



Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT RECORDS CHECKLIST

A	Check ✓	Camelot Form	Preschool Registration Form
B		LIC. 700	Identification and Emergency Information
C		LIC. 702	Child's Preadmission-Parent's Report
D		LIC. 701	Physician's Report- Child's Preadmission Health <u>Evaluation</u> (to be filled out by physician and due first day)
E		LIC. 627	Consent for Emergency / Medical Treatment
F		PM. 286B	California School Immunization Record (to be sent from doctors or copy of yellow card – <u>due by first day</u> )
F1		PM 298 / 286B	Immunization Record – Template for staff to fill
G		LIC. 613A	Personal Rights
H		LIC. 995	Notification of Parent's Rights (signed & dated)
I		LIC 9221	Parent Consent for Administration of Medications & Medication Chart
J			Notice Child Abuse Prevention Laws
K		Camelot Form	Preschool Admissions Agreement (4-pgs)
L		Camelot Form	Family/School Pledge
M		Camelot Form	Notice re Measuring Temperatures
N		Camelot Form	Face Covering Waiver
O		Camelot Form	Sunscreen Consent Form
P		Camelot Form	Water Activity Waiver
Q		Camelot Form	Animal Consent Form
R		Camelot Form	Chicken Coop /Silverlake Farms Composting
S		Camelot Form	Electronic Funds Transfer Authorization

## REGISTRATION FORM

Date Submitted: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Parent A: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent B: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

SSN: \_\_\_\_\_ D.O.B \_\_\_\_\_

### Family Status of Parents/Guardians:

Single \_\_\_\_ Married \_\_\_\_ Domestic Partner \_\_\_\_ Divorced \_\_\_\_ Person in Custody \_\_\_\_\_

Is your child adopted - Y/N If so when? \_\_\_\_\_ Are they aware: \_\_\_\_\_

Does your child have any allergies or special health concerns! YES NO

If yes, please explain: \_\_\_\_\_

### **My Child Is A (Please Check One):**

Little Knights (18 months-30 months) \_\_\_\_

Baby Dragons (2 -3 years old) \_\_\_\_

Big Dragons (4-5 years old) \_\_\_\_

Little Dragons (3 -4 years old) \_\_\_\_

Pre K/Kinder Dragons (5-6 years old) \_\_\_\_

### **Requested Schedule Preschool/Kindergarten only: (Please Check all Applicable)**

Little Knights 8am-4:30pm: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Preschool Morning 8:00a-12:00p: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Preschool Afternoon: 1:00p-5:00p: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Preschool Full Day 8:00a-5:00p: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Preschool Extended Care: 5:00p-5:30p: M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

Kindergarten 8:15a-2:45p: M-F (mandatory 5 days)

Kindergarten Extended Care: 2:45-5:00p M-F (mandatory 5 days)

*Thank you for being a part of the Camelot Kids Family!*

**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

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

DATE LEFT

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:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<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 LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ 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*
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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)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ 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/ DT/Td	(DIPHTHERIA, TETANUS AND [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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

## 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

\_\_\_\_\_ 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:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE

(     )

\_\_\_\_\_  
WORK PHONE

(     )

Student ID Number \_\_\_\_\_  
(Required)

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

0 First Grade Certificate ☐  
5  
3

*This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.*

**This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.**

Student Name \_\_\_\_\_ Sex: M ☐ F ☐ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Daytime Nighttime

Race/Ethnicity:  
☐ White, not Hispanic  
☐ Hispanic  
☐ Black  
☐ Other \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /			
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (Chickenpox)	/ /	/ /			

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /	/ /		<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
*If required for school entry, must be Mantoux unless exception granted by local health department					
CHEST X-RAY (Necessary if skin test positive.)	Film date: ____/____/____ Impression <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no				

## I. DOCUMENTATION

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Staff

Signature \_\_\_\_\_

Record presented was:

- ☐ Yellow California Imm. Record  
☐ Out-of-state school record  
☐ Other immunization record

Specify: \_\_\_\_\_

## II. STATUS OF REQUIREMENTS

- ☐ A. All requirements are met.  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- ☐ C. Medical Reasons—Permanent  
☐ D. Medical Reasons—Temporary  
☐ E. Personal Beliefs

## E-91 CODE

- 0 - Incomplete  
1 - Complete  
3 - Personal  
4 - Medical

Check on your Immunization Following Roster.  
Submit corrected E-91 when status changes.

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES  
IMMUNIZATION BRANCH



INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
  - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
  - B. If the child has met all immunization requirements, check box A and write in date.
  - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
  - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C\*. If the medical exemption is temporary, check box B and box D; this child must be followed up.\*
  - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.\*

**PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION**

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

***CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN***

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

**Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry.**

**Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis**

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care center entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

**Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián**

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

\*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

# 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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: \_\_\_\_\_

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)**

**PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART****NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME:	LICENSE NUMBER:	DATE:
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**PARENT'S INSTRUCTIONS:**

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

**I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:**

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From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.  
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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**MEDICATION CHART**  
**Staff Documentation of Medicine Administration**

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

**Upon completion, return medicine to parent or destroy, and place form in child's record.**

STAFF	DATE
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## **NOTIFICATION OF CHILD ABUSE PREVENTION LAWS**

### **INSTRUCTIONS:**

This form is intended to meet the requirement of the California health and Safety Code 1596.857 which requires that parents or guardians be informed of The California Child Abuse Reporting Law, along with other state laws, provides the legal basis for action to protect children and allow intervention by public agencies if a child is mistreated.

