



## PRESCHOOL Registration Packet Checklist

St. Joachim Preschool  
310 North "I" Street,  
Madera CA 93637  
Phone (559) 674-7628  
[school@sjochim.org](mailto:school@sjochim.org)

Child's name (print) \_\_\_\_\_

Parent/Guardian's name (print) \_\_\_\_\_

**Class Choice:** (Please circle appropriate hours and indicate the week days of attendance)

4-5 days	_____	AM	PM	All Day
3 days	_____	AM	PM	All Day
2 days	_____	AM	PM	All Day

**Please make sure that the following forms have been completed and submitted.**

**Forms:**

LIC 613A	_____	LIC 995E (signed copy)	_____
LIC 627	_____	Immunization Record (copy)	_____
LIC 700	_____	Admission Agreement (signed copy)	_____
LIC 701	_____	Photo Release	_____
LIC 702	_____	Handbook & Agreement	_____
LIC 995	_____	Mass Field Trip Form	_____

**Tuition & Fees:**

Registration Fees	Amount Owed:	\$ _____
Current Fees/balance	Amount Owed:	\$ _____
Credit Balance	Amount Due:	\$ _____
Balance of Fees		\$ _____

# St. Joachim Preschool Tuition Rates 2023-2024

## 4-5 DAYS

	<b>Annually (x11)</b>	<b>Monthly</b>	<b>*Please Initial your selection</b>
7:30am - 11:30am	\$4,677.04	\$425.19	_____
12:00pm – 3:30pm	\$4,677.04	\$425.19	_____
7:30am – 3:30pm	\$7,681.60	\$698.33	_____
*Extended Care available from 3:30-6pm – add \$150/mo.			_____

## 3 DAYS

	<b>Annually (x11)</b>	<b>Monthly</b>	
7:30am – 11:30am	\$3,234.18	\$294.02	_____
12:00pm – 3:30pm	\$3,234.18	\$294.02	_____
7:30am – 3:30pm	\$6,468.26	\$588.02	_____
*Extended Care available from 3:30-6pm – add \$120/mo.			_____

## 2 DAYS

	<b>Annually (x11)</b>	<b>Monthly</b>	
7:30am – 11:30am	\$2,285.46	\$207.77	_____
12:00pm – 3:30pm	\$2,285.46	\$207.77	_____
7:30am – 3:30pm	\$4,570.89	\$415.54	_____
*Extended Care available from 3:30-6pm – add \$90/mo.			_____

**\*My initial on the corresponding line indicates my agreement to the annual tuition rate assessed for the selected preschool class.**

## Registration Fees Per Child

Includes costs for Diocesan assessments, insurance, per/student on-line subscriptions, and other administrative costs: \$110.00

## Multiple Student Discount

There is a 15% discount for those Preschool students who have siblings in K-8. If there are multiple students in the preschool a 10% discount for the second preschooler will be applied.

circumstances arise, please contact the principal to make arrangements and to avoid late fees.  
\_\_\_\_\_ (Initials)

### Classes

Children must be three years of age to enroll in St. Joachim Preschool. The Director will determine the appropriate session for each child. All sessions start and end promptly at the designated hour. There will be a \$25.00 fee charged for late pick-ups. \_\_\_\_\_ (Initials)

### Rights of Licensing Agency

The State Department of Licensing agency shall have the authority to interview children or staff; and to inspect and audit the Preschool records without prior consent. The licensee shall make provisions for private interviews with any child or staff member; and for the authority to observe the physical condition of a child, including conditions that could indicate child abuse, neglect, or inappropriate placement.  
\_\_\_\_\_ (Initials)

### Refund Policies

Registration is non-refundable. If it becomes necessary to withdraw your child from our Preschool the office must be notified as soon as possible. The unused portion of your tuition payments will be refunded when we receive a written notice of your intent to withdraw your child 30 days prior to the intended date of withdrawal \_\_\_\_\_ (Initials)

