Welcome!

Attached is your enrollment packet and family information.

In developing this packet we have attempted to give you all the information and resources available to assist you in making your child’s transition to early childhood education a pleasant and rewarding one. All forms need to be completed, returned to the office with your nonrefundable enrollment fee, and audited by the Enrollment Coordinator before your child’s first day of enrollment. You have within thirty (30) days after the first day to turn in the Physician’s Report.

Our mission is to provide a high quality early childhood program for the children of University of California San Diego students, staff and faculty through an enriched diverse environment. Our program cannot succeed without the support of interested parents and we value your input and experience. We encourage participation!

If you have any questions or concerns during your child’s enrollment, feel free to contact us. We will do our best to address your concerns and meet your family’s needs. We hope your family’s experience here is a pleasant and enriching one.

KATHRYN OWEN
Director
<table>
<thead>
<tr>
<th>Item</th>
<th>Retain/To Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification and Emergency Information – Child Care Centers (LIC 700)</td>
<td>Retain</td>
</tr>
<tr>
<td>Emergency &amp; Medical Data (2 pages)</td>
<td>Retain</td>
</tr>
<tr>
<td>ECEC/MCDC Emergency Contact Information/Transport in Emergency Situation</td>
<td>Retain</td>
</tr>
<tr>
<td>Child’s Preadmission Health History – Parents’ Report (LIC 702)</td>
<td>Retain</td>
</tr>
<tr>
<td>Physician’s Report - Child’s Pre-Admission Health Evaluation (LIC 701)</td>
<td>Retain</td>
</tr>
<tr>
<td>Parent’s Guide to Immunization Requirements Immunization Clinic Schedules</td>
<td>To Family</td>
</tr>
<tr>
<td>Consent for Emergency Medical Treatment (LIC 627)</td>
<td>Retain</td>
</tr>
<tr>
<td>Parent Consent for Administration of Medications and Medication Chart (LIC 9221)</td>
<td>Retain/ (if applicable)</td>
</tr>
<tr>
<td>Written statement from licensed physician (M.D. or D.O.) for medical exemption to required immunizations</td>
<td>Retain/ (if applicable)</td>
</tr>
<tr>
<td>California School Immunization Records for non-school-age children (&quot;blue cards&quot;, PM 286)</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>Family Handbook Acknowledgement of Receipt Admission/Enrollment Agreement (Contract of Membership)</td>
<td>Retain</td>
</tr>
<tr>
<td>Tuition Agreement &amp; Acknowledgement – Payment of $60.00 enrollment fee 30-Day Withdrawal Notice &amp; Acknowledgement</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>Emergency Management Plan &amp; Acknowledgement of Receipt</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>Notification of Parents’ Rights Acknowledgement of Receipt (LIC 995)</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>Caregiver Background Check Process (LIC 995F)</td>
<td>To Family</td>
</tr>
<tr>
<td>Acknowledgement of Receipt of Personal Rights (LIC 613A)</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>Child Abuse Prevention Pamphlet</td>
<td>To Family</td>
</tr>
<tr>
<td>Acknowledgement of Receipt of Child Abuse Prevention Pamphlet</td>
<td>Retain</td>
</tr>
<tr>
<td>Parent/Guardian Affiliation &amp; Invoicing Information</td>
<td>Retain</td>
</tr>
<tr>
<td>Your Child’s Comfort List</td>
<td>To Family</td>
</tr>
<tr>
<td>Questionnaire About Your Child (3 pages)</td>
<td>Retain</td>
</tr>
<tr>
<td>Family’s Infant Diapering/Toileting/Feeding Procedures</td>
<td>Retain</td>
</tr>
<tr>
<td>Request for Special Meals and/or Accommodations</td>
<td>Retain</td>
</tr>
<tr>
<td>Permission to Apply Sunscreen</td>
<td>Retain</td>
</tr>
<tr>
<td>Nebulizer Care Consent/Verification (LIC 9166)</td>
<td>Retain</td>
</tr>
<tr>
<td>Human Development Program/ECEC – Cooperation Agreement</td>
<td>Retain</td>
</tr>
<tr>
<td>Permission to Photograph &amp; Video</td>
<td>Retain</td>
</tr>
<tr>
<td>Request for Family Photograph</td>
<td>Retain</td>
</tr>
<tr>
<td>Acknowledgement of Receipt ECEC Holiday Calendar</td>
<td>Retain Original Copy to Family</td>
</tr>
<tr>
<td>5 Week Sample Menu</td>
<td>To Family</td>
</tr>
<tr>
<td>Acknowledgement of Receipt of 5 Week Menu Sample &amp; Food Program Participation and Permission to Subscribe to UCSD daycare-l ListServ</td>
<td>Retain</td>
</tr>
</tbody>
</table>

Additional Documentation to be retained in Child’s File

- Documentation of unusual behavior or signs of illness
- Unusual Incident/Injury Report (LIC 624)

Note: All licensing forms can be downloaded from the DSS web-site http://www.dss.ca.gov/cdssweb/PG166.htm#lic
Forms are located under “L”
# Identification and Emergency Information

## Child Care Centers/Family Child Care Homes

To Be Completed by Parent or Authorized Representative

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Last</th>
<th>Middle</th>
<th>First</th>
<th>Sex</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Birth Date</th>
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</thead>
<tbody>
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</table>

Fathers/Guardians/Father’s Domestic Partner’s Name

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
<th>First</th>
<th>Business Telephone</th>
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</table>

<table>
<thead>
<tr>
<th>Home Address Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Telephone</th>
</tr>
</thead>
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</table>

Mother’s/Guardians/Mother’s Domestic Partner’s Name

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
<th>First</th>
<th>Business Telephone</th>
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</table>

<table>
<thead>
<tr>
<th>Home Address Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Telephone</th>
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</table>

Person Responsible for Child

<table>
<thead>
<tr>
<th>Last</th>
<th>Middle</th>
<th>First</th>
<th>Home Telephone</th>
<th>Business Telephone</th>
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</thead>
<tbody>
<tr>
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</table>

