alpert jcc early childhood education
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PACKET FORMS CHECKLIST

Forms are available at alpertjccece.org/parent-resources-center

Please sign the following forms and return them to the ECE Front Desk.

Child's Name _____ **Date** _____

Licensing Papers

- ❑ Identification/Emergency
- ❑ Physician's Report Next report needed by: _____
    - ❑ Immunization Records
- ❑ Pre-Admission Health History
- ❑ Personal Rights
- ❑ Consent for Medical Treatment
- ❑ Parent's Rights

Alpert JCC ECE Forms

- ❑ Admissions Agreement
- ❑ **Age Specific** Developmental History Form
- ❑ Allergy and Diet Restrictions
- ❑ Photo Authorization Form
- ❑ Sunscreen Form
- ❑ Parent Handbook Acknowledgement
- ❑ Volunteer Opportunities X2
- ❑ Diaper Changing Fee Form- Preschool/Pre-k only
- ❑ Late Fees

Code of Conduct

- ❑ Parent
- ❑ Child

Completed by: _____

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:

Department of Social Services, Community Care Licensing Division

NAME

Los Angeles Child Care East

ADDRESS

1000 Corporate Center Drive, Suite 200B

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park	91754	(323)981-3350

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Alpert Jewish Community Center	3801 E Willow Street, Long Beach, ca 90815

(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

Alpert Jewish Community Center ECE Department
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____
NAME

. THIS CARE MAY BE GIVEN UNDER 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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	DATE LEFT

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:_____ 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.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only*)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

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 HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ 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 DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

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: Los Angeles Child Care East

   Licensing Office Address: 1000 Corporate Center Drive, Suite 200 B Monterey Park, Ca 91754

   Licensing Office Telephone #: (323) 981-3350

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

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

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

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

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ALPERT JCC ECE ADMISSIONS AGREEMENT

Child's name _____

(Please initial each)

CY&F Reg fee

Registration fee is non-refundable and non-transferable. _____

CY&F Membership

Alpert JCC membership dues must be current throughout the time for which the child is registered. _____

CY&F Withhold

We reserve the right to withhold services. The applicant agrees to abide by all rules and regulations of the Alpert JCC and I understand that failure to act in accordance with the rules may result in expulsion from the Alpert JCC and/or the Children, Youth & Families Department with no refund. _____

CYF Tuition Payment

Payment required regardless of absence including, but not limited to, vacation, illness, or unforeseen closure. _____

Change of Schedule Policy

Change of schedule can happen at any time throughout the year, a fee of $36 for the first change and $52 for the second change of schedule will apply._____

Diaper Policy

Upon entering our preschool and pre-k program (ages 3-5) a $50 per month fee will be added to the tuition of those still in diapers. Once potty trained, the fee will be removed going forward. Once child is potty trained, for one month with no more than 4 accidents, your fee will be removed. Developmental needs will be taken into consideration. _____

CYF Payment Update

I understand that I am responsible for payments outlined in this contract and that I am responsible for providing the Alpert JCC with updated payment information if necessary. I understand that if any past due payments are not paid within 48 hours of notification services will be suspended or terminated _____

ECE Immunization Waiver

Proof of immunization is necessary for my child to start the program and must be updated annually. Children's immunization records must be turned in within the first 30 days of your child beginning the program.

_____

ECE Cancellation/Withdrawal Policy

I understand I have 48 hours after the ECE Admin team confirms enrollment to withdraw without penalty. After this period, I understand I am responsible to pay the tuition for the remaining contract year or until my child's spot is filled (with a minimum of a one (1) month penalty). The ECE asks for a minimum of 30 days notice of withdrawal when possible. _____

Continued on next page.

Failed or Returned Payments

There will be a $25 charge for failed or returned payments. _____

ECE Late Pick Up Fee

I understand that charges for late pick up after scheduled pick up time will be charged as incurred at $1 a minute for every minute late. Charges will be processed automatically with the card on file the next business day. _____

ECE Photo Policy

Participation in AJCC-sponsored activities constitutes permission to use photos or videos for promotional purposes without remuneration. If a waiver of this policy is needed, please identify on photo waiver. _____

Licensing Rights

Our state licensing analyst reserves the right within title 22 to talk with children in our facility during business hours while on site, as well as view all student files. _____

AJCC ECE Teachers as Mandated Reporters

Teachers and all school employees are considered mandated reporters in California and are required by law to report suspected child abuse or neglect to the Department of Social Services _____

Discipline Policy

Preschool is the time to learn socially acceptable behaviors. We understand that children are in the process of learning.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited: No corporal punishment or threats of corporal punishment. No punishment associated with food, naps, or toilet training.

