

Introduction Checklist

Hello New and Returning Families,

Welcome to SMPCW cooperative preschool and afternoon care program! We are thrilled to have you join our community and look forward to getting to know you, your family and your child.

Below is a list of items enclosed in the enrollment packet. Several of the forms are just information to help you understand our school and our requirements, but there are also quite a few that you will need to fill out and drop-off / mail-in (or scan and return via e-mail) by our final registration day, in order for your child to attend at the beginning of the school year (See calendar for registration date)

- Acknowledgment – **Sign/Return**
- Read Handbook - (on ParentSquare or <https://bit.ly/SMPCW-Handbook>)
- SBCC Standards of Student Conduct - (on ParentSquare or https://www.sbcc.edu/safety/standards_of_conduct.php)
- Child Care Center Notification of Parents' rights – **Sign/Return**
- Personal Rights Child Care Centers – **Sign/Return**
- Caregiver Background Check Process (we have no exemptions for staff)
- Notes About Medical Paperwork
- Working Parent TB Test and immunization Report – **Sign/Return**
- California Pre-K Immunization Requirements
- Physician's Report – **Sign/Return**
- Child's Pre-Admission Health History – Parents Report – **Sign/Return**
- Emergency Card – **Sign/Return**
- Informational flyer about lead
- Field Trip Permission – **Sign/Return**
- Photography Permission – **Sign/Return**
- Tuition Rate and Information
- Illness / COVID-19 Waiver – **Sign/Return**

Please contact us if you have any questions or need help. See you soon!

QR Code for Handbook:



QR Code for SBCC Conduct:





ACKNOWLEDGEMENT

I, _____ as the parent, guardian, or authorized
representative of _____,

Name of child

have received, read, and agree with the following documents at the time of admission to the San Marcos Parent-Child Workshop (SMPCW):

1. Admission Agreement, COVID-19 Amended Health Policies and Liability Waiver
2. Handbook (on Website)
3. SBCC Standards of Student Conduct (on Website)
4. Child Care Center Notification of Parents' Rights
5. Personal Rights Child Care Centers
6. Caregiver Background Check Process for Staff (we have no exemptions for staff)

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Signature of Parent/Authorized Representative

Date

Signature of SMPCW Representative

Date

Rev. 8/2021



ADMISSION AGREEMENT

SMPCW Cooperative Morning Preschool, Afternoon Care Program & Parent Education

The San Marcos Parent Child Workshop (herein called SMPCW) is a parent cooperative early childhood program and afternoon care program. The school operates on a term system with 2 terms in the school year.

1. Children between the ages of 2 ½ years to 5 years can be enrolled. The school has 2 terms per school year starting in August (Fall) and January (Spring).

- 2 1/2-year-olds and 3-year-olds may attend up to 2-3 mornings per week.
- 4-year-olds and 5-year-olds may attend up to 4-5 mornings per week.
- 2 year-olds with fully enrolled older siblings may attend 1 morning per week as a tag-along on their caregiver's lab workday.
- *Exceptions to these guidelines can be made with the director and assistant director on a case-by-case basis.*

2. SMPCW cooperative morning session is open from 8:45am to 12:00pm, Monday through Friday, except for holidays and school vacations. Parents sign their child(ren) into preschool between 8:45 am and 9:00 am. Children must be picked up and signed out by 12:00 pm. Pick-up after 12:00 pm will result in late fees.

3. The SMPCW afternoon care session is from 12:00 pm to 3:30 pm, Monday through Friday, except for holidays and school vacations. Children must be picked up and signed out by 3:30 pm. Pick-up after 3:30 pm will result in late fees.

4. Admission to the school is granted without distinction to race, religion, culture, national origin, sexual orientation, handicap or marital status.

5. A non-refundable enrollment fee of \$50.00 per family is required for new families at the time of application. Returning parents without a break in service are required to pay \$30.00 per family per enrollment year.

6. Tuition bills via Jovial will be distributed at least five days prior to the first of the month. If a family does not receive their bill they must contact the tuition chair for the correct balance.

