Saint Raphael Preschool

1100 Fifth Avenue, San Rafael, CA 94901
PHONE# 415-456-1702 EMAIL preschool@straphaelschool.com
www.saintraphaelpreschool.com
CA Lic. # 213005559

Welcome Letter

Welcome to Saint Raphael Preschool!

We are delighted that you have chosen our Preschool to care for your precious child! The Archdiocese has not yet confirmed the start date for the 1st day of school for the next school year. However, we usually start during the 3rd or 4th week of August. As soon as they let us know, we will inform you.

Some important items for you to know:

- A $350 Activity/Registration Fee is **due now** (if you have not yet paid it) to hold your child's spot in their prospective class.
- Our school hours are from 8:00 am until 5:30 pm. If you need to have your child attend Extended Care during these times, please let us know so we can schedule appropriately.
- All children attending Saint Raphael Preschool are expected to be fully potty-trained or currently working on their Potty Training Journey. If your child is not yet fully independent in the bathroom, you will need to follow and uphold the Potty Journey Agreement and pay the **fee of $150 per month** until your child is fully independent using the bathroom.
- Please make sure we have all your current contact and email information so that we can update you on important upcoming dates (i.e. School Calendar, special events, etc.).
- Please click here: Parent Handbook to read and learn about our program and policies. Or go to our Website: saintraphaelpreschool.com and click "Admissions"
- Please check and **fill out both sides** of all the paperwork in this enrollment packet. Please fill out and **SIGN ALL** the forms.
- Please sign-up for **FACTS** automatic tuition payment plan by visiting: https://online.factsmgt.com/signin/4HJRW and create an account so your monthly tuition can be deducted from your checking account automatically.

Your child's enrollment packet is enclosed. **Please read all the enclosed paperwork and also the Parent Handbook (found on our school website)**. Please complete **all** the forms and return or mail them back to us **AS SOON AS POSSIBLE OR AT THE LATEST FRIDAY, MARCH 6th 2026,** with your **non-refundable $350 Registration/Activity Fee,** made payable to St. Raphael Preschool. All the forms **MUST** be completed and signed upon return.

If you have any questions, please do not hesitate to contact me.

Thank you for choosing Saint Raphael Preschool for your child's early education.
Blessings,
Edith Yates, Director

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Carta de Bienvenida

¡Bienvenido al Preescolar de Saint Raphael! Estamos felices de que haya elegido nuestro preescolar para estar a cargo del cuidado de su hijo. La arquidiócesis aún no ha confirmado el día de inicio del primer día de clases para el próximo año escolar. Sin embargo, usualmente comenzamos durante la tercera o cuarta semana del mes de Agosto. En cuanto nos lo hagan saber, se lo comunicaremos.

Elementos Importantes:

1. Se debe pagar una tarifa de **inscripción/actividades de $350**, si aún no lo ha pagado favor de hacerlo, para mantener el lugar de su hijo en su futura clase.
2. Nuestros horarios son de 8:00 am a 5:30 p.m. Si necesita que su hijo asista a cuidados prolongados durante estos horarios, háganoslo saber para que podamos programarlo adecuadamente.
3. Todos los niños en Saint Raphael Preschool deben estar completamente entrenados para ir al baño o estar actualmente al final del Proceso de Entrenamiento para ir al Baño. Entiendo que, si mi hijo(a) aún no es completamente independiente en el baño, cumpliré y respetaré el Acuerdo del Proceso de Entrenamiento para ir al baño y pagaré la cuota, mensual **de $150** hasta que su hijo(a) esté completamente entrenado(a) para ir al baño independientemente.
4. Asegúrese de tener toda su información de correo electrónico actualizada para que podamos actualizarla sobre las próximas fechas importantes (calendario escolar, eventos especiales, etc.).
5. Por favor, haga clic aquí: Manual para Padres para leer y conocer nuestro programa y nuestras políticas. O visite nuestro sitio web: saintraphaelpreschool.com y haga clic en “Admisiones”.
6. Por favor, revise y complete ambos lados de toda la documentación que está en este paquete de inscripción. **Favor de llenar todas las formas y firmarlas.**
7. Favor de suscribirse al plan de pagos automáticos en **FACTS** visitando esta página electrónica: **https://online.factsmgt.com/signin/4HJRW** y cree una cuenta para que su pago de cada mes sea deducido automáticamente de su cuenta de cheques.

