

**Centerville Campus**  
4200 Alder Ave  
Fremont, CA 94536  
(510) 793-8531

## **Adult TB Test Verification**

Both parents and any other person who participates in the classroom with the children (including special occasions) **MUST** have a copy of a negative TB Tine Test and/or chest x-ray on file. Please have this form completed and signed by your physician, or substitute your physician's comparable form. Licensing regulations require that all volunteers have TB clearance less than one year old at the time of joining the nursery school cooperative.

### **Mother's TB Test Verification**

This is to certify that \_\_\_\_\_ has had a TB Tine Test and/or chest x-ray on \_\_\_\_\_. The results were  negative  positive.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Date

### **Father's TB Test Verification**

This is to certify that \_\_\_\_\_ has had a TB Tine Test and/or chest x-ray on \_\_\_\_\_. The results were  negative  positive.

\_\_\_\_\_  
Signature of physician

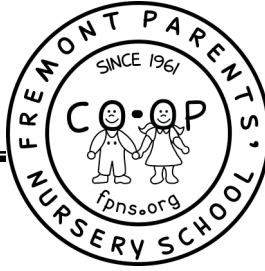
\_\_\_\_\_  
Date

### **Other TB Test Verification**

This is to certify that \_\_\_\_\_ has had a TB Tine Test and/or chest x-ray on \_\_\_\_\_. The results were  negative  positive.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Date



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## Consent for Emergency Medical Treatment And Pick Up Authorization/Disaster Release Form

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

	Name	Employed By	Phone/Pager/Cell	Hours
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Guardian	_____	_____	_____	_____

IF I DO NOT PICK UP MY CHILD FROM FPNS AT THE END OF THE SCHOOL DAY OR IN THE EVENT OF AN EMERGENCY SITUATION, I AUTHORIZE MY CHILD TO BE RELEASED TO ANY OF THE FOLLOWING PEOPLE. Persons picking up a child not familiar to the teacher will need to present picture identification before the child is released to them. Please add to or change this list as needed throughout the year.

	NAME	PHONE	ADDRESS	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Your Child's Dr. \_\_\_\_\_ Dr's Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy/Group/Card Number \_\_\_\_\_  
Action to be taken if Physician cannot be reached? \_\_\_\_\_

.....  
**-CONSENT FOR EMERGENCY MEDICAL TREATMENT-**  
.....

As the parent or authorized representative, I hereby give consent to Fremont Parents' Nursery School to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

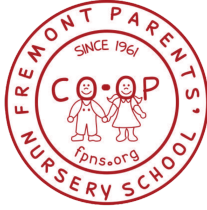
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother Father

.....  
SCHOOL USE ONLY  
.....

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Signature of person child was released to Phone \_\_\_\_\_



4200 Alder Avenue  
Fremont CA 94536-9454  
Phone: (510) 793 8531  
Email: info@fpns.org

## COVID Waiver and Information 2021-2022

Hello Parents/ Guardians,

This COVID Waiver has been created to keep our students, teachers and parents safe. Please read and initial each line and provide your full signature at the end of the document.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency, unless I am assigned to work in the classroom, I will limit my time spent at FPNS to necessary activities. I understand that this procedure change is for the safety of all persons present in the facility. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.

2. \_\_\_\_\_ I understand that if there is a reason to enter the facility beyond the designated drop-off and pick-up area, I MUST wash and sanitize my hands before entering and wear a mask. While in the facility, I must practice physical distance and remain 6 ft. from all people, except for my own child, wherever and whenever possible.

3. \_\_\_\_\_ I understand that to enter the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the school. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include fever of 100.4 degrees Fahrenheit or higher, dry cough, shortness of breath, chills, loss of taste or smell, sore throat, muscle aches, headache, congestion, or runny nose.

4. \_\_\_\_\_ If **my child or the participating parent** exhibit any COVID-19 symptoms referenced above, I understand we may not return to FPNS:

- Until symptoms are evaluated by a medical professional who provides written clearance that the child and/or participating parent may return to school,
- OR until the symptomatic family member(s) shows negative COVID-19 test results to the FPNS Director and symptoms have resolved,
- OR 10 days from onset of symptoms as long as symptoms are **resolved** AND it has been at least 72 hours since any fever without medication.

5. \_\_\_\_\_ If **any other members of my household** exhibit any COVID-19 symptoms

referenced above, I understand we may not return to FPNS:

- Until symptoms are evaluated by a medical professional who provides evidence that the symptoms are not related to COVID-19 or another transmissible illness,
- OR until the symptomatic family member(s) shows negative COVID-19 test results to the FPNS Director,
- OR 10 days from onset of symptoms as long as symptoms are **resolved** and it has been at least 72 hours since any fever without medication. Even upon the return after 10 days, a negative COVID test result will be required.

