

28355 Base Line, Highland, CA 92346, 909-862-6641, [www.ibchighland.org/dayschool](http://www.ibchighland.org/dayschool)

**ADMISSION AGREEMENT**

This Admission Agreement ("Agreement"), is entered into as of the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ ("Enrollment Date"), by and between Immanuel Day School ("Center") and \_\_\_\_\_ ("Parent").

**1. BASIC SERVICES.**

The Center is a child care center licensed under the California Department of Social Services to provide child care for up to 22 infants (license number 364830517), 168 preschool age children (license number 364801544), and 85 school age children (license number 364803616). For this purpose, "child care" means non-medical care for children who are in need of personal services, supervision, age-appropriate activities and education. The Center accepts children ages six weeks through thirteen years.

**1.1 Services to be Provided.**

Center agrees to provide the following services for Parent's child, \_\_\_\_\_ ("Child"), in Center's \_\_\_\_\_ program, at 28355 Base Line, Highland, CA 92346 ("Center's Address"),  
*("Infant", "Preschool", "School Age Care")*

according to the schedule set forth in Section 3 of this Agreement:

- a) center will provide Basic Services [Title 22, sec 101152 (b)(1)] such as non-medical care, meals and/or snacks
- b) center will maintain a set of rules for the protection of children participating in Center's Program (see Immanuel Day School Parent Handbook)
- c) center will provide assistance to Child in dressing, grooming, bathing and other personal hygiene activities as appropriate
- d) center will provide supervision of Child's schedule and activities at Center and
- e) center will provide Isolated Care (as defined in Section 4:11) for Child as needed for illness or behavior purposes.

**2. SCHEDULE**

**2.1 Holiday Schedule.**

Center will not be open and Basic Services will not be provided on the following days:

Staff Development Day, School Closed	August 10, 2021
Labor Day, School Closed	September 6, 2021
Veteran's Day, School Closed	November 11, 2021
Thanksgiving Holiday, School Closed	November 25 & 26, 2021
Christmas Holiday, School Closed	December 24 - December 30, 2021
New Year's Day, School Closed	December 31, 2021
Martin Luther King Holiday, School Closed	January 18, 2022
President's Day, School Closed	February 21, 2022
Memorial Day, School Closed	May 30, 2022
Independence Day, School Closed	July 5, 2022

With the exception of the Christmas Holiday week, Parent will not receive a refund of or a credit against the Weekly/Monthly Fee for such days. (As in Section 4.1 of this Agreement)

**2.2 Basic Services Schedule.** Except as otherwise provided in this Agreement, beginning on \_\_\_\_\_, Center will provide the Basic Services each week/month according to the following schedule ("Child's Schedule"). Please initial next to the Basic Service option of your choice.

\_\_\_\_\_  
*Initial* Schedule: \_\_\_\_\_ Full Day (6:30am – 6:00 pm) \_\_\_\_\_ Half Day (6:30am – 12:30pm)

\_\_\_\_\_  
*Initial* Days: \_\_\_\_\_ 5 Days (M-F) \_\_\_\_\_ 3 Days (M, W, F only) \_\_\_\_\_ 2 Days (T, Th only)\*\*

\* 2-day/week minimum is required for all programs.

**3. PAYMENT PROVISIONS.**

**3.1 Basic Rates.** Parent shall pay to Center \$ \_\_\_\_\_ (tuition rate) per \_\_\_\_\_ Month /Week  
 Child's Name \_\_\_\_\_ for the Basic Services based on Center's rates for such services (the "Basic Rates")  
 as follows:

	Schedule	Rates Weekly	Rates Monthly	5% Discount Monthly when paid by 5th
<b>Infant Program</b>				
Registration \$125.00 / \$175 Family	5 Full Days	348.00	1496.00	1421.00
Mornings till 12:30 p.m. Mornings till 12:30 p.m. Mornings till 12:30 p.m.	3 Full Days (MWF only)	225.00	968.00	920.00
	2 Full Days (T, Th only)	151.00	649.00	617.00
	5 Half Days	257.00	1105.00	1050.00
	3 Half Days (MWF only)	169.00	727.00	691.00
	2 Half Days (T, Th only)	113.00	486.00	462.00

**3.2 Optional Service Rates/Fees**

<b>Additional and/or Optional Fees</b>			
Registration	Fee charged each school year	\$125 Individual	\$175 2+ Family
Returned Check/Charge	Fee	30.00	
Late Payment	Fee	25.00	
Late Pick Up Fees	Each 5 minute period or portion thereof	5.00	
Family Discount	Two or more children in same household/family	10% on lowest tuition rate	
The tuition rate does not change for weeks that include a holiday and staff development days. * Monthly rates include a 5% discount. (Monthly Rate = Weekly rate x 4.3 - 5%) Tuition fees may increase each year to cover cost of living increase.			

