



LOMA LINDA ACADEMY Children's Center

Loma Linda, CA 92354
909-796-0161

Application Form

Today's Date: _____

Are you Seventh-day Adventist: Yes No What church do you attend? _____

Child's name: _____
First Middle Last Nickname

Address: _____
Number and Street, Apartment # if any

City State Zip Code

Birth date: _____ Age at Enrollment: _____

Do both parents live at the same address as their child? Yes No

Father / Guardian's name: _____
circle one First Middle initial Last

Address: _____
Number and Street, Apartment # if any

City State Zip Code

Occupation: _____ Employer: _____

Work phone: _____ Cell phone: _____ E-mail: _____

Mother / Guardian's name: _____
circle one First Middle initial Last

Address: _____
Number and Street, Apartment # if any

City State Zip Code

Occupation: _____ Employer: _____

Work phone: _____ Cell phone: _____ E-mail: _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date: _____

**ADMISSION AGREEMENT
2019-2020**

We/I, _____ parent(s)/guardian(s) of _____
Parent(s) / Guardian's Name(s) Child's Name

have read the Parent Handbook and agree to abide by it; following policies and procedures while enrolled in the program. LLACC operates as a private not for profit child care and education business.

1. **Eligibility:** Open to all children age 0 to 5 regardless of race, nationality, or creed.
2. **Religious Activities:** Children will be involved in religious instruction and activities including prayer daily. The religious practice is that of Seventh-day Adventist church. This will include vegetarian foods served as snacks and the lunch program in accordance with Seventh-day Adventist health practice and principles.
3. **Employees:** All staff are employed through Loma Linda Academy, and are employees of the Southeastern California Conference Office of Education.
4. **Services:** Early Education and Care is available from 6:30 a.m. to 6:00 p.m. Monday through Thursday and Friday 6:30 a.m. to 5:00 p.m.
5. **Application:** Registration fee of \$275.00 paid upon enrollment. This fee is non-refundable and is charged yearly on July 1st to your account.
6. **Tuition:** Is indicated on the current tuition schedule. Tuition increases are usually made yearly to coincide with LLACC's fiscal year July-June. The Center will attempt to give a 60 day notice of any increase. Tuition is set with no variance. Payments must be made by debit/credit care at the center.
7. **Illness/Vacation:** There are no adjustments or refunds for any days missed for illness, vacation or holidays. Rates have been calculated to include closures. Tuition credit will not be given for any missed time.
8. **Family Discounts:** Discounts of \$25 per month are offered to families who have three or more children enrolled on any of the 4 LLA campuses.
9. **Disenrollment:** Child care may be terminated with a signed quit notice.
10. **Termination:** A family may be asked to leave for inappropriate behavior by either the child or parent/guardian (including all parties authorized for drop off and pick up) as indicated in the Parent Handbook. ***Child care services may also be terminated for excessive late pickups or excessive late tuition payments.*** No account will be past 20 days.
11. **Delinquent Accounts:** If a family leaves the center owing tuition and has ignored a final statement for payment; the account will be turned over to a collection agency.

RIGHTS OF LICENSING AGENCY: Community care licensing reserves the right to review all information kept in the center's files and to observe the children at the facility at any time, with or without notice.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Item/s to Provide to the Center

Child's Name: _____

I have reviewed the list below and will bring and replenish all items as needed.

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Cut here and keep the bottom portion for your records

Infants

- Diapers – please write your child's name on package.
- Tub of unscented baby wipes.
- Food for meals
- Snacks
- Milk, formula or pumped breast milk prepared in bottles/bags.
- Crib sheets/blanket (one clean sheet per day attending).
- Sleep sack (**no** swaddling blankets)
- Extra clothing (write their names on their clothing).

Toddlers

- Diapers – please write your child's name on package.
- Tub of unscented baby wipes.
- Sippy cups if your child is using them.
- Extra clothing (write their names on their clothing).
- Lunch, or Hot Lunch Ticket.
- Bedding – take home on their last day of the week and bring back laundered their first day in the following week.

2's -Pre-K

- Change of clothing if prior set used (write their names on their clothing).
- Lunch, or Hot Lunch Ticket.
- Water cups with child's name on it. Water cups must be kept in child's lunch box and will be provided to them at lunch time.
- Bedding – take home on their last day of the week and bring back laundered their first day in the following week.

Clothing and Activity Permission Form

Child's Name: _____

While your child attends LLACC, the staff will encourage your child to explore and immerse themselves in indoor and outdoor creative activities as well as outside play. Please dress your child in comfortable, weather appropriate clothing and footwear. Do not send your child in clothing that you don't want to get dirty. Tennis shoes are a must for climbing, running, and riding bikes. Save fancy shoes and clothing for the weekends. Toddlers are encouraged to use self help skills which involve the child feeding themselves. Always have an extra set of clothes for your child, making sure that they are replaced when used.