California law defines child abuse as any of the following:

1. A child is physically injured by other than accidental means
2. A child is subjected to willful cruelty or unjustifiable punishment
3. A child is abused or exploited sexually
4. A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

Anyone who reports known or suspected child abuse is protected by the laws from civil or criminal liability, unless it can be proven the report was false and the person who made the report knew it was false. Any person, except a mandated reporter, who reports child abuse, may remain anonymous. All persons providing care for children are mandated by law to report any suspected child abuse to a child protective agency immediately or as soon after as practically possible.

---

### **ACKNOWLEDGEMENT OF CHILD ABUSE NOTIFICATION**

This will acknowledge that I/we the parents of \_\_\_\_\_

have received a copy of the child abuse preventing form (above) from the licensee or authorized representative of Camelot Kids LLC.

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Signature of Parents/Guardians

---

Date

\*Note: This form shall be retained in the child's file.



## Preschool/Kindergarten Parent Admissions Agreement

Date \_\_\_\_\_: I \_\_\_\_\_: parent/guardian of \_\_\_\_\_

Hereby register my child at Camelot Kids Child Development Center and agree to the terms and conditions set forth in this Preschool/Kindergarten Admissions Agreement (this "Parent Admissions Agreement").

**Camelot Kids Child Development Center is a year-round program and requires all students to pay tuition each month.** Camelot Kids Child Development Center offers five-day, three-day and two day options for children ages 18 months up to entering first grade.

Camelot Kids Child Development Center is open Monday through Friday, excluding all Federal, state, and local holidays, as well as limited closures for parent-teacher conferences and other professional development days that may arise during the year. Parents will receive reasonable advance notice of the days that Camelot Kids Child Development Center will be closed. We are typically closed one week for Spring Break (March/April) two weeks for Staff Development; the week after graduation (June) and one week at the end of summer (August); and two weeks for Winter break (the last two weeks in December, reopening the week following New Year's Day. Please always refer to the **school calendar** in our website as well as your **monthly "Braggin' Dragon" Newsletter** email for the specific dates of school closures throughout the school year.

### I understand and agree to the following:

1. **Registration Forms:** All registration forms for my child, including without limitation any medical forms (collectively, "Registration Forms"), must be completed before my child attends the Camelot Kids Child Development Center. I understand that Registration Forms must be kept current at all times. I will promptly notify Camelot Kids Child Development Center of any material changes in my child's health or family situation.
2. **Punctuality:** I will abide by all the Camelot Kids Child Development Center's policies and procedures for use of the Camelot Kids Child Development Center and hours of operation (typically 8am to 5:30pm). I understand that a late pick up fee of \$10 will be assessed for the first hour for picking my child up after the 10 minute grace period (the "Grace Period") following my scheduled pickup time, depending on the particular class in which my child is enrolled. An additional late fee of \$10 per hour will be assessed thereafter. If my child is enrolled in Extended Care, I understand there is no Grace Period after Extended Care and I will be charged a \$10 late fee at 5:30pm and \$1 per minute after 5:30pm. Little Knights Toddler center closes at 4:30pm with a 10 min grace period. I will be charged a \$10 late fee at 4:40pm and \$1 per min after 4:40pm.
3. **Program Term.** Camelot Kids Child Development Center is a year round program (the "Program"), commencing typically the first week of September and concluding at the end of August of the following year (the "Program Term"). Tuition is due and payable every month (12 months) regardless of vacations, sick days, extended absences or school closures. Camelot Kids Child Development Center does not give credit for vacations, sick days or school closures.
4. **Tuition and Refund Policies.** Tuition rates and refund policy are posted on our website and at least thirty (30) days' advance notice will be given prior to any rate changes during the school year. All other school policies are subject to change without advance notice. Camelot Kids Child Development Center will not issue any refunds on any part of unused tuition, registration, building & maintenance, material or the earthquake fee.



## Preschool/Kindergarten Parent Admissions Agreement

Annual Fees per child – due upon initial enrollment & dates below thereafter:

- a. \$400 registration fee - Due February 1<sup>st</sup>
- b. \$400 building & maintenance fee – Due September 1<sup>st</sup>
- c. \$400 material fee – Due September 1<sup>st</sup>
- d. \$50 earthquake kit fee. – Due September 1<sup>st</sup>

Enrollment Deposit: A non-refundable enrollment deposit (“Enrollment Deposit”) is required upon initial enrollment for new families & siblings of current enrolled families in order to secure your child’s placement in the program.