This guidance is based on available information about COVID-19 and is subject to change as additional information becomes available.

6. \_\_\_\_\_ I understand that my child's temperature and the participating parents' temperature will be taken upon entry to the school each day. Children above the ages of 2 years and adults will be required to wear masks daily and washing hands will be encouraged regularly throughout the day.

7. \_\_\_\_\_ I understand that while present in the facility, my child will be in contact with children, families and teachers who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

8. \_\_\_\_\_ In the event of an unexpected closure due to a COVID situation, the fees and dues to the school will remain the responsibility of the parents/guardians

\*\*The information in this document may change as the pandemic goes on and we learn more about COVID-19 based on guidance from district, county, state and CDC officials.

I, the participating parent, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein to remain in good standing with FPNS.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Signature \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_

Date \_\_\_\_\_



**IMAGE RELEASE INFORMATION**

**2021-2022**

Photographs of the children will be taken while engaged in various activities and while interacting with parents and peers. These pictures will be used for newsletters to make a yearbook keepsake. On occasion, a photograph may be used on a promotional brochure, the school's website or at a Preschool Faire.

Fremont Parents' Nursery School endeavors to uphold children's personal rights. It is our commitment to safeguard the well being of every child enrolled in our program. Please carefully read information stated below:

Childs Name: \_\_\_\_\_ Group \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2 : \_\_\_\_\_

**May we publish your child's photograph on the FPNS website, newsletter, or brochures or other marketing materials, with the understanding that your child's privacy will be guarded?**

- Yes, I give FPNS permission to publish my/our child's photograph on the FPNS website, newsletter, or brochures or other marketing materials, with the understanding that my/our child's privacy will be guarded.
- I prefer to sign a separate release for each photograph prior to publication in the FPNS newsletters, website or brochures.
- Please do not publish any of my/our photographs on the website, newsletter, brochures, etc.

**May we publish your child's photograph on social media platforms i.e. Facebook and Instagram?**

- Yes, I give FPNS permission to publish my/our child's photograph on social media platforms.
- I prefer to sign a separate release for each photograph prior to publication on social media platforms
- Please do not publish any of my/our photographs on social media platforms.

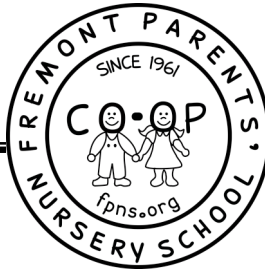
**If necessary, may we obtain video recording of your child for classroom use only?**

- Yes, I give FPNS permission to obtain a video recording of my/our child.
- I prefer that FPNS obtain my permission to obtain a video recording of my/our child.

**\_\_\_\_\_ I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.**

Signature: \_\_\_\_\_, Date: \_\_\_\_\_.

Signature: \_\_\_\_\_, Date: \_\_\_\_\_.



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## Insurance Certification and Authorization

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Group

\_\_\_\_\_  
Start Date

F.P.N.S. as required by our insurance carrier to inform all families need to provide proof of Liability Insurance even if they are not driving other children. This is now a part of our school's lease agreement.

To that end we are asking each family to include in their membership file a copy of their policy declaration before they attend a field trip. You are not required to provide this declaration, but we are required to inform you that if you drive to a field trip without it you have done so without authorization from F.P.N.S. Please sign this form below and if you chose, attach a copy of your insurance declaration. Thank you.

I have read the above insurance requirement policy and understand that I may not drive on any FPNS field trip without filing a copy of my automobile insurance policy declaration.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\*\*\*\*\*

I have offered to use my privately owned vehicle for transporting students to a school related activity. I certify that I possess a valid, unrestricted California Driver's License and that I currently have \$100,000/\$300,000 in automobile insurance coverage on the automobile to be used.

Name of Driver: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address of Driver: \_\_\_\_\_  
Street City/Zip

Driver's Phone #: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Yr/Model/Style: \_\_\_\_\_

Auto License #: \_\_\_\_\_ No. of passenger Seat Belts: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\*\*\*\*\*

Persons who offer to use their privately owned vehicle for student transportation to school related activities should be aware that although there is a liability policy for Fremont Parent Nursery School, it is the individual driver's own insurance that must provide the coverage for him/her in case of an accident.

Copies Attached:

Valid, unrestricted California Driver's License  
Declaration Page of Automobile Insurance Policy

# 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), domestic partner(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/DOMESTIC PARTNER/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/DOMESTIC PARTNER/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)

**Fremont Parents' Nursery School**

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

**4200 Alder Avenue, Fremont, CA 94536**

(SIGNATURE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN)

(DATE)