Es importante que lean toda la documentación y completen todos los formularios y los devuelvan o nos los envíen por correo lo antes posible **con su tarifa no reembolsable de $350** al Preescolar de Saint Raphael. El último día para recibir el paquete es **VIERNES , 6 de marzo de 2026.** Todos los formularios deben **completarse y firmarse** al regresar.

Si tiene alguna pregunta, no dude en ponerse en contacto conmigo.

Gracias por elegir el Preescolar de Saint Raphael para la educación de su hijo.

Bendiciones,

Edith Yates, Directora

Saint Raphael Preschool Enrollment Checklist

Welcome and thank you for choosing Saint Raphael Preschool for you and your family! Before your child can start, the following forms need to be **COMPLETELY FILLED OUT, SIGNED,** and turned into the preschool office **before your child's first day of school. Most forms have 2 sides, so please turn all pages over.**

Required Forms that Must Be Completely Filled Out and Returned:

____ Financial Agreement Contract Signed (**Back**) with the **$350 Registration Fee**

____ Identification and Emergency Information **LIC 700** (**Front**) and Consent for Emergency Medical Treatment **LIC 627** (**Back**)

____ Personal Rights **LIC 613A**

___ Child Care Center Notification of Parents Rights **LIC 995**

____ Physician's Report **LIC 701** (**to be completed by your child's physician**)

____ Copy of your child's current Immunization Record (**from your child's physician**)

____ Child's Preadmission Health History **LIC 702** (**to be completed by parents**)

____ Teacher / Child Care Provider Recommendation Form if applicable (**to be completed by child's present school/care provider**)

____ Potty Journey Agreement (**if applicable**)

____ All About Me Questionnaire/ Information Required by the Archdiocese (**bottom of page**)

____ Sign-in/Sign-out Agreement Policy (**Front**) and Nut-Free School Acknowledgement (**Back**)

____ Parent Volunteer Agreement (**Front**) and Photo Release Authorization (**Back**)

____ COVID-19 Enrollment agreement / Risk Acknowledgment agreement **(signed)**

____ Admission Agreement (**initialed and singed**)

Required Forms for you to Read and Keep

____ Parent's Guide to Immunizations

____ FACTS registration Directions

____ Uniform List

____ Parking Permit

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Saint Raphael Preschool

WHAT TO BRING ON THE FIRST DAY OF SCHOOL



- A change of clothes in case of an accident in a **1 Gallon Ziplock bag** (1 shirt, 1 pair of pants or shorts, 2 pairs of underwear, 1 pair of socks, 1 pair of shoes). Extra clothes do not have to be uniform clothes.



- Emergency Pack in a **1 Gallon Ziplock bag** (2 or 3 12-ounce plastic water bottles; 3 nut-free granola bars, 2 or 3 small packs of crackers)



- **For nappers**: A small **tote bag**: 1 cotton **crib** fitted sheet and 1 **thin** cotton blanket.
- Lunch and Snacks: Please send enough food for a morning snack and afternoon lunch. **For children in extended care,** be sure to pack an extra snack for the afternoon. All food should be **NUT-FREE**. Your child only needs a **lunchbox**. Please do not send them with **backpacks**.





- Family Photo (helps your child during the transition time from home to school)
- If your child has any **prescribed medicine, such as an Inhaler or Epi-Pen, etc**., please email us, as there are important paperwork forms that need to be filled out **before their first day of school.**

PLEASE **LABEL <u>ALL</u>** OF YOUR CHILD'S BELONGINGS WITH HIS/HER NAME. THANK YOU!

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Saint Raphael Preschool Potty Journey Agreement

Dear Families,

We want going potty to be a smooth and successful journey in your child's life, not a frustrating one for all. We know to be successful, we need to partner together for the best interest of the child.

A few signs that indicate your child may be ready to begin/continue potty training:

- Can use consistent words to communicate
- Can recognize when their pull-up is wet or soiled
- Shows an interest in the toilet
- Gives a physical or verbal sign when he/she is having a bowel movement.
- Stays dry for long periods of time
- Can undress and pull his/her own pants
- Attempts to wipe themselves

Once your child stays dry for several hours and uses the toilet on their own request, they are almost potty trained!