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Relationship</th>
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</table>

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>Physician</th>
<th>Address</th>
<th>Medical Plan and Number</th>
<th>Telephone</th>
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</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Dentist</th>
<th>Address</th>
<th>Medical Plan and Number</th>
<th>Telephone</th>
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</tbody>
</table>

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

(C Child will not be allowed to leave with any other person without written authorization from parent or authorized representative)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<tbody>
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</tbody>
</table>

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

LIC 706 (8/93) (CONFIDENTIAL)
**EMERGENCY & MEDICAL DATA**

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>BIRTHDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>FATHER'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
</tr>
<tr>
<td>HOME EMAIL ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
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<td></td>
</tr>
<tr>
<td>MOTHER'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
</tr>
<tr>
<td>HOME EMAIL ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTHER'S EMPLOYER</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>NUMBER</td>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>RESPONSIBLE GUARDIAN'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
</tr>
<tr>
<td>HOME TELEPHONE</td>
<td></td>
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</tr>
</tbody>
</table>

A. I authorize the following ADDITIONAL PERSON to be called IN AN EMERGENCY or other situation requiring removal of my child from the Center:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Home #</th>
<th>Business #</th>
<th>RELATIONSHIP/OTHER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

B. MEDICAL AUTHORIZATION

In case of fever and accompanying discomfort, I authorize the staff of the Early Childhood Education Center to administer Tylenol to my child in the appropriate dosage until I or an authorized person from above can be located to take my child from the Center. This authorization is valid as long as my child is enrolled at the Center.
C. CONSENT FOR ACCESS TO PHYSICIAN'S RECORD

<table>
<thead>
<tr>
<th>Name of Physician:</th>
<th>Telephone #:</th>
</tr>
</thead>
</table>

I authorize the following individuals to exchange health information regarding my above mentioned child. This includes access to information from my child’s medical records that are pertinent to my child’s health and safety. I understand that information in my child’s record will not be released to individuals not listed below without my specific written consent.

<table>
<thead>
<tr>
<th>My child’s caregiver:</th>
<th>UCSD Early Childhood Education Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Staff/Consultant:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>9500 Gilman Drive, Mail Code 0962</td>
</tr>
<tr>
<td></td>
<td>La Jolla, CA 92039-0962</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(858) 534-2768</td>
</tr>
</tbody>
</table>

D. MEDICAL INFORMATION AND RELEASE CARD

<table>
<thead>
<tr>
<th>Allergies?</th>
<th>Epilepsy?</th>
<th>Blackouts?</th>
<th>Severe bleeding?</th>
</tr>
</thead>
</table>

I, the undersigned parent of the above named minor, do hereby consent to an x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital services rendered to said minor under general or specific instructions of the above named physician or the doctor on duty at the emergency room at Thornton Hospital whether such treatment is rendered at the office of said physician or at a licensed hospital. It is understood that the consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage persons at the UCSD Early Childhood Education Center into whose custody the minor is entrusted and said physician to exercise their best judgment as to necessary diagnosis or treatment. Consent is also given to those persons into whose custody the minor is entrusted to administer emergency first aid.

I AUTHORIZE CONSENT TO THE ABOVE SECTIONS A, B, C, D:

<table>
<thead>
<tr>
<th>Signature of Parent/Legal Guardian</th>
<th>Date</th>
</tr>
</thead>
</table>

PLEASE FILL OUT ALL 3 COPIES WITH ORIGINAL SIGNATURES ON EACH PAGE
ECEC/MCDC Emergency Contact Information
(Please fill out all fields)

Child’s Name: ___________________________ D.O.B. ___________________________

Legal Guardian #1 Name: ___________________________

Telephone Numbers: Home __________ Work: __________________________

Legal Guardian #2 Name: ___________________________

Telephone Numbers: Home __________ Work: __________________________

**Emergency Contacts** (to whom child may be released if legal guardian is unavailable)

Name #1 ___________________________

Telephone Numbers: Home __________ Work: __________________________

Name #2 ___________________________

Telephone Numbers: Home __________ Work: __________________________

**Child’s Usual Source of Medical Care**

Name: ___________________________

Address: ___________________________

Telephone Number: ___________________________

Child’s Health Insurance Plan: ___________________________ ID# ___________________________

Subscriber’s Name(on insurance card) ___________________________

**Special Conditions, Disabilities, Allergies, or Medical Information for Emergencies:**

________________________________________

**Transport Arrangement in an Emergency Situation**

Ambulance service: ___________________________ Child will be taken to: ___________________________

Parent/Legal Guardian Consent and Agreement for Emergencies:
As a parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: ________ Parent/Legal Guardian’s Signature #1 ___________________________

Date: ________ Parent/Legal Guardian’s Signature #2 ___________________________

California Child Care Health Program

UC San Diego: ECEC/MCDC 12/14/2010
# 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 Child Receiving 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:**

### Past Illnesses

Check illnesses that child has had and specify approximate dates of illnesses:

- [ ] Chicken Pox
- [ ] Aspira
- [ ] Rheumatic Fever
- [ ] Hay Fever
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Whooping Cough
- [ ] Mumps
- [ ] Poliomyelitis
- [ ] Ten-Day Measles (Rubella)
- [ ] Three-Day Measles (Rubella)

Specify any other serious or severe illnesses or accidents:

**Does Child Have Frequent Colds?**

**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**

**Any Food Dislikes?**

**Any Eating Problems?**

### Parent's Evaluation of Child's Health

- **Is Child Toilet Trained?**
  - **Yes**
  - **No**

- **If Yes, at What Stage?**

- **Are Bowel Movements Regular?**
  - **Yes**
  - **No**

- **What Is Usual Time?**

**Word Used for "Bowel Movement"**

**Word Used for Urination**

**Parent's Evaluation of Child's Personality**

- **Is Child Presently Under a Doctor's Care?**
  - **Yes**
  - **No**

- **If Yes, Name of Doctor?**

- **Does Child Take Prescribed Medications?**
  - **Yes**
  - **No**

- **If Yes, What Kind and Any Side Effects?**

- **Does Child Use Any Special Device(s)?**
  - **Yes**
  - **No**

- **If Yes, What Kind?**

- **Does Child Use Any Special Devices at Home?**
  - **Yes**
  - **No**

- **If Yes, What Kind?**

### 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:**

---

LIC 702 (8/98) (CONFIDENTIAL)
PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD’S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT’S CONSENT (TO BE COMPLETED BY PARENT)

(NAME OF CHILD), born (BIRTH DATE) is being studied for readiness to enter UCSD Early Childhood and Education Center (NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from A.M./P.M. to A.M./P.M., 5 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.)

