



2025-2026 File Checklist for New Students

Paperwork is due by Wednesday, 6/11.

If your child will attend Summer Camp, paperwork is due by Wednesday, 5/14.

Please make sure that the returned and completed documents include the following:

- Consent for Medical Treatment
- Identification & Emergency Information
- Physician's Report - Signed by Physician
- Copy of Immunization Record from Physician
- Parent's Report/Health History
- Personal Rights
- Parent's Rights
- General Permission Form (Video, Email, Garden, Pacifier)
- Napping Form (if applicable/child must be registered until 3:30 or 5:30pm)
- Medication Permission Form (Complete if child will need prescription/ non-prescription medication, to include sunscreen, diaper ointment, etc.)

Additional Items to Complete:

- Brightwheel Set-Up - Completed by both parents
- Online Admission Agreement (Will be sent Summer 2025)

Each child should have the following immunizations (Required for start of school):

1, 2, 3—**Polio**

1, 2, 3, 4—**DTP or Dtap**

1, 2, 3, 4—**HIB**

1, 2, 3—**Hepatitis B**

1—**Varicella**

1—**MMR** (on or after 1st Birthday)

TB Test—Date of Test if applicable, when it was read and results (not required)

*If your child is not immunized or on a delayed schedule, please contact the Nurtury office for additional instructions.

10 Moraga Valley Lane, Moraga, CA 94556 ● Phone: (925) 388-0086

Email: nurtury@mvpc.org ● Website: www.nurturyatmvpc.com

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

MVPC NURTURY PRESCHOOL 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

()

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/GUARDIAN'S/PARENT 1 NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/PARENT 2 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/GUARDIAN 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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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)

MVPC NURTURY PRESCHOOL This Child Care Center/School provides a program which extends from 8:00am to 5:30pm
(NAME OF CHILD CARE CENTER/SCHOOL)

5 (Five) 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/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 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.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S/PARENT 1 NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S/PARENT 2 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
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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	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____
	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
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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
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PARENT'S SIGNATURE	DATE
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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

Community Care Licensing - Bay Area District Office Child Care

ADDRESS

1515 Clay Street, Suite 1102

CITY

Oakland

ZIP CODE

CA

AREA CODE/TELEPHONE NUMBER

510-622-2602

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)

MVPC Nurtury Preschool

(PRINT THE ADDRESS OF THE FACILITY)

10 Moraga Valley Lane, Moraga, CA 94556

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: COMMUNITY CARE LICENSING

Licensing Office Address: 1515 CLAY STREET, SUITE 1102, OAKLAND, CA 94612

Licensing Office Telephone #: 510-622-2602

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 (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.

MVPC NURTURY PRESCHOOL

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

NURTURY PERMISSION FORM for _____

Child's Name

***These permissions will remain in effect for the duration of your child's attendance at Nurtury.**

Photo/Video/Website Release

On occasion, we may post pictures or videos on our website or private social media accounts. Names or other personal information about students (full name, age, address, etc.) will NEVER be posted. Please select the appropriate release:

I authorize the Nurtury and/or MVPC to use photos/videos of my child in their publications, social media and/or websites.

I do not authorize the Nurtury and/or MVPC to use photos/videos of my child in their publications, social media and/or websites, but give permission to post pictures through Brightwheel and also password protected photo site/You Tube channel (for Christmas Pageant pictures and video).

Pacifier Consent

Pacifiers may not be attached to a leash, clothing or toy.

I authorize my child to use a pacifier at Nurtury

My child does not use a pacifier

Instructions for use (comfort, nap time only, etc): _____

Email Permission

The Nurtury keeps families informed with weekly E-News emails. Be assured that your email is safe with us. We will not sell or provide your email to anyone outside of the Nurtury Preschool. Your E-Mail will be used only for the purpose of sharing Nurtury Preschool and sometimes, relevant MVPC information with you.

Yes, I would like to receive Emails from the Nurtury Preschool

No, I am not interested in receiving any emails from Nurtury Preschool – If you select this option, you will not receive the Weekly Nurtury ENews. All communications will be done exclusively through Brightwheel.

Garden Release

Nurtury will take every precaution to create the safest environment for all children while visiting the garden. I acknowledge that garden visits may involve physical activity and exposure to natural elements, and I recognize that there are inherent risks involved with any outdoor activity. In consideration for my child(ren)'s participation, I hereby agree to the following:

Liability Release: My child's participation in the garden involves risks, including but not limited to, injuries from falling, potential allergic reactions to plants or insects, and exposure to the garden soil and natural elements. I release, waive, and discharge MVPC, Nurtury Preschool and employees, from any and all claims, damages, or liabilities for injuries or illnesses that may be sustained by my child as a result of the school garden visit.

Tasting Release: Children will be growing plants, vegetables, herbs/flowers. My child may be offered the opportunity to pick, smell, taste, eat items in the garden. While all items in the garden will be vetted before planting/eating and NO pesticides are used, there is the possibility of unforeseen risks involved, to include allergic reactions, foodborne illnesses or other health issues.

I give permission for my child to participate/visit the Nurtury Garden

I do not give permission for my child to visit the garden (child will attend another class during garden time)

Parent/Guardian Signature: _____ **Today's Date:** _____



Nap-Time Questionnaire

Please complete this form if your child will be napping from 1-3pm at Nurtury.

Child's Name: _____

1. Does your child take a daily nap? If so, at what time and for how long?

Yes, my child naps Sometimes No, my child does not nap

Starting at: _____ Length of nap: _____ hours

2. Describe your rest time routine at home

3. Is your child able to self-soothe and fall asleep on his own or will your child need help?

Self -Soothe No Help Needed

Techniques do you use at home?

4. Will your child need to wear a Pull-Up/diaper at rest time? yes no

5. When your child wakes from rest time what is his demeanor?

Happy Sad Alert Groggy Other (specify)_____

6. Is there anything else you would like to share with us about your child's rest time routine?



Medication Permission Form Information

If your child will need prescription medications (Epi-Pens, Asthma Inhaler, etc.) or non-prescription medications (Benadryl, Ointments, Diaper creams and Sunscreen) while at Nurtury, you will need to complete a form for each medication.

Prescription medications must be in the original packaging with the prescription attached. Dosage information on the prescription and form must match.

Non-prescription medications must be in original container and be clearly labeled with a sharpie or tape, with the child's full name.

Be sure to check expiration dates on medications before dropping off at Nurtury.

Drop off forms and medications in the Nurtury Office. All medications are kept in the Emergency Backpacks in the classrooms.

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART**NOTE:** Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: MVPC NURTURY PRESCHOOL	LICENSE NUMBER: #070207368	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE
DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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