- **Tuition payments are due by the 1st of the month.**
- **After the 5th of the month, a \$15.00 late charge will be levied.**
- If an account is unpaid by the 5th of the second month, the family will be contacted by the treasurer to arrange a payment plan.
- Tuition must be paid in full at the end of each term.
- **If tuition remains unpaid, the child(ren) will not be allowed to return for the new term.**



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SMPCW Cooperative Morning Preschool, Afternoon Care Program & Parent Education

7. **Withdrawal Procedure:** Withdrawal may be requested with two weeks' notice to be effective at the beginning of the next calendar month. Withdrawal request is submitted through the Director and the Enrollment Chair. Tuition shall be paid through the end of the calendar month and participation is required during this two-week period. For termination after May 1st, full payment is required for the remainder of the school year, May and June.

8. Tuition is an annual fee paid monthly. September - May are equal installments. August and June will be prorated. There are no adjustments for illnesses or vacations. Refer to Enrollment/Tuition form for school year rates for both the cooperative morning session and afternoon care session.

9. As stated above, SMPCW is a parent cooperative early childhood program. The requirements for cooperative parents/caregivers are as follows:

- Both participating adult caregivers/parents must enroll in the non-credit SBCC Parent Education course for Fall and for Spring semesters.
 - **At least one parent/caregiver attends the in-person parent education class held each Tuesday night from 7-9 pm.** There may be occasional virtual sessions in lieu of in person sessions at the discretion of the director.
 - **These classes are required.**
 - Two absences per term are allowed, with no make-ups required. A third absence is permitted but a make-up assignment is required. **Three (3) absences per term is the limit. It is the responsibility of each family to assure their attendance at these classes and to approach the Director when they have a third absence, in order to arrange a make-up activity.**
- One parent/caregiver per family works at the school one morning per week. Parents/Caregivers working that day must arrive by 8:30am and stay until 12:30pm. **Continual lateness to a workday can result in dismissal from the program.**
- Each family participates in a school Committee or by taking on tasks as requested to assist with the running of the school when there are no committees. The expected time averages one (1) to two (2) hours per week.
- Each family participates in all school related fundraising activities and/or makes up the difference via a fixed donation amount per family per semester.



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- Each family participates in the set-up of the school at the beginning of the first term (optional for new families), end of year clean up and all school environment workshops (two Saturday mornings per year).

10. If a family falls delinquent with tuition fees or is delinquent on completing participation requirements (workdays, Tuesday night classes, Environment days, etc) , the parents of the family will meet with the Director and the Executive Committee of the Board and may be asked to leave the school or be placed on probationary status (one probation per year only).

11. Staff, workday caregivers and children will be screened daily upon arrival. If Staff believe any child is ill (including a runny nose or cough), they have the authority to refuse admittance in the morning or send that child home if they present symptoms throughout the day. It is expected that parents will pick up their child immediately when called by Staff. The Director must also be notified immediately if a child contracts a communicable disease. In an emergency, the parent will be called first and then staff will refer to the emergency form on file. It is the parent's responsibility to maintain current information in the emergency file. Failure to pick up your child within an hour when called can result in probationary status or dismissal from the program.

12. The parent/guardian will receive a copy of this admission document, health policies and will download the SMPCW Handbook and read it completely. The Handbook can be found on ParentSquare.

13. The parent/guardian understands that the Department of Social Services or licensing agency has the legal authority to interview children or staff and to inspect and audit children or facility records without prior consent. The Department of licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement and to have a licensed medical-professional physically examine the child(ren).

SMPCW Tuition Rates for Fall 2023 - Spring 2024

Families may enroll in either the AM Cooperative with or without the Afternoon Program or Partial Participation (limited space for those who have participated a minimum of two semesters).

August and June will be pro-rated.

AM Cooperative Program 8:45am-12:00pm (8:30am-12:30pm on SBCC Lab Workday)

Students enroll in the AM Cooperative Program by selecting the number of weekdays the child will attend. One family member will also work at school one of the mornings the child attends. There are no refunds for illness or family vacations.

# of days per week attending	Tuition per month	Total Monthly Payment (includes \$25 Snack fee)
1* (tag-a-long 2)	\$90	\$115
2	\$180	\$205
3	\$270	\$295
4	\$360	\$385
5	\$450	\$475

*for families who have been in our program for at least 2 months with an older sibling enrolled (half snack fee).