Parents agree to provide:

- **Baby Wipes (provided/restocked by family as needed to maintain supply)**
- **At least 3 pairs of labeled underwear**
- **At least 3 elastic waist pants/shorts**
- **At least 3 pairs of labeled socks**
- **At least one pair of school-appropriate shoes.**

Saint Raphael Preschool Staff agree to:

- We expect an occasional accident, and we will treat them as teachable moments. We will watch for and identify signals that may help them make it on time the next time.
- Encourage, support, and praise all successes that your child achieves during their potty journey.
- We will take children to the bathroom at regularly scheduled times during the day and on demand when necessary.

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We will communicate with the family about how the potty journey is going. We will help monitor the potty journey for a period of three weeks and then assess how the child is doing. If the child is ready, it should only take a few weeks! This agreement is a partnership to help the child be successful.

We are committed to helping your child be successful in this process, but we need your help in mirroring our efforts and being consistent with your child.

A **monthly fee** will be added to your child's tuition during their Potty Journey. Once your child is fully independent in the bathroom, this fee will be removed.

Your agreed Potty Journey monthly fee is: **$150.00 per month.**

Please support us by:

- **Setting a Bathroom Reminder Timer.**
- **Being consistent with Potty routines.**
- **Not putting your child in diapers or pull-ups, including bedtime and outings.**
- **Communicating with your child about listening to their bodies for bathroom needs.**
- **Communicating with your child's teacher about their potty journey progress at home.**

Child's Name: _____ ***Parent Name:*** _____

Parent's Signature: _____ ***Date:*** _____

Teacher's Signature: _____ ***Date:*** _____

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Saint Raphael Preschool Covid-19/New Variants Enrollment Agreement

I have enrolled my child(ren) at Saint Raphael Preschool. I understand that the facility is making changes to typical early care settings intended to keep everyone safe during these times. I commit to adhering to these enhanced health and safety protocols, **and to any further enhancements to these protocols as they are made.**

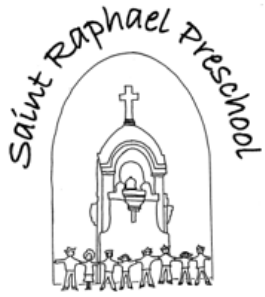
1. If requested by Saint Raphael Preschool, I will get a COVID-19 test performed for my child and submit the test results to the Preschool administration before my child can return to school.

2. I WILL BE FAMILIAR WITH AND CONFORM TO ENHANCED PROTOCOLS. These include:
    - I understand that my child/ren may NOT attend school if they have a temperature of 100 F or higher until the fever has been gone for 24 hours without any aid of medicine.
    - **I will pick up my child within 30 minutes of receiving a phone call of them being ill** AND call the facility should there be a situation that requires me to be late and if other arrangements have been made for pickup.

I understand that while providers bring their critical skills and expertise to help ensure care is available for the families, **I must use my best judgment about what is best for my family and household.** I will consider carefully whether I need to take additional precautions to protect those in my household who may be at the highest risk, particularly older adults and those who have severe underlying health conditions.

Possible COVID 19 Closure:

If Saint Raphael Preschool is forced to close due to a COVID-19 outbreak, it may stay closed based on the recommendations from the CDC and Marin County Health and Human Services Department. **Also, if a teacher becomes ill, we may be required to close that classroom for the day/s if our substitute and/or director are unable to come in and fill that position for the duration of the teacher's illness. If either circumstance was to happen, tuition refunds would not be issued.** If the director or a teacher of the preschool becomes sick (COVID-19), an email will go out to all parents. The Department of Public Health will determine if a closure is warranted.



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Risk Acknowledgment Agreement By Parent/Legal Guardian

The collective effort and sacrifice of Marin residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within Marin and California continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms ("pre-symptomatic"), and many are contagious without ever developing symptoms ("asymptomatic"). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

The availability of childcare is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare for all families at facilities that follow required safety rules does not mean that attending childcare is free of risk. Enrolling a child in childcare could increase the risk of the child becoming infected with COVID-19. While the majority of children who become infected do well, there is still much more to learn about coronavirus in children, including Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of bringing their child to Saint Raphael Preschool, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider. More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at https://www.cdc.gov/coronavirus/2019-ncov/.

