



INDIA COMMUNITY CENTER

PRE-SCHOOL CONTRACT

Program for 3yrs - 5yrs

Child's Full Name: _____

Current Age: _____ Birth Date: ____/____/____ Sex: M / F
Mo Day Year

Is your child potty trained: YES___ NO___ If No, are you potty training at home? Yes___ No___

If yes, please let us know how we can assist? _____

Primary Language spoken at Home: _____

Address _____
Street address Apt # City State Zip Code

Parent's name: _____ Home Phone: () _____
(Father) Last First Middle

E-mail Address: _____

Work: () _____ Cell: () _____

Occupation: _____ Company Name : _____

Parent's name: _____ Home Phone: () _____
(Mother) Last First Middle

E-mail Address: _____

Work: () _____ Cell: () _____

Occupation: _____ Company Name : _____

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ICC is a community supported 501(c) (3) non-profit organization, which aims to unite, serve and celebrate the local and Indian community.
Our tax id number is 52-2351119.

WE WILL CONTACT THIS NUMBER FIRST AFTER CALLING 911 IN CASE OF AN EMERGENCY

Emergency Contact name: _____

Last

First

Middle

E-mail Address: _____

Phone: Home () _____ Work: () _____ Cell: () _____

How did you hear about the ICC Preschool Program?

Friend ____ Family ____ Neighbor ____ Web ____ Flyer ____ Radio ____

Community Event ____ Facebook ____ Next door ____ Other ____

ABOUT YOUR CHILD

Has your child ever attended a toddler program or daycare before? Yes ____ No ____

If yes, name of prior school _____

Does your child have an IEP, an Individualized Learning Plan? Yes ____ No ____

Has your child been tested? Yes ____ No ____

If Yes, please provide the school a copy of the IEP.

Has your child been screened for any other *specific special needs*? Yes ____ No ____

If yes, please provide information on how we can assist your child better. Do they attend an additional support program?

What is the first language your child learned? What language is your child most comfortable with? Does your child speak and/or understand English?

Is there anything else we need to know about your child?

HEALTH HISTORY INFORMATION

Physicians' Name: _____ Physician's Phone: _____

Dentist / Orthodontist's Name: _____ Dentist / Orthodontist's Phone: _____

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Is the attendee covered by medical insurance? Yes _____ No _____

Insurance Carrier: _____ Member Number: _____

Carrier Address: _____ Carrier's Phone: _____

Name of Insured: _____ Relation to attendee: _____

CONSENT FOR MEDICAL TREATMENT

Please list ALL medications, including over the counter or nonprescription drugs, taken routinely. Keep it in the original packaging / bottle that identifies the prescribing physician (for prescription drug), the name of the medication, the dosage, and frequency of administration.

This person takes NO medications on a regular basis.

This person takes the following medication.

Medication Name: _____

Frequency: _____

Reason for medication: _____

Dosage: _____

Route

Oral

Topical

Injection

Suppository

Medication Name: _____

Frequency: _____

Reason for medication: _____

Dosage: _____

Route

Oral

Topical

Injection

Suppository

Signature of Parent / Guardian

Date

FOOD AND ALLERGY RESTRICTIONS

Lunch for the PreSchoolers will arrive from home. Morning and Afternoon Snack will be provided

IMPORTANT- Please list any Food Allergies, Dietary Restrictions due to religion or otherwise or any other details related to food concerning your child.

(Please list foods your child is allergic to or should not be provided due to their religion or family beliefs):

1) **Dietary Restrictions:** _____

2) **Allergies:** _____

3) **Does your child eat eggs?** _____

4) **Anything else?** _____

NOTE: 1. Once an item is listed for dietary/allergy restriction. We will not give it to the child any time unless this form is changed and signed by the parent. 2. All changes **MUST** be communicated via email **ONLY**.

EMERGENCY MEDICAL TREATMENT:

In the event of a medical emergency every effort will be made to contact the parent/guardian of participants. If this is not possible, I hereby authorize ICC PreSchool Program to obtain medical treatment by calling 911 at my/our sole cost and expense, and I hereby give permission to ICC staff to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes.

YES _____ (parent name and signature here)

INDEMNITY AND CONTRACT AGREEMENT

Recognizing that ICC will do its best to ensure a safe experience, I understand that certain accidents may occur. I will not hold or attempt to hold ICC or its employees, staff, or volunteers liable for any loss, damage or injury to person or property caused by any act or omission of ICC.

I verify that my child is in good health and is capable of participating in activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. YES _____ (Initial)

MEDIA RELEASE

Occasionally, photos and video footage are taken during ICC's PreSchool Program activities and used for promotional material. I authorize ICC to use photos/video taken of my child for use in brochures, articles, websites, ICC Facebook page and for other marketing purposes and other ICC related events. Participation in ICC PreSchool Program activities constitutes permission to use photos of participants for promotional purposes in all print, electronic and password protected web media for organization promotions.