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>/</td>
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<td>/</td>
</tr>
<tr>
<td>DTP/DTaP/DT/Td (DICHERIA, TETANUS AND [CELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, AND RUBELLA)</td>
<td>/</td>
<td>/</td>
<td>/</td>
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<td>/</td>
</tr>
<tr>
<td>HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY)</td>
<td>/</td>
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<td>/</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>/</td>
<td>/</td>
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<td>/</td>
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<tr>
<td>VARICELLA (CHICKENPOX)</td>
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</table>

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: ___________________________ Date of Physical Exam: ___________________________
Address: ___________________________ Date This Form Completed: ___________________________
Telephone: ___________________________ 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.
Parents must show their child’s Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

<table>
<thead>
<tr>
<th>Age at Entry/checkpoint</th>
<th>Required Doses</th>
</tr>
</thead>
</table>
| 2-3 Months              | 1 Polio  
|                         | 1 DTaP  
|                         | 1 Hep B  
|                         | 1 Hib  |
| 4-5 Months              | 2 Polio  
|                         | 2 DTaP  
|                         | 2 Hep B  
|                         | 2 Hib  |
| 6-14 Months             | 2 Polio  
|                         | 3 DTaP  
|                         | 2 Hep B  
|                         | 2 Hib  |
| 15-17 Months            | 3 Polio  
|                         | 3 DTaP  
|                         | 2 Hep B  
|                         | 1 Hib* (on or after 1st birthday)  
|                         | 1 Varicella  
|                         | 1 MMR (on or after 1st birthday)  |
| 18 Months–5 Years       | 3 Polio  
|                         | 4 DTaP  
|                         | 3 Hep B  
|                         | 1 Hib* (on or after 1st birthday)  
|                         | 1 Varicella  
|                         | 1 MMR (on or after 1st birthday)  |

* One Hib dose must be given on or after the 1st birthday regardless of previous doses. Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, andacellular pertussis vaccine  
Hep B = hepatitis B vaccine  
Varicella = chickenpox vaccine  
Hib = Haemophilus influenzae, type B vaccine  
MMR = measles, mumps, and rubella vaccine
# Immunization Clinic Schedules

The clinic hours below are subject to change. A limited number of people will be seen each day.

Online appointments available at some locations. Visit: [https://onlineappts.hhsa-sdccounty.org/](https://onlineappts.hhsa-sdccounty.org/)

## SAN DIEGO CITY

<table>
<thead>
<tr>
<th>City Heights</th>
<th>Central Region Public Health Center</th>
<th>Mon.</th>
<th>8:30-11 a.m. &amp; 1-4 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(619) 229-5400</td>
<td>5202 University Ave., 92105</td>
<td>Thurs.</td>
<td>8:30-11 a.m. &amp; 1-4 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Southeast City</th>
<th>VIP Trailer</th>
<th>Mon.-Fri.</th>
<th>8-11 a.m. &amp; 1-3 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(619) 595-4452</td>
<td>3177A Oceanview Blvd., 92113</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## NORTHERN SAN DIEGO CITY

<table>
<thead>
<tr>
<th>Kearny Mesa</th>
<th>North Central Public Health Center</th>
<th>Mon.-Fri.</th>
<th>8:30-11 a.m. &amp; 1-4 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(858) 373-7300</td>
<td>5055 Ruffin Rd., 92123</td>
<td>2nd Thurs.</td>
<td>8:30-11 a.m. &amp; 1-4 p.m.</td>
</tr>
<tr>
<td></td>
<td>Located at the North Central Regional Center</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## SOUTH COUNTY

<table>
<thead>
<tr>
<th>Chula Vista</th>
<th>South Region Public Health Center</th>
<th>Mon.-Wed. &amp; Fri</th>
<th>8 a.m.-4 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(619) 409-3110</td>
<td>690 Oxford St., 91911</td>
<td>Thurs.</td>
<td>8 a.m.-12 p.m.</td>
</tr>
<tr>
<td></td>
<td>Behind Walmart</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## EAST COUNTY

<table>
<thead>
<tr>
<th>El Cajon</th>
<th>East Region Public Health Center</th>
<th>Mon.-Wed. &amp; Fri</th>
<th>8:30-11 a.m. &amp; 1-4 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(619) 441-6500</td>
<td>367 N. Magnolia Ave., Ste. 101, 92020</td>
<td>Thurs.</td>
<td>8:30-11 a.m. &amp; 1-4 p.m.</td>
</tr>
</tbody>
</table>

## NORTH COUNTY

<table>
<thead>
<tr>
<th>Escondido</th>
<th>North Inland Public Health Center</th>
<th>Mon. &amp; Fri.</th>
<th>8-11 a.m. &amp; 1-4 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 740-3000</td>
<td>649 W. Mission Ave., Suite 2, 92025</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fallbrook</th>
<th>Fallbrook Public Health Office</th>
<th>2nd Mon. of the month &amp; (3rd &amp; 4th Tues. of the month by Fri. appt. only; call 760-967-4401)</th>
<th>11 a.m.-5 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 967-4401</td>
<td>202 W. College Ave., 92028</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oceanside</th>
<th>North Coastal Public Health Center</th>
<th>Mon., Tues., Thurs. &amp; Fri.</th>
<th>8 a.m.-4:30 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 967-4401</td>
<td>104 S. Barnes St., 92054</td>
<td>Wed.</td>
<td>8-11 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ramona</th>
<th>Ramona Public Health Office</th>
<th>2nd Wed. of the month</th>
<th>1-3 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 740-3000</td>
<td>1521 Main St., 92065</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rancho Penasquitos</th>
<th>New Hope Church</th>
<th>3rd Wed. of the month</th>
<th>8:30-11 a.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 740-3000</td>
<td>10330 Carmel Mountain Rd., 92129</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Solana Beach</th>
<th>Solana Beach Presbyterian Church</th>
<th>2nd Tues. of the month</th>
<th>1-5 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 967-4401</td>
<td>120 Stevens Ave., 92075</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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For information regarding TB skin testing, please call (619) 692-5565