In consideration of having my child participate at Saint Raphael Preschool, I waive, release, and forever discharge the Archdiocese of San Francisco, Saint Raphael Preschool and Elementary School, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns of and from all claims, demands, damages, costs, and actions whatsoever and however caused, arising or to arise because of mine or my child's participation in this program, activities or any of its associated activities.

I understand the risks associated with enrolling my child at Saint Raphael Preschool and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the childcare program imposes as a condition of enrolling my child.

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Saint Raphael Preschool
COVID-19 Safety and Protection Plan

It is very important that all parents must read this **ENTIRE** document. There are certain guidelines that, if you do not comply, you would be putting the other children and staff at unnecessary risk. It is paramount that parents understand your actions directly affect all families that are a part of the Saint Raphael Preschool community.

Overview:

The following policies and procedures are in accordance with the rules set forth by the Marin County Public Health and Human Services, the California Community Care Licensing Office, and the Archdiocese of San Francisco office for catholic schools.

Every year, our main priority is to make sure the children who attend Saint Raphael Preschool stay safe and healthy. This year, we recognize that we must go the extra mile and be extra vigilant to protect the children, families, and staff from COVID-19. Below, we have put together new policies and procedures that we will be following during the ongoing pandemic. Even though we recognize that we cannot guarantee no one in our preschool will be exposed, we put forth these policies as a way to mitigate the risks and protect everyone to the best of our ability.

Social and physical distancing is a practice recommended by the Centers for Disease Control (CDC) to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

What Saint Raphael Preschool is doing to reduce the risk of a virus outbreak:

The teachers and staff at Saint Raphael Preschool are dedicated to providing a safe and healthy environment while following the CDC and EPA guidelines. This includes handwashing and also being trained in the following: COVID-19 prevention, symptoms, and transmission, and how to use personal protective equipment.

How to talk to your child about health and safety:

- We highly recommend that every child receive their yearly flu vaccine.
- Teach, model, and reinforce healthy habits and social skills.
- Explain to children why it's not healthy to share drinks or food, particularly when sick.
- Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (hand washing should last 20 seconds). Show them how to wash their hands by doing it with them and verbally explaining the process.
- Teach your child how to properly sneeze and cough into their elbow (we call it a "cough pocket" in the classroom). Reinforcing this behavior over and over in both the home and classroom helps it turn into a habit.
- Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

- Observe your child for symptoms of COVID-19: coughing, shortness of breath, diarrhea, vomiting, runny nose, abdominal pain, neck pain, feeling extra tired for an extended period of time, hoarseness, and/or sore throat.

Before you take your child to school:

- Before dropping off your child, you must wash your hands and use the bathroom.
- Please have your child/children brush their teeth every morning before school to help kill germs.
- We ask that your child/children wear clean, washed clothes every day.
- Ask your child how they feel. **Observe them for coughing, shortness of breath, diarrhea, vomiting, runny nose, hoarseness, and sore throat, take note if your child is just not acting like themselves. If they present with any of these symptoms, You MAY NOT bring them to school.** Also, children should stay home if anyone in the home presents with the symptoms above.
- If your child has a temperature **of 100 F** or above or any of the above symptoms, **Do Not Bring Them To School**.
- Contact the preschool via email and/or call the preschool office at 415-456-1702 (please leave a message if you get the answering machine) notifying us that your child will not be attending school that day. Please also include what symptom/s your child is experiencing in your email/phone call.
- To prevent cross-contamination between home and school, your child may not bring toys, stuffed animals, books, etc. from home.

Drop-off and Pick-up Policies:

- Staff is required to conduct a visual wellness check on your child to look for any signs of illness. You and your child will be asked health screening questions if a teacher notices they appear to be ill.
- All drop-offs and pick-ups **should be as brief as possible.**

Please make sure there is always an adult available to pick up your child (within 30 minutes of being called) in case of illness, emergencies, or injuries.