First month tuition (consult the Camelot website for current rates for your child’s particular schedule)

- a. \$1,000 deposit applied to last month’s tuition
- b. \$400 annual registration
- c. \$400 annual Building & Maintenance fee
- d. \$400 annual Material fee
- e. \$50 annual Earthquake Kit fee

The Enrollment Deposit will be applied to your first month’s tuition and annual fees. **The entire Enrollment Deposit is non-refundable. No exceptions.**

Kinder Enrollment Deposit: For those Big Dragons who intend to attend the Kinder Program at Camelot (the “Kinder Program”), the deposit to participate in that program (the “Kinder Enrollment Deposit”) is due by February 1<sup>st</sup> – NON REFUNDABLE

1<sup>st</sup> month tuition – Sept (check website for current rates) – Feb 1st

- a. \$400 annual registration – Feb 1st
- b. \$400 annual Building & Maintenance fee – Sept 1st
- c. \$400 annual material fee - Sept 1st
- d. \$50 annual Earthquake Kit fee – Sept 1<sup>st</sup>

**The entire Kinder Enrollment Deposit is non-refundable. No exceptions.**

5. Due Date for Tuition Payments. All tuition payments are due on the 1<sup>st</sup> of each month and are considered late if received after 5pm on the 5<sup>th</sup> of each month. A **late fee of \$25** will be assessed on the 6th day of the month, and **\$10 per day** thereafter until fully paid. My child will not be able to participate in the program(s) at Camelot Kids Child Development Center in which my child is enrolled, if my account is 10 days overdue. **All accounts overdue past 30 days will be outsourced for collections.**

6. Fee Acknowledgement. I acknowledge and agree that (a) all fees, deposits and tuition payments owed to Camelot Kids Child Development Center under this Admissions Agreement (including the fees, deposits and tuition payments described in Sections 5 through 8 hereof) will continue to be due and payable pursuant to, and in accordance with, this Admissions Agreement, (b) all such fees, deposits and tuition payments are non-refundable and (c) my obligation to timely pay all such fees, deposits and tuition payments pursuant to, and in accordance with, this Admissions Agreement will not be affected or limited by (i) the outbreak of any contagious disease, virus, bacteria, epidemic or pandemic (including COVID-19 or influenza) (an “Outbreak”), (ii) any shutdown or limiting of any government services as a result of an Outbreak, (iii) any declaration of





## Preschool/Kindergarten Parent Admissions Agreement

martial law, quarantine or similar directive, guidance, policy or other action by any governmental authority related to an Outbreak or (iv) any shutdown of Camelot Kids Child Development Center or limitation of the services provided by Camelot Kids Child Development Center under this Admissions Agreement as a result of an Outbreak.

7. Reductions to Schedule During the School Year. I am required to provide Camelot Kids Child Development Center with at least thirty (30) days' advance written notice prior to reducing my child's schedule. If I provide Camelot Kids Child Development Center with less than thirty (30) days' notice of such a change, my monthly payment will not be reduced to conform to the new schedule until the following month.

8. Leave of Absence. If I plan on having my child leave the program for an extended period of time and I desire for Camelot Kids Child Development Center to hold my child's space until I return, monthly tuition is due and payable each month. If I do not pay monthly tuition on time during this period, my child's spot will be given to another child on Camelot Kids Child Development Center's wait list and I will be responsible for the cancellation fee of \$1000. I may re-apply upon my return by submitting a wait list application & \$50 application fee, but there are no guarantees that I will be readmitted to the program.

9. Annual Increase. Tuition typically increases 3-5% at the beginning of each Program Term from the previous year, though Camelot Kids Child Development Center reserves the right to increase tuition by a greater percentage with reasonable advance notice prior to the commencement of the Program Term.

10. Nap Sheet and Bag. If my child naps at Camelot, my child will be provided with a sheet with my child's name clearly marked and a Camelot nap bag (the "Nap Sheet and Bag"). The fee for issuance of the Nap Sheet shall be \$25. If my sheet gets lost, I will be required to pay for another one. In compliance with Department of Social Services ("DSS") standards, all children must sleep on a sheet. Therefore, if I forget to bring my child's sheet they will be required to sleep on a "CK spare" and I will be charged a \$5 per day cleaning fee. All bedding must go home on Fridays, cleaned and returned by Monday.

11. Enrichment Classes and Extended Care. All enrichment classes, extended child-care services and drop-in services need to be paid in advance. If my child is only attending an enrichment class and not otherwise participating in the Program, Camelot Kids Child Development Center is not responsible for supervision before or after the enrichment class. Camelot Kids Child Development Center will release my child to the person designated to pick-up child. The Grace Period shall apply to the conclusion of the enrichment class and fees shall be applied in like fashion.

12. Outside Services. If I receive services from any outside agencies (*i.e.*, Lanterman & others), I agree to pay the difference between what the outside service providers pay and my monthly tuition and any other fees payable.

13. Parents' Knight Out. Parents' Knight Out (PKO) is offered once a month from 5-9pm for \$60 per child and \$15 per sibling. I understand I need to clock my child in and out on the sign-in computer. I understand that the "Grace Period" does not apply if I arrive after 9pm to pick up my child I will be charged a \$10 late fee at 9:01 and \$5 per minute thereafter. If I do not clock in or out, I will be charged \$25 for failing to sign out in a timely fashion (an "FSO Charge").





## Preschool/Kindergarten Parent Admissions Agreement

14. Responsibility of Parent to Coordinate Off-Campus Activities. I understand that I am responsible for planning all of my child's play dates and other after-school social activities beforehand. Camelot Kids Child Development Center will not assist in planning (social) events or provide usage of our phone lines to coordinate such events. I am responsible for communicating play dates to my child's teachers, so that Camelot Kids Child Development Center will know who is picking up my child to the extent that person is not authorized on the regular form.

