A Written Oath

This paper is required by California Health and Safe Code Community Care Licensing Title 22 Division 80068.

## 1. Things to know

- 1) Name of your teacher's name
- 2) Name and place of classroom
- 3) Daily schedule
- 4) Hours of operation: Mon.-Fri. (7:30-6:30)
- 5) Meal time: Breakfast : 8:30-9:00 Lunch: 12:00 Snack: 3:00 Dinner: 5:00

## 2. Things to follow

- 1) Label all items with your child's name: backpack, clothing, etc. Jewelry and valuables are not allowed and we will not be responsible for any problems arising from damages/loss.
- 2) Phone us in the morning when your child is absent from school.
- 3) Sign in and out at the front table as soon as you drop off / pick up your child.
- 4) Update all emergency contact information as soon as possible.

## 3. Health & Medical Care

- 1) Child with cold, fever, sore throat or infection, and other communicable disease can not be accepted into the school until better. This is to protect the group.
- 2) Taking medicine is prohibited unless proper forms are written and filled out.
- 3) In the case of an emergency when parents are unreachable, the school staff shall take the child to an emergency hospital. Please sign the emergency release form.

## 4. Tuition and Fees

- 1) Tuition should be paid on the first day of the month.
- 2) You will be charged \$25.00 for every 5 days late.
- 3) If one month is missed, half of the tuition must be paid to keep his/her place.
- 4) We do not refund the tuition for any reason, including absences. If you pick up your child after 6:30 PM, the late fee will be \$5.00 for first 10 minutes and then \$1 per minute.
- 5) Two weeks notice or two weeks tuition must be paid before withdrawal of the child.
- 6) Extra Curriculum is separate from the tuition and will be assessed a charge.

## 6. Paid Holidays

The school is closed on the following holidays: Independence Day, Labor Day, Columbus Day, Veteran's day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and Day, New Year's Eve and day, Martin Luther King Jr. day, President's Day and Memorial Day.

## 7. Please release your permission for your child to be examined or interviewed with the educational department.

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I read and understood the above content, and I will keep my oath.

Child's name \_\_\_\_\_ Child's Birth \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Los Angeles First Preschool & Kindergarten

## PERMISSION TO PARTICIPATE FORM

I hereby grant permission for my child to use all of the **Play Equipment** and **Participate** in all of the activities of **Los Angeles First Preschool & Kindergarten**.

I hereby grant permission for my child to leave school premises under the supervision of a staff member for **Neighborhood walks**, or for **Field Trips** in an **Authorized Vehicle**. For safety reasons, you (or any adult designated by you) must accompany your child on a field trip if the Director, Education, Mental Health, or Disabilities Coordinator considers that your child's behavior requires more than the regular supervision.

I hereby grant permission for my child to be **Assessed and Evaluated** in all areas as it relates to child growth and development, and expect to be informed about the results some time after the evaluation.

I grant permission for the staff of **Los Angeles First Preschool & Kindergarten** to take photos, videos and moving pictures of my child to be used for educational, learning, and school promotion.

I hereby grant permission for the staff to take whatever steps may be necessary to obtain **Emergency Care if Warranted**. These steps may include the following:

1. Attempt to contact a Parent or Guardian.
2. Attempt to contact the Child's Physician.
3. Attempt to contact **any of the persons listed on the Emergency Information Form** completed for the school.

### **AGENCY STATEMENT:**

Los Angeles First Preschool & Kindergarten will not be responsible for anything that may happen as a result of **False information given at the time of enrollment**.

The program will not assume responsibility for a child, **who has not been signed in when he/she arrives for the day**.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

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

\_\_\_\_\_  
**Witness**

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