Illnesses, Symptoms, and Allergies:

- Before the school year begins, children with seasonal/environmental allergies must provide a doctor's note confirming they are diagnosed with allergies, what their specific symptoms are, and if they are taking medication for their allergies. EACH DAY that they present symptoms for allergies, you must notify their teacher what their symptoms are that day.
- Before your child returns to school from a basic illness, and/or after experiencing flu-like symptoms, they must be **24 hours fever-free without medication, 100% symptom-free, and have a negative Covid test sent to the preschool** per guidelines set forth by the California Department of Public Health. If they had COVID they may return after 5 to 6 days and with proof of a negative COVID test.
- Your child will be allowed to attend school again when they are **24 hours fever-free, without medication, and can provide proof of a negative Covid test.**

Please Note: There may be updates and modifications to our COVID-19 Safety and Protection Plan as we continue to receive new information from the Marin County Health Department, CDPH, State Licensing, and/or the CDC. All protocols are subject to change.

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Saint Raphael Preschool

COVID-19 Enrollment, Risk Acknowledgement, and COVID-19 Safety and Protection Plan Agreements

Sign and return this page via email or in person with enrollment paperwork to preschool@straphaelschool.com.Your child may not start school if this agreement is not signed.

By signing on the line below, I agree that I have read this entire document and will follow the guidelines presented by the Saint Raphael Preschool COVID-19 Enrollment/Risk Acknowledgment Agreement and the Saint Raphael Preschool COVID-19 Safety and Protection Plan.

_____ _____

Signature of Parent/Legal Guardian Date

_____

Name of Child/Children

All About Me

St. Raphael Preschool Child Information Sheet

1. Your child's name/ nickname? _____

2. Does your child have any fears and/or anxieties? _____

3. Describe your child's skills and/or talents:_____

4. Please list your child's areas of interest. _____

_____

5. What toys does your child play with? _____

6. Does your child have any allergies (food or seasonal)? Yes No (circle one) If 'yes', please explain:
_____

_____

Medication required? Yes No (circle one) (A follow-up form may be required)

7. Does your child have any recurring medical issues/problems? Yes // No (circle one) If yes, please explain:

_____

8. Has your child ever received any special services including language, speech, behavior etc.? _____

_____

9. Do you have any concerns about your child's development? _____

_____

10. What goals do you have for your child this year? _____

_____

11. Please describe a typical day with your child (include outdoor playtime, indoor playtime with toys, "electronics" i.e., computer, TV, iPad/tablet, social media access, etc.).
_____

_____

12. Who lives at home with your child, including pets? _____

_____

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13. Does your child live at more than one primary home? Please explain: _____

_____

14. How do you redirect your child from doing something/getting into something not allowed/hazardous?

_____

15. Do you consider yourself "firm" or "flexible" in your child's discipline? _____

_____

16. What do you do to make your child feel comfortable? _____

_____

17. How do you deal with frustration with your child? _____

_____

18. Any insights on your child's behavior that would be helpful for us to know? _____

_____

_____

Additional Information Needed for the Archdiocese of San Francisco

19. What Religion, if any, does your family practice? _____

20. What Language is spoken at home? _____

21. What Race is your child? (Check all that apply)

- □ African American
- □ American Indian / Alaska Native
- □ Asian
- □ Hispanic / Latino
- □ Native Hawaiian / Pacific Islander
- □ White
- □ Other

22. What Ethnicity is your child?

- □ Hispanic / Latino
- □ Non-Hispanic / Non-Latino

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ST. RAPHAEL PRESCHOOL ADMISSION AGREEMENT
PLEASE READ AND INITIAL EACH STATEMENT

CHILD'S NAME_____ **BIRTHDATE:** _____

_____ 1. I have electronically received and read the PARENT HANDBOOK (found on our website at www.saintraphaelpreschool.com) and understand that it is part of the ADMISSION AGREEMENT. I agree to abide by the rules about admittance, arrivals, and departures, drop-off and pick-up times, attendance, sick children, absences, finances, parent involvement, and every other specified regulation.

_____ 2. I have received and read the Saint Raphael Preschool COVID-19 Enrollment/New Variant Risk Acknowledgment Agreements and the Saint Raphael Preschool COVID-19 Safety and Protection Plan (found in the enrollment packet). I understand these policies and guidelines are subject to change. I agree to abide by all COVID policies/guidelines set forth by Saint Raphael Preschool/CDC/Marin Public Health Department/California State Licensing/ and/or any other health agencies.