PM Program 12:00pm-3:30pm

Students will enroll in the PM Program per weekday, but it will be billed based on the actual days in session. It requires no parental involvement. There are no refunds for illness or family vacations. Regular enrollment is **\$30** per afternoon and ranges from **\$60-\$150** per month per weekday depending on the calendar month.

(Full Day) Partial Participation

Students enroll by selecting the number of FULL days to enroll (**8:45 am-3:30 pm**). Partial Participation allows us to include families already part of the community that would not otherwise be able to participate in a parent-child workshop due to changes in work/life events. You must have fully participated for at least 1 semester to be eligible. To ensure proper adult/child ratios and provide outstanding care, partial participation will be limited and may not be offered at all. Please contact our enrollment chair and director if you would be interested in partial participation.

# Days per week attending	AM tuition per month <small>(\$115 per morning + \$30 missed workday fee)</small>	PM billed at \$30 per day**	Total Monthly Payment (includes \$25 Snack fee)
3	\$375	\$360	\$760
4	\$490	\$480	\$967
5	\$605	\$600	\$1,230

**This is assuming there are 4 weeks in a month for this chart - afternoons will be billed based on the number of actual days in the month. Regular enrollment is \$30 an afternoon and ranges from \$60-\$150 per month per weekday depending on the calendar month.

Drop Ins

If space allows, drop ins will be billed at **\$35** for the morning program and **\$40** for the afternoon program. Please check with the Director or Assistant Director at least 1 day prior to a drop-in day to ensure proper adult-to-child ratios.

Late Pick Up

If you are unable to pick up your child on time we recommend reaching out to the co-op community for someone to pick up and hang out with your child outside of the school until you can arrive. If your child is left under the supervision of the staff or workday parents (unless you have arranged with the staff for your child to go home with a workday parent) after the close of the AM cooperative program or the end of the PM Program you will incur a \$1 per minute fee.

Payment Options

- 1) ACH direct transfer from a bank account through the Jovial platform (<https://www.jovial.org/smpcw/family/signin>). The school will cover the \$1.25 processing fee or you can choose to donate this fee.
- 2) Check or Cash clearly labeled and dropped into the Tuition box on the south wall of the Art-Science room at school
- 3) Credit Card / Debit Card payment through the Jovial platform. If you choose this option you will have to donate to cover the additional processing fee of 3.4% of transaction amount + \$0.30 flat rate.

Tuition Credits / Refunds

- SMPCW does not offer refunds for illness or vacations.
 - Example A: Family misses 5 days of school to go on vacation - full tuition must be paid
 - Example B: Your child wakes up with a fever and misses 3 days of school - no tuition will be credited nor refunded.
- If SMPCW must have a short term closure of in-person morning labs and afternoon care due to a staff shortage (e.g. due to staff illness or staff professional development conference) or other reason approved by the board - tuition already paid for the closure period will be credited towards a future billing. Families will not be charged.
 - Example: Afternoon Aide is ill and we are unable to find a sub so the afternoon program is canceled for 2 days - the amount paid for those two afternoon days will be credited to the next month's tuition bill.
- If SMPCW must have a closure of in-person morning labs and afternoon care due to an outside regulatory organization or due to a natural disaster outside of the board's control (e.g. Wildfire, Statewide Pandemic Lockdown, CDC declaration, etc) tuition already billed and paid will not be refunded or credited. Future billings will be canceled until the school can re-open.
 - Example: State of CA goes into a pandemic lockdown in the middle of March. No credits or refunds will be given for March. Billings for April and beyond will be canceled. Billing will resume once we are allowed to reopen.

**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: 360 SOUTH HOPE AVE., C-105, SANTABARBARA, CA

Licensing Office Telephone #: (805) 682-7647

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.

San Marcos Parent Child Workshop

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

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 1 01223 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

360 S. Hope Avenue, C-15

CITY

Santa Barbara

ZIP CODE

93105

AREA CODE/TELEPHONE NUMBER

(805) 682-7647

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 Caledonia Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

San Marcos Parent Child Workshop

(PRINT THE ADDRESS OF THE FACILITY)

400 A Puente Drive, Santa Barbara, CA
93110

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahwnet.gov/RegionalOf_1829.htm

It is important to complete the following medical forms as soon as possible. The medical forms are the most time consuming ones to fill out. Please schedule doctor appointments well in advance to accommodate for any inconveniences. All medical paperwork needs to be complete and turned in before the start of preschool. Thank you for your cooperation.

