



Preschool Parents,

Please bring the following items on or before your child's first day of preschool.

1. Crib Sheet and Blanket (For full-time students)
2. Diapers and Wipes (For non-potty-trained children)
3. Extra Set of Clothes
4. Registration Fee and Tuition Payment
5. All of the Paperwork Filled Out and Signed.
  - A. Application for Enrollment
  - B. Admission Agreement
  - C. Physician's Report/Immunization Record/T.B. Test
  - D. Child's Pre-Admission Health History
  - E. Identification and Emergency Information
  - F. Parent's Rights
  - G. Personal Rights
  - H. Consent for Medical Treatment
  - I. Parent Handbook Agreement/Permission to photograph/Videotape my Child/Website/Facebook
  - J. Child Abuse Pamphlet
  - K. Emergency Card

Thank you for trusting us here at Trinity Lutheran Preschool to care for your little one.

Sincerely,

Trinity Lutheran Preschool Staff



**TRINITY LUTHERAN PRESCHOOL**

**Application For Enrollment**

Today's Date \_\_\_\_\_

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

**Race (Circle):**

American Indian    Asian/Pacific Islander    Filipino    Black    Hispanic    Caucasian    Other: \_\_\_\_\_

Please check if applicable: ( ) mother deceased    ( ) father deceased    ( ) parents separated

( ) divorced and custody of child is given to: \_\_\_\_\_

**ADULTS LIVING WITH CHILD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

**PARENT NOT IN RESIDENCE WITH CHILD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact # \_\_\_\_\_

Our family has an active church membership in \_\_\_\_\_ congregation.

Church phone number \_\_\_\_\_ Is child baptized? \_\_\_\_\_

If no church membership, what is your religious preference? \_\_\_\_\_

**PERSONAL HISTORY**

Does child have any allergies? (please list) \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

What word does child use for toileting? \_\_\_\_\_

Does child have any bowel or bladder irregularities? \_\_\_\_\_

Trinity Lutheran Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at school. It does not discriminate on the basis of race, color, national and ethnic origin in educational policies, and other school-administered programs.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

# TRINITY LUTHERAN PRESCHOOL

## ADMISSION AGREEMENT

**Center Hours:** Trinity Lutheran Preschool is open from 6:30 a.m. to 6:00 p.m., Monday through Friday, for children ages *two years through five years*.

**Forms:** (The following forms MUST be on file at the preschool prior to admission.)

- ➡ Application for enrollment
- ➡ Admission Agreement
- ➡ Physician's Report w/ immunization record and T.B. test
- ➡ Child's Pre - Admission Health History
- ➡ Identification and Emergency Information
- ➡ Consent for Medical Treatment
- ➡ Parent's Rights
- ➡ Personal Rights
- ➡ Child Abuse Pamphlet
- ➡ Emergency Card
- ➡ Parent Handbook Agreement/Permission to Photograph and Videotape My Child/Facebook and Website Permission

**Tuition:** Tuition is due on or before the first of each month. Payments received after the 10<sup>th</sup> of the month are considered late and a \$30 late charge will be added to the tuition account each payment date.

**Withdrawal:** Parents must notify the office two weeks in advance, in writing, if they would like to withdraw their child from our center.

**Schedule Change:** You must notify the director when you have a schedule change so that we know when to expect your child to arrive and when he/she will be picked up. Switching days (part-time students only) must be approved by preschool director.

**Termination:** The school may terminate the enrollment of any child for continual late pick-up, when it is considered that the preschool cannot adequately meet the needs of the child, for failure to pay tuition, and for any uncooperative/aggressive behavior by the parent or child.

I have read the Admission Agreement and the Parent Handbook. I agree with the statements contained within.

# TRINITY LUTHERAN PRESCHOOL ADMISSION AGREEMENT (cont.)

I agree that regardless of who pays my child's tuition, I am enrolling my child and am therefore responsible for the entire amount of \_\_\_\_\_ per month, for the \_\_\_\_\_ preschool year.

Child's name: \_\_\_\_\_

Days of care needed: \_\_\_\_\_

Hours of care needed: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

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

Special tuition arrangement:

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I \_\_\_\_\_ agree with this arrangement.

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

# 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)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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.

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

## CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<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?	
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*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY



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HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

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REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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## 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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP	
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center 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 child care center, 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 child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

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

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

7. Be informed by the licensee, upon request, of the name and type of association to the child care center 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.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER 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 995 (9/08)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

**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)

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

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

Trinity Lutheran Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

**TRINITY LUTHERAN PRESCHOOL**

**PARENT HANDBOOK AGREEMENT**

I acknowledge that I have received, read, and agree, as part of my contractual agreement with Trinity Lutheran Preschool, to abide by all policies and procedures set forth in the parent handbook. I further understand that the director may amend any and all policies as deemed necessary for the safety and education of the children.

Name of Child \_\_\_\_\_

Name of Child \_\_\_\_\_

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

**PERMISSION TO PHOTOGRAPH AND/OR VIDEOTAPE MY CHILD**

As a part of the program at Trinity Lutheran Preschool, I understand videos/photos will be taken throughout the year.

I understand that these videos/photos remain in the center and may be posted in the center.

I understand that class pictures will be taken at various times of the year.

I understand that videos/photos may be used to illustrate Trinity Lutheran brochures, and may appear in presentations to new families.

I understand my child may be videotaped/photographed for the End of the Year Video that I may see at the end of the year program.

I give Trinity Lutheran Preschool staff permission to photograph and /or videotape my child as above mentioned.