\_\_\_\_\_  
Name of child (Last, First)

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Religion

\_\_\_\_\_  
1. Parent/Guardian's Name

\_\_\_\_\_  
Phone Home/Cell

\_\_\_\_\_  
1. Parent/Guardian's Address

\_\_\_\_\_  
(if different) e-mail address

\_\_\_\_\_  
2. Parent/Guardian's Name

\_\_\_\_\_  
Phone Home/Cell

\_\_\_\_\_  
2. Parent/Guardian's Address (if different)

\_\_\_\_\_  
e-mail address

## 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

Community Care Licensing

ADDRESS

1310 E. Shaw Avenue

CITY

Fresno

ZIP CODE

93710

AREA CODE/TELEPHONE NUMBER

(559)243-4588

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)

St. Joachim Preschool

(PRINT THE ADDRESS OF THE FACILITY)

310 North I Street Madera Ca 93637

(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

\_\_\_\_\_ 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.

---

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

---

DATE

---

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

---

HOME ADDRESS

---

HOME PHONE

( )

---

WORK PHONE

( )

## 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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
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

# **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



---

**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.

## 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 <i>(*For infants and preschool-age children only)</i>		
WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS

### 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"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever		<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps		<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)	

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

**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**

**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**

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

## 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: Community Care Licensing

Licensing Office Address: 1310 E. Shaw Avenue Fresno, CA 93710

Licensing Office Telephone #: (559) 243-4588

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.

St. Joachim Preschool  
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)*

## IMPORTANT INFORMATION FOR PARENTS

### CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

#### How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

#### How to Obtain More Information

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

I have received a copy of this document. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## St. Joachim Pre School / School

### Permission Form for the Publishing of Student Photos

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Group Picture (Two or more students in the photo)

I understand that my daughter's or son's photograph (as part of a group photo) in connection with school activities, may be placed in printed materials or on the St. Joachim School website and that only my child's first name will be used.

**Individual Picture** I understand that, with my permission, my daughter's, or son's individual photograph, in connection with school activities, may be placed on the St. Joachim School website and that only my child's first name will be used.

☐ I/We do grant permission      ☐ I/We do not grant permission Parent's Signature: \_\_\_\_\_

#### Publishing of Student Work

I understand that my daughter or son's artwork, writing or other school projects may be considered for posting, for publication, or posting on the St. Joachim School Website, and that only my child's first name may be used to identify his or her work.

By my signature below, I verify that I have read the above, and checked the appropriate box, to indicate my understanding of and permission related to the publishing of photos and/or student work of my child.

Parent's Signature: \_\_\_\_\_

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

Printed name: \_\_\_\_\_



**DIOCESE OF FRESNO ANNUAL SCHOOL CONSENT FOR  
EMERGENCY MEDICAL TREATMENT, SCHOOL ACTIVITIES  
PERMISSION, AND RELEASE OF LIABILITY FORM**

**TO THE PARENT/LEGAL GUARDIAN:** You must give permission on this annual form for your child to attend school and participate in school-sponsored events and activities during this school year. You will also be required to sign permission forms for your child to participate in specific school-sponsored events, activities, and sports conducted off school grounds or outside the regular school day.

<b>Name of Child</b>	<b>School Year – Preschool Attending Mass</b> <b>2023-2024</b>
<b>Name of Parent(s)/Guardian(s)</b>	<b>School Name</b> <b>St Joachim Preschool</b>

I, the undersigned parent or guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in school-sponsored events and activities during this school year including those conducted off school grounds or outside the regular school day. My child is physically fit and capable of participation in school events and activities. I agree to direct my child to cooperate and conform with directions, instructions, and rules given by school personnel or agents, chaperones, or diocesan personnel responsible for all school events and activities. If requested, I will sign a permission and release form for each specific event or activity conducted off school grounds or outside the regular school day. I reserve the right not to have my child participate in school-sponsored events or activities that are not mandatory.

