LITTLE ONE'S ACADEMY

THINK BIGGER. FEEL STRONGER. AIM HIGHER.

Enrollment Packet Checklist

- Admission Agreement____
- Identification and Emergency Information ____
- Physician's Report____
- Immunization Record____
- Health History Report____
- Consent for Medical Treatment____
- Parent's Rights____
- Personal Rights____
- Parent/Child Questionnaire____
- Photo/Video Waiver-Release____
- Sign-in/Sign-out Authorization Form ____
- Allergy Form____
- Parental Information Sheet____
- Emergency Contact Information Form (x2) ____
- Parent Handbook____
- COVID19 Waiver____

LITTLE ONE'S ACADEMY

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Admission Agreement

Child Care Contract

Welcome to Little Ones Family Childcare. It is our passion to provide children and parents with a safe, fun, educating and nurturing environment. Little Ones Academy is a licensed childcare facility and adheres to the highest standards of safety and cleanliness. Please review this contract for details on policies, payments and schedules.

Enrollment

Enrollment forms and immunizations are required for each student. Parents/Legal guardians completing enrollment must have valid CA identification.

Enrollment Fee

An enrollment fee of $100 is required prior to beginning service. You, the enrolling guardian are responsible for the enrollment fee. Subsidized programs WILL NOT cover your enrollment fee. The fee is non-refundable or transferable and cannot be used for tuition or credit of any kind. There is no refund given at the end of the enrollment period.

Phone Hours

Phone hours for verbal requests to make changes to your schedule, provide feedback or to make a complaint are from 7am- 6pm. Calls or text messages received outside of those hours will not receive a response until the following business day during phone hours.

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Admission Agreement (continued)

Tuition

All tuition must be paid in advance either weekly, bi-weekly or monthly. Once the agreement to pay tuition has been set, it will remain in effect until either party elects to terminate the agreement providing a minimum of two weeks notice. All tuition payments are due at the beginning of the tuition cycle. If tuition is not paid by 6pm on the due date, a late fee of $20 will be applied, and accrued each day until paid. After 48 hours, your student WILL NOT be able to return until paid.

Meals & Menus

Little Ones provides fresh cooked meals and snacks. A weekly meal schedule will be posted on the parent board for your reference.

Subsidized Programs (CCRC, Crystal Stairs etc.)

A written or verbal approval of your hours, your case workers name and details on the approved hours are required prior to enrollment. Each parent or guardian must sign all documents and contract as if they were the responsible financial party. Subsidized programs may not cover enrollment fees, you the enrolling parent are responsible. If you exceed your approved hours, you the enrolling guardian will be billed for the overages.

Written Acknowledgement of Receipt of Parent Handbook

By signing this Admission Agreement, I have complied with and acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook)

Parent Signature_____ Date_____

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

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

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:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☑ Physician ☑ Physician's Assistant ☑ Nurse Practitioner

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?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	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

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
( )	( )

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: Palmdale Regional Child Care Office

   Licensing Office Address: 1605 E. Palmdale Blvd, Suite A Palmdale, CA 93550

   Licensing Office Telephone #: (661) 789-6944

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.

_____
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 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:

Community Care Licensing

NAME

Palmdale Regional Child Care Office

ADDRESS

1605 E Palmdale Blvd., Suite A

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Palmdale, CA	93550	661-789-6944

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

LITTLE ONE'S ACADEMY
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Photo/Video Release Form

I hereby give permission for images of my child, captured during business hours through video, photo and digital camera, to be used solely for the purposes of promotional material and publications for Little One's Academy and waive any rights of compensation or ownership thereto.

Student's Name:_____

Age:_____

Name of Parent/Guardian *(print)*:_____

Parent Signature_____ Date_____

LITTLE ONE'S ACADEMY
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Sign-in/Sign-out Authorization Form

To Whom It May Concern: I _____, parent or legal guardian of_____, give permission for my child to be signed in to school and signed out (taken out) of school by the following:

Name: Relationship to child:

_____

_____

_____

_____

_____

_____

I am aware that the authorized person must sign my child in or out of school and must be sure that the teacher or director is aware of the arrival and/or departure of my child.

Parent Signature_____ Date_____

LITTLE ONE'S ACADEMY
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Allergy Form

It is the policy of Little One's Academy to maintain a current list of Food Allergies/Limitations for each child enrolled in the program. To help us keep up to date we would like you to complete the following questionnaire.

My child_____is allergic or has food limitation to the following:

Item(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Does your child consume this item(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Allergic symptoms:

1. _____
2. _____
3. _____
4. _____
5. _____

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Allergy Form (continued)

It is very important that you list everything your child is allergic to. This should include both food allergies as well as environmental allergies.

