OLIVE TREE
• LEARNING ACADEMY •

Enrollment Packet

Dear Parents,

Please complete, sign and return the following:

1. Admission Agreement
2. Photo Release Agreement
3. Preadmission Health History – Parent's Report
4. Physician's Report – Child Care Centers
5. Consent for Emergency Medical Treatment
6. Identification and Emergency Information
7. Parents' Rights
8. Personal Rights
9. Written Custody Agreement (if applicable)

Please give your completed forms to the office before the first day of school. If you have any questions about these forms, feel free to contact us anytime at (213) 315-5076.

Thank you very much and welcome!

Sincerely,

Jung Kim , Executive Director

1318 S Berendo Street, Los Angeles, CA 90006
T: 213.315.5076 | E: jkim@olivetreepreschool.com | www.olivetreepreschool.com

ADMISSION AGREEMENT

This Admission Agreement ("Agreement") is entered into between **Olive Tree Learning Academy, Inc.** ("Olive Tree," "School," or "Program") and the parent, legal guardian, or authorized representative ("Parent") of the child identified below. This Agreement describes the services provided by Olive Tree, enrollment and attendance expectations, payment responsibilities, health and safety requirements, and the respective responsibilities of the School and Parent. This Agreement should be read together with the current **Parent Handbook, School Calendar, enrollment documents, and any applicable state-funded program Notice of Action (NOA) or certification documents**.

1. CHILD & FAMILY INFORMATION

Child Name _____ **DOB** _____

Parent/Guardian _____

Home Address _____

Phone Number _____ **Email** _____

2. PROGRAM ENROLLMENT
Please indicate the child's enrollment program:

- ☐ California State Preschool Program (CSPP)
- ☐ General Child Care and Development Program (CCTR)
- ☐ Other: _____

Enrollment Effective Date: _____

Children may attend only during their approved or authorized schedule unless a schedule change has been approved by Olive Tree. For families participating in a publicly funded program, attendance and care must also comply with the child's approved or certified schedule and applicable program requirements.

3. HOURS OF OPERATION
Olive Tree Learning Academy is regularly open: **Monday through Friday 7:30 AM – 6:00 PM**

HOWEVER, School hours and family fee are determined based on EACH INDIVIDUAL STUDENT'S PARENT WORK/SCHOOL SCHEDULE. The School is closed on designated holidays, scheduled breaks, staff development days, and other closure dates listed on the annual School Calendar. Parents are responsible for reviewing the annual School Calendar and arranging alternate care when the School is closed.

4. NUTRITION & MEAL SERVICE

Olive Tree provides meals according to the School's current meal program and applicable nutrition requirements.
Regular meal service is generally scheduled as follows:

Breakfast: 8:30 AM – 9:00 AM
Lunch: 11:15 AM – 12:00 PM
Dinner / Evening Meal: 4:30 PM – 5:00 PM

Meal times may vary by classroom schedule. Parents must notify the School of food allergies, dietary restrictions, or medical dietary needs and provide documentation when required.

5. OPTIONAL SERVICES & EXTRA CURRICULAR PROGRAMS
Olive Tree may offer optional enrichment or extracurricular programs, including but not limited to:

- ☐ Soccer
- ☐ Tae Kwon Do
- ☐ Ballet

6. REGISTRATION, TUITION & FEES

Tuition and applicable fees are generally non-refundable. For CSPP/CCTR or other publicly funded families, applicable family fees, attendance, enrollment, termination, Notice of Action, and appeal requirements will be governed by the applicable state program rules. State-funded program requirements supersede conflicting private-pay provisions of this Agreement.

7. LATE PICK-UP

Children must be picked up by their approved departure time and no later than **6:00 PM**. For any child remaining at the School after 6:00 PM, a **base late pick-up fee of $15.00, plus $1.00 for each additional minute after 6:00 PM**, will be charged. Repeated late pick-ups may result in an administrative conference and review of enrollment, subject to applicable law and state-funded program requirements. Late fees do not authorize or guarantee child care services beyond the School's regular operating hours.

8. HOLIDAYS & SCHOOL CLOSURES

The School is generally closed for:

Labor Day, Veterans Day, Thanksgiving Day and the following Friday, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, and Independence Day.

The annual School Calendar controls actual closure dates and may include additional staff development or scheduled closure days. Emergency closures may occur when necessary for health, safety, facility, government, or emergency conditions.