- Pinching, shaking, or biting a child.
- Hitting a child with a hand or instrument.
- Putting anything in or on a child's mouth.
- Humiliating, ridiculing, rejecting, or yelling at a child.
- Subjecting a child to harsh, abusive, or profane language.
- Placing a child in a locked or dark room, bathroom, or closet with a door closed.
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

All guidance techniques will be consistent. Staff are fully trained in Conscious Discipline and use those techniques for guidance. Consistent with our study and use of Conscious Discipline, the following are examples of how we focus on engagement and redirection in the classroom. _____

ECE Nut-Free Policy

Due to food sensitivities/allergies, the ECE maintains a nut-free policy. No nuts of any kind will be permitted within the ECE _____

ECE Kosher Policy

The ECE maintains a Kosher-style policy. No shellfish or pork products will be permitted within the ECE. _____

Continued on next page.

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ECE Food Policy

I understand that the ECE can change the food policies at any time based on need.

_____

ECE Lunch/Snack Policy

Morning/Afternoon snack & lunches will be brought from home and follow healthy food and licensing guidelines. Breakfast to be provided for full-time 8am-4pm families, and a hot lunch is available for purchase. Policy subject to change. _____

CY&F Policies Subject to Change

The AJCC may make changes to the policies outlined in accordance with recommendations and guidelines from local and state officials, the AJCC Medical Advisory Team, and AJCC Leadership and Staff. _____

ECE CY&F Birthday Celebrations

I understand that the ECE has a pre-approved list of options with an outside vendor for classroom birthday celebrations. I understand that only the pre-approved options or cookie vendor can be used for classroom celebrations. This policy is subject to change or adjustments. _____

ECE Sick Policy

Children should not be sent to school if they are vomiting, have a fever, cough, shortness of breath or difficulty breathing, diarrhea, eye discharge or pink eye, excessive coughing, oozing sores, head lice, an undiagnosed rash, or any of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell - or are obviously not well.

When a child becomes ill or injured at school, the staff's priority is to meet the child's physical health needs. In case of illness, we will take the child's temperature, as well as perform an overall visual health assessment. A phone call to parents will be made when the school deems it necessary. If parents are requested by the school to pick up their sick child, they must do so within one hour.

Children may not return to school until they are 24-hours symptom free and fever-free without medication.

sick child in a timely manner, or disregard of this policy by parents, may result in the removal of your child from the preschool.

While a physician's note may be helpful, it does not guarantee that a child may return to school. Final decisions on allowing a child to return are made by an Administrator. The sick policy is subject to change. _____

ECE Medical Authorization

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all AJCC activities except as noted. I hereby give permission to AJCC to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to AJCC to arrange necessary related transportation for my child. In the event I cannot be reached in

Continued on next page.

an emergency, I hereby give permission to the physician selected by AJCC to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips away from the AJCC Weinberg Campus (if applicable). _____

ECE Tuition & Billing

The AJCC ECE Toddlers, Two's, and Preschool tuition is an annual tuition divided into 12 equal payments throughout the year. All payments will be scheduled and processed automatically either by credit card or EFT on the 17th of each month starting on August 17, 2026. _____

The AJCC Pre-k program tuition is an annual tuition divided into 10 equal payments throughout the year. With the option of 10 +2 or our Pre-k to Camp Komaroff option. All payments will be scheduled and processed automatically either by credit card or EFT on the 17th of each month starting on August 17, 2026. _____