____ 3. My monthly tuition will be automatically deducted from my bank account through the FACTS payment plan on the **20th of each month**. I also understand that there is a one-time charge for this service and that FACTS will deduct it from my account at the time of set-up.

_____ 4. I acknowledge the days that the school is closed due to holidays, vacations, non-school days, and in-service days; the monthly tuition **is not prorated** due to these dates.

_____ 5. I understand that there are no makeup days for days missed due to absence from illness, vacation, holidays, etc. nor may families trade one day for another.

_____ 6. I have reviewed and received a current Financial Agreement and agree to abide by all rules about fees, tuition, and finances.

_____ 7. I understand that, in the event that I wish for my child to leave Saint Raphael Preschool, notification of withdrawal must be made **in writing 30 days in advance** (for any reason at all), or I will incur the charge for one full month of tuition.

_____ 8. I agree to have my child be SIGNED IN on arrival and SIGNED OUT on departure with the correct time and a full signature by an AUTHORIZED ADULT who is on my child's emergency pick-up card. Failure to do so will result in fines noted in the handbook. I understand that I am allowed to observe and visit the school at any time while my child is present.

_____ 9. Please respect the closing time. Plan your pick-up time to accommodate traffic, traffic accidents, parking, gathering your child's belongings, etc. I understand if my child is still present at the preschool after closing, **a fee of $5.00 will be charged for every minute that my child remains at the school.** I understand that after 3 late pick-ups, my child will be **withdrawn** from the preschool program.

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_____ 10. I agree to keep my child home if I know or feel my child is not feeling well enough to participate properly in the school environment.

_____ 11. I agree that if a staff member from Saint Raphael Preschool calls and requests that my child needs to be picked up for any reason, someone will come and pick them up **within 30 minutes of being notified**. The reasons for pickup may include: an emergency, a natural disaster, my child is feeling sick, my child is having symptoms of illness, improper behavior towards a staff member and/or another child, etc.

_____ 12. I acknowledge that if my child is still working on becoming fully potty-trained, I will commit to the **Potty Journey Agreement and pay the $150 monthly fee** until they are completely potty trained.

_____ 13. I acknowledge that it is at the discretion of the Director and my child's teacher to decide whether my child is fully independent in using the bathroom. This means that my child feels the need to use the bathroom, expresses that need, and is independent when using the facilities (including wiping themselves).

_____ 14. I commit that I will attend the mandatory PARENT-ONLY Preschool Orientation meeting, Parent Night, and other parent events. The Preschool will notify me months in advance of the dates and times of any planned events.

_____ 15. I agree to commit at least 10 hours a school year to volunteer to help benefit St. Raphael Preschool. For any hours I have not worked, I agree to pay $25 per each hour.

_____ 16. I understand that Saint Raphael Preschool reserves the right to **un-enroll** my child from attendance without prior notice for one or more of the following reasons:

a. Tuition is more than 15 days past due.
b. Late pick-up after three or more times.
c. A child's behavior is uncontrollable or unsafe for themselves and/or others.
d. When the preschool staff is unable to meet the needs of an individual child.
e. A parent is not able to work with the preschool staff to solve any issues.
f. A parent behaves in a manner that falls short of meeting the Christian values of the school (example: being discourteous, scandalous, rumor-driven, disruptive, threatening, harassing, hostile, divisive, or using inappropriate language).

_____ 17. I understand that the California State Department of Social Services, our licensing agency, has the authority to inspect client or facility records without prior consent and to interview clients if they deem it necessary. This agency has the right to observe the physical condition of clients, including conditions that could indicate abuse, neglect, or inappropriate placement. I also acknowledge my right to contact the licensing agency if fault is found in the treatment of my child or in the operation of the facility.

_____

Parent Signature Date

Saint Raphael Preschool

Parent Service Hours Requirements and Agreement

We ask that you support Saint Raphael Preschool. Therefore, each family is obligated to complete **10 service hours** a year in school-related activities, fundraisers, events, and support.