**3.3 Registration Fee**

Parent shall pay to Center a nonrefundable annual registration fee each year in which Child is enrolled in Center's Program. Please reference the rate sheet for charge amount.

**3.4 Due Date**

Except as otherwise expressly stated in this Agreement, payment in full of the weekly/monthly Fee for each week/month and any Additional Fees incurred in the previous week/month payment is due each Friday for the upcoming week or on the first calendar day of the month for the upcoming month which the Basic Services are provided. If the Parent enrolls Child in the Center mid-week/month, the Parent shall pay, on or before the first day the Child attends Center's program, a portion of the weekly/monthly Fee, prorated on a daily basis for the remainder of such week or month.

**3.5 Methods of Payment**

Unless otherwise stated, payment is to be made by Parent to Center by Direct Payment through Tuition Express, MyProcare.com, by check or money order payable to the order of Immanuel Day School, cash or credit card (Visa, Master Card, Discover). However, if any payment is returned unpaid, Parent shall pay Center a service charge (Please reference the rate sheet above for charge amount) in addition to other amounts due, and thereafter Payments by Parent to Center shall be made only by money order or cash. All Payments must be made or delivered directly to Center's office at Center's Address. Parent shall be solely responsible for any Payment lost, stolen or mislaid before such Payment is received by Center's Office. Cash payments may be made in the Center's office only

**3.6 Direct Payment**

Parent agrees to comply with the Tuition Express guidelines for Payment. The Parent is required to complete the "Electronic Funds Transfer Authorization" form in order to initiate debit entries from Parent's checking account on a monthly or weekly basis. Once the form is completed, it will be submitted to the Parent's bank for approval.

**3.7 Weekly Tuition Late Fees, Suspension and Termination for Late Payment**

If Center's office has not received payment from Parent for the weekly fee on or before the third (3rd) day after payment of such fee is due ("Overdue Payment"), Center will charge a late payment fee (please reference the rate sheet for charge amount) and Center may refuse to admit Child to Center's program each day until Parent makes such Overdue Payment in full. However, if Center's Office has not received the Overdue Payment on or before the tenth (10th) day after such payment is due, Center may terminate Child's enrollment at Center in accordance with Section 8 of this Agreement.

**3.8 Monthly Tuition Discount, Late Fees, Suspension and Termination for Late Payment**

Center offers a 5% discount on monthly tuition rate when tuition is paid in full on or before the 5<sup>th</sup> day of the month. If Center's office has not received payment from Parent for the monthly fee on or before the fifth (5th) day of the month ("Overdue Payment"), Center will remove the 5% discount applied to account and charge a late payment fee (please reference the rate sheet for charge amount) and Center may refuse to admit Child to Center's program each day until Parent makes such Overdue Payment in full. However, if Center's Office has not received the Overdue Payment on or before the tenth (10th) day after such payment is due, Center may terminate Child's enrollment at Center in accordance with Section 8 of this Agreement.

**3.9 Materials Fees**

Parent shall pay to Center a nonrefundable materials fee for Pre-K classes (by the admission date) and T-Shirt fee (mandatory for SAC field trips – optional for preschool). Please reference the rate sheet for charge amounts.

**3.10 Call for No Pick Up (SAC Program Only)**

If the Child does not require transportation to or from their elementary school, Parent must notify the Center no later than one hour prior to school dismissal. If the Parent fails to contact the Center office, the Parent will be contacted, and a fee will be assessed. Please reference the rate sheet for charge amount. If the problem continues, Child will be dropped from the Center.

