



Vacaville Christian Schools

www.Go-VCS.com

ADMISSIONS USE ONLY

App Date Received: ___/___/___
App Fee: _____ CASH CK# _____
Application Received by: _____
Forwarded to Registrar: ___/___/___

OFFICE USE ONLY

PowerSchool ID: _____
Reg Fee: _____ CASH CK# _____
Student Start Date: ___/___/___

Department: YPS OPS KR
Program: 2M 2A 3M 3A 5M 5A

- Full-Time Minister Military Rewards
- Sibling to current VCS Student Staff
- 2021-2022 2022-2023 Wait List

ADMISSION APPLICATION

PLEASE PRINT OR TYPE CLEARLY

Student Information: All school mailings will be sent to this address

_____/_____/_____ M F
 Legal Last Name Legal First and Middle Name Date of Birth Gender Current Age (Year/Months)

 Primary Address City State ZIP

Home Phone: _____

Ethnicity (optional): Asian African American Caucasian Hispanic American Indian Pacific Islander Other

Guardian #1 Information: Relationship to Student: _____

 Last Name First Home Phone

 Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

Guardian #2 Information: Relationship to Student: _____

 Last Name First Home Phone

 Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

How did you hear about VCS? VCS Parent/Friend's Name: _____ *please ask office for referral form

Internet Radio Social Media Magazine Billboard Other _____

My other child goes here Returning Student/ Last Date Attended: _____

Guardian #3 Information: Relationship to Student: _____

Last Name First Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

Guardian #4 Information: Relationship to Student: _____

Last Name First Home Phone

Mailing Address City State Zip

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____

Marital Status of Parents: Single Married Divorced Separated Remarried Widow/Widower

Physical Custody: Both Parents Mother Father Shared Custody Other _____

Legal Custody: Both Parents Mother Father Shared Custody Other _____

Custody/restraining orders must be kept in the student file. Please bring the original documents to the Admissions Office for copies to be made.

CURRENT CHURCH: _____

Denomination: _____ Pastor _____

Address _____ Telephone _____

City _____, California Zip _____

How often does the student attend church? Weekly Monthly Parents: Weekly Monthly

VCS Parental Commitment

VCS Statement of Faith

We believe the Bible is the only Word of God, divinely inspired, inerrant, infallible, totally expressing His purposes to mankind. We accept the Bible as our final authority; the all-sufficient and complete rule for faith and conduct. (2 Timothy 3:15-17; I Peter 2:15)

We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit. God the Father, Creator and Ruler of the universe from Whom all life exists (Genesis 14:22; Genesis 1:1; Colossians 1:17); Jesus Christ, God the Son sent to take the form of a man to put God's great plan for humanity into effect (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to the Christian and bearing witness to God's work in our world. (John 16:13-14; I Corinthians 2:9)

We believe in the person of Jesus Christ, God's only eternal Son. Born of a virgin, He lived a sinless life; performed mighty miracles; died for the sin of the whole world; rose again to conquer sin, death, and Hell; ascended to the right hand of His Father to intercede on our behalf; and will return to earth again for those who have personally accepted forgiveness of sin through Him. (Isaiah 7:14; Hebrews 7:26; I Corinthians 15:3-4)

We believe that all mankind is born sinful and separated from God, requiring individual repentance and forgiveness through the blood of Jesus Christ, shed on the cross, as absolutely essential to be in right standing again with God. (Romans 10:9-17; John 3:16; Titus 2:11-13)

We believe that any form of sexual immorality (including adultery, fornication, homosexual behaviors, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20 ; I Cor. 6:9-10)

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Romans 10:9-10; 1 Cor 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture or the beliefs or practices of Vacaville Christian Schools.

We believe in the continuing ministry of the Holy Spirit, by Whose indwelling, the Christian is enabled to live a godly life. (Ephesians 5:18; 4:30; I Corinthians 3:16)

We believe in the second coming of Christ and the resurrection of believers. (I Thess. 4:16-17; Revelation 19:20; 20:11-15)

We believe in the spiritual unity of all believers in the Lord, Jesus Christ. (Ephesians 1:22-23; Romans 8:9). I understand the standards of VCS in all areas including character, academics, social, and spiritual development. I recognize that VCS is a non-denominational school that fully supports the local Christian churches in the community.

I have read the "Statement of Faith" printed above and by my signature below, I acknowledge VCS' Bible based education and agree to support, uphold and abide by all of its policies and procedures. VCS exists to serve students and parents who support Christian values. All parents and students are encouraged to regularly attend a Christian church.