15. Sign In/Sign Out. It is a licensing requirement by DSS that I sign my child in and out each day on Camelot Kids Child Development Center's computer system. I will be assessed a **\$10 FSO Charge per occurrence** if I fail to do so.

16. No Release to Unauthorized Persons. No child will be released to unauthorized persons who are not registered on the emergency forms or otherwise authorized by me in writing to pick up my child.

17. Rights of Licensing Agency. DSS has the authority to interview children or staff without prior consent. Camelot Kids Child Development Center shall ensure that provisions are made for private interviews with any children or staff members. DSS has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the requirements in Sections 101217(c) and 101221(d). Camelot Kids Child Development Center shall ensure that provisions are made for the examination of all records relating to the operation of the child care center. DSS has the authority to observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.

18. Cancellation Notice. In the event that I intend to withdraw my child from the Program, Camelot Kids Child Development Center requires at least thirty (30) days' prior written notice ("Cancellation Notice"). I understand that I will be responsible to pay an early cancellation fee of **\$1000** (the "Cancellation Fee"), which shall be due and payable at the time off of delivery of the Cancellation Notice, in the following events: (a) my child leaves the Program during the Program Term, or (b) my child leaves the Program at the end of the Program Term, but prior to graduating from the Big Dragon Program in August, meaning that my child leaves the Program as a Baby Dragon or Little Dragon. If the Cancellation Notice is given less than thirty (30) days from the date that I intend for my child to leave the Program, I will be responsible for one full month's tuition in addition to the Cancellation Fee.

19. Cancellation of Enrollment for Cause. Camelot Kids Child Development Center reserves the right immediately to cancel my child's enrollment based on any of the following conditions:

- Camelot Kids Child Development Center becomes aware of a child's special needs whose needs are better served through another program (referral to public or private program)
- Failure to pay any amounts owed to Camelot Kids Child Development Center when due;
- Camelot Kids Child Development Center determines, in Camelot Kids Child Development Center's sole discretion, that my child's or my behavior is a threat or danger to other children, parents, teachers, enrolled in the program or themselves or the program itself;
- Camelot Kids Child Development Center determines, in Camelot Kids Child Development Center's sole discretion, that I or my child is demanding excessive amounts of staff energy and time at the expense of other children, or placing another child at risk from inappropriate or uncontrolled behavior;



## Preschool/Kindergarten Parent Admissions Agreement

- I refuse to seek a professional evaluation or follow through on behavioral instruction when recommended by a teacher or administrator;
- Failure to comply with California State Immunization requirements in the time frame stated;
- Failure to pick up my child on time on more than three occasions;
- Camelot Kids Child Development Center determines, in Camelot Kids Child Development Center's discretion, that I or my child has engaged in inappropriate behavior, including, without limitation, excessive violence, biting, hitting, intimidating, bullying, yelling, screaming, kicking, hair pulling, spitting, pushing, and destroying Camelot Kids Child Development Center and/or others' property; or
- Failure to turn in required forms.

20. Cancellation of Enrollment At-Will. In addition to Camelot Kids Child Development Center's right to cancel enrollment for cause as set forth above, Camelot Kids Child Development Center has the right, in Camelot Kids Child Development Center's sole discretion, without cause and without the necessity to provide reason, to terminate my child's enrollment in the program by providing at least one (1) business days' notice to me of such termination.

21. Assumption of Risk Regarding Playground. I hereby allow my child to play at Camelot Kids Preschool playground, including, without limitation, all play structures located thereon and the tree house (collectively, "Camelot Kids Playground") and understand by its very nature, the Camelot Kids Playground carries with it certain inherent risks that cannot be completely eliminated, regardless of the care taken to avoid injuries. Without limiting the foregoing, in connection with the execution and delivery of this Admissions Agreement, I will execute and deliver to Camelot Kids Child Development Center the Camelot Kids Preschool Playground Waiver and Release attached hereto as Exhibit A.

22. Waiver and Release of Liability Regarding COVID-19. In connection with the execution and delivery of this Admissions Agreement, I will execute and deliver to Camelot Kids Child Development Center the COVID-19 Waiver and Release attached hereto as Exhibit B.

23. Right to Use Photographs. I understand that Camelot Kids Child Development Center staff and parents may take photos of myself and/or my child from time to time to be used for purposes including without limitation: the yearbook, website, weekly newsletter, and all social media related to Camelot Kids Child Development Center. I hereby give Camelot Kids Child Development Center permission to use photographs/sound/video of myself and my child for publicity, promotion, news releases, social media and other public use. This may also apply to any sort of written composition or visual arts of a minor, if published. I hereby release and discharge Camelot Kids from and all claims arising out of the use of the photograph/video/sound that I or the minor child may have in this regard.

24. Integrity. As a parent of Camelot Kids Child Development Center, I understand it is my responsibility to treat all members of the Camelot Kids Child Development Center community with integrity and respect. Camelot Kids Child Development Center does not endorse negative gossip or behavior that jeopardizes the positive community in which we support and cultivate. If there are any issues regarding concerning my child's experience at Camelot Kids Child Development Center, such issues should be addressed with the school administration directly. I understand that I have a responsibility to make sure that any use of social media (Facebook, Twitter, Instagram, Vimeo, Pinterest, Snapchat, or similar platforms) is consistent with these principles.