For immunization information, please visit our website at [www.sdiz.org](http://www.sdiz.org) or call 211.
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

UC 457 (8/08) (CONFIDENTIAL)
Parent Consent for Administration of Medications and Medication Chart

Child’s Name: __________________________ Date of Birth: ______ Date: ______

The undersigned as parent or legal guardian of the above named child, a minor, hereby authorizes UC San Diego Early Childhood Education Center and/or Mesa Child Development Center (lic #s 372006398, 372006399) to administer medication to the above child under the following conditions:

Name of Medication: __________________________________________

Method by which to be given: Oral ______ Topical ______ Injection ______

Frequency: ______________ and/or at the following times: ______________

For treatment of: __________________________________________

Prescribed by (physician): __________________________ Phone: (___) __________

Storage/special instructions: ________________________________

Possible side effects to be aware of: ______________________________

These instructions take effect on: ______________ and continue until ______________

I agree to inform ECEC/MCDC of any changes in the above and new authorization completed.

Date: __________ Parent/Guardian Signature: __________________________

Date: __________ Staff Signature: __________________________

*** Important: Before agreeing to give medication, use the medication checklist below. All items must be checked YES in order for the center to administer the medication per CA State Licensing Regulations.

Checklist for giving Medications

Does the container show?

_____ YES _____ NO Child’s name

_____ YES _____ NO Name of Medication

_____ YES _____ NO Name of prescribing physician

_____ YES _____ NO Times to administer

_____ YES _____ NO Amount given per dose

_____ YES _____ NO Method of administration

_____ YES _____ NO Expiration date for contents

_____ YES _____ NO Pharmacy Name (except OTC)

_____ YES _____ NO How long to give medication

_____ YES _____ NO Special storage (if needed)

_____ YES _____ NO Childproof cap?

_____ YES _____ NO Original Container

_____ YES _____ NO Are all contents uniform?
FAMILY HANDBOOK

ACKNOWLEDGEMENT OF RECEIPT
(To be retained in child’s file)

I have received the latest edition of the UC San Diego Early Childhood Education Center’s Family Handbook. I agree to review and familiarize myself with its contents, policies and procedures and be responsible for the information contained therein. If a discrepancy exists between the Handbook and any legal mandate, the legal mandate will take precedence.

_____________________________  _______________________
Signature of Parent/Legal Guardian  Date

ADMISSION/ENROLLMENT AGREEMENT
(Contract of Membership)

I have received the Family Handbook and have read and understand the Standing Rules of Order contained therein. As the parent/legal guardian of

(CHILD’S NAME)______________________________

I agree to comply with the Standing Rules of Order of the Association of University of California San Diego Early Childhood Education Center Parents for as long as my child is enrolled.

I also agree to:

✓ Adhere to current fee schedules and procedures.
✓ Participate in at least one fundraising event per year.
✓ Comply with the policies set forth in the Family Handbook.

I understand that failure to comply with the above may result in the termination of my child(ren)s eligibility to attend the UC San Diego Early Childhood Education Center.

_____________________________  _______________________
Signature of Parent/Legal Guardian  Date

_____________________________
Signature of Parent/Legal Guardian
TUITION AGREEMENT & ACKNOWLEDGEMENT

This space opens on _______________________. Your billing will begin on this date.

Your child(ren) will be in classroom(s) _________________________________.

Your monthly tuition fee will be $____________________. Please attach your check, made payable to the U.C. Regents, in the sum of $60.00 representing your non-refundable enrollment fee (not applicable for subsidized program).

I acknowledge that I have received a copy of this Tuition Agreement.

___________________________________________
Signature

___________________________________________
Date

30 DAY WITHDRAWAL NOTICE
(Intent to Remove Child)

ACKNOWLEDGEMENT
(To be retained in child’s file)

I hereby acknowledge that I have been advised that the Center requires that a signed and dated 30-Day Withdrawal Notice form be delivered to the ECEC Administrative Office indicating our intent to remove our child(ren) from the Center. This Notice is required so that the Center can remain in compliance with UC San Diego Audit Guidelines and also enables your child(ren)s classroom slots be filled by those on the Center’s Waitlists and thus avoid any loss of income to the Center.

Administration Office staff can also provide a copy of this 30-Day Withdrawal Notice form for your convenience in complying with this Notice provision.

___________________________________________
Signature

___________________________________________
Date
30-DAY WITHDRAWAL NOTICE
(REQUIRED: Refer to Family Handbook)

I, ______________________________, parent/legal guardian of ________________, do hereby give my official 30-day notice of intent to withdraw my child from the UC San Diego Early Childhood Education Center Rm ____.

My child’s last day will be ______________ (date). I understand that my billing will continue for one month from the date this 30-Day Withdrawal Notice is received and acknowledged by the ECEC administrative staff, as indicated from signatures below.

Reason for Leaving:

__________________________________________________________________________________________

My New Forwarding Address:

__________________________________________________________________________________________

Signature (Parent/Legal Guardian)

******************************************************************************************************************************************************

I do hereby acknowledge receipt of this 30-Day Withdrawal Notice this _______ day of ____________ 20____.

Signature of ECEC Director/Business Manager/Authorized Representative

Please complete Exit Questionnaire on page 2 of this 30-Day Withdrawal Notice.
(Original to ECEC/Copy for parent/guardian/authorized representative)

(OVER)
EXIT QUESTIONNAIRE
EXIT QUESTIONNAIRE

What is your overall feeling of the ECEC?