Enclosed are the following forms to be filled out and returned:

- Working Caregiver's TB Test Results & Immunizations Dtap & MMR Report**
 - This form must be completed for any/all caregiver(s) who will participate in the morning program. If both caregivers plan to share the responsibility, we need a health statement and TB clearance for both. This includes caregivers substituting for each other. All Workday caregivers to the program must have a negative TB test on file and signed off by a doctor.

- Immunization for Children**
 - Please be sure that the immunization history on the physician's report form is filled out completely and correctly and signed by a medical professional, or copy your child's California Immunization Record and bring it at registration.
 - Refer to the California Code of Regulations to verify that your child has the necessary immunizations. Please do this NOW so that you have time to get an immunization if your child needs one. Any variation from the norm must be explained by your health professional.

- Physician's Report-Child Care Centers** (Child's pre-admission health evaluation)
 - A signature from your child's medical professional is required on this form. Your child's exam must be within one year prior to beginning the program.

- CHILD'S PREADMISSION HEALTH HISTORY – PARENTS REPORT**

- SMPCW EMERGENCY CARD**

Additionally we recommend that all work-day adult caregivers/parents obtain a COVID-19 vaccination.



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

WORKING CAREGIVER / PARENT TB TEST RESULTS & IMMUNIZATION REPORT

Health Statement (to be completed by adult participating in the morning program with children)

Name of adult _____ Age _____

Your participation in the morning program at SMPCW will include direct contact with individuals and groups of young children. Your signature attests that you are in good health and physically, mentally, and occupationally capable of performing assigned tasks in the cooperative preschool.

Signature of Participating Adult Date _____

All caregivers who work one morning a week at SMPCW in the cooperative program are required by law to have a negative TB test and proper immunizations on file before they can start their work day. Health professionals must fill this form out or signed form/verification must be attached.

- **Pertussis Immunization:** _____ Date _____
Verification

- **Measles Immunization:** _____ Date _____
Verification

- **Influenza Immunization:** _____ Date _____

OR I decline the influenza immunization:

Signature of Participating Adult Date _____

TB Skin Test: _____ Date _____
Verification

Date of Test: _____ Date Read: _____ Results (Circle one): Positive Negative

Signature of Health Care Professional – Reading Test: Phone # _____

Action taken if positive: _____

If Positive: Chest X-Ray Results (Circle One): Positive Negative Date: _____

Signature of Health Care Professional – Chest X-Ray: Phone # _____

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*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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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
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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?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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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

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



2023 SMPCW EMERGENCY CARD

CHILD'S FULL NAME _____

BIRTHDATE _____

ADDRESS _____

Parent/Guardian 1: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Parent/Guardian 2: _____

Email: _____

Cell Phone: _____ Other Phone: _____

Allergies: _____

Medical conditions: _____

Takes regular medications: _____

Name of Medication: _____

Medical paperwork must be on file

Persons other than Parents/Guardians authorized to pick-up child from SMPCW

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

Out of State Emergency Contact Name: _____ Phone _____

Pediatrician/Primary Dr.: _____ Phone _____

In case of medical emergency, if I cannot be reached, I give SMPCW permission to seek and provide any medical treatment to insure the well-being of my child

Parent Signature _____ Date: _____

SMPCW COMMITTEES

Cooperative Morning Programs

Below is a brief description of the SMPCW committees. You will receive a separate email form to share your preferences and then be placed on a committee. All members are required to assist with fundraisers as coordinated by the fundraising committee. Members will also help in the running of the school in areas outside of their specific committee scope as needed.

- At least one parent from each family joins a committee, averaging an hour of work time per week and participates in monthly check-ins at TNM.
- Each committee meets with the Board V.P. and Director/Teachers as needed to develop goals and assess progress as well as accomplishments.
- Development Committees consisting of Grant Writing, Fundraising, Outreach, Media/Marketing and Enrollment work closely together toward our school vision to ensure the long term success of our program.
- All other committees work collaboratively throughout the year and for certain school events as needed.
- Please note that the stated numbers below are a total, not the people we still need for the committees.