AJCC Family Membership

AJCC Family Membership is required to complete enrollment in the ECE. _____

Refund Agreement

PLEASE READ CAREFULLY By signing this form I agree to the following conditions: The AJCC reserves the right to cancel any class, activity, or group, in which case a full refund will be made. In the event of a withdrawal 5 business days prior to the program, a partial refund will be made in the amount of 75% of the original fee. REFUNDS WILL NOT BE MADE AFTER 5 business days prior to start of program. Participation in any AJCC activity and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by the ALPERT JEWISH COMMUNITY CENTER OF LONG BEACH (AJCC), I/we as an individual or parent or guardian of the participants named herein, assume all risk and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the AJCC, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activity or use of any recreational facility at or conducted by the AJCC. Participation in AJCC activities constitutes permission for the agency to use any photos of the participant for promotional purposes without remuneration. _____

Child's name: _____

Parent's name: _____

Parent's signature: _____

Date: _____

*Return to ECE front desk

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DEVELOMENTAL HISTORY FORM

Toddlers/Twos Personal Care Plan

Today's Date _____Date of Enrollment/Transition: _____

Child's Name: _____Date of Birth: _____Age: _____

What would you like us to call your child? _____

What languages are spoken at home? _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Name of Person Completing Form: _____

Primary Caregiver: _____

Classroom: _____

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses individual	Age

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Please list words used in your language corresponding to the English below. Include additional words in the blank columns if needed.	
I'll take good care of you	
I see that you are crying	
Let's change your diaper	
I like your smile	
Time to eat	
Everyone is napping now	
Mommy will be back	
Daddy will be back	
Time to use the bathroom	
Now we watch our hands	

If parental custody is shared, describe the custody arrangements:

_____

_____

_____

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home:

_____

_____

_____

Continued on next page.

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TODDLERS/TWOS PERSONAL CARE PLAN

Child's Name: _____

DEVELOPMENTAL HISTORY

Does your child: Crawl? Yes☐ No☐ Walk w/support? Yes☐ No☐ Walk w/o support? Yes☐ No☐

Does your child: Say audible words? Yes☐ No☐ Speak in 2 or 3 audible sentences? Yes☐ No☐

Do you have developmental concerns about your child?

_____

_____

How does your child communicate his/her needs?

_____

_____

CHILD'S HEALTH

List medications regularly taken and conditions requiring them:

_____

_____

Describe any serious illness or hospitalization:

_____

_____

Describe special physical conditions, disabilities, allergies, or concerns:

_____

_____

Does your child have a special need?:

_____

_____

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

_____

_____

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TODDLERS/TWOS PERSONAL CARE PLAN

Child's Name: _____

NUTRITION PRACTICES AND ROUTINES

List special dietary requests and restrictions:

_____

_____

Food likes and eating preferences:

_____

_____

Child eats with: Spoon ☐ Fork ☐ Fingers ☐ Other ☐

Child is fed in: Highchair ☐ At the table ☐ Other ☐

Additional Information:

_____

_____

SLEEPING ROUTINES

Pre-nap routines/rituals:

_____

_____

_____

Number of naps daily: _____ From: _____ To: _____ From: _____ To: _____

What time does your child go to bed at night? _____ Wake in the morning? _____

At home, child sleeps in (check all that apply): Crib ☐ Bed ☐ With parents ☐

Child's typical waking behavior/routine/mood:

_____

_____

Special sleeping concerns:

_____

_____

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TODDLERS/TWOS PERSONAL CARE PLAN

Child's Name: _____

DIAPERING/TOILETING ROUTINES

Is your child toilet trained? Yes☐ No☐ Urination☐ Bowels☐ If yes, when did you begin? _____

Does your child have accidents? Yes☐ No☐ If yes, how often/when? _____

Does your child wear diapers during the day? Yes☐ No☐

Does your child wear diapers while napping? Yes☐ No☐

If yes, what type will you provide? Disposable☐ Cloth☐

Words used for urination: _____

Words used for bowel movement: _____

Are bowel movements regular? Yes☐ No☐ How often/when?: _____

_____

Is there any problems with: Diarrhea☐ Constipation☐ Explain: _____

_____

What is used at home for toileting? Potty chair☐ Special seat☐ Regular seat☐ Explain: _____

_____

How can we support toilet learning? _____

_____

COMFORTING CHILD

Position Child prefers to be held: _____

_____

Security object (if any): _____ Name Child uses for object/when needed:_____

_____

Does your child use a pacifier? Yes☐ No☐ If yes, when:_____

Describe how adults comfort your child: _____

_____

_____

_____

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TODDLERS/TWOS PERSONAL CARE PLAN

