



IMAGE RELEASE INFORMATION

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- Please do not publish any of my/our photographs on the website, newsletter, brochures, etc.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- Please do not publish any of my/our photographs on social media platforms.

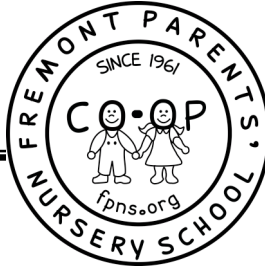
If necessary, may we obtain video recording of your child for classroom use only?

- 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: _____



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

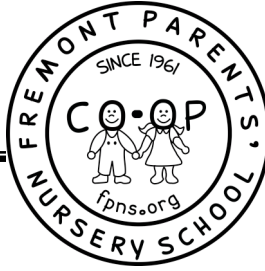
Date

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? _____

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-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.

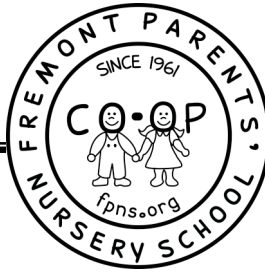
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

Signature _____ Date _____
Mother Father

SCHOOL USE ONLY

Date _____ Time _____

Signature of person child was released to Phone _____



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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)