Fundraising Committee (3-4 members)

Chair (board member): Coordinates, schedules and oversees all annual fundraising events and delegates duties.

General Focus of Group: Coordinate all fundraising events, including but not limited to: Farm Box, Elks Bingo, Family Music Fest, Chaucer's, PNO, rummage sales, Party Books, etc. Assist with organizing the Alumni Annual Giving mailer.

Electronic Media / Marketing Committee

Website, Facebook, Instagram, Marketing and Design (3-4 members)

Chair: Coordinates monthly duties/assignments and overall communication with other related committees.

General Focus of Group: Promote our school and fundraising events on media platforms listed above. Create and implement cohesive social media strategy. Update the website monthly with tour and event calendar. Create all printed marketing material. Train new members on communication systems as needed. Assists Director at TNM meetings with electronic set ups.

Community Outreach Committee (3-4 members)

Chair: Coordinates and oversees annual events, delegated duties and coordinates with other related committees.

Public Relations, Tabling Events

General Focus of Group: Facilitate scheduled community events, including but not limited to Lemon Festival, Earth Day Festival, Children's Fiesta Parade, Goleta Holiday Parade, Birth Center 5k, Touch-a-Truck. Coordinate, staff and secure the events. Plan annual school open house.

Grant Writing Committee (3-4 members)

Chair: Coordinates monthly duties and searches for appropriate grant opportunities based on school needs and coordinates with other related committees.

General Focus of Group: Under the direction of the head of Grant Writing, committee members will work collaboratively to write grants and submit to various organizations to procure funds for our school. Grant writers need to be available year around to write and submit grants by the organization's deadline.

Enrollment Committee (3-4 members)

Chair (board member): Coordinates and oversees all duties of the committee.

General Focus of Group: Schedule and conduct school tours. Maintain the waitlist and enrollment spreadsheet. Conduct follow up calls and inquiries from prospective parents. Maintain Master School Roster and other administrative tasks including ParentSquare. Maintains Workday Caregiver Bulletin Board. Works closely with the Director.

Facilities Committee (5+ members)

Chair: Oversees and communicates maintenance needs, weekly watering/weeding schedules, cleaning/restocking schedules etc.

General Focus of Group: Facilitate repairs and maintenance to the school facility, yard and equipment (does a monthly walk through and checks with staff on repairs needed). Provide housekeeping: dust shelves and bookcases, wipe away cobwebs, keep the front entry area clean and organized, vacuums emptied and maintained etc. and restock all bathroom/cleaning supplies on a weekly basis. Maintain the community garden, compost bins and outdoor and indoor plants.

Maintenance/Repairs (1-2 members) Subcommittee of facilities committee.

Provides maintenance and repairs to the school environment as needed.

Garden Care (1-2 members) - Subcommittee of facilities committee. Oversees and maintains plants/weeding of garden/garden boxes and irrigation system, and compost bins.

School Pet Care (1 members) - Subcommittee of facilities committee.

Purchase supplies when low, hand in receipts for cash reimbursements. Keep their storage shed area clean and restocked. Find vacation homes during breaks.

Health & Safety (1 member) - Subcommittee of facilities committee.

Checks monthly that all emergency & first aid supplies are replenished, checks that smoke and carbon monoxide alarms are functioning, monitors that the general school environment is safe for our community and manages the Emergency Supply bin and Emergency Backpack.

Nutrition Committee (5 members)

Chair: Plans weekly snack menu and posts the menu on ParentSquare on Sundays. Sends out a shopping list and coordinates weekly shopping rotation and rotation of kitchen maintenance/cleaning schedule. Supports workday caregivers with their duties as necessary.

General Focus of Group: Purchases and stocks food weekly, ensuring food is healthy, organic and seasonal and meets the needs of children who have allergies. Maintains the allotted food budget and works with the Board Treasurer to account for purchases. Maintains kitchen, refrigerator, microwave, snack cart, lunch box shelf and supplies, and overall kitchen cleanliness/organization. Solicits donations from local grocery stores or membership to offset the cost of menu supplies.