Child's Name: _____

SOCIAL RELATIONSHIPS

Has your child had any experience with group care? Yes☐ No☐ If yes, please describe:

_____

_____

Is your child: Friendly☐ Aggressive☐ Shy☐ Withdrawn☐ Explain: _____

_____

How does your child react to new situations and new adults and children? _____

_____

Does your child prefer to play Alone☐ In small groups☐ Explain:

_____

_____

Has your child had previous childcare experience? Yes☐ No☐ If yes, explain how it met or did not meet your expectations: _____

_____

Child's favorite toys and activities: _____

_____

Does your child have any fears? Yes☐ No☐ If yes, please explain:_____

_____

ADDITIONAL PERTINENT INFORMATION

To help us care for your child as an individual, please explain your parenting philosophy:

_____

_____

Is there any additional information you feel is important for the staff to know about your child or family? _____

_____

What do you as a family hope to get out of this childcare experience?

_____

_____

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TODDLERS/TWOS PERSONAL CARE PLAN

Child's Name: _____

Sections of this Personal Care Plan will be updated every three months or sooner if requested by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	

*Return to ECE front desk

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DEVELOMENTAL HISTORY FORM

Preschool/Pre-K Personal Care Plan

Today's Date _____Date of Enrollment/Transition: _____

Child's Name: _____Date of Birth: _____Age: _____

What would you like us to call your child? _____

What languages are spoken at home? _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Name of Person Completing Form: _____

Primary Caregiver: _____

Classroom: _____

FAMILY INFORMATION

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include ages of siblings.

Name	How child addresses individual	Age

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Please list words used in your language corresponding to the English below. Include additional words in the blank columns if needed.	
I'll take good care of you	
I see that you are crying	
Let's change your diaper	
I like your smile	
Time to eat	
Everyone is napping now	
Mommy will be back	
Daddy will be back	
Time to use the bathroom	
Now we watch our hands	

If parental custody is shared, describe the custody arrangements:

_____

_____

_____

Please tell us about cultural family customs, rituals, or traditions that will help us make your child's experience more meaningful, including languages spoken at home:

_____

_____

_____

Continued on next page.

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PRESCHOOL-PRE-K PERSONAL CARE PLAN

Child's Name: _____

DEVELOPMENTAL HISTORY

What languages does your child speak? _____

Do you have developmental concerns about your child? _____

_____

_____

Does your child have any speech difficulties? Yes☐ No☐ If yes, explain: _____

_____

_____

Do you have developmental concerns about your child?

_____

_____

How does your child communicate his/her needs?

_____

_____

CHILD'S HEALTH

List medications regularly taken and conditions requiring them:

_____

_____

Describe any serious illness or hospitalization:

_____

_____

Describe special physical conditions, disabilities, allergies, or concerns:

_____

_____

Does your child have a special need?:

_____

_____

Explain special services and accommodations, which are different from those provided by the center's routine program (i.e. exercises, equipment, materials, or special services personnel):

_____

_____

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PRESCHOOL/PRE-K PERSONAL CARE PLAN

Child's Name: _____

NUTRITION PRACTICES AND ROUTINES

Does your child have any eating difficulties? Yes☐ No☐ If yes, explain: _____

_____

_____

List special dietary requests and restrictions:

_____

_____

Food likes and eating preferences:

_____

_____

Child eats with: Spoon☐ Fork☐ Fingers☐ Other☐

Additional Information: _____

_____

SLEEPING ROUTINES

Pre-nap routines/rituals:

_____

_____

_____

Number of naps daily: _____ From: _____ To: _____ From: _____ To: _____

What time does your child go to bed at night? _____ Wake in the morning? _____

At home, child sleeps in (check all that apply): Crib☐ Bed☐ With parents☐

Child's typical waking behavior/routine/mood:

_____

_____

Special sleeping concerns:

_____

_____

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PRESCHOOL/PRE-K PERSONAL CARE PLAN

Child's Name: _____

TOILETING ROUTINES

Is your child reluctant to use the bathroom? Yes ☐ No ☐ If yes, how do you handle this?