I understand that participation in school-sponsored events and activities, including those off school grounds and outside the regular school day, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the school.

In exchange for permitting my child to participate in the school's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility from death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

In the event of an emergency, and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation. The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno Schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

This waiver and release form are signed in order for my child to participate in the school's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor to the diocesan or school representative upon the completion of treatment. This authorization is given pursuant to Health and Safety code section 1283.

**The following information is provided for the benefit of the school:**

<b>Daytime Phone Number(s) of Parent/Guardian</b>		<b>Nighttime Phone Number(s) of Parent/Guardian</b>	
Mother	Father	Mother	Father
<b>Pager/Cell Phone Number(s) of Parent/Guardian</b>		<b>Child's Date of Birth</b>	
<b>Home Address</b>		<b>City, Zip</b>	
<b>Emergency Contact Other than Parent/Guardian</b>		<b>Phone Number(s)</b>	
<b>Allergies (food, drugs, insects, etc.)</b>			
<b>Medications (name, dosage, reason)</b>			
<b>Other Information or Special Health/Physical Considerations (Attach extra sheet if necessary)</b>			
<b>Insurance Carrier</b>		<b>Insurance Group or ID Number</b>	
<b>Name of Child's Doctor</b>		<b>Phone Number</b>	
<b>Name of Child's Dentist</b>		<b>Phone Number</b>	
<b>Name of Child's Orthodontist</b>		<b>Phone Number</b>	

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the school's events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the school's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

- **Preschool will be walking to Mass once a month. We will have 7<sup>th</sup> graders partnered up with Preschool.**

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

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

<b>FOR OFFICE USE ONLY</b>	
<b>Date Release Received</b>	<b>Received By</b>



**PRESCHOOL  
PARENT/STUDENT  
HANDBOOK AGREEMENT**

Attendance at St. Joachim is considered an agreement on the part of the student and his or her parents/guardians to fully comply with all policies, rules and regulations of the school as outlined in the Parent/Student Handbook and as revised during the school year.

We, the parents(guardians) of:

(Student(s)' name)

---

---

---

---

---

Understand the above statement, and have reviewed the current handbook. We agree to comply with all the policies, rules, and regulations of the school.

**\*Please sign and return this agreement to the school, as it will become a part of the student's file and is conditional to your contracted attendance at St. Joachim. This must be returned prior to your child's attendance at our facility.**

---

Parent /Guardian Signature

---

Parent / Guardian (Printed Name)

---

Date

*St. Joachim School*  
310 North "I" Street  
Madera, CA 93637  
Tel. (559) 674-7628  
[school@sjochim.org](mailto:school@sjochim.org)



## St. Joachim Preschool Supply List

Two containers of Clorox Disinfectant Wipes  
Two bottles of Apple Juice 64oz  
One Box of Dry Expo Earse Markers  
One Box of Washable Markers  
One container Baby Wipes  
One box Kleenex  
6 Glue Sticks

**Do not mark names on the items. They go into a pool for each class, and we use all the supplies. This helps to keep our costs down and is greatly appreciated.**

### **Uniform Requirements (as per Preschool Handbook)**

Any clean, white shirts, navy-blue pull-on shorts, pants, sweatpants, socks, and athletic shoes. Provide simple, sturdy clothing that is free of complicated fastenings. Your child will be encouraged to use the restroom by himself/herself (under watchful supervision).

Provide your child with warm clothes on cold days and appropriate clothing to protect from the sun in hot weather. Shoes are always required and should fit well and be comfortable. Open toed shoes are discouraged for safety reasons. Please mark your child's clothing with a permanent marker. The backpack should be marked with the child's name as well.

### **Important reminder:**

Please send a gallon size zip lock bag with a complete change of clothes. This includes, top, bottom, underwear, and socks. The changes of clothes should be a uniform. We need an extra set of clothes in the event of a juice spill, potty accident, and paint spills etc., Thank you.