LLACC certainly appreciates family values and encounters many differences in terms of culture, languages, ethnic backgrounds, religions, perspectives and ways of living. However, it is our prayer and desire that the one commonality for young children we should agree on is that a child be allowed to be a child. This means allowing them the freedom to have fun, while at the same time keeping them safe. Dirty clothing, sand in the hair, smudged faces and dirty hands can ALWAYS be taken care of with a little soap and water. Not providing a child the freedom to explore and create cannot occur! The Center STRONGLY encourages that you dress your child in play clothing, not fancy attire. We also recommend that girls do not wear fancy bows, ribbons, bracelets and necklaces that are easy to lose.

By signing this form I understand that my child will participate in creative activities and work with items such as paint, glitter, crayons, etc. as the teacher allows. I understand that the center has smocks for these activities. I understand that my child's clothing and footwear may get dirty while creating and having fun. I understand that my child will be asked to change into their extra change of clothing which I provided as needed. Toddlers will be assisted in changing their clothing. The soiled clothing will be sent home to be laundered. I understand that it is my responsibility to make sure my child always has extra clothing at the Center. I understand that if I choose to send my child to the Center in clothing which is inappropriate for the daily activities which they will engage in as listed above I will hold the Center blameless.

Father/Guardian's Signature _____

Date _____

Mother/Guardian's Signature _____

Date _____

Barefoot and Water Play Permission

Child's Name: _____

When temperatures increase in the summer months, the children will enjoy water play. It is a fun way to keep down their body temperatures as does drinking lots of fluids.

Warm Weather Protocols:

- Clothing: Please send your child to school in light weight clothing.
- Barefoot: Your child will play barefoot in the grass, sand and surrounding areas.
- Temperature: The children will not be taken outside if temperatures exceed 100°F. All playgrounds have thermometers to monitor the temperatures.

On Water Play Days:

- Dress your child in their swimsuit before coming to school.
- Bring a towel with your child's name clearly marked on it.
- Bring a clean change of clothes for your child to change into after water play.

The teachers will let you know when water play days are starting for the summer.

Father/Guardian's Signature _____

Date _____

Mother/Guardian's Signature _____

Date _____

Permission To Apply Sunscreen

Child's Name: _____

As parents/guardians of the child above, by signing this form I understand and agree to, that I will apply sunscreen to my child before they arrive at school. The teachers will reapply sunscreen, if it is a water play day, and if they go outside before 4:00 pm.

- I will provide a sunscreen bottle, labeled with my child's name, to use on my child in accordance with the Center's sunscreen policy.
- I will take home my sunscreen bottle at the end of the summer months.
- I do not know of any allergies my child has to sunscreen.

Father/Guardian's Signature _____

Date _____

Mother/Guardian's Signature _____

Date _____

Digital Agreement

Child's Name: _____

As a parent of student, staff faculty or administrator of Loma Linda Academy, I grant permission to Loma Linda Academy Children's Center to use my photo or school filmed activity on the website, Alumni and Development publications, or any marketing materials. No names will be will be listed on any publications or posts.

All students of the Children's Center will be included in the school yearbook, along with their first name.

Pictures will be taken by the teachers over the course of the school year and posted throughout the classroom.

Please respect other families by not taking pictures of the pictures.

If you will be declining this form a meeting must be scheduled with the principal to discuss reasons for declining.

Father/Guardian's Signature _____

Date _____

Mother/Guardian's Signature _____

Date _____

Appointment Date: _____

Parent's Signature _____

Appointment Time: _____

Principal's Signature _____

LOMA LINDA ACADEMY POLICY REGARDING STUDENTS WITH:

Peanut, Tree Nuts, Other Food Allergies

Child's Name: _____

If your child has been diagnosed with a peanut, tree nut, or other food allergy, the school must be provided with a doctor's order authorizing school personnel to administer the prescribed medication which must be labeled with a prescription label which includes administration instructions. Even if your child has not previously been diagnosed or had a reaction, if they show any sign of an allergic reaction, we will be sending them home for observation.

Your child will need to bring their own meds to school.

- EPI-PEN (original packaging with prescription label)
- INHALER (original packaging with prescription label)
- BENADRYL (original packaging with prescription label)

We also require that students diagnosed with peanut, tree nut, or other food allergies:

- Bring their own lunch and nutritious snacks
- Do not accept food from other students (Lunches or Snacks)
- Provide the teachers with acceptable food or treats on party days

By signing this document, you acknowledge that you have read and understand Loma Linda Academy's allergy policy and will adhere to the requirements of this policy.