What could we have done differently to better serve your needs?

Are there any areas in which you feel ECEC could improve (e.g. curriculum, administration, parent involvement, etc.)?

If you had the opportunity or need in the future, would you use the services ECEC provides?
Yes □ No □

Please indicate why you would, or wouldn’t use our services again.

Would you recommend our program to others?
Yes □ No □

*Your comments will help us to improve our program. Please share both your compliments and concerns. ~ Thank you*
EMERGENCY MANAGEMENT PLAN

INTRODUCTION

This Plan has been written to prepare the UC San Diego Early Childhood Education Center (ECEC) for a major earthquake or other disaster, including fires, flooding, explosions, or violent individuals. In any type of emergency situation, you should attempt to implement as much of the plan as is relevant and useful.

All staff, volunteers, parents, and guests of the Center are expected to comply with the Plan. You should study this Plan so that you understand how it fits in with your personal emergency plan and with the campus-wide emergency plan. Emergency drills are held regularly at the Center.

The priorities contained in campus-wide emergency plan have been adopted by ECEC. Those priorities are:

1. Save Lives
2. Protect University Property
3. Restore Operations
4. Meet Community Needs

WHO DO I CALL?

You can call our cellular phone number at (619) 988-7890.

WHERE DO I PARK?

The Early Childhood Education Center will be evacuated to the field just East of the Center. Please park in the East lot of the apartment complex (see map attached).

(Do not park in front of the ECEC building as it is reserved for emergency vehicles.)

WHERE CAN I FIND MY CHILD?

Everyone will be evacuated to the field just East of the Center (see map attached). You can walk down the utility road from the parking lot to meet us. If this area is unsafe due to the nature of the emergency, our second site will be the parking lot on the South end of the ECEC complex that is provided for the Housing Office for the Mesa Residential Apartments.

If Regents Road or Miramar Road are not accessible to vehicular traffic you can park by Thornton Hospital and walk across the canyon (via the bicycle path) to meet your child(ren).
After an assessment team has declared the facility safe we will re-enter the building. In this case you may meet your child(ren) in his/her classroom. *(PLEASE MAKE SURE YOU SIGN YOUR CHILD OUT BEFORE YOU LEAVE)*

**WHAT IF MY CHILD IS INJURED?**

All ECEC staff is trained in infant/child first aid/CPR. In the event of serious injury your child will be transported to Thornton Hospital.

**HOW WILL YOU CARE FOR MY CHILD?**

Our Center has enough supplies to care for the children and staff for 3 days. Our classroom supplies include: food, water, blankets, tents, diapers, toys, children’s books, portal-potties, first aid supplies, light sticks, flashlights, radios, batteries, and much more. Many other useful supplies, including food, water, blankets and tools are located in the main storage bin located in the park at the east end of the Center.
ACKNOWLEDGEMENT OF RECEIPT
(To be retained in child’s file)

By signature below I acknowledge that I have received a copy of the Emergency Management Plan.

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: Mission Valley Child Care Licensing

   Licensing Office Address: 7575 Metropolitan Dr. Suite 110, San Diego 92108

   Licensing Office Telephone #: 619-767-2200

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

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.

   UC San Diego Early Childhood Education Center
   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
CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in, or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a “clearance.”

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won’t be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are nonexemptible and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole your will not be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our website at www.ccld.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.
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
Mission Valley Child Care Licensing

ADDRESS
7575 Metropolitan Dr. Suite 110

CITY
San Diego

ZIP CODE
92108

AREA CODE/TELEPHONE NUMBER
(619) 767-2200

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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:

UC San Diego Early Childhood Education Center

9224 Regents Rd., La Jolla, CA 92037

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LJC 613A (8/08)
CHILD ABUSE PREVENTION

ACKNOWLEDGEMENT OF RECEIPT
(To be retained in child’s file)

By signature below I acknowledge that I have received a copy of the Child Abuse Prevention pamphlet, a guide to the understanding of child abuse.

Signature

Date
# PARENT/GUARDIAN AFFILIATION & INVOICING INFORMATION

(To be retained in child's file)

For purposes of usage surveys and daytime contacts, please indicate the campus department and mail code or company with which you are affiliated.

<table>
<thead>
<tr>
<th>Mother is (Circle one):</th>
<th>Faculty</th>
<th>Staff</th>
<th>Student</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Company:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father is (Circle one)</th>
<th>Faculty</th>
<th>Staff</th>
<th>Student</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>Department:</td>
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</tr>
<tr>
<td>Name of Company:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to simplify the task of billing the large number of people we serve, we are asking you to please complete the bottom portion of this page. If you are a UCSD affiliate, invoices must be in the name of the person affiliated with the University. If you are not a UCSD affiliate please fill in the information for the person who will be responsible for the tuition payments. Please inform us of any changes in your affiliation status, address or phone number and include your zip code and social security number. All of these items are required by the university's accounting office. Your cooperation is appreciated.

Full name of person to be invoiced:

Address (Number, Street, and Apartment)

City, State, Zip Code

Telephone Number (daytime)

Social Security Number

Email address
UC SAN DIEGO EARLY CHILDHOOD EDUCATION CENTER

YOUR CHILD’S COMFORT LIST

To make your child’s first day of attendance at the Center an easy transition, we have prepared the following list of things to do or bring:

1. Bring a change of clothes labeled with your child’s name.

2. If your child is still wearing diapers you will need to bring disposable diapers and wipes.

3. If he/she is in the process of potty training, you will need to bring 3 sets of extra clothing including socks and an extra pair of shoes. (NO training or plastic pants, no dresses, belts, suspenders or snapped t-shirt). See Family Handbook for complete Toilet Learning Procedure.

4. If your child has a security object, you may want to consider bringing it, at least for the first week or so; however, it is our policy to discourage bringing “hype toys” (such as Power Rangers), expensive or breakable toys as the Center is not responsible for lost, broken or stolen toys. Please consult the lead teacher of your child’s program before leaving anything at the Center.