Parent Initials: _____

I have read and understand the terms set forth in this parental commitment and will adhere to this covenant for the duration of my child's attendance at Vacaville Christian Schools. Parent Initials: _____

The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God, is what speaks as the final authority concerning truth, morality, and the proper conduct of mankind. It is the sole and final source for all that we believe. For purposes of Vacaville Christian School's faith, doctrine, practice, policy, and discipline, our school board is Vacaville Christian School's final authority on the Bible's meaning and application.

I have reviewed the statements above and agree to be governed by all the provisions herein.

NOTE: MUST BE SIGNED BY BOTH PARENTS

Signature of Father

Date

Signature of Mother

Date

Vacaville Christian Schools, admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

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

Medical Information:

Health Problems: Asthma Inhaler Epi-Pen Bee Sting Diabetes Food Allergy Heart Condition

Epilepsy ADD/ADHD Other (please list:_____

If you checked the box to asthma or inhaler, please fill out the included **Asthma Action Form** and bring in a peak flow meter to the school office. If you checked the box to Epi-Pen, please fill out the included **FARE Form**.

Allergies (specific):_____

If you answered no Inhaler, please give the Medical Treatment Plan you want followed if your child is having an allergic reaction. EMERGENCY RESPONDERS WILL BE CALLED If your child shows extreme signs of distress; difficulty breathing, extreme wheezing, bluish or gray areas around the mouth or fingernails, and cannot walk or becomes unconsciousness.

MEDICAL TREATMENT PLAN:_____

MEDICAL CONSIDERATIONS:_____

Medications taken at home:_____

Does your child require medication at school? Medication is needed at school None needed at school

MEDICATIONS USED AT SCHOOL (please list):_____

All medications must be in their original container with doctor's instructions for school personnel to administer medication. Please complete the **Medication Authorization Form** for medications to be used during school hours.

Disaster contacts (other than Guardians) allowed to release students in the care of, in the event of a school emergency evacuation. Please note work (w), cell (c), or home (h) for type.

Name	Primary #/Type	Secondary #/Type	Relationship to Child

Medical Insurance Information:

Insurer _____ Group # _____ ID# _____

Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital(s) Preferred:_____

Authorization For Medical Treatment:

In the event of an emergency, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I authorize the physician and/or dentist named above to undertake such care as is considered necessary. In the event the above physician is unavailable, I authorize VCS personnel to arrange for emergency medical care. I agree to assume all costs incurred. I further hold the school harmless for any result of said treatment and assume solely, the financial responsibility for such treatment.

Signature of Parent:_____ **Date:**_____

Parent's Name (please print):_____



Vacaville Christian Schools does not release information or records concerning your child to organizations or individuals without your consent (except as noted below). There are a number of times, however, when such information may be requested. Rather than contacting you for specific permission to release information when each instance occurs, we have designed this form to serve as a release for most of those instances.

Your consent is **required** for us to release such information. If you choose to give your consent, **please initial where indicated** for each instance listed. If you wish to revoke your consent, you may do so at any time by **notifying the school in writing**. If you have any questions, please call your school's administration office.

Name of Student

Date

Marketing/Advertising Release

Parents' Initials

Allows school to use information and photography to advertise enrollment and/or activities at VCS.
(Advertising may be in print, multi-media, internet, or website communications social media and cable TV.)

Social Media Release

Allows the school to use information and photography concerning participation in school activities on social media outlets. (Includes participation in special programs, school events, athletics, honors, ect.)

Room Parent Release

Allows the school to release your name, address or phone number to the room parent who will supply you with information regarding class parties and activities that you may be willing to participate in.

Parent Release

Allows the school to release your name, address or phone number to parents in your child's class, requesting the information for out of school activities such as birthday parties, pay dates or other special events.

Statement of Consent

We/I consent to the release of the specified information to the organizations and individuals noted above upon their request. We/I understand that this consent may be revoked by us/me at any time by notifying the school in writing.

Signature of Parent/Guardian

Signature of Parent/Guardian

WE DO NOT WISH ANY INFORMATION BE RELEASED (please check the box)

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.

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

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: Department of Social Services/Community Care Licensing

Licensing Office Address: 101 Golf course Drive, Suite A-230, Rohnert Park, CA 94928

Licensing Office Telephone #: 707-588-5026

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.

Vacaville Christian Schools Early Education Dept.
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:

State of California Agency

NAME

Department of Social/Community Care Licensing

ADDRESS

101 Golf Course Drive, Suite A-023A

CITY

Rohnert Park

ZIP CODE

94928

AREA CODE/TELEPHONE NUMBER

707-588-5026

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)

Vacaville Christian Schools Early Education Dept.

(PRINT THE ADDRESS OF THE FACILITY)

1117 Davis Street, Vacaville, CA 95687

(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 or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, 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://cclid.ca.gov/contact.htm>.