_____

_____

Is your child toilet trained? Yes ☐ No ☐ Urination ☐ Bowels ☐ If no, does your child wear diapers? Yes ☐ No ☐

Does your child have accidents? Yes ☐ No ☐ If yes, how often/when? _____

What is used at home for toileting? Potty chair ☐ Special seat ☐ Regular seat ☐ Explain:_____

_____

_____

How can we support toilet learning? _____

_____

_____

Words used for urination: _____

Words used for bowel movement: _____

Are bowel movements regular? Yes ☐ No ☐ How often/when?: _____

_____

Is there any problems with: Diarrhea ☐ Constipation ☐ Explain: _____

_____

_____

COMFORTING CHILD

Describe how adults comfort your child: _____

_____

_____

Security object (if any): _____ Name Child uses for object/when needed:_____

_____

_____

_____

_____

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PRESCHOOL/PRE-K PERSONAL CARE PLAN

Child's Name: _____

SOCIAL RELATIONSHIPS

Has your child had any experience with group care? Yes☐ No☐ If yes, please describe:

_____

_____

Is your child: Friendly☐ Aggressive☐ Shy☐ Withdrawn☐ Explain: _____

_____

How does your child react to new situations and new adults and children? _____

_____

Does your child prefer to play Alone☐ In small groups☐ Explain:

_____

_____

Has your child had previous childcare experience? Yes☐ No☐ If yes, explain how it met or did not meet your expectations: _____

_____

Child's favorite toys and activities: _____

_____

Does your child have any fears? Yes☐ No☐ If yes, please explain:_____

_____

ADDITIONAL PERTINENT INFORMATION

To help us care for your child as an individual, please explain your parenting philosophy:

_____

_____

Is there any additional information you feel is important for the staff to know about your child or family? _____

_____

What do you as a family hope to get out of this childcare experience?

_____

_____

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PRESCHOOL/PRE-K PERSONAL CARE PLAN

Child's Name: _____

Sections of this Personal Care Plan will be updated every three months or sooner if requested by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	
Date of Change:		Parent Initials:		Staff Initials:	

*Return to ECE front desk

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ALLERGY & DIET RESTRICTION

CHILD'S NAME: _____

DATE OF BIRTH: _____

Does your child have any allergies or non-allergy dietary restrictions?

(Non-allergy dietary restrictions such as keeping Kosher, vegetarian, etc.)

NO ☐ Thank you, please sign and date below

YES ☐ Please detail: _____

_____

_____

_____

_____

_____

If a reaction ocurs at home, please identify the steps you take:

_____

_____

_____

_____

_____

*If medication is brought to school it must be accompanied by a doctors note and a a medication form provided by the front desk.

Does your child requre an EPI pen? _____For which allergy?_____

TODAY'S DATE _____

PARENT SIGNATURE:_____

PARENT NAME (printed)_____

*Return to ECE front desk

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PHOTOGRAPHY AUTHORIZATION

Participation in AJCC activities constitutes permission for the agency to use any photos of the participant for promotional purposes, without remuneration.

I agree to these terms:

☐ Yes

☐ I would like to opt out of promotional posts of my child

Shared contact information

The ECE will create a school roster including contact information of each participant and their families to be used by the school, staff, and parents.

I agree to these terms:

☐ Yes

☐ No

Please let us know which of the following you authorize for your child

☐ Birthday party celebrations- approved treats as outlined in the birthday policy

☐ Holiday baking projects (i.e. Challah, hamantaschen, etc.)

☐ General classroom baking projects

☐ None

Child's name: _____

Parent's name: _____

Parent's signature: _____ Date: _____

*Return to ECE front desk

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AUTHORIZATION TO ADMINISTER SUNSCREEN AND/OR NON-PRESCRIPTION TOPICAL CREAMS

All sunscreen and creams must be in the original container and labeled

with the child's name and directions for application

Sunblock/Sunscreen

Check one:

☐ Please **ONLY** apply sunscreen I provide for my child

☐ **OK** to use sunscreen provided by the AJCC Preschool

Other Non-Prescription Topical Creams

Type and brand: _____

Type and brand: _____

I hereby authorize the teachers and designated agents of the AJCC ECE to administer the above non-prescription topical creams to my child.

