



### Carmel Mountain Preschool Emergency Kit Request

In the event of an emergency that requires the staff and students to leave the facility, we require that you provide an emergency kit for your child. Please prepare an emergency kit with the following items:

- Sweatshirt (preferably oversized)
- Family Photo (for identification purposes)
- Granola Bar
- Bottled Water
- Index Card with the following information:
  - Both parent’s names and contact information
  - Out of town contact with phone number

It is very important that your child arrives on their first day with an emergency kit. The items of the kit should be placed in a large Ziploc bag and clearly labeled.

### Carmel Mountain Preschool Authorization for Sunscreen

Carmel Mountain Preschool has my permission to apply sunscreen, which I provide, on my child as needed.

Child’s Name \_\_\_\_\_ Classroom \_\_\_\_\_

Brand of Sunscreen \_\_\_\_\_  
(Please label the bottle with your child’s name)

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Father’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)  
Carmel Mountain Preschool. This Child Care Center/School provides a program which extends from 06 : 30a  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to 6:00p a.m./p.m., 5 \_\_\_\_\_ 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) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (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



**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**For Bank Account Authorization, complete and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

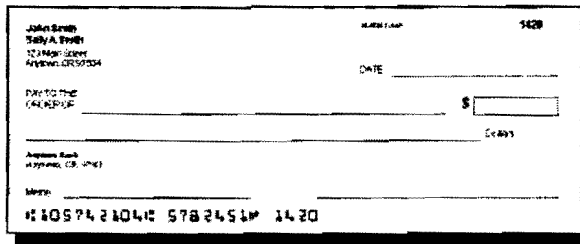
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit    Account    Check  
Number            Number    Number

**Please attach a copy of a voided check here. Deposit slips not accepted.**



For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Form fields for Cardholder Name, Phone #, Cardholder Billing Address, Account Number, City, State, Zip, Expiration Date, Cardholder Signature, and Date.

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For Official Use Only: Date Received: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Carmel Mountain Preschool and Tuition Express only accept VISA and MasterCard. All international and business cards will be assessed a \$10.00 service charge.

My VISA or MasterCard is a personal card.

(initials) \_\_\_\_\_ (date) \_\_\_\_\_

My VISA or MasterCard is an International or Business card.

(initials) \_\_\_\_\_ (date) \_\_\_\_\_

Card Copy

(initials) \_\_\_\_\_ (date) \_\_\_\_\_