



# Murwood Keyspot, Inc

## 2017-2018 School Year Registration Instructions

### First – Fifth Grade

Dear Murwood Families,

Welcome to the 2017 – 2018 school year. Please review the current Admission/Tuition Agreement prior to registering. If you have any questions regarding the rates, policies, or scheduling options please don't hesitate to contact our office via phone at (925) 932-8118 or via email at [keyspot@pacbell.net](mailto:keyspot@pacbell.net).

Any estimates provided by this form and or Murwood Keyspot Inc. staff are intended to help you select the best block/plan for your family's needs, based on the information you provide to Keyspot. There is no guarantee that this calculation is accurate. The best option for your family could change depending on the time your child is picked up from Keyspot, or if your child attends After School Enrichment, among other factors. You are responsible for making the appropriate selection for your family.

Please be sure your check list is complete and approved by the Keyspot office prior to utilizing our program. If your student is not properly registered, they will be sent to the main school office to contact a parent/guardian.

#### **Required for RETURNING Students who have been registered at Murwood Keyspot.**

- Family Registration 2017-2018 (completed and signed)
- Student Schedule (completed and signed)
- Child Information (reviewed and updated if necessary)
- Lic. 9221 Parent Consent for Administration of Medications – (for sunblock)

#### **Required for all NEW Students.**

- Family Registration 2017-2018 (completed and signed)
- Student Schedule (completed and signed)
- Identification & Emergency Information (completed and signed)
- Child's Preadmission Health History (completed and signed)
- Personal Rights (completed and signed)
- Parent's Rights (completed and signed)
- Consent for Emergency Medical Treatment (completed and signed)
- Lic. 9221 Parent Consent for Administration of Medications – ( for sunblock)



First – Fifth Grade Rate Options

**School Year Block Rates (9 Payments)**

<b>First – Fifth Grade Block Schedule</b>	5 days/week	4 days/week	3 days/week
<b>A</b> (7:00 A.M. – 8:00 A.M.) school days only, includes late start Wednesdays 8:00-9:00 A.M.	\$187 mo.		
<b>G</b> (School Dismissal until 6:00 P.M.) regular & short school days * teacher in-service days and school holidays included <b>Winter/Spring/Summer Camp NOT included</b>	*\$499 mo.	*\$442 mo.	\$364 mo.
<b>H</b> (7:00 – 8:00 A.M. plus school dismissal until 6:00 P.M.) regular & short school days * teacher in-service days and school holidays included <b>Winter/Spring/Summer Camp NOT included</b>	*\$593 mo.	*\$520 mo.	\$437 mo.
<b>WW</b> (8:00 A.M.-9:00 A.M. on Late Start Wednesdays only) *teacher in-service days and school holidays are NOT included <b>Winter/Spring/Summer camp are NOT included</b>	*Late start Wednesdays only \$35 mo.		
<b>ASP</b> (2:30pm - 5:00pm) regular & short school days * teacher in-service days and school holidays NOT included <b>Winter/Spring/Summer Camp NOT included</b>			\$281 mo.

<b>School Year Block Rates</b> are split in to 9 equal payments through the school year.	Payment 1 Sept. 1, 2017 Payment 2 Oct. 2, 2017 Payment 3 Nov. 1, 2017 Payment 4 Dec. 1, 2017 Payment 5 Jan. 2, 2018	Payment 6 Feb. 1, 2018 Payment 7 Mar. 1, 2018 Payment 8 Apr. 2, 2018 Payment 9 May 1, 2018	<b>Any changes made to your child's schedule will require a new registration form and a <u>change fee will be charged.</u></b>