Adult Curriculum Committee (2-3 members)

Chair: Oversees, coordinates overall duties.

General Focus of Group: Facilitates Parent Education Night Class (TNM) by assisting the Director with finding and securing speakers to cover special topics. Supports Director/Lecturer at TNM with set ups and for special events, like Winter Light Sing-Along. Plans and facilitates group potlucks, family experiences such as parents'(mom or dad) night out (PNO, MNO, DNO), fall and spring camp outs. Coordinates the TNM snack signup, laundry schedule, and sends out weekly reminders. Act as social secretary to coordinate support for families who may need it. Send out thank you notes to donors etc.

Children's Curriculum Committee (2-3 members)

Chair: Plans and coordinates all guest visitors and parent led field trips, posts all children's curriculum events on ParentSquare and oversees all committee duties.

General Focus of Group: Develop and organize new experiences and special days. Maintain the dress-up clothing and dramatic play boxes, etc. Support the Assistant Director in Monthly Themed Curriculum. Coordinate special visitors like Fire Dept, Marborg, MTD, Musicians, etc. Access Natural History Displays, and Library Books, etc.



FIELD TRIP FORM

Cooperative Morning & Afternoon Care Programs

Field trips are part of the curriculum for the children at SMPCW. Most of the field trips we will take are walking field trips close to school. If a field trip involves transportation by car, a notice will be posted in advance and a parent is welcome to provide the transportation for his/her child.

I, _____, am the parent or legal guardian of _____, a child attending SMPCW. I give permission for my above named child to participate in school field trips.

Signature _____ Date _____

Rev. 5/2019



PHOTOGRAPHY & VIDEO PERMISSION

Cooperative Morning & Afternoon Care Programs

Documentation of SMPCW curriculum and events, through both photography and videos, will be performed throughout the school year. The purpose is to record the membership and capture images that represent the curriculum, demographic, and events that happened in the school year. Some images will be used on the SMPCW website, posted on ParentSquare and included in promotional paperwork. This permission is optional.

I, _____, am the parent or legal guardian of _____, a child attending SMPCW. I give permission for my above named child to be photographed and videotaped for school related records and promotional purposes.

Signature _____ Date _____



SBCC PARENT EDUCATION REGISTRATION

Cooperative Morning Program

San Marcos Parent-Child Workshop is a Santa Barbara City College sponsored program. As a parent/caregiver of the cooperative, participation in the Parent Education Lecture Classes (Tuesday Night Meetings or TNM) and Weekly Workday Lab is expected. The class is instructed and evaluated by Santa Barbara City College and we, parents/caregivers, are students in the non-credit class "Child Development at the Parent-Child Workshop".

Below is information on how to register for the Parent Education Class. **Please make sure that ALL participating parents/caregivers are registered.**

You will need to be registered in the class by the first Parent Education Class (TNM)/Caregiver, workdays will be confirmed during our registration week (the week before school begins).

To Register In Person:

- Go to the SBCC Wake Center at 300 N. Turnpike Road and ask to register for SMPCW. Bring your class code with you.
- Check here for open hours: <https://www.sbcc.edu/extendedlearning/location.php>

To Register Online:

- Watch this video: <https://www.sbcc.edu/admissions/register.php>

Or follow these written instructions:

- Go to <https://pipeline.sbcc.edu/>
 - Log in or set up your account. (*Record your K number, username login & password for future use*). If this is your first time setting up a Pipeline account click "Find Account" and enter your personal information. It will generate an account for you.
 - Click on "Register for classes"



SBCC PARENT EDUCATION REGISTRATION Cooperative Morning Program

Registration

[Check Your Pre-Registration Requirements and Registration Appointment](#)

Check your pre-registration requirements, holds, academic standing, and your registration appointment day/time.

[Select Term](#)

Start here first to select a term to work with while you're within the Registration module.

[Register, Add or Drop Classes](#)

Add or Drop classes here. Links to class search, fees and schedules.

[Look Up Classes to Add](#)

Need to find a class? Start here. You can move right into registration once you've found the class(es) you want.

