



ENROLLMENT CHECK LIST

The following forms must be completed prior to the child's first day of school:

- Admission Agreement/ Enrollment Contract
- Parents Rights (LIC995)
- Caregiver Background Check Process
- Personal Rights (LIC613A)
- Identification and Emergency Card (LIC700)
- CCLD Consent (LIC 627)
- PTM Consent Form
- Health History (LIC702)
- Physician's Report (LIC701)
- Permission to Photograph
- Sick policy
- Need & Services (Infant Programs)

I have received, read, understood and agreed to all the terms and conditions outlined in the handbook.

Guardian Signature Date

Guardian Signature Date

Pine Top Montessori Date



2024-2025 ADMISSIONS AGREEMENT/ ENROLLMENT CONTRACT

Child's Name _____ DOB _____ Age _____
 Parent's Name _____
 Telephone # _____ Start Date _____ Program # _____
 E-mail Address _____

We wish to provide a safe and nurturing environment, which respects the individual, and encourages each child to reach his or her full potential!

x	Preschool Programs: 8:30 am - 3:20 pm (up to 6yr)	Monthly Tuition
	Program #1 - Monday through Friday 8:30 - 3:20	\$1015.00
	Program #2 - 4 days of the week 8:30 - 3:20	\$885.00
	Program #3 - 3 days of the week 8:30 - 3:20	\$780.00
	Program #4 - 2 days of the week 8:30 - 3:20	\$495.00
	Half Day Program dependent on space availability	
	Program #5 - 3 half days of the week 8:30 - 12:30	\$660.00
	Program #6 - 2 half days of the week 8:30 - 12:30	\$380.00

x	Toddler Programs: 8:00 am - 5:00 pm (2-3yr)	Monthly Tuition
	Program #1 - Monday through Friday	\$1150.00
	Program #2 - 4 days of the week	\$950.00
	Program #3 - 3 days of the week	\$810.00
	Program #4 - 2 days of the week	\$640.00

x	Infant Programs: 8:00 am - 5:00 pm (0-24mo)	Monthly Tuition
	Program #1 - Monday through Friday	\$1380.00
	Program #2 - 4 days of the week	\$1250.00
	Program #3 - 3 days of the week	\$890.00
	Program #4 - 2 days of the week	\$700.00

Additional Fees

	Registration Fee	All programs (non-refundable) *with continuous enrollment	\$100.00 upon entry
	Materials Fee	Toddler & Preschool Program	\$100.00 annually
	Drop in Fee	Toddler & Preschool Program	\$65.00 per day
	Drop in Fee	Infant Program	\$75.00 per day
	Extended Care Fee:	Preschool 8 - 8:30am/ 3:20 - 5pm	\$150.00 per month



CONTRACT

Monthly tuition is due on the first (1st) of each month. Any payment not received by the **seventh (7th)** of the month will be assessed a late charge of \$25.00. **Tuition is calculated based on whole year's expenses, therefore is due regardless of holiday or vacation.** All monies need to be paid to the order of Pine Top. For any check that returned for insufficient funds, a charge of \$25.00 will be added to your account. If any account has two (2) check returns from the bank for NSF, the only acceptable forms of future payments will be the following: Cashier's Check, Monday Order, Cash, and Zelle.

Pine Top closes promptly at 5:00 pm. If your child is picked up later than 5:03, you will be given a late slip to sign and a late charge of \$5.00 per minute will be expected the day of the tardy or the very next day of care.

Should a placement of a child be deemed inappropriate, resulting in termination of services, Pine Top must receive a fifteen (15) day notice from guardians. Once such notice is received, a refund of unused tuition, only, shall be made within forty-five (45) working days.

Pine Top will give a thirty (30) day written notice for all schedule and rate changes. Should a placement of a child be deemed inappropriate by Pine Top, a fifteen (15) day notice will be given to guardians for the termination. Once such notice is given, a refund of unused tuition, only, shall be made within forty-five (45) working days.

For only Preschool monthly sharing time snacks, a \$25.00 fee will be charged if the snack is not provided to cover the cost from PTM for the classroom. Forgotten lunch charge for Preschool is \$5.00. Pizza Wednesday \$5.00

I understand that Community Care Licensing may, without notice and parental consent, inspect, interview, observe and examine, the records, facility, children and staff of Pine Top. I have read, understand and agree to all the terms and conditions outlined on the agreement and the Parents Handbook for the current School Year, and my signature acknowledges my acceptance of financial responsibilities.

Guardian Signature _____ Date _____

PTM Director's Signature _____ Date _____



CONSENT FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at school.

I hereby grant permission for the Director to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact any of the persons listed on IDENTIFICATION AND EMERGENCY FORM.
4. If Pine Top staff cannot contact any person above, we will do any or all of the following:
 - Call another duly licensed physician or paramedic.
 - Call an ambulance.
 - Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number 4 above, will be borne by the child's family.
6. Pine Top is not responsible for anything that may happen as a result of false information given at the time of enrollment.

We, _____ and _____, the guardians of _____ hereby authorize any duly licensed doctor to perform any medical treatment required stemming from any accident or illness including the authorization of any transportation in the regular course of first aid treatment to allow proper medical treatment.

Guardian Signature _____ Date _____

Guardian Signature _____ Date _____



PERMISSION TO PHOTOGRAPH

I, _____ give permission for _____ to photograph
 (guardian's name) (photographer's name)

my child, _____ for the following purposes:
 (child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in facility scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child for advertising	<input type="checkbox"/>	<input type="checkbox"/>
Display on bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>
Display on school website	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(guardian signature, and date)



PTM SICK CHILD POLICY

Please read and return the bottom portion with your signature. Thank you!

As the cold season fast approaching, we would like to remind you of our Sick Child Policy.

Your child should stay home or with alternate childcare when he/she is not feeling well, especially after showing any of the following symptoms, FEVER (100.4 degrees or above), DIARRHEA, and VOMITING. Your child may come back to PTM when he/she is **symptoms free for 24 hours**.

- Fever – Fever are common in young children and are often a signal that something is wrong. Our policy is that your child must remain free of fever for 24 hours before returning to PTM. The 24 hours begin when your child's fever has broken and remains in a normal range.
- *Diarrhea and Vomiting – Diarrhea/vomiting due to illness is highly contagious, if your child has the symptoms, please keep him/her home. Please understand that germs from diarrhea/vomiting can be spread through carpets, toys, and direct contact. It is very difficult to keep these germs from spreading to other children. If your child has diarrhea/vomiting while at PTM, you will be notified immediately to pick him/her up. Please keep your child home until diarrhea/vomiting has stopped for a consistent 24 hours. When children return too soon, there is a much higher rate of recurrence and contagiousness. *Diarrhea is defined as frequently and liquid form.

PTM is a well childcare facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness. Please understand that your child's teacher will be using their own discretion.

If your child becomes ill at PTM, you will be phoned and asked to pick your child up immediately.

I have read and agree with PTM Sick Child Policy.

Parent 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: Sacramento Childcare Regional Office

Licensing Office Address: 2525 Natomas Park Dr. Sacramento Ca, 95833

Licensing Office Telephone #: (916) 263-5744

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 (12/06)

(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.

Pine Top Montessori

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

LIC 995 (12/06)

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:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

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
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 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

Pine Top Montessori _____ 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 WHATEVER
NAME

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

()

LIC 627 (5/01) (CONFIDENTIAL)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
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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)

Pine Top Montessori . 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:
	other:

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 NursePractitioner

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.

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, 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://ccl.dss.cahwnet.gov/RegionalOf_1829.htm