**All Access Block Rates (12 Payments)**

<b>First – Fifth Grade Block Schedule</b>	5 days/week
<b>X1 This Block includes:</b> <ul style="list-style-type: none"> <li>• After school until 6:00 p.m.</li> <li>• Full Days (school holidays &amp; teacher in-service days)</li> <li>• Winter Camp</li> <li>• Spring Camp</li> <li>• Summer Camp</li> <li>• Summer Camp Reg. fee waived</li> </ul>	\$645 mo.
<b>X1 AM This Block includes everything in the X1 Block PLUS</b> <ul style="list-style-type: none"> <li>• Before School Care</li> <li>• (7:00-8:00 A.M. &amp; 8:00-9:00 A.M. on late start Wednesdays)</li> <li>• Breakfast on school days</li> </ul>	\$707 mo.
<b>Payment Schedule</b>	
<b>All Access Block Rates</b> are split in to 12 equal payments through the school year and summer.	Payment 1 Sep. 1, 2017 Payment 2 Oct. 2, 2017 Payment 3 Nov. 1, 2017 Payment 4 Dec. 1, 2017 Payment 5 Jan. 2, 2018 Payment 6 Feb. 1, 2018
	Payment 7 Mar. 1, 2018 Payment 8 Apr. 2, 2018 Payment 9 May 1, 2018 Payment 10 Jun. 1, 2018 Payment 11 Jul 2, 2018 Payment 12 Aug. 1, 2018
	<b>This block requires a full year commitment. If at any time you make a change to this schedule, your rate will be prorated, and registration fees will be charged.</b>



## First - Fifth Grade Rate Options Cont...

### Scheduled Hourly Rates

Hourly pre-paid based on schedule	
<p>\$10.25 per hour</p> <p>Daily charges are totaled in ¼ hour increments</p>	<ul style="list-style-type: none"><li>➤ To be eligible for this rate, your student's estimated schedule must be submitted at the time of registration.</li><li>➤ Actual usage will be calculated at the end of each month, and overages will be charged at the drop-in hourly rate.</li><li>➤ <b>To ensure the accuracy of charges, every student must be signed in and out electronically and on the paper roster. Failure to do so may result in overcharges which may not be refunded.</b></li></ul>

### Drop-in Hourly Rates

Hourly based on attendance	
<p>\$11.25 per hour</p> <p>Daily charges are totaled in ¼ hour increments</p>	<p>Drop-in users <u>must reserve a space 24 hours in advance</u> to ensure there is space for your student. Please call (925)932-8118 or send an email to <a href="mailto:Keyspot@pacbell.net">Keyspot@pacbell.net</a></p> <p>Voice mail messages and emails left on the same day may not be received in time to ensure your student gets to Keyspot safely. For last minute same day reservations, you <b>MUST</b> speak with a Keyspot employee.</p> <p>Actual usage will be calculated at the end of each month and charged to your account. Payment is due as soon as the charges are posted.</p> <p><b>To ensure the accuracy of charges, every student must be signed in and out electronically and on the paper roster. Failure to do so may result in overcharges which may not be refunded.</b></p> <p>Accounts left unpaid will not be eligible for drop-in services until full payment has been received.</p>



### 2017-2018 School Year Information

**Short School Days** – Short School days have an early dismissal time for TK – 5th grade students. Students scheduled to attend Keyspot on these days are dismissed directly to Keyspot. Shortened school days are scheduled for: 9/1/17, 11/3/17, 11/15/17, 11/16/17, 11/17/17, 12/15/17, 3/2/18, 5/25/18 and 6/8/18.

**Full Days**-Keyspot is open for teacher work days and school holidays as listed below. Students not registered for a block that includes these days, must sign up separately and pay the full day rate of \$78 per day.

### 2017-2018 Murwood Keyspot Full Day & Holiday Schedule

Keyspot will be **OPEN** for the following non-school days from 7:00 A.M. to 6:00 P.M.