My child has diagnosed allergies

My child has no known diagnosed allergies

Father's/Guardian Signature

Date

Mother's/Guardian Signature

Date

Family & Child Profile

Child's Name: _____

A. Tell Us About Your Family

Are parents/guardians: Married Divorced Separated Widowed Single Parent

Other – Explain _____

With whom does the child live? Mother Father Sibling Grandparents

Other – Explain _____

Please list names and ages of siblings: _____

Do any siblings attend any of the other LLA campuses; if yes please list siblings name and which campus they attend:

Are there family dynamics, traumas, losses or changes that have occurred that may affect your child or raise concerns in your child's mind?

B. Medical Concerns – Diagnosed by a Physician (Also written on form LIC 701 Physician Report)

Does your child have any diagnosed severe allergies (including Bee stings and insects bites) that require an Epi-Pen or Benadryl? _____

If yes, please explain _____

Does your child have any diagnosed dietary restrictions? _____

If yes, please list and explain _____

Does your child have asthma or any other condition that would require an inhaler or nebulizer: _____

If yes, please list and explain _____

C. Dietary Restrictions (Not diagnosed by a Physician)

Does your child have any dietary restrictions? _____

If yes, please list and explain _____

C. Religion

What are your religious affiliations? _____

What holidays does your family observe?

Are there foods you would prefer your child not be fed for reasons of religious or cultural preference?

D. Language

Is a language other than English the primary language spoken in your home? If so, please list language(s) you speak at home. Yes _____ No

Does your child understand and speak English? Yes No

E. Tell Us About Your Child

Was your child born a preemie? Yes No

How many weeks? _____

Has your child attend another preschool/child care facility? Yes No

If yes, what is the name of the preschool/facility: _____

If previously enrolled in another preschool, how was your child doing scholastically and behaviorally?

Is your child potty trained? (please check) Fully____ Mostly____ Somewhat____ Not at all ____

How does your child generally sleep?

What is your child's current sleep schedule? _____

Where does your child generally sleep? _____

Is your child a hearty or picky eater? Hearty Picky

Does your child feed themselves or does an adult feed them? _____

What activities do you especially enjoy doing with your child?

What situations are likely to be stressful/uncomfortable/or cause anxiety for your child?

Does your child have any fears? (i.e. darkness, storms, animals, etc.) Any nightmares?

How is your child best comforted? _____

How would you describe your child's temperament? (Quiet, active, moody, etc.) _____

What method of discipline do you use with your child? _____

Does your child initiate activities or does he or she prefer to wait for others to initiate activities?

Does your child stay with activities a long time or tends to lose interest quickly and move to something else?

How does your child usually react to new situations? Is he or she shy, outgoing, cautious? _____

How does your child get along with siblings and/or friends?

Does your child tend to make friends with: Own Age Younger Older Adults

How does your child react to unfamiliar people?

Please check a box next to each category

Separation anxiety High Average Below Average

Sense of independence High Average Below Average

Great sense of self High Average Below Average

Makes friends/social interaction High Average Below Average

Confidence in physical skills High Average Below Average

Interest in creative activities High Average Below Average

Is there anything else we should know about your child?

**LOMA LINDA ACADEMY CHILDREN'S CENTER
STUDENT RELEASE CARD
2019-2020**

Child _____ Birth Date _____
 First M.I. Last Mo/Day/Year
 Address _____ City _____
 Epi-Pen Allergy List Allergy(s): _____ State _____ Zip Code _____

Father/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH yes Dept Name _____ Ext _____ Pager _____
 LLU Student yes Name of School _____ SDA Church Member: yes no

Mother/Guardian _____ Cell Phone (____) _____
 First M.I. Last
 Employment _____ Work Phone (____) _____
 LLUH yes Dept Name _____ Ext _____ Pager _____
 LLU Student yes Name of School _____ SDA Church Member: yes no

Fathers's Email _____ Mother's Email _____

UNDER NO CIRCUMSTANCES WILL THE CHILD BE RELEASED TO ANYONE NOT LISTED AS PARENT/GUARDIAN OR THOSE PERSONS LISTED BELOW.

In order of priority, list at least three persons to be contacted if the parent/guardians are not available. This is in case the child becomes ill, there is an emergency, special occasions, or for every day pick up.

	<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

OUT OF STATE CONTACT IN CASE OF DISASTER

	<u>First Name</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Phone 1</u>	<u>Phone 2</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Child's Physician _____ Phone Number _____

Father/Guardian's Signature _____ Date _____

Mother/Guardian's Signature _____ Date _____