**3.11 Late Pick-up Charges**

Each day Child is picked up at Center later than the scheduled Pick-up Time for such day as provided in Section 3.2 of this Agreement Parent shall be assessed a late fee (please reference the rate sheet for charge amount) for each five (5)-minute period or portion thereof, after such Pick-up Time (the "Late Pick-up Fee"). Parent shall pay Center the Late Pick-up Fee on the day the Late Pick-up Fee is assessed or with next tuition payment. If Child is picked up late more than three (3) times in any thirty (30)-day period, Center will notify Parent of that fact and Center may terminate Child's enrollment in Center's Program in accordance with Section 8 of this Agreement.

**3.12 Isolated Care**

For purposes of this Agreement, "Isolated Care" means "one-on-one" supervision by Center's staff in a separate area at Center. Isolated Care will be utilized when a child is sick or has behavior difficulties. The Day School will strive to reach the parents or other authorized persons to pick up the child. If the parents or other designated persons have not arrived or the Day School has exhausted all attempts to reach them, after one hour, an hourly fee will be charged until the child has been picked up. Please reference the rate sheet for charge amount.

**3.13 Absence Policy**

Parent shall pay in full to the Center the weekly/monthly Fee for each week/month Child is enrolled in the Center's Program, regardless of whether Child is absent for any reason, including but not limited to illness or vacation. When possible, Center requests that Parent informs school in advance of any intended absence.

**3.14 Financial Responsibility for Medical Care**

If the Child is provided medical care on an emergency basis or otherwise, the Parent shall be financially responsible for such care and treatment.

**4. RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN**

Parent understands and acknowledges that Center is a licensed childcare center and that, under California law, the California Department of Social Services has the right at any time, without notice or prior consent, to 1) privately interview children or staff at any licensed child care center; 2) inspect and audit children's records; 3) observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement; and; 4) have a licensed medical professional conduct physical examinations of children.

**5. DUTY TO REPORT CHILD ABUSE**

The Parent is hereby advised that under the terms of the California Penal Code § 11166 the Center and its employees have a statutory duty to report any known or reasonably suspected instance of child abuse to a child protective agency. In addition, the Center and any employee who has knowledge of, or who reasonably suspects that mental suffering has been inflicted upon the Child, or that his or her emotional well-being is endangered in any other way, must report the known or reasonably suspected instance to a child protective agency.

**6. WITHDRAWAL BY PARENT**

Parent may withdraw Child from Center's Program at any time; provided, however, that Parent shall notify Center in writing two (2) weeks in advance of withdrawing Child from Center's Program. If Parent withdraws Child in the middle of a month, provided that Parent provides Center two (2) weeks prior written notice of such withdrawal, Center will refund a portion of the Monthly Fee paid for such month, prorated on a daily basis for the remainder of such month.

**7. TERMINATION CONDITIONS**

**7.1 Immediate**

Center may terminate Child's enrollment immediately upon written notice to Parent of such termination, if any of the following conditions arise:

- a) based on the Center Director's reasonable opinion and observation, Child's or Parent's behavior significantly and directly threatens the physical or mental health, safety or well being of one or more of the other children or staff at Center, and, that threat cannot be eliminated. If reasonable accommodations will eliminate the threat, Child may be suspended until such time as the accommodations can be implemented.
- b) any Payment owed by Parent to Center is not paid within ten (10) days after such payment is due.
- c) child is picked up late more than three (3) times in any thirty (30-day) period or
- d) on more than three (3) occasions within any thirty (30)-day period (i) in the judgment of Center's Director, Child evidence obvious symptoms of infectious or acute illness, including but not limited to runny nose, fever, or vomiting, when brought to Center, or (ii) Parent fails to pick up Child from Center promptly when notified by Center that Child is ill. Exceptions may be made on a case-by-case basis if the child is ill due to a disability and the direct threat can be eliminated. If reasonable accommodations will eliminate the threat, child may be suspended until such time as the accommodation can be implemented.
- e) parent, family member, or other authorized representatives refuse to follow the terms of this Agreement and/or Center's Parent Handbook, threaten Center's staff, or cause disruption to the general operation of Center.