## Preschool/Kindergarten Parent Admissions Agreement

25. Non solicitation of Employees. Employees of Camelot Kids are not permitted to be solicited by parents for private work of any kind during or after your enrollment at Camelot Kids to the maximum extent allowable under law.

26. Acknowledgement. I have read the Camelot Kids Parent Handbook (the “Handbook”) online and agree to all the policies and procedures therein. I acknowledge that my failure to abide by any of the policies set forth in the Handbook or to otherwise adhere to this Admissions Agreement may result in denial of the privilege to use Camelot Kids Child Development Center or any Camelot Kids Child Development Center program at any point now, or in the future.

27. Force Majeure. Camelot Kids Child Development Center will be excused from performance under this Admissions Agreement for any period of time during which, and to the extent that, it is prevented from performing any obligation or service, in whole or in part, as a result of a cause beyond its reasonable control, including, but not limited to, (a) acts of God, (b) acts of war, (c) fire, (d) communication line failures or power failures, (e) earthquakes, floods, blizzard or other natural disasters, and (f) an Outbreak, any shutdown or limiting of any government services as a result thereof and any declaration of martial law, quarantine or similar directive, guidance, policy or other action by any governmental authority related thereto (a “Force Majeure Event”). Upon the occurrence of any Force Majeure Event, Camelot Kids Child Development Center will deliver to you written notice (which may be by email) thereof as soon as reasonably practicable after the occurrence of such Force Majeure Event.

28. Entire Agreement. This Admissions Agreement and the Exhibits attached hereto constitute the entire agreement between me, on the one hand, and Camelot Kids Child Development Center, on the other hand. This Admissions Agreement may only be amended or modified by a written agreement signed by both me and the Director of the Camelot Kids Child Development Center.

29. Reservation of Rights. I hereby acknowledge that Camelot Kids Child Development Center reserves all rights, none of which are waived by virtue of any instance where Camelot Kids Child Development Center does not take action within a specific time period in response to a violation of this Admissions Agreement or the Handbook.

30. Severability. If it turns out that a particular term set forth herein is not enforceable, this will not affect any other terms set forth herein.

31. Arbitration. I understand that by agreeing to arbitrate any dispute as set forth in this section, I am waiving my right, and the right(s) of the minor child(ren) above, to maintain a lawsuit against CAMELOT KIDS PRESCHOOL and LITTLE KNIGHTS and/or any of its directors, managers and staff and the other Releasees for any and all claims covered by this Agreement. By agreeing to arbitrate, I understand that I will **NOT** have the right to have my claim determined by a jury, and the minor child(ren) above will **NOT** have the right to have claim(s) determined by a jury. Reciprocally, CAMELOT KIDS PRESCHOOL, LITTLE KNIGHTS and the other Releasees waive their right to maintain a lawsuit against me and the minor child(ren) above for any and all claims covered by this Agreement, and they will not have the right to have their claim(s) determined by a jury. **ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO MY OR THE CHILD’S**



## Preschool/Kindergarten Parent Admissions Agreement

**ACCESS TO AND/OR USE OF THE CAMELOT KIDS PRESCHOOL and LITTLE KNIGHTS PREMISES AND/OR ITS EQUIPMENT, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE BROUGHT WITHIN ONE YEAR OF ITS ACCRUAL (i.e., the date of the alleged injury) AND BE DETERMINED BY ARBITRATION IN THE COUNTY OF CAMELOT KIDS PRESCHOOL AND LITTLE KNIGHTS FACILITY, IN CALIFORNIA, BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY ADR SERVICES, INC. PURSUANT TO ITS EXPEDITED ARBITRATION RULES AND PROCEDURES. JUDGMENT ON THE AWARD MAY BE ENTERED IN THE LOS ANGELES SUPERIOR COURT OR ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION.** This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of California, without regard to choice of law principles. Notwithstanding the provision with respect to the applicable substantive law, any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act

(9 U.S.C., Sec. 1-16). I understand and acknowledge that ADR SERVICES Arbitration Rules to which I agree are available online for my review at [adrservices.com](http://adrservices.com), and include ADR SERVICES, INC. Comprehensive Arbitration Rules & Procedures; Expedited Procedures; and, Policy on Consumer Minimum Standards of Procedural Fairness.

I have read the Camelot Kids Parent Handbook online and agree to all the policies and procedures therein.

If I do not comply with these terms, and Camelot Kids Child Development Center does not take action right away, this doesn't mean that Camelot Kids Child Development Center is giving up any rights that they may have (such as taking action in the future).

I understand that Little Knights Toddler Center is licensed under the Camelot Kids Child Development Center umbrella and all terms in this parent admission agreement apply to Little Knights & Camelot Kids enrollees.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Preschool/Kindergarten Parent Admissions Agreement

