



# Loomis Community Preschool

6414 Brace Rd. Loomis, CA 95650

(916) 652-7842 • loomispreschool.com

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## Returning Student - Registration Checklist

We are so excited that your family will be returning to LCP for the 2017-18 school year! Please follow the steps listed below to complete your child's registration.

- Complete the online application at loomispreschool.com/forms (OR print and fill-out the application)
- Pay the \$75 registration fee via Paypal or check

\*Application & registration fee are required to hold your child's spot.\*

- Print and fill-out the returning family packet: loomispreschool.com/forms  
Turn-in paperwork to the membership box at school.
  - Membership Agreement
  - Emergency Information
  - Consent for Emergency Medical Treatment

You will receive a welcome letter and family job preference survey via e-mail in June.

Questions? Send an e-mail to lcpmembership1516@gmail.com

**Thank you!**



Loomis Community Preschool  
6414 Brace Rd.  
Loomis, Calif. 95650  
loomispreschool.com  
(916)652-7842

### MEMBERSHIP AGREEMENT

1. I agree to abide by the rules and procedures of the Loomis Community Preschool.
2. I agree to abide by the Health and Safety standards set by the school and the State of California.
3. I agree to attend the evening meetings.
4. I agree to participate in the classroom on the days assigned to me or arrange for a substitute to take my place.
5. I agree to share in the other work necessary to the school's operation including cleaning and maintaining the classroom and equipment (one workday per year and one set up or clean-up day per year) or pay a fine represented in the Handbook.
6. I agree to assist in any mandatory fundraising for the operation of the school and/or pay a fine.
7. I agree to make any tuition payments by the first of each month. (Tuition payments are considered delinquent after the tenth of the month, at which time there is a late charge. I will notify Treasurer if I need to be late.)
8. I understand that after 2 missed mandatory meetings, scheduled workdays, or any combination of those requirements, my case may be reviewed by the Membership Committee for possible membership termination.
9. I understand and will abide by the following termination policy, should I choose to withdraw my child from the school. A two-week written notice must be given to the teacher. All of my commitments are to be fulfilled during this two week period: this includes tuition, classroom work days, classroom jobs, and any fundraising event commitments that fall within the 2-week period. If a two-week written notice is not given, tuition for the following month is owed.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Loomis Community Preschool \_\_\_\_\_ 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  
( )