



Dear Parents,

Welcome to Akitoi Learning Center! Enclosed is a membership application packet containing important information. At Akitoi, we have a mutual concern for the well being of your child. These forms will help us to understand your child better and allow us to provide him/her with the proper care. Please complete and return them to us as soon as possible along with the initiation fee of \$50.00 per child.

Please complete and check-off each of the attached forms:

All Children:

- ☐ Enrollment Application & Parent Information
- ☐ Membership Contract & Payment Method
- ☐ Identification and Emergency Information
- ☐ Child's & Parent's Rights
- ☐ Field Trip / Sunscreen / Photo Permission
- ☐ Child's Pre-Admission Health History - Parent Report
- ☐ Child's Needs Form (**NOT INCLUDED IN PACKET – SEE FRONT OFFICE**)
- ☐ Physician's Report (Top portion completed by parent, bottom portion by pediatrician)
- ☐ Proof of current T.B. Test required (24 months & older) - Mantoux test
(A Mantoux TB test is required within one year prior to school entry. Skin results must be read by a physician or nurse.)

For children starting one of our Weekday Programs: An Orientation is required with you to discuss any particular needs your child may have. Please call and make an appointment 2 weeks prior to your start date and be prepared to pay for your first month's tuition at that time.

Please retain the last 2 pages of this packet for your records. Copies of other pages in this packet can be made for you upon request. If you have any questions, I will be happy to answer them.

Sincerely,

Ofelia Aguilar
Director

Akitoi Learning Center

ENROLLMENT APPLICATION

Today's date: _____

Main Billing Address: _____, _____, CA _____
City Zip

☐ Check if Existing Akitoi family adding a new child

Age Group	Services Desired (check all that apply)
<input type="checkbox"/> Junior Preschool/Daycare (2 - 3 yrs)	<input type="checkbox"/> Full day care
<input type="checkbox"/> Preschool & Pre-K (4 - 5 years)	<input type="checkbox"/> Part day care
	<input type="checkbox"/> Wrap around care

Please complete and return the following application form and include \$50 per child for the initiation fee of weekday members (additional forms and orientation required). These fees cover administrative costs for establishing a membership as well as costs for earthquake kits, mats, sheets, etc. We look forward to being able to meet your childcare needs.

CHILD'S INFORMATION

Shaded area to be filled out by Akitoi staff

First Name	Last Name	Birth Date	Sex	Soc. Sec #	Program Code	Lunch	Start Date
						Y N	

MOTHER'S INFORMATION

Name:	_____	Contact Information:	
Address:	_____	Home:	() -
(if different from billing address)	_____, CA	Work:	() -
	City Zip	Cell:	() -
Employer:	_____	E-mail:	_____

Occupation:			
Address:			Social Security # - -
			Driver's License
	City	Zip	

FATHER'S INFORMATION

Name:			Contact Information:	
Address:			Home:	() -
(if different from billing address)			Work:	() -
	City	Zip	Cell:	() -
Employer:			E-mail:	
Occupation:				
Address:			Social Security #	- -
			Driver's License	
	City	Zip		

MEMBERSHIP CONTRACT & PAYMENT METHOD

AGREEMENT TO FOLLOW AKITOI POLICIES

My signature below certifies that I have read, understand and agree to all of the conditions and policies (pre-admission, Admissions and fees) of an Akitoi Membership. I understand that Akitoi reserves the right to refuse membership or terminate an existing membership to anyone whom does not comply with our Policies as outlined in the Membership Handbook.

Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

PARENTS NAME

DATE

PAYMENT METHOD

Standard Payment Method:

☐ Tuition will be paid by money order or online payment on the 1st of each month. I understand that a late charge of \$25.00 will be added to my account if payment is not received by the 10th of each month.

Online payment of tuition

☐ If you would like to receive a monthly invoice to pay your invoice online, please fill out this section of the application. Your total monthly charges will be detailed in an email request that you will receive 10 days prior requesting payment. You will then be able to pay directly from your bank account.

If payment is not received by the 3rd of the month, the payment will be automatically deducted from your bank account.

ACCOUNT HOLDER NAME: _____

BANK INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please also provide a copy of a Voided check.

AUTHORIZED SIGNATURE: _____

<i>For office use only:</i>		
Initiation Fee Received: \$ _____	Date: _____	MO #: _____

First Payment Received: \$_____ Date: _____ MO #: _____

**ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE**

IDENTIFICATION AND EMERGENCY INFORMATION

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Akitoi Learning Center to seek all emergency dental or medical care prescribed by a duly licensed Physician M.D.) Osteopath (D.O.) or Dentist (DDS) for _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following medication/food allergies: _____

PARENT/GUARDIAN SIGNATURE

Date

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN/DENTIST	ADDRESS	MEDICAL PLAN #	TELEPHONE
PHYSICIAN/DENTIST	ADDRESS	MEDICAL PLAN #	TELEPHONE

SPECIAL NEEDS

Does your child have any special needs that Akitoi should be aware of? ☐ Yes ☐ No

If yes, please explain:

Akitoi Learning Center is not currently licensed to work with special needs children. Children with any special needs must be evaluated by the Director before being admitted to the program. Most special needs children require a one on one “shadow” or outside assistant provided by the parent to be admitted.