5. Please bring a blanket labeled with your child’s name for his/her use at nap time.

6. If your child is on medication, please bring the medication if it will need to be administered during the day. Make sure you sign the medication release form in your child’s classroom otherwise the Center’s staff is not authorized to administer it. A Physician’s note with specific instructions must accompany all medication explaining how it is to be administered (i.e. amount, time, etc.). All medications are required to be in their original containers and cannot be administered to siblings. See Family Handbook for complete policy.

7. Be sure to fill out the section on the Questionnaire About Your Child form that indicates any additional information that the teacher should know, especially relating to allergies.

8. If your child has any allergies or medical condition(s) that requires a special meal or accommodations, fill out the Request for Special Meals and/or Accommodations form; if your child does not require any meal accommodations, please indicate ‘not-applicable’, sign and return this form.

9. Before your child can start, the attached enrollment packet must be completed. Please pay special attention to the following items as they are often overlooked:
   (A) All immunizations must be up to date (see Parent’s Guide to Immunization Requirements)
   (B) All parents have the opportunity to talk with the Director before the child’s first day. You can call 246-0900 to schedule an appointment or phone conference.
   (C) All 3 copies of the Emergency & Medical data forms must have original signatures.
   (D) The non-refundable $60.00 enrollment fee is due at the time you turn in your child’s enrollment packet (not applicable for subsidized program).

10. The Center is open for business at 7:30 a.m. and requires that your child be picked up by 5:00 p.m. There is an After Hours Program (for children 18 months and older) that runs from 5:00 p.m. to 6:00 p.m. (by the clock in the classroom) and a fee of $7.00 per child is charged for use of that service. Families who do not pick up their child(ren) by 6:00 p.m. will be fined $10.00 for every fifteen minutes; therefore, there will be a $10.00 per child charge even if you are one minute late in picking up your child(ren). See Family Handbook.

If you have any questions about the curriculum, the lead teacher of your child’s program is ___________________________ and the room number is _______________________. Please feel free to contact the office at (858) 246-0900 with any other questions you may have.
QUESTIONNAIRE ABOUT YOUR CHILD

State regulations require that a personal interview be conducted with parents. Parents have the right not to respond to questions.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Child's Place of Birth</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of other children in the family</td>
<td>Sex</td>
<td>Age</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Languages spoken in the home

<table>
<thead>
<tr>
<th>Yes/No Questions</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like your child to be called by his/her nickname?</td>
<td></td>
<td></td>
<td>If so, what is the name?</td>
</tr>
<tr>
<td>Has your child ever attended another preschool, Headstart, or day care center?</td>
<td>-</td>
<td></td>
<td>If so, where?</td>
</tr>
<tr>
<td>Has your child learned to do the following things without help?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take care of all/some toilet needs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speak clearly enough that strangers can understand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awaken self to go to the bathroom?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Take care of and replace own toys and equipment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respects rights and property of others?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express self with words instead of physical force?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Any special circumstances surrounding pregnancy or birth?</td>
<td></td>
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<tr>
<td>Does a child have a close relationship with any relatives outside the home?</td>
<td></td>
<td></td>
<td>If so, whom?</td>
</tr>
<tr>
<td>Are there any things your child really dislikes having done to him/her?</td>
<td></td>
<td></td>
<td>If so, what?</td>
</tr>
<tr>
<td>Are most of the child's friends his/her own age, same sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/No Questions</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----</td>
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</tr>
<tr>
<td>Are there any holidays your child cannot take part in because of religious or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>family/cultural tradition?</td>
<td></td>
<td></td>
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<tr>
<td>Are there any family/cultural traditions and holidays you might like to share</td>
<td></td>
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<tr>
<td>with the children at the Center?</td>
<td></td>
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<tr>
<td>What are the child’s responsibilities in the home (for example: such chores as</td>
<td></td>
<td></td>
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<tr>
<td>feeding pets, emptying trash)?</td>
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<tr>
<td>How do you feel a child should behave?</td>
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<tr>
<td>What do you feel is the best thing about your child’s behavior at home?</td>
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<tr>
<td>What have you found is the best way to get your child to do what you want him/</td>
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<tr>
<td>her to do?</td>
<td></td>
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<tr>
<td>What methods do you use to discipline your child?</td>
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<tr>
<td>What methods do you prefer at the Center?</td>
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<tr>
<td>How do you handle:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggression?</td>
<td></td>
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<td></td>
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<tr>
<td>Punishment?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Toilet training?</td>
<td></td>
<td></td>
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<tr>
<td>Sex roles?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Curiosity about sex?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Going barefoot?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Racial concerns?</td>
<td></td>
<td></td>
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<tr>
<td>When did your child begin playing with other children?</td>
<td></td>
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<tr>
<td>Does your child like playing with a group of children, or just one or two?</td>
<td></td>
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<tr>
<td>If your child has a choice, will he/she spend his/her free time alone or with</td>
<td></td>
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<tr>
<td>friends?</td>
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<tr>
<td>What is your child’s favorite activity?</td>
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<tr>
<td>How does your child appear to feel about adults, children the same age, or</td>
<td></td>
<td></td>
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<tr>
<td>younger children?</td>
<td></td>
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<tr>
<td>What are some of your child’s skills (for example: singing, swimming)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
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<tr>
<td>What would you like your child to get from this experience at the UCSD Early Childhood Education Center?</td>
<td></td>
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<tr>
<td>Are you interested in arranging group cooperative baby-sitting occasionally so that you could have free time of your own?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tell us anything about your child we should know in order to better meet his/her needs:</td>
<td></td>
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</tr>
<tr>
<td>Do you or does any member of your family have a special need, disability, or handicap for which additional accommodation is needed? If so, please describe:</td>
<td></td>
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</tr>
<tr>
<td>Does the current facility provide for those needs? If not, please let us know how we can better serve your family:</td>
<td></td>
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</tr>
<tr>
<td>Are there any foods your child cannot eat due to allergies or religious/cultural tradition? If yes, please have your physician complete the Medical Statement form following. If any food restriction appears at a later time, it is imperative that you inform the administrative office; the staff will in turn inform the kitchen and classroom staff and place the information in your child's permanent file.</td>
<td></td>
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<tr>
<td>Other comments:</td>
<td></td>
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</tbody>
</table>
FAMILY’S INFANT DIAPERING/TOILETING/FEEDING PROCEDURES