I further agree to indemnify and hold harmless this facility/center, their staff against all claims as a result of any and all acts performed under this authority.

☐ I have read and agree with the above authorization

Child's name: _____

Parent's name: _____

Parent's signature: _____ Date: _____

*Return to ECE front desk

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ALPERT JCC EARLY CHILDHOOD EDUCATION PARENT HANDBOOK

Cut along dotted line

Parent Handbook Acknowledgment

Child's name: _____

I have read the Early Childhood Education Parent Handbook of the Alpert Jewish Community Center and understand the procedures and Policies contained herein. I also agree to abide by these procedures and policies while my child is enrolled in the program.

Parent signature: _____

Print name: _____ Date:_____

*Return to ECE front desk

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PARENT VOLUNTEER OPPORTUNITIES

We provide many options for our parents to be involved with ECE, and welcome you to tell us which of the following options interest you. We we reach out to you directly with full details and times before making any assignments.

Room Parent: As the room parent you will be asked to attend monthly meetings, update your classroom on upcoming events and activities, collect funds for class parties, teacher gifts, and teacher appreciation. Also, it is a great way to connect with your families by setting up regular class meetups outside of the J.

☐ **YES** I'm interested

General AJCC Volunteer: Between senior lunch on Wednesdays, our meal delivery program, and community events, the J is always looking for volunteers!

☐ **YES** I'm interested

Gardening Volunteer: Do you have a green thumb and want to share your love of gardening with the children?

☐ **YES** I'm interested

Jewish Cultural Volunteer: As a volunteer honoring Jewish life and culture, you will support our Family Engagement Coordinator in planning holiday yard parties, holiday parent pop-ups, and more!

☐ **YES** I'm interested

Fundraising Volunteer: Support our ECE fundraising team by coming up with a variety of restaurants and fundraising opportunities.

☐ **YES** I'm interested

Book Fair Volunteer: Our scholastic book fair need support with day-to-day sales, set up, and shut down.

☐ **YES** I'm interested

Pizza Monday Volunteer: A big PSA fundraiser is our Pizza Mondays. Each week, we ask for parent volunteers to help serve-up pizza to the children. Then, enjoy a slice in your child's class. A sign-up genius will be created.

☐ **YES** I'm interested

Continued on next page.

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Purim Spiel Volunteer: Each year some of our parents act out the story of Purim for the children in our program. You receive a script and will be asked to attend a few practices leading up to the show…very memorable for all!

☐ **YES** I'm interested

Grandparent Storyteller: Is there an amazing grandparent in your child's life that would like to volunteer to read to the children. Books are age-appropriate and provided by PJ Library.

☐ **YES** I'm interested

Child's name: _____

Parent's name: _____

Parent's signature: _____ Date: _____

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DIAPER CHANGE FEE

Preschool/Pre-k only

If your child is in a diaper and 3 years of age or older and registered in Preschool or Pre-k, a $50 diaper fee is attached to your monthly tuition. Once your child is potty trained with limited accidents for 2 weeks, the fee will be removed from your tuition for the following month.

☐ My child is currently in a diaper, and I agree to the above terms.

☐ My child is fully potty trained.

Please maintain open communication with your child's teacher about your potty-training journey. This form will be in your child's file. Please re- sign the form once your child is out of diapers.

Child's name: _____

Teacher's name: _____

Parent's name: _____

Parent's signature: _____ Date: _____

***To be filled out once your child is potty trained**

As of ___ /___/____My Child _____, is no longer

wearing a diaper.

Parent's name: _____

Parent's signature: _____

*Return to ECE front desk

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LATE FEES

OPERATIONAL POLICIES, HOURS, AND DAYS OF OPERATION

We welcome parents into our school and the classrooms when our facility is open. Feel free to come and visit. In order to maintain consistency for the children, it is best to talk with the teacher about the best times to visit. The center opens at **7:50am** and closes promptly at **5:00pm**. Please note that the teaching staff are not available to care for children before the center opens; thus, no one is admitted to the classroom area before 7:50am. All children must be picked up before the center closes. Remember that your child needs the security of knowing that you will be on time every day. Please call us at **562-426-7601 ext. 1090**, if an emergency arises.

