



Child Development Center
(415) 681-9168

220 Middlefield Drive, P.O. Box 320026, San Francisco, CA 94132-1238
Non-Profit Tax ID #94-3175969, E-mail: EverydayMagicInc@aol.com
www.everyday-magic.org

Congratulations on choosing and being accepted to Lakeshore Elementary School! Everyday Magic Child Development Center would like to welcome you to the Lakeshore School community.

Everyday Magic, Inc. has been providing quality programs at Lakeshore since 1989. We are a child development center located within Lakeshore School.

Our mission is to support the growth and development of school aged children, their families and child care professionals through children's programs and services. Our program is based on our philosophy. We believe in caring for and nurturing the individual needs of the whole child by balancing their daily experience to address sensory and emotional development within a play based environment. The program strives to build a safe community, which respects diversity in all aspects and encourages creativity through hands on projects using developmentally appropriate practices.

This summer we will be hosting many camps appropriate for incoming Kindergarteners. More information is available on our website.

During the school year, we work closely with teachers and parents to benefit the child's needs. We ask our parents for 10 volunteer hours in our school year program to help build community and guarantee a quality program.

Should your family need childcare during the school year, please register by **Friday, May 24, 2019**. The morning session is open 7:30AM to 9:30AM and the afternoon session is from 3:30PM to 6:00PM. If you need our services please go to our website at www.everyday-magic.org and print out a registration packet. Return the completed packet as soon as possible to insure your child's place in our program.

Please feel free to call us at (415) 681-9168 to arrange a visit to our program.

Sincerely,

Sharon Collins
Executive Director

Everyday Magic, Inc.

Lakeshore School, 220 Middlefield Drive, San Francisco

P.O. Box 320026, S.F., CA. 94132 415-681-9168 Tax ID # 94-3175969

Registration Application 2019-2020

Child's Name _____ Fall 2019 Grade _____ Room # _____

Billing Party _____

Legal Guardian #1Legal Guardian #2

We must have the contact information for BOTH guardians unless stated otherwise in a court order (which must be included in registration packet).

Parents' Names _____

Parent's Address _____

Phone (home) _____ zip _____

Employed By _____

Position _____

Address _____

Phone (work) _____

E-mail Address _____

We offer full time AM and/or PM sessions which will be open all school days only.**Please check sessions you will need**☐ AM Session 7:30 - 9:30 Yearly Tuition \$2430 Monthly Installment \$243.00☐ PM Session 3:35 - 6:00 Yearly Tuition \$3040 Monthly Installment \$304.00

Registration is for the entire year. Tuition can be paid over ten installments, August - April. The **first and last installments and the registration fee** are due on or before **Friday, May 24, 2019**. The remaining installments are late if not paid by the 10th of each month and late fees apply.

Entire Years Tuition _____

Or First Installment _____

Tenth Installment Non refundable after June 28, 2019 _____

Non-Refundable Registration Fee of \$100 _____

*Additional Reg. Fee after May 24 \$ 50 _____

Total Enclosed _____

*Registration received after May 24, will be subject to an additional registration fee of \$50 and may be wait-listed for up to 3 weeks after the start of school. This is due to staffing and licensing requirements. Not applicable to families accepted into school after that date.

Emergency Release Form

2019-2020

Child's Name _____ Birthdate _____
Parent's Names _____
Home Phone _____
Work Phone _____
Cell Phone _____

Emergency contacts other than Parent / Guardian

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Child will be released only to the following:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Physician _____
Insurance _____
Dentist _____
Insurance _____

Phone _____
Policy # _____
Phone _____
Policy # _____

Health History (please submit copy of immunization card)

Date of last Examination _____ Date of last Tetanus _____
Any complications noted _____
Is your child on any medication _____ If so, list _____

Chronic Illnesses: _____ Heart Defect/Disease _____ Ear Infection
_____ Bleeding/clotting disorders _____ Hypertension _____ Seizures
_____ Diabetes _____ Musculoskeletal Disorder _____ Asthma

Allergies – please only serious conditions

_____ Medicines, list _____
_____ Food _____
_____ Animals _____ Plants _____ Hay Fever _____ Insect Bites

If an Epi-Pen is required, how many times has one been administered to your child? _____

Other Conditions

_____ Attention Deficit Disorder _____ Dental Braces _____ Down's Syndrome
_____ Emotional Disturbances _____ Hearing _____ Fainting
_____ Menstrual Cramps _____ Motion Sickness _____ Sickle Cell trait or disease
_____ Nose Bleeds _____ Seizures _____ Sleep Disturbances
_____ Visual Impairment _____ Wears Glasses _____ Attends counseling
_____ Other _____

If your child has had seizures, how many times has this happened? _____

I give Everyday Magic, Inc. permission for my child to receive emergency medical treatment. The uninsured expense will be accepted by me.