CHILD'S & PARENT'S RIGHTS

NOTIFICATION OF CHILD'S PERSONAL RIGHTS AT AKITOI LEARNING CENTER

Personal Rights, Section 101223. Each child receiving services from Akitoi Learning Center shall have rights, which includes, but are not limited to the following:

1. To be accorded dignity in his/ her personal relationship with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishing 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 the 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 the authorized representative informed by the licensee of the provisions of the law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, 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 completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), domestic partner(s), or guardian(s) of the child.
6. Not to be locked in any room, building or facility premise by day or night.
7. Not to be place in restraining device, except a supportive restraint approved in advance by the licensing agency.

I have been personally advised of, and have received a copy of the personal/child's rights contained in the California Code of Regulations, Title 22, at the time of admission to AKITOI Learning Center, located at 1824 Central Ave., South El Monte, CA 91733.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

NOTIFICATION OF PARENTS' RIGHTS AT AKITOI LEARNING CENTER

As a Parent/Domestic Partner/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.
Department of Social Services, Community Care Licensing Division, Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200-B
Monterey Park, CA 91754
(323) 981-3350
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

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

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

I, the parent/domestic partner/authorized representative of the child listed below have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from Akitoi Learning Center.

CHILD’S NAME	PARENT/GUARDIAN SIGNATURE	DATE
--------------	---------------------------	------

FIELD TRIP / SUNSCREEN / PHOTO PERMISSION

WALKING FIELD TRIP PERMISSION

☐ I hereby give Akitoi Learning Center my consent and permission to take my child from the center on local walking field trips close to Akitoi.

☐ I DECLINE to give Akitoi Learning Center my permission for walking field trips.

In either case, you will always be notified of an upcoming remote field trip where the children will be transported from the center by van, bus or car. For each trip, you will receive details of the trip, and you will need to give your permission for each trip. Only children with signed authorizations will be allowed to go on field trips.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

SUNSCREEN PERMISSION

☐ I hereby give the staff of Akitoi Learning Center permission to apply sunscreen on my child as needed. I understand that it is my responsibility to provide sunscreen and keep it in my child's cubby. Due to the potential of allergic reactions to certain sunscreens, Akitoi cannot provide the sunscreen for me.

☐ I DECLINE to give Akitoi Learning Center my permission for Sunscreen.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHIC RELEASE PERMISSION

☐ I hereby give Akitoi Learning Center permission to use photographs of my child on the photo boards, or in brochures, etc. I understand that these photographs will not be sold by Akitoi, and that my child may appear individually or in a group setting. Other than on our hallway photo boards, the name of my child will not be published in conjunction with these photographs without additional written consent from the parent.

☐ I DECLINE to give Akitoi Learning Center my permission for Photographs.

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

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

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 / Guardian 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)

Akitoi Learning Center This Child Care Center/School provides a program which extends from 7 : 00
(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

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.

PARENT'S INFORMATION PAGES

Parents: Please detach the last 2 pages from this application packet and retain for your records. We are happy to make copies of any additional pages that you would like to have for your records as well.

NOTIFICATION OF CHILD'S PERSONAL RIGHTS AT AKITOI Learning Center

Personal Rights, Section 101223. Each child receiving services from Akitoi Learning Center shall have rights, which includes, but are not limited to the following:

1. To be accorded dignity in his/ her personal relationship with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishing 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 the 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 the authorized representative informed by the licensee of the provisions of the law regarding complaints, including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, 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 completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), domestic partner(s), or guardian(s) of the child.
6. Not to be locked in any room, building or facility premise by day or night.
7. Not to be place in restraining device, except a supportive restraint approved in advance by the licensing agency.

I have been personally advised of, and have received a copy of the personal/child's rights contained in the California Code of Regulations, Title 22, at the time of admission to AKITOI Learning Center, located at 1824 Central Ave., South El Monte, CA 91733.

NOTIFICATION OF PARENTS' RIGHTS AT AKITOI Learning Center

As a Parent/Domestic Partner/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.
Department of Social Services, Community Care Licensing Division, Los Angeles Child Care East
1000 Corporate Center Dr. Suite 200-B
Monterey Park, CA 91754
(323) 981-3350
 7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
 8. Receive, from the licensee, the Caregiver Background Check Process form.

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

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

I, the parent/domestic partner/authorized representative of the child listed below have received a copy of the “CHILD CARE CENTER NOTIFICATION OF PARENTS’ RIGHTS” and the CAREGIVER BACKGROUND CHECK PROCESS form from Akitoi Learning Center.

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