IF YOUR CHILD DOES NOT HAVE ANY ALLERGIES, PLEASE FILL OUT THIS FORM AND MARK NONE OR N/A.

Parent Signature_____ Date_____

LITTLE ONE'S ACADEMY
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Parent/Child Questionnaire

1. What foods does your child like?

_____

_____

2. What food s does your child dislike?

_____

_____

3. What are your child's favorite toys/games/activities?

_____

_____

4. Is your child potty trained? _____ YES _____ NO
5. Does your child use words for the toilet? If so, please explain:_____
6. How does your child express anger? _____
7. Does your child have any special fears?_____
8. When upset, what helps to comfort your child?

_____

_____

9. How do you discipline your child?

_____

_____

10. Does your child take an afternoon nap? _____ YES _____ NO- if yes, how long? _____ If no, why not?

_____

11. Special toy/blanket for nap? _____ YES _____ NO
12. Any special family situations? (i.e. custody situations, problems etc.)

_____

_____

13. Issues with previous childcare?

_____

_____

14. Wha are your program expectations?

_____

_____

LITTLE ONE'S ACADEMY
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Parental Information Sheet

Name of Student: _____Date: _____

THIS PARENTAL INFORMATION SHEET MUST BE COMPLETED FOR ALL STUDENTS WHERE LEGAL CUSTODY AND/OR PHYSICAL CUSTODY RIGHTS ARE HELD BY DIFFERENT PARENTS OR CARETAKERS, OR FOR ANY STUDENT AFFECTED BY COURT ORDERS.

Please answer the following questions:

- Are the natural or adoptive parents of this student separated or divorced or in the process of divorcing?_____ Yes _____ No. If your answer is yes, please answer the following questions: Who has legal custody? _____
- Who has physical custody? _____
- Are there any court orders affecting the legal custody or physical custody of this student? _____ Yes _____ No. If so, a complete copy of the court order must be submitted prior to admission.
- Are there any restraining orders against the father or mother of this student or any other person which affect the student or the time the student is at school?_____ Yes _____ No. If the answer is yes, a complete copy of all orders must be submitted prior to admission.
- Is this student in the care of any person other than the natural or adoptive parent. _____ Yes _____ No. If the answer is yes, please explain _____
  _____
  _____
- Has any person(s) other than the natural or adoptive parents been appointed as guardian or caretaker for this student? _____ Yes _____ No. If the answer is yes, who is the legal guardian(s) or caretaker(s):_____ A complete copy of the court order appointing a person(s), guardian or caretaker for this student for all such persons must be submitted prior to admission.

IN THE EVENT OF AND CHANGES IN THE INFORMATION PROVIDED OR IF THERE IS A MODIFICATION, REVISION OR RESCISSION OF A COURT ORDER, OR NEW COURT ORDERS ARE ISSUED, IT YOUR RESPONSIBILITY TO UPDATE THIS PARENTAL INFORMATION SHEET AND PROVIDE THE SCHOOL WITH COPIES OF THE CURRENT ORDERS.

Signature: _____Date: _____

For School Use Only

Copy of Court Orders affecting legal or physical custody received.

Verified by: _____

Copy of Court Orders affecting Restraining orders received.

Verified by: _____

Copy of Court Orders appointing Guardian(s) or caretaker(s) received.

Verified by: _____

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Supplies Needed

Infant/Toddler Program

- 6-8 diapers or pull-ups labeled with child's initials
- Box of wipes- labeled with child's name
- Individual servings in bottles or sippy cups- enough for entire day labeled with child's name
- Foods in labeled containers
- Blanket- one or more labeled with child's name
- 2 changes of clothing- labeled with child's name
- Burp clothes/pacifier if needed labeled with child's name

Preschool Program

- 2 changes of clothing- labeled with child's name

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Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Child's Information

Student's Full Name: _____

Birthdate:_____

Sex (*assigned by a doctor at birth*): _____ M _____ F

Parent/Guardian Information

Full Name:_____

Address: _____

Cell Phone: _____ Home Phone:_____

Employer Name: _____ Work Phone:_____

Email Address: _____

Relationship to child:_____

Best way to reach you:_____

Parent/Guardian Information

Full Name:_____

Address: _____

Cell Phone: _____ Home Phone:_____

Employer Name: _____ Work Phone:_____

Email Address: _____

Relationship to child:_____

Best way to reach you:_____

Medical & Insurance Information

Name of Child's Doctor:_____ Phone:_____

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information: _____

_____

Signature: _____ Date: _____

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Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Child's Information