We do not allow any unofficial pictures or videos of the children without the consent of the PreSchool Program staff. Also, we do not share RAW files, photos or footage of the participants for privacy reasons. YES _____ (Initial)

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Tuition Payment and other School Policies:

- Tuition is due in 12 monthly payments, to be paid on the first day of every month.
- Late payments will be charged a \$30 late fee, due after the 5th day of every month.
- Refunds will NOT be given for an uncompleted month of the school year.
- No PreSchool Program Months will be prorated for any reason such as holidays, missed school days in case of absence from your side or if you have started your Toddler session in the middle of the month.
- A one calendar month withdrawal notice is required by email prior to the beginning of the next billing month.
- An Exit/Termination Form needs to be turned in before you withdraw from the program. (If absence is longer than 2 weeks).
- Due payment must be made before termination.
- Tuition for the month of December will be collected in the month of November.
- You will be required to pay full month's tuition (as per your session) if you are taking a calendar month vacation for a month or more in order to reserve your child's spot in school during your vacation/leave of absence time. If you decide not to pay, your child's spot will be given to the next family on the waiting list.

Annual registration:

An annual registration fee of \$150 must accompany all applications.

The fee is not applicable towards the tuition and is non-refundable. This fee is a yearly fee and must be paid even if your child is a returning student.

I have _____ (check mark here) enclosed a non-refundable Registration Fee of \$150.

No discounts will be provided on application fees to members or non-members. I understand that acceptance into the program is not guaranteed. Checks should be made payable to the India Community Center PreSchool Program.

Required documentation:

Upon acceptance to our program, the following forms must be turned into the office 5 business days before school. You certify that you have accurately completed (or will complete in a timely manner) all the forms listed below. You agree to notify the PreSchool Program promptly via email if there are any changes in the information you have supplied on the forms list below and failing to do so will result in IMMEDIATE TERMINATION (see Contract Termination Condition).

1. Admission Agreement
2. LIC 995 Notification of parent rights
3. LIC 613A Personal Rights
4. LIC 700 Identification and emergency information
5. LIC 627 Consent for Emergency Medical treatment
6. LIC 702 Child's Preadmission Health History- parent's report
7. LIC 701 Physician's report
8. Immunization Record

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Required Items:

The following items are required on the first day of school.

1. Two pairs of extra clothes, that include shirts, tops, pants, underclothes, and socks.
2. Copy of a Family photo. (4in by 6in. preferred.)

Modification Conditions

The facility reserves the right to modify any of the conditions of the agreement upon 30 days written notice to the parent or guardian. The facility also reserves the right to refuse service. _____ (Initial)

Refund/Termination Conditions

Each child is accepted into our program on a probationary basis for the first month of his or her attendance. During this time, the child can be dismissed without prior notice and any unused pro rates prepaid fees will be refunded within 48 hours (see below for reasons for termination). A parent teacher conference will be held at that time.

If the parent wishes to remove the child for any reason except a short vacation, the parent must give at least a two (2) weeks' notice. The parent may take the child out for up to a two-week vacation and retain the child's class assignment by continuing to pay the normal dues. (No discounts on fees will be given for missed time/vacation). The child's spot will not be reserved if the monthly payments have not been made in advance in case of long vacation periods. (Refer to termination policies and tuition policies) _____ (Initial)

Right of Licensing Agency

The Department has the authority to interview children or staff, and to inspect and audit child or toddler program records, without prior consent. Please note:

- 1) The licensee shall make provisions for private interviews with any child (ren) or staff member; and for the examination of all records relating to the operation of the PreSchool program.
- 2) The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement. _____ (Initial)

Basic Services

The parent/guardian agrees that she/he has received (photocopy upon request) and read a copy of the PreSchool Program contract and agrees to all the facility operating policies and procedures as described therein. Any absentees or missed days at school should be communicated to the PreSchool Program Director by phone message or email ONLY. _____ (Initial)

Termination condition

This agreement may be terminated by the facility with 2 weeks' notice for the following:

1. Parent/guardian has not cooperated with the facility regarding the child's discipline needs.
2. Parent / guardian has not paid the agreed upon fee or has been paying late fees for more than a six-month period.