9. HEALTH & ILLNESS

Children will be observed for obvious signs of illness upon arrival and throughout the day. A child with a fever of 100.4°F (38°C) or higher, or other symptoms requiring exclusion under the School's illness policy, may not remain in care. Unless otherwise required for a specific illness, a child excluded because of fever should generally be fever-free for at least 24 hours without fever-reducing medication before returning. Parents must promptly notify the School of contagious or communicable illnesses. Olive Tree will provide exposure notification when required or appropriate while maintaining confidentiality. If a child becomes ill or injured at School, staff will take reasonable action, notify the parent as soon as possible, and may contact emergency medical services or the child's physician when necessary. Emergency medical authorization is maintained separately.

9. SIGN-IN, SIGN-OUT & CHILD RELEASE

Parents or authorized representatives must accurately sign children in and out every day, recording the actual time and required full signature or electronic authentication. Children will be released only to a parent/legal guardian or another person authorized according to School procedures. Photo identification may be required. Parents are responsible for keeping emergency contacts, authorized pick-up information, custody documents, medical information, and other enrollment records current.

10. SCHOOL RESPONSIBILITIES

Olive Tree agrees to exercise reasonable care, supervision, and professional judgment concerning the health, safety, and welfare of enrolled children. The School uses positive and developmentally appropriate guidance. Corporal punishment, humiliation, intimidation, or other discipline violating a child's personal rights is prohibited. Parents are encouraged to participate in parent-teacher conferences and maintain respectful, cooperative communication with School staff.

11. PARENT VISITATION & LICENSING RIGHTS

Parents/legal guardians have the right to enter and inspect the facility during normal operating hours as permitted by California law. Olive Tree is licensed by the California Department of Social Services, Community Care Licensing Division (CCLD). Authorized licensing representatives may inspect the facility, review records, observe children, and conduct interviews as authorized by law. Parents have the right to contact the licensing agency regarding questions or complaints.

CCLD Complaint Hotline: 844-538-8766 (844-LET-US-NO)

12. WITHDRAWAL & TERMINATION

Families who choose to voluntarily withdraw their child from the program should notify Olive Tree in writing. For children enrolled in the **California State Preschool Program (CSPP)**, continued enrollment and disenrollment will be administered in accordance with applicable **California Department of Education (CDE) eligibility, certification, Notice of Action**

(NOA), and appeal requirements. Olive Tree will not disenroll a child solely because of a behavioral, developmental, medical, or disability-related concern. When concerns arise, the School will work collaboratively with the family and, when appropriate, teachers, specialists, and community resources to identify reasonable supports that promote the child's safe and successful participation in the program. If continued enrollment cannot be maintained after appropriate support and required procedures have been completed, Olive Tree will follow all applicable CDE requirements regarding written notice, family consultation, transition assistance, and appeal rights. Nothing in this Agreement limits any rights or protections provided to children and families under applicable federal or California law.

13. PARENT HANDBOOK & RELATED DOCUMENTS

The Parent Handbook and annual School Calendar supplement this Agreement. Parents are responsible for reviewing and following applicable School policies. This Agreement does not replace other required licensing or enrollment documents, including health records, emergency information, medical authorization, Parents' Rights notices, authorized pick-up information, and state-funded eligibility documents.

14. ACKNOWLEDGMENT

By signing below, the Parent/Guardian acknowledges that they have read and understand this Agreement, have had an opportunity to ask questions, and agree to comply with applicable Olive Tree policies.

Child's Name: _____

ParentName:_____

Parent Signature:_____

Date: _____

Olive Tree Representative: _____

Title: _____

Signature: _____

Date: _____

☐ Copy provided to Parent/Guardian Staff Initials: _____

OLIVE TREE PHOTO RELEASE AGREEMENT

Olive tree Learning Academy has my/our permission to take photographs of:

_____
Child's Name

May these photos be used in display materials for the school?

_____ Yes

_____ No

_____
Signature of Parent(s) or Legal Guardian Date

1318 S Berendo Street, Los Angeles, CA 90006
T: 213.315.5076 | E: jkim@olivetreepreschool.com | www.olivetreepreschool.com

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE 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

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

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

OLIVE TREE LEARNING ACADEMY 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
( )	( )

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: L.A. EAST REGIONAL OFFICE

   Licensing Office Address: 1000 Corporate Center Dr., 200B, Monterey Park, CA 91754

   Licensing Office Telephone #: 323) 981-3350

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.

OLIVE TREE LEARNING ACADEMY
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

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

L.A. EAST REGIONAL OFFICE

ADDRESS

1000 Corporate Center Dr., 200B

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey Park	91754	(323) 981-3350

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)
OLIVE TREE LEARNING ACADEMY	1318 S. Berendo St., Los Angeles, CA 90006

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

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/DTaP/ 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.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ 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.