Late fees of $25 per hour (until 5:00pm and $1.00 per minute after 5:00pm) are strictly enforced if your child is not picked up by the end of *their* school day (3pm, 4pm, or 5pm).

An Early Drop-Off fee of $25 will be strictly enforced if your child is scheduled to begin their day at 9:00am and they are dropped off earlier than 8:45am.

ARRIVAL/DISMISSAL

Early Morning Care (8:00am - 9:00am) - We are happy to serve breakfast to the children until 8:45am. Classes begin at 9:00am.

At pick-up time, we ask that you take responsibility for your children from that moment until you exit the building. Please keep your school calendar handy to check special days and schedules. The AJCC ECE closes on legal and Jewish holidays.

AVAILABLE DROP-OFF TIMES

8am-9am or 3pm-4pm (one hour)

3pm-5pm (two hours)

Part day Drop in on unscheduled day- 9am-3pm (6 hours)

Full day Drop in on unscheduled day- 8am-4pm (8 hours)

_____ _____

Parent Signature Date

_____

Child's name

*Return to ECE front desk

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AJCC CY&F PARENT CODE OF CONDUCT

Jewish Long Beach and the Alpert Jewish Community Center (AJCC) Children, youth, and families offer a friendly and comfortable environment for all. As a family facility, we expect all members and visitors to act within the boundaries of the Jewish Long Beach and AJCC core values of honesty, respect, responsibility, and caring.

- Members and guests are expected to be respectful of other participants and staff. Members and guests may not use profane or abusive language while on the premises or engage in any action that may be discourteous or harmful to others.
- Members and guests are expected to interact appropriately with other participants, staff, and visitors. Behavior should not violate another person's sense of privacy, safety, or dignity.
- Members and guests may not make threats, fight, or engage in any inappropriate or unwanted physical contact with another person while on the premises.
- Members and guests suspected to be under the influence of alcohol or illegal drugs will not be allowed admission into the facility.
- Confetti, glass, alcohol, and tobacco products are not permitted in the CY&F departments.
- Members and guests may not take any photographs/videos in the CY&F departments.
- Members and guests are expected to be respectful of all AJCC property.
- Members and guests must adhere to registered pick up times, drop off, and late fees.
- Authorized pick up for your child/ren must be 18 years of age or older.
- All exits and other safety measures shall remain clear and conform with the safety regulations of the City of Long Beach. All municipal state and federal regulations applicable to fire and safety ordinances shall be enforced.
- Please note: these premises are under recorded video surveillance.

Violations of any of these rules may result in termination of membership. Jewish Long Beach and the AJCC reserve the right to remove from the premises any individual acting in an inappropriate manner.

Parent Name_____

Parent Signature_____ Date_____

Parent Name_____

Parent Signature_____ Date_____

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AJCC CY&F Children's Code of Conduct: Rights and Responsibilities

Our goal is that every child in our center feels loved, welcomed, and safe; mentally, physically, and emotionally. Our desire is that the children in our center have a sense of respect, inclusivity, and kindness wherever they are.

All children have the right to:

- Be included in all school activities
- Advocate for themselves
- Know and follow school rules/expectations

All children have the responsibility to:

- Be kind and respectful to peers, teachers and any staff that work for the center. Harmful, abusive, exclusive acts or language that violates another person will not be tolerated.
- Keep themselves safe by following the rules/expectations of the center.
- Know and respect the rules/ expectations of the center.
- Try their best to be their best.
- Tell someone when they are being hurt emotionally, physically, or mentally.
- Respect the property of the center.

Code of Conduct Roadmap

When the Code of Conduct is not being met, here is a roadmap of steps the AJCC will take. These steps are at the discretion of the director and administration to take and are not limited to judgement calls to ensure immediate safety and care for all children.

- Meeting with families to develop and carry out a developmental roadmap that may include but is not limited to occupational therapy, play therapy, speech and/or cognitive and developmental evaluations.
- A "cool out space" to have big emotions and/or a space to regulate emotions.
- Removal from the classroom environment.
- Removal from the center temporarily or permanently.
- Child may be asked to change classroom environments for a time or permanently.
- Child may be sent home for the remainder of the scheduled day.

_____ _____

Parent Signature Date

_____ _____

Child Acknowledgement Date