Student's Full Name: _____

Birthdate:_____

Sex (*assigned by a doctor at birth*): _____ M _____ F

Parent/Guardian Information

Full Name:_____

Address: _____

Cell Phone: _____ Home Phone:_____

Employer Name: _____ Work Phone:_____

Email Address: _____

Relationship to child:_____

Best way to reach you:_____

Parent/Guardian Information

Full Name:_____

Address: _____

Cell Phone: _____ Home Phone:_____

Employer Name: _____ Work Phone:_____

Email Address: _____

Relationship to child:_____

Best way to reach you:_____

Medical & Insurance Information

Name of Child's Doctor:_____ Phone:_____

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information: _____

_____

Signature: _____ Date: _____

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Custody Policy

1. Little One's Academy recognizes the parental rights of parents, guardians and others legally entitled thereto.

2. If a student is subject to custody orders issued by any Court, including family law courts, probate courts and juvenile courts, Little One's Academy will comply with the Court Order.

3. All Court Orders affecting the legal or physical custody of students must be on file with the school prior to admission. The law distinguishes legal custody from physical custody. Both parents may be jointly entitled to legal and physical custody, or one parent may be entitled to sole legal and/or sole physical custody. It is for this reason current copies of all Court Orders affecting the legal and/or physical custody of students must be on file with the school. It is the responsibility of the custodial parent to inform the school of any changes in Court Custody Orders and provide the school with a complete copy of the amended or revised Order.

4. Little One's Academy will not interpret Court Orders or provide legal advice to either parent.

5. Little One's Academy is not an arbitrator of custody disputes. Custody disputes should be, resolved between parents and/or their attorneys so that Little One's Academy may be provided with a clear instruction on what should be done with a student. Please do not put Little One's Academy in the middle of a custody dispute.

6. In the event of a dispute between parents or their designees concerning the custody or release of a student, Little One's Academy will comply with the Court Orders on file and/or honor the written instructions of the parent having the right to physical custody. If the dispute cannot be peaceably resolved, Little One's Academy will immediately request a filed unit response from the local Police Department.

7. In the event both parents retain joint physical custody Little One's Academy will honor the instructions of either parent so long as they do not violate Court Order by which Little One's Academy is bound. It will release a student to either parent or individuals designated by either in writing.

8. In the event one parent retains sole physical custody, Little One's Academy will honor the instructions of only that parent so long as they do not violate a Court Order by which Little One's Academy is bound. It will release a student only to that parent or persons designated in writing by them.

Custody Policy (continued)

9. Oral agreements or instructions deviating from Custody Orders on file will not be honored by Little One's Academy. Little One's Academy will only honor written instructions deviating from Court Custody Orders signed by both parents entitled to physical custody of the student. These instructions may be revoked in writing at any time by either parent in which case Little One's Academy will comply with the Court Custody Orders on file.

10. All students who are subject to guardianship petitions or orders must have a complete copy of all Court Orders for each person having guardianship rights on file with the school prior to admission. It is the responsibility of the legal guardian to advise Little One's Academy of any change in guardianship rights and promptly provide a complete copy of the Order amending or changing said rights. Little One's Academy will honor the instruction of the legal guardian or guardians with respect to physical custody and legal custody rights.

11. Expect in the case of emergency, oral instructions, even from a parent or guardian with the right to physical custody, to release a student to a person not authorized in writing by the parent or guardian with custodial rights will not be honored.

12. In the event of a restraining order against either parent, or any other person which affects the custody of a student or access to a student while at school or limits the subject's proximity to the student or the school, Little One's Academy will notify the parent having physical custody rights, and, if necessary, will request a field unit response from the local Police Department.

13. All parents and others with legal custody rights (as distinguished from physical custody rights) will be given equal access to student information and records.

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Little One's Academy has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Little One's Academy has made an informed decision about preventative measures from such bodies as the CDC, State and local government, and amongst other agencies, the California State Department of Education. That being said, all of our preventative measures which include but are not limited to hand washing requirements, sanitation requirements, mask wearing in certain circumstances, and other such measures cannot be exhaustively listed in this document but Little One's Academy is making its best effort to protect all individuals involved from risk of contracting COVID-19. Should you have further questions about specific measures that BHMSD Childcare has put in place, please contact us at your convenience. Further, attending the BHMSD Childcare could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Little One's Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Little One's Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Little One's Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Little One's Academy or participation in Little One's Academy programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Little One's Academy its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Little One's Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Little One's Academy program.

Name (Print): _____

Signature: _____ Date: _____

Student's Name: _____