Monday	August 21, 2017	Institute Day
Tuesday	August 22, 2017	Staff Development Day
Monday	October 9, 2017	Staff Development Day
Monday	November 20, 2017	Parent-Teacher Conferences
Tuesday	November 21, 2017	Parent-Teacher Conferences
Wednesday	November 22, 2017	School Holiday
Friday	February 16, 2017	Staff Development Day

Keyspot will be **CLOSED** for the following holidays

Monday	September 4, 2017	Labor Day
Friday	November 10, 2017	Veteran's Day
Thursday	November 23, 2017	Thanksgiving
Friday	November 24, 2017	Thanksgiving Holiday
Monday	December 25, 2017	Christmas
Monday	January 1, 2018	New Year's
Monday	January 15, 2018	M.L.K. Jr. Birthday
Monday	February 19, 2018	Presidents Day
Monday	May 28, 2018	Memorial Day

**Winter Break and Spring Break**-Keyspot is open year-round. Winter Break and Spring Break are optional for your convenience. Each break has daily or weekly rates. Students must be pre-registered and pre-paid, unless your student's block includes Winter break and Spring break. There is no hourly option available.

Winter Break 2017		Spring Break 2018
Monday 12/18/17 Tuesday 12/19/17 Wednesday 12/20/17 Thursday 12/21/17 Friday 12/22/17	Tuesday 12/26/17 Wednesday 12/27/17 Thursday 12/28/17 Friday 12/29/17	Monday 4/2/18-4/6/18
		\$78 per day \$290 per week

**Summer Camp 2018**-Summer Camp registration will be available April 2018. The program runs for 10 weeks and will be available as a half day, daily or weekly option. There is no hourly option available.

**Discounts**-A 10% discount will be applied to additional siblings with the lesser usage.

**Schedule Changes**- Any schedule changes must be submitted to the Keyspot office with a new registration form and a \$40 schedule change fee paid with at least two weeks' notice.

### **Penalty Charges**

- Payments are typically due on the first business day of each month. A \$5 fee will be charged each day payment is not received until the 5<sup>th</sup> day, at which time services may be denied.
- A \$1 per minute late fee will be charged to each family that arrives after the 6:00 P.M. closing time.

**Refund Policy**-While we understand that absences occur for a variety of reasons, non-attendance does not entitle you to a refund. For extended illnesses, please contact the Director. Requests for refunds will be presented to the Keyspot Board of Directors at the earliest scheduled board meeting at which time a decision will be made. If you are enrolled in an All Access Block and either change blocks or disengage from Keyspot service, refunds are not granted for service months already provided.

**Absences**-If your child will be absent from Keyspot, please notify us prior to your child's scheduled arrival time.

**Personal Possessions**-It is a school rule that toys and other personal items are not to be brought to school. This rule applies to Keyspot as well. Each child should have a backpack, tote bag, etc. to store their items. Individual cubbies are provided to all students attending Keyspot.

**Problems & Concerns**-A problem or concern must be brought to the Director's attention as soon as possible.

**Important Changes**-Keyspot must be notified immediately of any changes in work numbers, addresses, job changes, or new pick up persons.

**Admission Policy**-Murwood Keyspot, Inc. is a non-profit, California state licensed before and after school age child care center. Our hours are M-F, 7:00 A.M. to 6:00 P.M. All new students must have the required State of California Community Care Licensing Forms completed and signed by the legal/authorized parent/guardian prior to attending the program. In addition, the Keyspot Registration form and Tuition/Admission Agreement must be completed and submitted. Students must be at least 4.9 months of age or registered in Murwood's Transitional Kindergarten program to attend Keyspot.

**Child Abuse Reporting**-The staff at Keyspot, are mandated by the state of California to report any and all cases of suspected child abuse. The Department of Licensing Agency shall have the authority to interview children, or staff and to inspect and audit child or facility records without prior consent. They shall make provisions for private interview with any children or staff members and for the examination of all records relating to the operations of the facility. The Department of Licensing Agency shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement.

**Dismissal Policy**-In addition to the Behavior and Disciplinary Policy contained in the Parent Handbook, the Keyspot Board of Directors and Director reserve the right to dismiss Keyspot clients who do not adhere to the principles or practices of Keyspot. The following may be reasons for dismissal:

- Non-payment of fees
- Behavioral problems that cannot be changed by the parent/guardian or child
- Abusive behavior by the parent/guardian toward the staff
- Inability to work with or cooperate with the Director or staff
- Consistent lateness in picking the child

Any of the above problems would indicate to the Keyspot staff that the parent/guardian or child is not suited for this particular care center. After consultation, parents/guardians would be advised to find another placement for their child.