The following activities can be used towards fulfilling your Service Hours requirements

-Providing lunch/food for teachers' birthdays.
-Providing treats/goodies/surprises to teachers during Teacher Appreciation Week and/or during the school year.
-Providing lunch for teachers on staff meeting/early dismissal days.
-Providing snacks/drinks for our teachers via the monthly sign-up sheet.

Please Note: Every $25 spent on Food only counts for 1 service hour. Please make sure to attach your receipts to your parent service hours log.

Walking on/Assisting with Field Trips will also count towards your Service Hours Requirement. Please see Field Trip guidelines below:

-Any siblings or other children MAY NOT attend with you during your volunteer time.
-Please be reliable, conscientious, and prompt.
-Please use language and a tone of voice that is calm, appropriate, encouraging, and respectful.
-Please do not use your cell phones so that the children know you are present and focused.
-Please do not use your volunteer time to socialize with other parents and/or teachers.
-Please model positive behavior, be patient, and kind.
-We ask that what parents observe regarding the children remain strictly confidential.

By signing below, you are affirming that you are in good health to volunteer on Field Trips.

Signature: _____ Date: _____

Here are more service activities that you can do on weekends/after school hours:

-Facility Improvements
-Painting
-Gardening/Pulling Weeds
-Sewing/Repairing torn dress-up clothes/stuffed animals
-Basic carpentry (putting together classroom furniture etc)
-Cleaning toys and/or washing dress-up laundry
-Organize, set up, and/or clean up for school functions/fundraisers

I have read the St. Raphael Preschool Parent Service Agreement. I understand that I am required to help benefit the school with 10 service hours per school year. For every hour that is not worked, I will be charged, in May, $25.00 for each hour.

Name: _____ Signature: _____

Child's Name: _____ Date: _____

TURN OVER 



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Photo Release Authorization

Many photos are taken of the children throughout the year. These photos are used as displays in our hallways, memorabilia, and advertising. Please check the line in which you agree, sign, date, and return this form.

I hereby ***authorize*** the release of photos taken by St. Raphael Preschool with the understanding that the photos may be used (without their names) in advertising via our Website, Facebook, Instagram, Yelp, etc.

Yes _____ No _____

Child's Name: _____

Parent's Signature: _____

Date:_____

TURN OVER ➡

Saint Raphael Preschool

Teacher / Child-Care Provider Recommendation Form

Saint Raphael Preschool
1100 Fifth Avenue, San Rafael, CA 94901
Phone: 415-456-1702 **Email:** preschool@straphaelschool.com
#213005559

Thank you for taking the time to fill out this student evaluation. This form is important to our Preschool since we use the information you provide to best support the child in our program, and we appreciate your accurate responses. Please complete this questionnaire and return it to our preschool by email or USPS mail to the address above. **Please do not return it to the parent for submission**. Your comments will be confidential.

Name of Child: _____ Child's Date of Birth: _____

Provider Name _____ How Long Have You Known Child? _____

Self-Help Skills:	Always	Usually	Sometimes	Never
Dresses Self				
Independent in bathroom				
Can open/close own lunch items				
Comments:				

Emotional Maturity	Always	Usually	Sometimes	Never
Uses words to express feelings				
Plays happily with their friends				
Interacts positively with adults/teachers				
Transitions easily				
Exhibits self-confidence				
Shares well with others				
Separates from parents easily				
Demonstrates self-control				
Expresses frustration appropriately				
Comments:				

Listening Skills:	Always	Usually	Sometimes	Never
Length of attention span				
Can sit for an appropriate amount of time				
Follows directions & completes the task				
Comments:				

Language Development	Always	Usually	Sometimes	Never
Speaks clearly/understandable				
Speaks in complete sentences				
Processes auditory information				
Comments:				

TURN OVER

Motor Skills	Excellent	Good	Fair	Poor
Fine motor control and coordination				
Eye-hand coordination				
Gross motor control and coordination				
Body and space awareness				

Parents	Always	Usually	Sometimes	Never
Cooperative				
Follows through with provider's requests/suggestions				
Consistent with discipline				
Has a realistic picture of the child's abilities				
Genuinely interested in their child's education				

Comments:

General health as exhibited at preschool/childcare (any concerns?) _____
_____

Has this child received any special services (speech or language assessment, etc.)?
_____
_____

Additional Remarks:
_____
_____

Specific Recommendations:

_____Highly Recommended _____Recommended _____Recommended with reservations
_____Prefer not to make a recommendation (please explain or call):
_____
_____

We truly appreciate the time you have invested in filling out this student's form. Your input is truly valuable.