Child’s Name ____________________________________________

Diapering Procedure (Include type of diaper, cleanser (wipes), and any ointments used):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Toileting/Potty Training Procedure (Please read section in Family Handbook section on Toilet Learning Procedures):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Feeding Procedure (Please describe your child’s ability to feed him/herself, and also list any food allergies):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent/Legal Guardian Signature ___________________________ Date ________
REQUEST FOR SPECIAL MEALS and/or ACCOMMODATIONS

<table>
<thead>
<tr>
<th>Print Name of Child</th>
<th>DOB</th>
<th>Site Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Early Childhood Education Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name of Parent/Guardian</th>
<th>Telephone (Parent/Guardian)</th>
<th>Site Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(858) 246-0900</td>
</tr>
</tbody>
</table>

**COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR MEDICAL REASON(S):**  
**MEDICAL AUTHORITY'S SIGNATURE IS REQUIRED**

Medical condition or disability requiring a special meal or accommodation:

Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)

**Foods to AVOID:**
- Fluid milk only
- Foods containing milk products (macaroni & cheese, yogurt)
- Cooked eggs (i.e., scrambled, hardboiled)
- Foods containing egg products (i.e., pancakes, egg noodles)
- Soy products
- Nuts
- Other:

**Foods OK for consumption if containing:**
- Milk products (macaroni & cheese, yogurt)
- Cooked eggs (i.e., scrambled, hardboiled)
- Egg products (i.e., pancakes, egg noodles)
- Soy products
- Nuts
- Other:

**Foods to be OMITTED:**

**Suggest food SUBSTITUTIONS:**

Indicate Texture:  
- [ ] Regular  
- [ ] Chopped  
- [ ] Ground  
- [ ] Puréed

Adaptive equipment:

<table>
<thead>
<tr>
<th>Signature of Preparer*</th>
<th>Print Name</th>
<th>Telephone ( )</th>
<th>Date / /</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Medical Authority*</th>
<th>Print Name</th>
<th>Telephone ( )</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
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</table>

*Medical authority's signature is required for participants with a medically prescribed diet.

**COMPLETE THIS SECTION IF SPECIAL MEAL REQUEST IS FOR NON-MEDICAL REASON(S):**  
**MEDICAL AUTHORITY'S SIGNATURE IS NOT REQUIRED**

Foods to be omitted due to the following reasons:
- [ ] Vegan  
- [ ] Vegetarian  
- [ ] Religious Practice

Foods to be omitted:

Suggested substitutions:

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian:</th>
<th>Print Name</th>
<th>Telephone ( )</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Signature of ECEC Staff:</th>
<th>Print Name</th>
<th>Telephone ( )</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
PERMISSION TO APPLY SUNSCREEN

CHILD’S NAME: ____________________________

As the parent/legal guardian of the above child I recognize that too much sunlight may increase my child’s risk of getting skin cancer. Therefore I give my permission for staff at the UC San Diego Early Childhood Education Center to apply a sunscreen product of SPF-15 or higher on my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child.

☐ DO NOT apply any sunscreen to my child
☐ My child has allergies to sunscreen
☐ My child DOES NOT have allergies to sunscreen
☐ I will apply sunscreen before arrival or upon arrival at the Center and do not wish the Center Staff apply sunscreen to my child
☐ I request Center Staff apply sunscreen to my child
☐ I have provided the following brand/type of sunscreen for use on my child

☐ My child is allergic to some sunscreens. Please only use the following brand and type.

☐ For medical or other reasons, please do not apply sunscreen to the following areas for my child’s body.

SIGNATURE OF PARENT/LEGAL GUARDIAN ____________________________  DATE ____________________________
NEBULIZER CARE CONSENT/VERIFICATION
CHILD CARE FACILITIES

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child’s record and in the personnel file. A separate form must be filled out for each person who administers inhaled medication to the child.

I, ________________________________, give my consent for ________________________________,
(PRINT NAME OF AUTHORIZED REPRESENTATIVE) (PRINT NAME OF LICENSEE OR STAFF PERSON)

who work(s) at UC San Diego Early Childhood Education Center
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)

to administer inhaled medication to my child, ________________________________, and to contact my child’s health care provider.
(PRINT NAME OF CHILD)

In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.

I have also provided the child care facility with written instructions from my child’s physician, or from a health care provider working under the supervision of my child’s physician (for example, a physician’s assistant, nurse practitioner or registered nurse). These instructions include:

• Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician’s prescription.

• Potential side effects and expected response.

• Dose form and amount to be administered in accordance with the physician’s prescription.

• Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician’s prescription. This includes actions to be taken in an emergency.

• Instructions for proper storage of the medication.

• The telephone number and address of the child’s physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE
ADDRESS OF AUTHORIZED REPRESENTATIVE

DATE

HOME TELEPHONE NUMBER
WORK TELEPHONE NUMBER

UC 9166 2/01
HUMAN DEVELOPMENTAL SCIENCES/ECEC
COOPERATION AGREEMENT

Dear Parents,

Each quarter, the Early Childhood Education Center & Mesa Child Development Center cooperates with the UC San Diego Human Developmental Sciences, providing an opportunity for those students to observe children in their regular day. From this “in the field” research, students establish a project.

Typical project topics include:

- Gender and Play
- Socialization
- Cultural Differences
- Effects of a Group Care Environment

Each group of HDS students attends an ECEC orientation and must have a current TB and immunization clearance before they begin observations in individual classrooms.