Name _____ Date _____

This document is required by Community Care Licensing. The information provided will be kept confidential.

EVERYDAY MAGIC, INC.

Developmental History

How you want your child's name written at EMI

Child's Name _____
Address _____ Zip _____
Birth Date _____ Place of Birth _____ Ethnic Origin _____
Sex _____

I. THE CHILD'S FAMILY

Parents or Guardians

A. Name _____ Birthdate _____
Occupation _____ Usual working hours _____
Social Security # _____ Work Phone _____
Education _____

B. Name _____ Birthdate _____
Occupation _____ Usual working hours _____
Social Security # _____ Work Phone _____
Education _____

Status of Parents (check): Living Together _____ Living Apart _____

Child lives with _____

What is the schedule between homes? _____

What activities does your child attend out of school (soccer, ballet, piano, etc.)? _____

If parents work or are students, who keeps the child in their absence? Check one:

grandparent: _____ other relative _____ friend _____ paid sitter _____ other _____

Is your child adopted? _____ Does he/she know it? _____

Other children in the family: (list in order of birth)

Name	Sex	Birthdate	What grade if in school?

Sisters or brothers who attended EMI _____

Additional members of household (give number) _____

Friends _____ Others _____

Boarders _____ Relatives _____

What part do these other persons have in the care of your child? _____

Has your child been separated from his parents for long periods of time and, if so why? _____

Have you moved frequently? _____

What language is usually spoken at home? _____

(If more than one, what other language(s) are spoken? _____)

II. DEVELOPMENT IN EARLY CHILDHOOD

When did your child crawl? _____ How long did your child crawl? _____
When did your child walk? _____ When did your child talk? _____
Does your child nap? _____ Does your child need reminding about going to the bathroom? _____
Describe any special needs, handicaps, or health problems _____

III. HEALTH RECORD

List any chronic physical problems and any history of hospitalization: _____

List any diseases, serious illnesses, or operations the child has had: _____

List any accidents the child has had: _____

Has your child ever had an ear/hearing examination or treatment? _____
When? _____ By whom? _____
Results: _____

Has your child ever had a vision examination or treatment? _____
When? _____ By whom? _____
Results: _____

Has your child ever had a dental examination or treatment? _____
When? _____ By whom? _____
Results: _____

IV. PLAY AND SOCIAL EXPERIENCES

Has your child participated in any group experiences? _____
Where? _____
Did your child enjoy it? _____
Do other playmates visit the child? _____
Does your child visit other playmates in their homes? _____
How does your child relate to other children? _____

Does your child prefer to play alone? _____ with other children? _____
How much time does your child spend playing outside? _____
Does your child have any imaginary playmates? Explain. _____

Does your child have any pets? _____
What are your child's favorite toys and/or activities? _____

What is your child's favorite TV program? _____
How long does your child watch TV each day? _____
How long does your child spend on the computer each day? _____

When does your child go to bed? _____
What are your child's favorite books? _____
How many times a week does your child read alone? _____
Read to parents? _____ Read to by parents? _____
Is there anything else about your child's play or playmates that the school should know? _____

Did your child attend pre-school? _____ How long? _____ Where? _____

V. DISCIPLINE

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? _____

What concerns do you presently have about your child? _____

How are these concerns dealt with? _____

VI. PARENTS' IMPRESSIONS AND ATTITUDES

From your point of view, what were the events that seemed to have had the greatest impact on your child (moving, births, deaths, severe illness of family members, divorce)? _____

What scares your child? _____

What are your fears for your child _____

In what ways would you like to see your child develop during the school year? _____

VII. What concerns do you have about your child's school day? _____

VIII. ADDITIONAL INFORMATION

Does your child receive services from SFUSD or any other agencies? _____

Does your child have an IEP? _____ Does your child have a 504 Plan? _____

Any special situations that effect your child's behavior? _____

Other comments or information _____

Signature

Date

School Year

EVERYDAY MAGIC, INC. CONTRACT

Name of Child _____ Date _____

I understand and agree to the following:

TUITION & FEES: EVERYDAY MAGIC, INC., (EMI) requires a non-refundable Registration Fee of \$100.00, per child, at time of registration. Tuition payments are due by the tenth day of each month. If for any reason I am unable to pay, arrangements must be made with the billing department prior to the tenth of the month. **A late fee of 2% of the balance per day will be charged. My child is subject to suspension when payments are habitually late or in arrears.** There will be a service charge of \$25.00 for returned checks. In case of a returned check I am still responsible for the incurring late fees. **The tenth tuition installment is considered a non-refundable deposit and leaving the program prior to the last day of school will result in loss of this amount.**

A "pass through fee" may be charged for large expenses, which were unknown to EMI at the time tuition was set for the year, such as increases in insurance or rent. No refunds will be made when school is closed due to a strike.

When a child is having difficult behaviors, the staff will call to set a date to conference. Parents must attend a meeting within two weeks in order for the child to remain in the program. There is a \$25 fee for late cancellation or a "no show" of any conference.

PARENT RESPONSIBILITIES: I understand that EMI will be notified and included in any IEPs, SSTs or other meetings within the Lakeshore Community. (initial) _____

I understand that I must attend the parent orientation. I also understand that my family is responsible to fulfill the 10 volunteer hours per calendar year. The hours must include work for or during at least one EMI event, at least one workday and parent/staff meetings. There is a \$250 penalty for non-compliance. (initial) _____

HOURS: Everyday Magic, Inc. operates between the hours of 7:30AM and 6:00PM. If any child is not called for by 6:00PM, a late fee of **\$10.00 for every 5 minutes, or part of five minutes**, will be charged and must be paid when the child is picked up that day. **The late pick up fee will be doubled if we have to bill you at a later date. More than 5 late pick-ups in a school year will double the fees and may be cause for termination of childcare services.** Drop in is limited to three times per month if space is available. Reservations must be made in advance. Drop in rate is **\$15.00 per hour** or any part of an hour. Payment is due on the day service is provided

I give my permission to Everyday Magic for photos of my child, or artwork created by my child, to be photographed and/or used in future brochures, flyers, invitations, on bulletin boards or on our website for sale or promotion. (initial) _____

I give my child permission to walk, travel by private car or public transportation on field trips. (initial) _____

RELEASE OF CHILD : Only those adults listed on the emergency form may pick up my child. I will make sure Everyday Magic, Inc. has a current list on file.

COURT ORDERS/CUSTODY AGREEMENTS : Do you have any court orders regarding your child? Yes _____ No _____
I will provide a copy and attach to this document. (initial) _____ (failure to provide these documents may delay your child's start date in the program).

TERMINATION OF AGREEMENT: If, for any reason, I need to withdraw my child from EVERYDAY MAGIC, INC., I agree to give a four school-week notice in writing and mail to the P.O. Box 320026, SF, CA. 94132. If I am not able to do so, I agree to reimburse EVERYDAY MAGIC, INC., for four school weeks tuition in lieu of notice. Parents may withdraw the child for any reason. EVERYDAY MAGIC, INC. may terminate this agreement if the program does not meet the needs of the child. I will forfeit the tenth installment for early withdrawal. **Should my child leave the program early, for any reason, I agree to an exit interview.**

Payment to EVERYDAY MAGIC, INC. will be made by _____ Payer

Parents'/Guardians' Signatures (both required) _____

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

ADDRESS

801 Traeger Avenue, Suite 100, MS: 29-04

CITY

San Bruno, CA

ZIP CODE

94066

AREA CODE/TELEPHONE NUMBER

(650) 266-8843

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)

Everyday Magic, Inc.

(PRINT THE ADDRESS OF THE FACILITY)

220 Middlefield Drive, San Francisco, CA 94132

(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: 801 Traeger Avenue, Suite 100, MS: 29-04, San Bruno, CA 94066

Licensing Office Telephone #: (650) 266-8843

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.

Everyday Magic, Inc.

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

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Date _____

I _____, the parent of _____, authorize the exchange of information described below between San Francisco Unified School District and Everyday Magic, Inc. Child Development Center (EMI).

This authorization applies to SSTs, IEPs, parent/teacher conferences.

I also authorize the SFUSD to invite Everyday Magic to attend the aforementioned meetings in a timely manner.

This authorization is in effect while my child is registered with Everyday Magic.

Everyday Magic is not to release any information obtained to any other person or agency without my explicit consent.

Signature_____

Date_____

Relationship to student: ____ parent ____ legal guardian