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

**PERMISSION FOR WEBSITE/FACEBOOK PAGE**

I give Trinity Lutheran Preschool permission to use my child's photos/videos on their website and facebook page.

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

**TRINITY LUTHERAN PRESCHOOL  
STUDENT HEALTH AND EMERGENCY INFORMATION**

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are there custody arrangements regarding this student? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please provide a copy of the official custody order.

**MEDICAL INFORMATION**

Can student be given Acetaminophen (Tylenol)? \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

What, if any, medications does the student take? \_\_\_\_\_

Any allergies? Please list \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Insurance ID # \_\_\_\_\_

**RELEASE AUTHORIZATION**

List the persons to whom your child may be released from school or in the event we are unable to contact parents in an emergency. They should be local and able to transport student:

1. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

Out of State Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL AUTHORIZATION**

In the event of an emergency, and all attempts to reach me have failed, I hereby give permission and consent for my child to be treated at an accredited emergency hospital. Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no please explain: \_\_\_\_\_

**Urgent Notice:** We are forbidden by law to administer ANY medication, including Tylenol, without the written consent of a parent/guardian. All medications, prescription and over the counter, must be administered by the office. Any medication to be given to students must be given to the office in an original container with the students name and instructions clearly marked on the container and include a parent's written authorization.

I hereby release Trinity Lutheran Preschool and its staff members who administer medication from all responsibility.

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



## **Facing the Facts:**

**A Parent's Guide to the  
Understanding of**

# **Child Sexual Abuse**



*Sometimes parents have to face issues they would rather avoid.*

### **What is Sexual Abuse?**

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such "nontouching" behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (*fondling*), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

*"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, 'Doesn't that look like fun?' I didn't think so, but I said, 'Yes'."*

### **Who Gets Sexually Abused?**

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind . . .

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

*"When Mommy goes to work, I stay at Mrs. Jenkin's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins' son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he put his finger in my 'privates.' He said 'You better not tell.'"*

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. *The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.*

## ***How Can You Determine If Sexual Abuse Has Taken Place?***

First and foremost, if your children confide that they have been sexually assaulted, **believe them!** Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease.

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (*such as a day care center or a friend*)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (*such as an older child sucking his or her thumb*)
- Unexplained changes in behavior at school, day care, or in relations with peers
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse **should not** be ruled out as a possibility.

## ***What Can You Do To Prevent Sexual Abuse?***

You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers and so on. Discussions relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you don't want to. Simply make your children aware that if someone touches them or does **anything** that makes them uncomfortable, they should report it to you or another adult they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about **anything** that's upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

## ***Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse.***

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

*"Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his 'thing.' I want to tell mom, but I'm scared she'd get mad."*

## What If You Discover Your Child Has Been Sexually Abused?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offender's relationship to the child and adult reactions to the discovery of the abuse. Sometimes children do not appear overly upset by the abuse; often, they are confused or frightened by what they have encountered. You, as a parent, play an important part in how the abuse will affect your child both in the short and long term.

The following are some suggestions if you discover your child has been sexually abused:

- Believe your child; reinforce the fact he or she is not to blame for what happened.
- Immediately report the abuse to the proper authorities. (see "Contacts and Services")
- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your **first** concern.
- Seek medical care if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

**Remember,** you have the primary responsibility for your child's well-being. With a little time and effort you may prevent your child from being injured in an abusive situation.

<p><b>Contacts and Services</b></p> <p>FOR YOUR INFORMATION, THE FOLLOWING CHART SHOWS WHAT AGENCIES MAY ASSIST YOU IN SPECIFIC AREAS AS LISTED BELOW:</p>	AGENCY TO TELEPHONE		
	POLICE OR SHERIFF	COUNTY DEPARTMENT OF CHILDREN'S OR SOCIAL SERVICES	STATE OR LOCAL DIVISION OF COMMUNITY CARE LICENSING
<ul style="list-style-type: none"> <li>• If you believe a child is being (or has been) abused by an individual (relative, friend) .....</li> <li>• If you believe a child has been assaulted by a stranger .....</li> </ul>	☎	or ☎	
<ul style="list-style-type: none"> <li>• If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home) .....</li> <li>• If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting ..</li> </ul>	☎	and	☎ ☎

## Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (*This can be done in a casual manner while dressing or bathing.*) Question any unusual marks, bruises, burns, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons **must** report suspected abuse to the proper authorities. The mandated reporters include:

Any Child Care Custodian (*teachers, licensing day care workers, foster parents, social workers*)

*Medical Practitioners (physicians, dentists, psychologists, nurses)*

Nonmedical Practitioners (*public health employees, counselors, religious practitioners who treat children*)

Employees of a child protective agency (*sheriff, probation officers, county welfare department employees*)

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by up to 6 months in county jail, a fine of not more than \$1,000 or both.



STATE OF CALIFORNIA  
George Deukmejian, Governor  
HEALTH AND WELFARE AGENCY  
Clifford L. Allenby, Secretary  
DEPARTMENT OF SOCIAL SERVICES  
Linda S. McMahon, Director

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## CHILD ABUSE PREVENTION PAMPHLET RECEIPT

This will acknowledge that I/WE, the parent(s) of \_\_\_\_\_, have received a  
copy of \_\_\_\_\_ (Name of Child)

“Facing The Facts: A Parent’s Guide to the Understanding of Child Sexual Abuse”

from the licensee or authorized representative of \_\_\_\_\_ (Name of Facility)

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

\_\_\_\_\_  
Date