### EXHIBIT A

#### **WAIVER AND RELEASE FOR THE USE OF CAMELOT KIDS PRESCHOOL PLAYGROUND**

1. By signing this waiver and release, I hereby allow my child to play at CAMELOT KIDS PRESCHOOL playground, including, without limitation, all play structures located thereon and the tree house (collectively, “**CAMELOT KIDS PLAYGROUND**”).
2. I am aware that play at the CAMELOT KIDS PLAYGROUND includes, among other things, my child’s playing on structures that maybe built, in part or in total, by non-licensed contractors and/or parents.
3. I acknowledge and agree that my child’s use of the Camelot Kids Playground, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises, lacerations and sprains, to 2) rare major injuries such as eye injury or loss of sight and concussions, to 3) even rarer catastrophic injuries including paralysis and death. I, on behalf of my child and myself, hereby assume the risk of any and all accidents or injuries of any kind which may be sustained by anyone or anything by reasons of or in connection with me and/or my child’s use of the Camelot Kids Playground, including, but not limited to the negligent acts of Camelot Kids Preschool, and I, for myself, and for my child, my heirs, personal representatives or assigns, and anyone claiming through or under me, hereby release, discharge and absolve Camelot Kids Preschool, and its employees, offices, agents and representatives from any and all liability or responsibility for any and all accidents or injuries sustained by anyone or anything as a result of my child’s use of the Camelot Kids Playground. Further, to the fullest extent permitted by law, I fully ASSUME THE RISK OF MYSELF AND MY CHILD BEING INJURED at the Camelot Kids Playgrounds.
4. I, on behalf of my child and myself, also expressly waive any and all rights under Section 1542 of the California Civil Code and under any statute, rule, or principle of common law or equity of any jurisdiction that is similar to Section 1542. I, on behalf of my child and myself, acknowledge that neither my child nor I may invoke the benefits of Section 1542 or any similar provision in order to prosecute or assert in any manner any claims released in this waiver and release. I, on behalf of my child and myself, am aware that Section 1542 provides as follows:

**“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.”**

Thus, notwithstanding the provisions of the California Civil Code, including Section 1542, and for the purpose of implementing a full and complete release and discharge of Camelot Kids Preschool, I, on behalf of my child and myself, expressly acknowledge that this release is intended to include in its effect, without limitation, all matters which my child and/or I do not know or suspect to exist in their favor at the time of execution hereof, and thus, this release contemplates the extinguishment of any such matter. Further, I, on behalf of my child and myself, expressly acknowledge that the foregoing waiver of Section 1542 has been separately bargained for.

5. I represent and warrant to Camelot Kids Preschool that: (a) I am the parent or legal guardian of the child listed below and am authorized to sign documents on his/her behalf; (b) I am of legal age and have the right to contract in my own name; (c) I have the full power and authority to execute this waiver and release; and (d) I have read this waiver and release completely and I fully understand its content.

6. This waiver and release shall be governed by and construed in accordance with the laws of the State of California, notwithstanding its conflict of laws principles. No modifications of this waiver and release or any of its terms shall be effective unless in writing signed by the duly authorized representatives of Camelot Kids Preschool and me.

**SIGNATURE of PARENT or LEGAL GUARDIAN:** \_\_\_\_\_

**PRINTED NAME of PARENT or LEGAL GUARDIAN:** \_\_\_\_\_

**NAME of CHILD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_





## Preschool/Kindergarten Parent Admissions Agreement

### EXHIBIT B

#### COVID-19 RELEASE AND WAIVER

In consideration of being permitted, and my child being permitted, to enter the premises and facilities (the “**Premises**”) of Camelot Kids Child Development Center, a California corporation doing business as Camelot Kids Preschool (“**Camelot**”), and attend Camelot pursuant to, and in accordance with, that certain Preschool/Kindergarten Admissions Agreement by and between Camelot and me, I hereby acknowledge and agree to the following on behalf of myself and my child:

1. **ASSUMPTION OF RISK.** I hereby acknowledge that (a) the novel coronavirus COVID-19 (“**COVID-19**”) is extremely contagious and is believed to spread mainly from person-to-person contact, (b) entering the Premises and/or attending Camelot could increase my and my child’s risk of being exposed to and/or infected by COVID-19, (c) such exposure or infection may result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death, and (d) such exposure or infection may result from the actions, omissions, or negligence of Camelot, its officers, directors, managers, shareholders, agents, employees, volunteers, representatives and/or other Camelot attendees and families. I, on behalf of myself, my child and each of our heirs, successors and assigns, knowingly, freely and fully assume all such risks. I, on behalf of myself, my child and each of our heirs, accept sole responsibility for any injury to myself or my child (including, without limitation, personal injury, disability, death or other loss or liability) as a result of such risks and/or our entering the Premises and/or attending Camelot.
2. **RELEASE.** I, on behalf of myself, my child and each of our heirs, successors and assigns, hereby forever and irrevocably release, waive, relinquish, and discharge Camelot and its officers, directors, managers, shareholders, agents, employees, representatives, volunteers and successors and assigns (collectively, the “**Released Parties**”) from any and all claims, demands, liabilities, responsibilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, “**Damages**”) as a result of me and/or my child entering the Premises and/or attending Camelot, including, but not limited to, any Damages (a) related to any exposure to or infection by COVID-19 (including any personal injury, disability, death or other loss or liability related thereto) and (b) based on the actions, omissions, or negligence of Camelot or the other Released Parties (collectively, the “**Released Claims**”).
3. **WAIVER OF SECTION 1542.** I, on behalf of myself and my child, (a) hereby expressly waive all rights afforded by Section 1542 of the California Civil Code (“**Section 1542**”) with respect to the Released Parties and Released Claims, (b) acknowledge that neither I nor my child may invoke the benefits of Section 1542 or any similar provision in order to prosecute or assert in any manner any Released Claims and (c) am aware that Section 1542 provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASING PARTY.