**Human Development Students are never alone with children.**

We believe it is important to provide such an opportunity to HDS students. By signing below, you agree for your child to possibly be included in the group of children being observed. Questions or concerns may be addressed to the ECEC Director.

I agree that my child ___________________________________________ will participate in his/her normal daily activities with the understanding that he/she may be part of a group observation. I understand that all observations will take place in the normal day to day activities at the center.

__________________________________________________________
Parent/Legal Guardian Signature

__________________________________________________________
Date
PERMISSION TO PHOTOGRAPH & VIDEO

I hereby give permission for my child(ren) ____________________________, to participate in observational studies and to be photographed and/or videotaped at the University of California San Diego Early Childhood Education Center (ECEC) during the regular course of program activities. It is my understanding that all images will be used only for ECEC education and research purposes approved by the Director, program enrichment activities, Center marketing, or for private use of the family of the child(ren) being photographed/videoed. I further understand that any images taken at the ECEC by either myself or other parties are not to be used other than stated above without express written permission and that my child’s identity will not be disclosed.

Reasons for photography and/or videotaping at the ECEC include, but are not limited to:
- Children’s cubbies
- Field trips
- Special events
- Birthday celebrations
- Multi-cultural events
- Picture books for children
- Enhancement of children’s cognitive development
- DRDP Portfolios
- Research and/or teaching purposes

Parent/Legal Guardian Signature ___________________________________________ Date __________

Parent/Legal Guardian Signature ___________________________________________ Date __________

☐ I do not wish to have my child(ren)’s picture to be taken for any reason.
Request for Family Photograph

Please include a family photograph as part of your enrollment packet. There are two purposes for this request. One is to tighten up on security by giving the teachers and substitutes a reference to identify family members during pick-up times; the other is to ease any separation anxiety your child may have. Having your smiling faces in the classroom gives a sense of warmth and creates a sense of community as other parents reference the photos and identify each other.
## ECEC/MCDC 2019 - 2020 HOLIDAY CALENDAR

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Date</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>July 4th, 2019</td>
<td>Independence Day</td>
</tr>
<tr>
<td>Friday</td>
<td>August 30th, 2019</td>
<td>ECEC Staff Development Day</td>
</tr>
<tr>
<td>Monday</td>
<td>September 2nd, 2019</td>
<td>Labor Day</td>
</tr>
<tr>
<td>Monday</td>
<td>November 11th, 2019</td>
<td>Veteran’s Day</td>
</tr>
<tr>
<td>Thursday-Friday</td>
<td>November 28th - 29th, 2019</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td></td>
<td>December 23rd – January 1st, 2020</td>
<td>Winter Closure (subject to change based on University Winter Closure)</td>
</tr>
<tr>
<td>Monday</td>
<td>January 20th, 2020</td>
<td>Martin Luther King Day</td>
</tr>
<tr>
<td>Monday</td>
<td>February 17th, 2020</td>
<td>President’s Day</td>
</tr>
<tr>
<td>Thursday</td>
<td>March 26th, 2020</td>
<td>ECEC Staff Development Day</td>
</tr>
<tr>
<td>Friday</td>
<td>March 27th, 2020</td>
<td>Cesar Chavez Day</td>
</tr>
<tr>
<td>Monday</td>
<td>May 25th, 2020</td>
<td>Memorial Day</td>
</tr>
</tbody>
</table>

### ACKNOWLEDGEMENT OF RECEIPT

(To be retained in child’s file)

Child(ren)’s Name: ________________________ Room (s): ________________________

By signature below I acknowledge that I have received a copy of UC San Diego ECEC/MCDC’s 2019-2020 Holiday calendar.

Parent/Legal Guardian Signature ________________________ Date ________________________
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn &amp; Peas</td>
<td>Cucumber with Ranch</td>
<td>Cucumber with Ranch</td>
<td>Corn &amp; Peas</td>
<td>Cucumber with Ranch</td>
</tr>
<tr>
<td>Carrot Muffin (WG) &amp; Orange</td>
<td>Corn &amp; Peas with Cheese</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
<tr>
<td>Apple Pizza</td>
<td>Cucumber with Ranch</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
<tr>
<td>Cheese &amp; Cream Cheese</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
<tr>
<td>Corn &amp; Peas</td>
<td>Cucumber with Ranch</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
<tr>
<td>Carrot Muffin (WG) &amp; Orange</td>
<td>Apple Pizza</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
<tr>
<td>Corn &amp; Peas</td>
<td>Cucumber with Ranch</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
<td>Corn &amp; Peas</td>
</tr>
</tbody>
</table>

**P.S.**

- Whole milk served with breakfast and lunch. 1% milk served with breakfast and lunch to 2 – 5 year olds daily.
- Vitamin rich fruit and vegetables served daily.
5 WEEK MENU SAMPLE & FOOD PROGRAM PARTICIPATION
ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF RECEIPT
(To be updated annually and retained in child’s file)

My child is enrolled full-time, during the Center’s hours of operation from 7:30 am to 5:00 pm, Monday through Friday. I understand that each day my child will participate in the California Department of Education’s Child and Adult Food Program and will receive those meals listed on the attached sample menu. Only those foods appearing on the sample menu will be served, however, actual menus for a particular day may be shuffled depending on the availability of certain foods.

By signature below I acknowledge that I have received a 5 Week Cycle Menu sample and understand my child, as a full-time enrollee, will be a recipient of these meals.

Signature    Date

PERMISSION TO SUBSCRIBE TO UCSD “DAYCARE-L” LISTSERV

Please provide the Center’s administration with your Email addresses if you would like to be subscribed to the Early Childhood Education Center’s ListServ. This ListServ is provided as a service to all parents/guardians/authorized representatives to give up-to-date information on Parent Advisory Board activities, happenings at the Center you might need to be apprised of, calendaring items, and/or special events occurring in your child’s room. Unless requested, in writing, your name will be unsubscribed from this list once your child leaves the Center.

Please subscribe me to the “daycare-l” ListServ.

Parent Name & Email address (Please print)

Parent Name & Email address (Please print)

Parent Name & Email address (Please print)