[Week at a Glance](#)

[Student Schedule and Bill](#)

A look at your schedule, complete with times, locations, instructors and course deadlines. A must for those who've

[Student Detail Schedule](#)

Check your waitlist position. View more details about your class schedule.

[Update Ed Goal & Major](#)

Change your educational goal and/or your major. NOTE: Changing your educational goal after October 15 (Summer) Additionally, changing your educational goal will NOT remove preregistration holds (orientation, assessment and ad

[Registration Fee Assessment](#)

See how much you owe with detail codes that explain the charges.

[Register to Vote!](#)

Link to the ca.gov register to vote site.

RELEASE: 8.9 SBCC

SANTA BARBARA CITY COLLEGE
Pipeline

Home Student NonCredit

Home

Search Pipeline

Search.....

Register for classes

Featured at SBCC

Santa Barbara

Campus Announcements

Announcements All

You currently have no announcements.

Show Hidden

Academic Calendar

Today April 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	Apr 1	2	3

- Click on "Register, Add or Drop Classes."
- Select the appropriate term

Registration Term

Select a Term:

SUBMIT

RELEASE: 8.7.1

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SBCC PARENT EDUCATION REGISTRATION Cooperative Morning Program

- Confirm and/or click through screens with your personal info until you get to the Registration page that says "Add or Drop Classes" at the top (*it was about 4 or 5 screens - Education Goal, Major/Program of Study, Update personal info, Demographic, Acknowledgment of SBCC Honor Code*).
- Scroll down to the bottom of the page to see where to add classes. In the boxes under CRNs, enter the code below that corresponds to your family's work day. Click "Submit Changes"

Add Classes Worksheet

CRNs

SUBMIT CHANGES **CLASS SEARCH** **EXIT REGISTRATION & VIEW FEES** **STUDENT BODY FEES** **ORDER PARKING PERMIT**
RESET

- The class will pop up as registered. It doesn't have an official, clear confirmation screen but if it looks something like the screenshot below then you are done!

Current Schedule

Status	Action	CRN	Subj	Crse	Sec Level	Cred	Grade	Mode	Title
Web Registration on Aug 22, 2021	None	41927	ECEP	NC010	0	Noncredit	0.000	Noncredit	Parent-Child Workshop

Total Credit Hours: 0.000
Billing Hours: 0.000
Minimum Hours: 0.000
Maximum Hours: 18.000
Date: Aug 22, 2021 09:24 pm

Add Classes Worksheet

CRNs

SUBMIT CHANGES **CLASS SEARCH** **EXIT REGISTRATION & VIEW FEES** **STUDENT BODY FEES** **ORDER PARKING PERMIT**
RESET

[View Help](#) | [Registration Fee Assessment](#)

As an SBCC student you have access to multiple additional resources that can be found on pipeline and on the student main page (<https://auth.sbccc.edu/sso/default.aspx>) including (but not limited to):

- SBCC parking passes and mass transit passes
- Pipeline email address
- Google Drive
- Office 365
- Adobe Creative Cloud

Illness Waiver (Understanding) of Risk On-Campus 2023/2024

- I understand that attending and receiving services in facilities located on the SMPCW campus may place me and/or my child(ren) at risk of exposure to the COVID-19 virus as well as other viruses/illnesses.
- I understand that by my child(ren) participating in face-to-face instruction, they may unknowingly transmit to or obtain a virus/illness from those with whom they are in close contact. This includes other students, their families and staff.
- I understand that by my child(ren) and I participating in face-to-face instruction, they may place more susceptible populations at a higher risk for infection.
- I understand that I should be diligent when reading and following the policies set forth by SMPCW. These include:
 - Mandatory participation in daily health screening;
 - Seeking medical attention if results of health screening warrant it;
 - Compliance with all current SMPCW health and safety policies while using any school equipment and/or while on our campus.
 - Compliance with CDC, Santa Barbara Public Health, SBCC and/or CA State Childcare Licensing Health and Safety policies/regulations while on our campus.

I have read the above health policy and have had my questions answered. Both caregivers' signatures are required in a multi-caregiver household.

Caregiver 1 Printed Name

Signature

Date

Caregiver 2 Printed Name

Signature

Date