Thus, notwithstanding the provisions of the California Civil Code, including Section 1542, and for the purpose of implementing a full and complete release and discharge of Camelot and the other Released Parties, I, on behalf of myself and my child, expressly acknowledge that the releases in this Waiver and Release of Liability (this “**Waiver**”) are intended to include in its effect, without limitation, all matters which I and/or my child do not know or suspect to exist in our favor at the time of execution hereof, and thus, this Waiver contemplates the extinguishment of any such matters. Furthermore, I,



## Preschool/Kindergarten Parent Admissions Agreement

on behalf of myself and my child, expressly acknowledge that the foregoing waiver of Section 1542 has been separately bargained for.

4. **COVENANT NOT TO SUE.** I, on behalf of myself and my child, hereby agree and covenant never to file a lawsuit, arbitration proceeding or any other administrative proceeding against Camelot or the other Released Parties for any Released Claims or Damages related thereto.

5. **REPRESENTATIONS AND WARRANTIES.** I hereby represent and warrant to Camelot that: (a) I am the parent or legal guardian of the child listed below and am authorized to sign documents on such child's behalf, (b) I am of legal age and have the right to contract in my own name, (c) I have the full power and authority to execute this Waiver and (d) I have read this Waiver completely and I fully understand its contents.

6. **INTERPRETATION; SEVERABILITY.** I expressly agree that this Waiver is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. **GOVERNING LAW; MODIFICATIONS.** This Waiver shall be governed by and construed in accordance with the laws of the State of California, notwithstanding its conflict of laws principles. No modifications of this Waiver or any of its terms shall be effective unless in writing signed by a duly authorized representative of Camelot and me.

**I HAVE FULLY READ AND UNDERSTAND THE CONTENTS OF THIS WAIVER AND I SIGN BELOW TO INDICATE MY AGREEMENT OF MY OWN FREE WILL.**

**SIGNATURE of PARENT or LEGAL GUARDIAN:** \_\_\_\_\_

**PRINTED NAME of PARENT or LEGAL GUARDIAN:** \_\_\_\_\_

**NAME of CHILD:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FAMILY / SCHOOL PLEDGE**

**Staff Pledge:**

We understand how important the preschool experience is to each child. Our role as educators and positive role models is a critical aspect of that experience. Therefore, we agree to carry out the following responsibilities to the best of our ability:

- Provide developmentally appropriate instructional activities which promote future school success.
- Communicate regularly with parents about each child's progress.
- Help every child develop a love of learning.
- Provide a safe, positive, caring, learning environment.
- Appreciate all children as unique and capable individuals.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Respect the school, and our children, staff, and families.

Date: \_\_\_\_\_ Teacher/Instruction Aide Signatures: \_\_\_\_\_

**Student Pledge:**

*(Parents, please discuss with your child)*

- Know and follow school and class rules.
- Come to school on time and ready to learn.
- Talk to my parents and family about preschool.
- Limit my T.V. watching and ask my parent/family to read to me every day.
- Respect my school, classmates, teachers and other adults.
- Remember to say please and thank you.

Date: \_\_\_\_\_ Child's Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Family/Parent/Guardian Pledge:**

I understand that my participation in my child's education will help his/her achievement and attitude. I agree to carry out the following responsibilities to the best of my ability.

- Provide a quiet time and place for reading. Monitor TV viewing and video games.
- Read to my child or encourage my child to participate in story time.
- Ensure that my child attends school every day and gets adequate sleep and proper nutrition.
- Regularly monitor my child's progress in school and read all information sent home by the teacher.
- Communicate the importance of education and learning to my child.
- Participate at school in activities such as school decision-making, volunteering, attending parent/teacher conferences, Open House, and other school special events.
- Remind my child to always use good manners.
- Obey all traffic procedures.
- Drop off and pick up my child on time.
- Keep all emergency information up to date.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_





CAMELOT = COMMUNITY | LONG LIVE CAMELOT A PARENT + ME CENTER JUST WEST OF THE EASTSID

FORM "M"

**NOTICE PURSUANT TO THE CALIFORNIA CONSUMER PRIVACY ACT (CCPA)**

To reduce the risk of spreading the COVID-19 virus in and through the workplace and protect our employees and guests, the Camelot Kids and Little Knights is implementing procedures for measuring the temperature of all individuals coming into the Company's facility and inquiring and observing whether any individual attempting to enter a Camelot Kids and Little Knights campus has any symptoms of COVID-19 or related illness. Any individual, whether an employee or a visitor, whose temperature is measured to indicate a fever, who reports having or overserved to have any such symptoms, or who has recently been in contact with symptomatic individuals will not be permitted to enter Camelot Kids and Little Knights campus.

Pursuant to the CCPA, we are notifying you that we are collecting the following category of Personal Information: Medical and health information, specifically your temperature and whether you have or display certain symptoms such as fatigue, dry cough, sneezing, aches and pains, runny or stuffy nose, sore throat, diarrhea, headaches, shortness of breath, whether you have recently been in close contact with anyone who has exhibited any of these symptoms, whether you have recently been in contact with anyone who has tested positive for COVID-19, and whether you have recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department (including China, Italy, Iran, and most of Europe).