## **7.2 Two-Weeks Notice**

Center may terminate Child's enrollment in Center's Program effective upon two (2) weeks prior written notice to Parent if any of the following conditions arise:

- a) any of the conditions listed under Section 8.1 above, provided that Center has not exercised its right to terminate Child's enrollment immediately.
- b) in the judgment of Center's Director, Center is unable to reasonably meet the developmental or special needs of Child with or without reasonable accommodations.
- c) parent fails to provide items for Child that Parent is required to provide under Section 11 of this Agreement or under the terms of Center's Parent Handbook
- d) parent fails to abide by any other terms of this Agreement and/or Center's Parent Handbook or
- e) center terminates Center's Program.

***If Center terminates Child's enrollment in Center's Program pursuant to Sections 8.1 and 8.2, Center will refund a portion of the Monthly Fee paid by Parent in advance for such month, prorated on a daily basis for the remainder of such month. However, if Parent has a balance due for services actually rendered, no refund will be issued, and Parent will be responsible for any remaining balance.***

## **8. PHOTOGRAPHS**

The Parent understands that pictures and/or video may be taken of my Child by authorized staff members/volunteers while involved in activities, classrooms, common areas and sponsored events of Immanuel Day School. Pictures and/or video may be posted in classrooms, bulletin boards, worship screens, Immanuel ministry newsletters, website and/or social media.

If the Parent would rather their Child's picture and/or video not be taken please, it is required that the Parent sign the photo authorization indicating their preference.

## **9. MODIFICATION**

Parent understands and acknowledges that, under California law, Center may modify this Agreement whenever circumstances covered in this Agreement change, provided that any such modification shall be in writing and shall be signed and dated by Parent(s) and Center, and provided further that:

- a) if Center's rates or fees are set by agreement between Parent and Center, Center agrees to provide written notice to Parent thirty (30) days prior to implementing any change in such rate or fees.
- b) if Center provides care to Child pursuant to one or more government-funded public childcare programs and the rates or fees for such care are set by the government, the effective date of the government rate or fee change shall be considered the effective date for Center's change in rates or fees and no prior notice of such change will be given to Parent.

## **10. PARENT'S ADDITIONAL RESPONSIBILITIES AND OBLIGATIONS**

### **10.1 Certification That All Information is Correct**

The attachments listed below form a part of this Agreement. Parent certifies that s/he has accurately completed all such attachments and that s/he has read and agrees to abide by all provisions of the Parent Handbook. Parent agrees to notify Center immediately in writing of any change in the information supplied on the forms listed below. This Agreement, together with the forms listed below and Center's Parent Handbook, incorporated herein by this reference, contains the entire agreement and understanding between the parties as to the subject matter hereof.

- Admission Agreement
- Identification and Emergency Information
- Family Registration
- Personal Rights
- Parent's Rights
- Child's Preadmission Health History
- Consent for Emergency Medical Treatment
- On-Campus Field Trips
- Tuition Express Application
- Physician's Report & Immunization Record
- Needs and Services
- Individual Infant Sleeping Plan (3wk - 12 months)

**10.2 Medical Assessment**

Parent agrees to provide to Center's Director, within thirty (30) calendar days after the Admission Date, a written medical assessment, including a TB test of Child on a form approved by Center, performed by or under the supervision of a licensed physician. Prior to the Admission Date to the Center, Parent agrees to provide Child's Immunization record, acknowledging that Child shall be immunized against diseases as required by the California code of Regulations, Title 17. Medical Assessments and immunizations are not required for the School-Age Care program except for children who have never been enrolled in a public/private elementary school or a licensed childcare center.

**10.3 Necessaries**

Parent agrees to provide Center with a change of clothing and a sufficient supply of disposable pull-ups (diapers for infants) to meet Child's needs. If Center has to provide pull-ups/diapers for Child, Parent will be charged a fee per pull-up/diaper (Please see Parent Handbook for applicable fee). Additionally, if Child is enrolled in full day Preschool program, Parent must provide a fitted crib sheet and small blanket for nap.

**10.4 Release of Child**

Parent will provide a list of individuals (must be 18 or older) authorized by Parent to pick up Child from Center ("authorized representatives"). Parent agrees to notify Center in advance, in writing each day that anyone other than Parent or one of the Parent's authorized representatives will pick up Child from Center. Parent understands that Child will not be released to any individual for whom Center has not received prior written authorization from Parent.

**10.5 Drop-off**

Parent agrees that each day Parent will not bring Child to Center earlier than the scheduled Drop-off Time for such day, as provided in Section 3.2 of this Agreement.