**Other Terms and Conditions**-Keyspot may add any other terms or conditions to the agreement which the Board of Directors deems to be necessary, as long as they are not contrary to the licensing regulations, state law, or public policy. A copy of such changes will be provided to parents/guardians. Please refer to the Keyspot Parent Handbook for additional information. The Handbook is available for download from our website [www.murwoodkeyspot.org](http://www.murwoodkeyspot.org).





### Family Registration 2017-2018

Parent/Guardian (1) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Child Name (1) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child Name (2) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child Name (3) \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

To help us meet the IRS's requirements to maintain our non-profit status, please tell us why you need care for your child(ren): \_\_\_\_ I am (we are) gainfully employed or looking for work or \_\_\_\_ Other: \_\_\_\_\_.

### Registration Fees

Registration Fee \$50 \* number of children \_\_\_\_\_ = \$ \_\_\_\_\_

Facility Fee \$25 \* number of children \_\_\_\_\_ = \$ \_\_\_\_\_

(Schedule change fee \$40 number of children \_\_\_\_\_ = \$ \_\_\_\_\_)

\*Total Fees Due: \*Due at time of registration \$ \_\_\_\_\_

Please make checks payable to Murwood Keyspot, pay with credit/debit card, or pay online.

### **Registration is accepted on a first come, first served basis.**

I/We have received a copy of the 2017-2018 Admission/Tuition Agreement for Murwood Keyspot, Inc., and agree to adhere to the policies of this agreement.

Family Name \_\_\_\_\_ Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_

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

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

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



### Student Schedule 2017-2018

Student 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Please select the option for Student 1

Block Name	MON	TUE	WED	THU	FRI

and/or

Hourly Schedule	MON	TUE	WED	THU	FRI
Before School	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Estimated Pick Up Time					

and/or

Drop-in	
Before School	Yes/no
After School	Yes/no

-----  
Student 2: \_\_\_\_\_ Grade: \_\_\_\_\_

Please select the option for Student 2

Block Name	MON	TUE	WED	THU	FRI

and/or

Hourly Schedule	MON	TUE	WED	THU	FRI
Before School	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Estimated Pick Up Time					

and/or

Drop-in	
Before School	Yes/no
After School	Yes/no

-----  
Student 3: \_\_\_\_\_ Grade: \_\_\_\_\_

Please select the option for Student 3

Block Name	MON	TUE	WED	THU	FRI

and/or

Hourly Schedule	MON	TUE	WED	THU	FRI
Before School	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no
Estimated Pick Up Time					

and/or

Drop-in	
Before School	Yes/no
After School	Yes/no

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

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



**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
-------------------	-----------

LIC 700 (9/08)(CONFIDENTIAL)

**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*	N/A	MONTHS	BEGAN TALKING AT*	N/A	MONTHS	TOILET TRAINING STARTED AT*	N/A	MONTHS
------------	-----	--------	-------------------	-----	--------	-----------------------------	-----	--------

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
N/A		N/A	

PARENT'S EVALUATION OF CHILD'S HEALTH
---------------------------------------

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

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
--------------------	------

LIC 702 (8/08) (CONFIDENTIAL)

## PERSONAL RIGHTS

### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

1515 Clay St., Suite 1102

CITY

Oakland, CA

ZIP CODE

94612-2904

AREA CODE/TELEPHONE NUMBER

510-622-2602

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)

Murwood Keyspot, Inc

(PRINT THE ADDRESS OF THE FACILITY)

2050 Vanderslice Ave Walnut Creek, CA 94596

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

LIC 613A (8/08)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1515 Clay St., Suite 110, Oakland, CA 94612-2904

Licensing Office Telephone #: 510-622-2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

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

Murwood Keyspot, Inc.  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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

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

LIC 995 (9/08)

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

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

Murwood Keyspot, Inc 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