The Company will maintain this information under conditions of confidentiality. We are collecting this information for purposes of reducing the risk of spreading the COVID-19 virus in and through the workplace and protecting our employees and guests.

**By signing below, I acknowledge and confirm that I have received and read and understand this disclosure.**

---

Signature

---

Date

---

Print Your Full Name:



FORM "N"

### FACE COVERING WAIVER

**Children:** Face coverings are suggested for children 2+ but not mandatory on our campus at this time. We respect it's a family choice if you would like your child to wear a mask to school and the continuation of their day. If you would prefer for your child not to wear a mask please indicate so below.

All parents must sign our "mask policy" and understand the following:

If you would like your child to wear a face mask:

- Your child needs to know how to use it safely and independently at all times while at school.
- If a child removes their face mask at Camelot Kids/Little Knights we are not legally allowed to put it back on.
- Children are not permitted to wear a mask while napping regardless of age.
- Masks need to be fitted correctly, breathable without obstructing a child's ability to breathe.
- Children must be able to take off and put on without assistance from a teacher/adult.
- Camelot Kids/Little Knights staff will not force a child to wear their mask if they are choosing to not wear one once inside our campus.
- Please wash masks daily to prevent bacterial infections
- Please label all face masks so if found we can return to the right owner.

I, \_\_\_\_\_ (Parent/Guardian) hereby authorize my child, \_\_\_\_\_  
(Child's name) to attend Camelot Kids / Little Knights:

☐ With a Mask

☐ Without a Mask

I also understand that even if I would prefer my child to wear a mask all day, Camelot Kids/Little Knights is not legally obligated to place a mask back on my child if it is taken off or falls off.

Please note that children are not permitted to nap while wearing a face covering and must be able to remove and replace their mask safely on their own during the course of the day.



## Exemptions to masks requirements

### **The following individuals are exempt from wearing masks at all times:**

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

**\*\*Camelot Kids/Little Knights adheres to all mask exemptions, including but not limited to religious, medical, disability, safety\*\***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



FORM "O"

## SUNSCREEN CONSENT FOR

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

I, \_\_\_\_\_ (parent/guardian)

Of (child's name) \_\_\_\_\_

hereby give consent for Camelot Kids/Little Knights to administer the sunscreen I have provided for sun protection. The bottle has been clearly labeled with my child's name and directions for usage.

\_\_\_\_\_  
Printed name of legal Parent Guardian

\_\_\_\_\_  
Signature

☐ I also hereby give Camelot Kids/Little Knights consent to use Supergoop SPF50 Broad Spectrum Sunscreen in lieu of the one I brought if the sunscreen cannot be found or in emergency.

\_\_\_\_\_  
Printed name of legal Parent Guardian

\_\_\_\_\_  
Signature



FORM "P"

## CAMELOT KIDS PRECHOOOL WATER ACTIVITIES WAIVER

I, \_\_\_\_\_ (parent/guardian)

Of \_\_\_\_\_ (child's name)

Hereby give consent for my child to engage in all activities related to water activities, i.e. pools, water slides, water tables etc. I understand that my child will be supervised by a Camelot Kids/Little Knights Preschool staff member and that they are trained in water safety including CPR.

**Please sign your name next to the statement that matches:**

\_\_\_\_\_ I give Camelot permission to allow my child to engage in all water activities.

\_\_\_\_\_ I do not want my child engaging in water activities.



FORM

“Q”

Dear Families,

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

We love animals at Camelot and Little Knights and like to introduce animals into our classrooms! These include, but are not limited to, snakes, rabbits, tortoises, fish, birds, guinea pigs, lizards, chickens, ducks etc. Please let us know in advance if your child has any known allergies to any certain animals. Also, please let us know if you have any other problems having your child handle or be around any such animals.

Thank you,

-----  
-----

Child's Name: \_\_\_\_\_

Please tick the statement that applies:

- ☐ No, I do not have a problem with my child handling animals.  
☐ Yes, I do have a problem with my child handling animals:

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent: \_\_\_\_\_

2880 Rowena Avenue, Los Angeles, CA 90039 PH: 323-662-2663 FX: 323-372-3784

[info@camelotkids.org](mailto:info@camelotkids.org) [www.camelotkids.org](http://www.camelotkids.org)



FORM "R"

## Camelot Chicken Coop

My child \_\_\_\_\_ will has my consent to participate in the following activities:

<p><b>Chicken Coop:</b></p> <p>In the caregiving of the chickens, ducks, rabbits he/she will interact with the animals in the Camelot Chicken Coop. My child will enter the coop and help in the feeding with the supervision of a teacher.</p> <p>_____Yes    _____No</p>
--

I AGREE TO DIRECT MY CHILD TO COOPERATE WITH THE DIRECTIONS AND INSTRUCTIONS OF THE CAMELOT KIDS STAFF IN CHARGE OF THE ACTIVITY.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We thank you for allowing your child to participate in this educational experience.



## Electronic Funds Transfer Authorization

FORM "S"

I hereby authorize Camelot Kids to withdraw monthly tuition fees from the following bank account listed below. This authorization is to remain in force until Camelot Kids has received written authorization from me of its termination or change.

Child's Name: \_\_\_\_\_

Parent's Name on the Account: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checking Account Only

Name of Financial Institute: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Attach a VOIDED CHECK

OFFICE USE: Effective Date \_\_\_\_\_