**10.6 Sign-in**

Parent agrees that each day Parent shall not leave child at Center unless and until on such day Parent or Parent's authorized representative (must be 18 or older) has both (i) made personal contact with the teaching staff member of Center's staff, and (ii) signed child into Center's program. For the child to receive the full benefit of the preschool program, the Child should arrive no later than 9:00 am.

**10.7 Sign-out**

Parent agrees that each day Parent shall not remove Child from Center's premises unless and until Parent or Parent's authorized representative (Must be 18 or older) has signed Child out from Center's Program on such day.

**10.8 Change in address or telephone number**

Parent agrees to provide written notice to Center within two (2) days of any change in Parent's mailing, residence, or work address. Parent agrees to provide immediate oral notice, followed by written confirmation, of any change in Parent's home or work telephone number.

**10.9 Child Custody**

Parent will provide a copy of all legal documents pertaining to the custody of Child in the case of separation, divorce, and/or restraining orders to Center on or before Child's first day of admission and within five (5) days of receiving documentation from any court agency. Parents of Child both must agree on other Authorized Representatives and Emergency Contacts. Both Parents must sign the original Identification and Emergency Information form, and both Parents must sign each time a change is made, unless otherwise noted in this Agreement.

**11. DESTRUCTION OF CENTER FACILITY**

If at any time during the term of this Agreement the Center's facility is damaged or destroyed to such an extent that in the sole discretion of Center's Director it would threaten the health or well-being of the children enrolled in Center's Program, Center may elect to suspend this agreement including its obligations to provide services hereunder, and Parent's obligation to pay for such services, until Center locates another facility that Center deems comparable to

Center's current facility, and notifies Parent of Center's intent to resume providing services under this Agreement at such other facility.

**12. TERM**

This Agreement shall be in effect until Child is withdrawn from Center's Program by Parent pursuant to Section 7 of this Agreement, unless terminated sooner in accordance with the provisions of this Agreement.

**13. INVALID PROVISIONS**

The invalidity or unenforceable ability of any provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if any such invalid or unenforceable provision were omitted.

**14. WAIVER OF COMPLIANCE**

No right under this Agreement shall be waived (lost) merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provisions of this agreement.

**15. NOTICE**

Except as otherwise expressly stated in this Agreement, any notice, demand, request, consent, approval or communication that either party to this Agreement desires or is required to give to the other party shall be in writing and either served personally or sent by prepaid certified or registered first class mail. Any notice, demand, request, consent, approval, or communication that either party desires or is required to give to the other party shall be addressed to the party as follows:

If to Center:	Immanuel Day School 28355 Base Line Highland, CA 92346	If to Parent: _____ _____ _____
---------------	--	---------------------------------------

Either party may change its address by notifying the other party of the change of address. Notice shall be deemed given when delivered, in the case of personal delivery, or three (3) days after mailing in the manner prescribed herein.

**16. ASSIGNABILITY**

This Agreement is binding upon and shall inure to the benefit of Center and its successors and assigns but shall be personal to Parent. The interest of Parent hereunder may not be transferred or assigned, by operation of law or otherwise, without the written consent of Center, which may be granted or withheld in the sole and absolute discretion of Center.

**17. INTERPRETATION**

The Section headings contained in this Agreement are solely for the purposes of reference, are not part of the agreement of the parties and shall not in any way affect the meaning or interpretation of this Agreement.

**18. GOVERNING LAW**

This Agreement shall be governed by and interpreted in accordance with the laws of the State of California.

**19. DISCRIMINATION POLICY**

Immanuel Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at this school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies and admissions policies.

PARENT(S)

SIGNED: _____	_____
Parent/Guardian	Date

SIGNED: _____	_____
Parent/Guardian	Date

CENTER

SIGNED: _____	_____
Center Representative	Date

# Family Registration



## Child Information

(One per family)

### 1st Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State		
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name			Phone	Address	
Photo/Video: Pictures and/or video may be posted in classrooms, bulletin boards, worship screens, newsletters, website and/or social media. Do we have authorization to take/use your child's photo/video in the following ways?					
Class/School Projects		Yes	No		
School Newsletter		Yes	No		
Immanuel Baptist Church/Day School Media		Yes	No		