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3. Missing school Required Documents by child care license will result in IMMEDIATE TERMINATION.
4. Consistent late pick-ups, if a child is picked up late thrice in a month and the parent does not agree to pay a late fee. *The first 5 mins after 5.00pm/5.30pm ie 5.05/5.35 respectively will be grace period after which there will be \$1 per minute late fee (depending on the program selected by you) charge added to your account (without prior notice)*
5. If a child with consistent difficulties puts the health, safety, and welfare of him/herself, and /or that of another child or the children of the group at risk, a conference with the parents, will be held to discuss the seriousness of the situation and the possibility of withdrawal from school as per our policies and agreed upon terms.
6. If it is observed that a child is having considerable difficulty learning/coping with the class and the teachers feel the need of special attention/coaching and care for the overall development of the child, a conference with the parents, will be held to discuss the situation and consider the next course of action for the betterment of the child or possibility of withdrawal as per our policies.
7. Termination is Immediately Effective, if any parent/guardian or caretaker of the child ill-treats/abuses/misbehaves in a fashion not in compliance to the toddler program code of conduct.

Diaper Policy:

Children attending the PreSchool need to be potty trained. _____ (Initial)

Dress Code:

Do not bring your child in panties or underwear until he/she has naptime and bedtime control established. The best items are shorts and pants with elastic waist. Please **DO NOT** dress your child in the following:

NO tight or jeans clothing, NO shirts that snag in the crotch, NO pants with snaps & zippers, NO overalls or bib type clothing, NO belts, NO one piece outfits (dresses).

The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child's ability to do so. Please dress your child in comfortable clothes that they can manage on their own, teachers are always there to assist if they need help. Flat, closed-toe, Velcro footwear is Required (cros, flip-flops, heels, and shoes with laces are to be avoided) Please send a hat or jacket to suit the weather. Teachers will not apply any sunscreen or any other type of cream. _____ (Initial)

Birthday Policy:

We enjoy celebrating birthdays in the classroom. Due to the younger age of the program, we will be keeping this celebration low key. Due to allergies and dietary restrictions, we do **NOT ALLOW ANY CUPCAKES, OR COOKIES** in the classroom as birthday give away. We will **NOT** be asking parents to pass out goody bags. Prior to your child's birthday we will send home a birthday poster, which you are welcome to decorate using family pictures. Your child can share his/her birthday poster on their special day! _____ (Initial)

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Illness Policy:

We depend on the parent's assessment of their child's health before sending him/her to school. Germs can spread quickly in child-care environments. We request that you please keep your child home in case of a constant runny nose or cough. If the runny nose is green, it is highly contagious; the same goes with constant coughing and may cause an infection to the other children. This symptom usually takes about 48 to 72 hours to recover. Also, note that if your child develops this symptom while at school, we will call you to take your child home, to avoid spread of the infection. Thank you for your support! In a case where we feel that your child is unwell while in school you will be asked to pick him/her up for the day _____ (Initial)

To keep all children healthy, we too do our part by sanitizing toys and surfaces on a daily basis.

Sign In and Out Daily:

I understand that I must sign in and sign out my child daily and that I have to take full responsibility, according to Licensing regulations, of my child once I have checked them out of the PreSchool Program daily. I am responsible to pick up any belongings from my child's cubby. The PreSchool Program or teachers will not take responsibility for lost or misplaced items. (Any communication to the teachers of ICC PreSchool Program related to my child must happen via email only) _____ (Initial)

PreSchool Program Policy:

The parent or guardian agrees to the PreSchool Program Year Payment Plan as well as understand all the School Regulation and Policies _____ (Signature here)

I have read the PreSchool Program Contract, I understand and agree that no changes will be made to the school rules, regulations, timings, fees, and other policies listed in the application form unless approved or changed by ICC PreSchool Program staff members alone.

COVID-19

To support the health and well-being of the families, children, and staff India Community Center has implemented a contact tracing process in coordination with the Department of Health as part of a layered tracing and testing approach for families, children, and employees across all programs.

Contact tracing slows the spread of COVID-19 by identifying and notifying people that they may have been exposed, asking them to monitor their health, and asking them to self-quarantine. Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important

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public health intervention to prevent or contain an outbreak. By keeping those that may have been exposed to COVID-19 away from others, further transmission may be prevented.

To support the privacy of those involved in the contact tracing process, the identity of the families, or employee who reports, as well as the individual who has tested positive or is presumed positive, will not be shared.

How many family members currently lives in your home? _____
 Have they all been vaccinated by either Pfizer, Moderna, or Johnson & Johnson's Janssen? _____
 If NO, please provide information name and reason

Families that have been vaccinated please share the following information. **We will need a copy of your vaccinated card to keep in our record.**

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

Full Name _____ Relation to child _____

The goal of the information gathering is to help focus on identifying, notifying, and monitoring students who have come in close contact with a student who has been diagnosed with COVID-19 while they were infectious. **If you have family or friends visiting, we will need to gather their information. Please ask a teacher for a Family/ Friend COVID Form.**

EVERYONE COMING INTO INDIA COMMUNITY CENTER PREMISES WILL BE TEMPERATURE CHECKED DAILY.

All our teachers have been vaccinated and trained to follow standard practices and appropriate regulations specific for cleaning and disinfecting the classroom and materials in the programs.

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