_____ _____ _____
Name Position Date

_____ _____
Preschool/Childcare Telephone Number



CA Lic.# 213005559

Nut-Free Agreement

Dear Parents,

Saint Raphael Preschool prides itself on putting the children and their health and safety first. This is why we continue to be a **NUT-FREE** environment. Peanuts, walnuts, almonds, hazelnuts, cashews, pistachios, pine nuts, pecans, and Brazil nuts are all excluded from our program.

We request your assistance in providing our children with a safe environment. It is highly important that stringent avoidance of these nut products be taken in order to prevent allergic reactions that may be life-threatening.

To reduce the chances of a potentially life-threatening allergic reaction, please do not send **any** peanut or nut-containing products to school that will be ingested by your child or shared during a celebration, school function, or birthday snack.

If your child ate any type of peanut product before attending their class day, please make sure that you wash their face and hands well with soap and water before coming to school.

If you have any questions or concerns regarding this policy, please feel free to contact me. Please fill out and return the bottom section of this form to verify your understanding and agreement to comply with this policy.

Thank you so much for your support of these guidelines and for keeping our students healthy and safe throughout the school year.

Sincerely,
Edith Yates, Director

Nut/Peanut Free School Acknowledgement

I have read, understand, and agree with St. Raphael's Nut/Peanut Free School Policy. I agree to help keep the school a nut and peanut-free environment.

Child's Name _____

Parent's Name:_____ Date: _____

Parent's Signature:_____

TURN OVER

Saint Raphael Preschool

1100 Fifth Avenue, San Rafael, CA 94901 (415)-456-1702Website: saintraphaelpreschool.com

Full Signature Acknowledgement: Sign-In/Sign-Out Policy

Community Care Licensing under the California Department of Social Services requires a parent/guardian, or authorized family member 18 years or older, to sign the child in and out daily. A **photo ID** may be requested. **Initials are not accepted!**

101229.1 Sign In and Sign Out

(a) In addition to the sign-in procedure requirement of Section 101226.1 (b), the licensee shall develop, maintain, and implement a written procedure to sign the child in/out of the School that shall, at a minimum, including the following:

(2) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.

(b) The person who brings the child to, and removes the child from, the School shall sign the child in/out.

(c) A person who removes the child from the School during the day, and returns the child to the School the same day, shall sign the child in/out.

(d) The sign-in and sign-out sheets with the signatures required by this section and by Section 101226.1 shall be kept for one month and shall be available at the center for review by the Department.

Child Care Licensing reviews our school's records during their visits, which include the Sign-In/Sign-Out logs from our Procare signing system. If they find that sign-ins have not been properly completed, we will receive a deficiency notice. **There is a Civil Penalty of a minimum of $150.00/day if violations are found.** Should Licensing fine our school, the amount of the fine will be billed to the violating parent, so please be aware of this.

Child's Name:

_____

Parent/Guardian Name:

_____

Parent/Guardian Signature:

_____

Date: _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

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

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
( )	( )

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

NAME

Community Care Licensing

ADDRESS

851 Traeger Avenue, Suite 360

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Bruno, CA	94066	(650) 266-8843

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)
Saint Raphael Preschool	1100 Fifth Avenue, San Rafael, CA 94901

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(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: Department of Social Services - Community Care Licensing

   Licensing Office Address: 801 Treager Avenue, San Bruno, CA 94066

   Licensing Office Telephone #: (650) 266- 8843

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.

Saint Raphael Preschool
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

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

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

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)

Saint Raphael Preschool . This Child Care Center/School provides a program which extends from 7 : 15
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:00 a.m./p.m., five 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

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____
LUNCH _____
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

PARENTS' GUIDE TO IMMUNIZATIONS
REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)

CDPH

Starting July 1, 2019

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:

Age at Entry/checkpoint	Required Doses
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, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
Varicella = chickenpox vaccine
Hib = Haemophilus influenzae, type B vaccine
MMR = measles, mumps, and rubella vaccine