### 2nd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State		
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name			Phone	Address	
Photo/Video: Pictures and/or video may be posted in classrooms, bulletin boards, worship screens, newsletters, website and/or social media. Do we have authorization to take/use your child's photo/video in the following ways?					
Class/School Projects		Yes	No		
School Newsletter		Yes	No		
Immanuel Baptist Church/Day School Media		Yes	No		

### 3rd Child

Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State		
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name			Phone	Address	
Photo/Video: Pictures and/or video may be posted in classrooms, bulletin boards, worship screens, newsletters, website and/or social media. Do we have authorization to take/use your child's photo/video in the following ways?					
Class/School Projects		Yes	No		
School Newsletter		Yes	No		
Immanuel Baptist Church/Day School Media		Yes	No		

Additional Comments & Information: \_\_\_\_\_

--

Parent/Guardian Information

Primary Parent (s)

1st Parent/Guardian

Last Name		First Name		M.I.	Relationship to Child	
Email Address ( Individuals)		Work Phone		Cell Phone		Provider
Home Resident Street Address			Apt:	City		Zip Code
Mailing Address (if different than above:			Apt:	City		Zip Code
Occupation	Employer		Work Address		Hours	

2nd Parent/Guardian

Last Name		First Name		M.I.	Relationship to Child	
Email Address ( Individuals)		Work Phone		Cell Phone		Provider
Home Resident Street Address			Apt:	City		Zip Code
Mailing Address (if different than above:			Apt:	City		Zip Code
Occupation	Employer		Work Address		Hours	

Which Guardian Should be Called First?

Additional Parent/Guardian Information

Non-primary Parent/Guardian

Last Name		First Name		M.I.	Relationship to Child	
Email Address ( Individuals)		Work Phone		Cell Phone		Provider
Home Resident Street Address			Apt:	City		Zip Code
Mailing Address (if different than above:			Apt:	City		Zip Code

Emergency Contact and Authorized Pickups

1st Contact/Pickup

Last Name		First Name		Relationship to Child		
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____			

2nd Contact/Pickup

Last Name		First Name		Relationship to Child		
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____			

3rd Contact/Pickup

Last Name		First Name		Relationship to Child		
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____			

Additional Comments and Information that may be helpful

Signature

Parent/Guardian 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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

**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
------------	--------	-------------------	--------	-----------------------------	--------

**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
--	------------------------	---

**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?
--------------------	----------------------

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*
---------------------------------	--------------------------

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

# INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: \_\_\_\_\_

## SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

## SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: <input type="checkbox"/> Crib <input type="checkbox"/> Play Yard <input type="checkbox"/> Other (Specify) _____	What are the Infant's usual sleeping hours? _____ _____
What is the infant's average length of the Infant's nap(s) during the day time? _____ minutes    _____ hours	Does the infant use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes If <b>yes</b> , brand: _____

## SECTION C: INFANT'S ABILITY TO ROLL

My child, \_\_\_\_\_ is able to roll from their back to their stomach and stomach to their back beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Authorized Representative Signature	Date
-------------------------------------	------

## SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

---

**SECTION E: MEDICAL EXEMPTION**

---

Does the infant have a medical exemption?  Yes  No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

**I certify that all information contained in this form is complete and accurate to the best of my ability.**

---

Authorized Representative 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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](http://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](http://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:

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)

# 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  
( )





# IMMANUEL

BAPTIST DAYSCHOOL

## Infant Care Program Infant Needs and Services Plan

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Instructions from child's pediatrician relating to special diet or feeding: \_\_\_\_\_

\_\_\_\_\_

List of any known allergies: \_\_\_\_\_

\_\_\_\_\_

Breast milk or brand of formula: \_\_\_\_\_

Brand of formula: \_\_\_\_\_

### Current Feeding Schedule:

6:00 a.m. \_\_\_\_\_

1:00 p.m. \_\_\_\_\_

7:00 a.m. \_\_\_\_\_

2:00 p.m. \_\_\_\_\_

8:00 a.m. \_\_\_\_\_

3:00 p.m. \_\_\_\_\_

9:00 a.m. \_\_\_\_\_

4:00 p.m. \_\_\_\_\_

10:00 a.m. \_\_\_\_\_

5:00 p.m. \_\_\_\_\_

11:00 a.m. \_\_\_\_\_

6:00 p.m. \_\_\_\_\_

12:00 p.m. \_\_\_\_\_

7:00 p.m. \_\_\_\_\_

Plan for introducing solid and/or new foods: \_\_\_\_\_

\_\_\_\_\_

List of food child likes: \_\_\_\_\_

\_\_\_\_\_

Food Consistency: \_\_\_\_\_

\_\_\_\_\_

List of food child does not like: \_\_\_\_\_

\_\_\_\_\_

Plan for introducing cup/utensils at snack and mealtime: \_\_\_\_\_  
\_\_\_\_\_

Diapering:

Type: \_\_\_\_\_ Number per day: \_\_\_\_\_

Skin preparations: ointments, powder etc.: \_\_\_\_\_

Plan for introducing "toilet training": \_\_\_\_\_  
\_\_\_\_\_

Child's Sleeping Plan – What are your child's sleeping habits and usual environments? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to roll over on their own? \_\_\_\_\_  
\_\_\_\_\_

List any additional instructions or special need to provide quality care for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Next Conference Date: \_\_\_\_\_

\*Conference Date will be updated if there are any changes to this plan.

"Recommendations for Infant Feeding Practices" by the Department of Human Services

Birth-12 months: Breast milk, iron fortified formula or evaporated milk formula

At 4-6 months: Infant cereal (dry type)

At 5-7 months: Vegetables, fruits and their juices

At 6-8 months: Protein foods (cheese, yogurt: cooked beans, meat, fish and chicken; egg yolk)

At 10-20 months: Whole Egg  
Finger Food

Honey Warning: "Authorities recommend that honey not be fed to any infant for the first year of life. Honey may carry botulism spores that can be harmful to young infants and has been known to cause infant botulism." (Licensing 101427.A)

Peanut Warning: Any peanut or peanut based products and, as such, no foods or snacks may be brought to the school that contains peanuts. Food products manufactured on peanut processing machinery are also not allowed, and crafts and classroom activities will not use peanut products.



# IMMANUEL

BAPTIST DAYSCHOOL

28355 Base Line  
Highland, CA 92346

ON-CAMPUS FIELD TRIP PERMISSION &  
EMERGENCY MEDICAL FORM

I request that my son/daughter \_\_\_\_\_ be permitted to go on field trips on a continuous basis to participate in various activities on the Immanuel Campus. He/she is in good physical condition. Should any illness or accident occur on the trip, I will not hold liable Immanuel Church, its officers or leaders for medical aid rendered and will reimburse same for medical or other expenses incurred in the care of my child.

My child may receive necessary first aid. He/she may \_\_\_ may not \_\_\_ receive medical attention by a duly licensed physician. He/she may \_\_\_ may not \_\_\_ be admitted to a hospital in case of emergency. This authorization is given pursuant to Section 25.8 of the Civil Code of California.

Date of last tetanus shot \_\_\_\_\_ Allergic to \_\_\_\_\_

Parent's phone number \_\_\_\_\_ Emergency phone number \_\_\_\_\_

Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

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

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

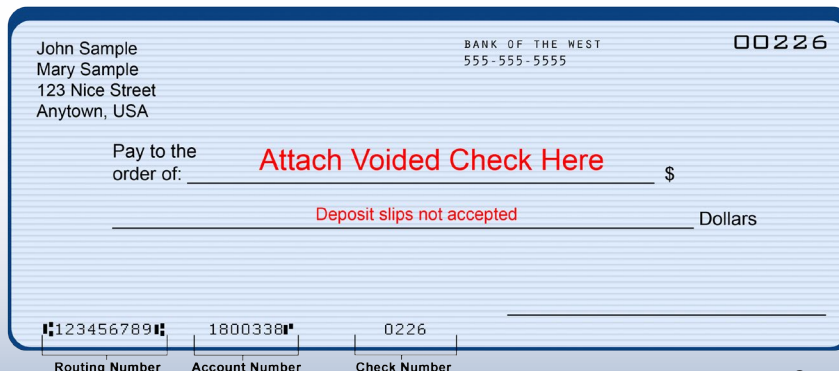
Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

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

Check if you wish to make online payments

### For Official Use Only

Date Received
Employee Signature



A service of



# 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/DaP/ 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.

Immanuel Day School requires a  
TB test with results.

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.