



D.O. B \_\_\_\_\_ Last Name, First \_\_\_\_\_

# Hillsborough Emergency Contact Card

## MOTHER'S INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMPLOYER # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

## FATHER'S INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ CELL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMPLOYER # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

---

**ALTERNITIVE EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PH # \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PH # \_\_\_\_\_

**AUTHORIZED PERSONS TO TAKES CHILD FROM FACILITY**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PH # \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PH # \_\_\_\_\_

NOTES:

---

---

**PHYSICAN**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PH # \_\_\_\_\_

**ALTERNITIVE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PH # \_\_\_\_\_

## Emergency Disaster Kit

Parents and Families please bring in 1 Gallon Ziploc labeled with your child's name containing the following (to be stored with the emergency kits):

1. 4-5 non-perishable snacks such as granola bars, crackers, jerky ext.
2. Water bottle X2
3. Family photo for comfort
4. Letter to your child and emergency contact numbers
5. Anything extra you may feel is necessary

Kits are stored outside so please ensure you don't pack anything that might melt

**Acknowledgement and Acceptance of Hillsborough Preschool Handbook**

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

Please return to the front office,

Thank you.

## Natural Disaster Release

In case of an emergency involving our community or School disaster, students will remain at School under the supervision of staff and administration. If the School should be damaged, students will be transported as a group to a safe location. Note if this location will be left at the School for parents. Individual students may be released to parents or others designated on this form only. When conditions in the community are considered safe pick-ups will resume in the regular manner.

Disaster Release- My child, \_\_\_\_\_, may be released to the following person(s) in case of a natural disaster.

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Parent Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Photograph Release

Hillsborough School has my permission to take photographs of my son/daughter and used for keepsakes, display purposes, School website, and linked social media accounts.

Yes, this is acceptable

No, this is NOT acceptable

Parent/guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Field Trip Permission Form

I give permission for my child \_\_\_\_\_ to participate in all field trips planned for his/her class. This includes emergency and disaster drills where they may need to leave the campus for safety precautions. This authorization will remain valid until revoked by me in writing.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Authorization to Consent to Treatment

My child is in good health and physical condition to attend field trips. Should any illness or accident occur to him/her on the trip, I will not hold liable Hillsborough School officers, or leaders for medical aid rendered and will reimburse Hillsborough School for medical or other expenses incurred in the care of my child.

- My child may / may not receive first aid
- My child may / may not receive medical attention by a duly licensed physician.
- My child may / may not be admitted to a hospital in case of emergency. This authorization is given pursuant to section 25.8 of the civil rights code of California
- My child is / isn't taking any medication(s)

Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Number: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Allergies: \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Number \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Hillsborough Preschool Policy Statement

1. **Absence:** No tuition allowance will be made for absences, vacations or school holidays. Make up days are not permitted. Please refer to the academic calendar for all school closures. If a child is absent with no explanation or communication, they will be withdrawn after two weeks.
2. **Annual Registration:** Each spring, registration for the upcoming school year begins. This registration holds your child's spot for the fall semester through the following summer semester. This fee is non-refundable.
3. **Attendance:** Your child's presence at school must be acknowledged by a teacher or staff member before your departure. When picking up your child please be sure a staff member is aware of his/her departure.
4. **Change in Program:** A two weeks written notice is required for all changes in the schedule. Changes in the schedule will not be permitted for the express purpose of avoiding payment for established holidays. Three schedule changes are allowed per calendar year at no charge. A \$25 fee will be assessed for each change thereafter.
5. **Child Illness:** Parents will be immediately informed if their child becomes ill or seriously injured. Emergency procedures will be followed, and parents will be required to pick up their child as soon as possible after notification. Children who are deemed ill by staff or the director will not be permitted to enter the school at the time of day. Knowledge or exposure to any communicable illness must immediately be reported to the school at any time of day. A child may be readmitted to the school following an illness with a doctor's approval or approval from the school director.
6. **Confidentiality:** Partners are assured that any information discussed with the director or staff regarding their child, family, or other matters will be held in the utmost confidence and shared with only the appropriate people
7. **Discounts:** There is a 10% discount for each additional sibling and will be applied to the lesser tuition rate
8. **Enrollment Information:** Be sure your current residential, business, and emergency telephone numbers, including that of your child's physician are on file in our office. If any information regarding your child/children changes, the office must be notified immediately.
9. **Hillsborough Private school** operates on a non-discriminatory basis, equal treatment and access to services without regard to race, color, religion, ancestry, national origin, ethnicity, gender, sexual orientation, marital or parental status, mental or physical ability or handicap.
10. **Material Fees:** A non-refundable Material fee will be due and payable at the beginning of each semester. Fall Semester fees are due August 1st, Spring Semester fees are due February 1st and Summer Fees are due by the 3rd Friday or May.
11. **Medication:** Medication of any kind may not be administered at noon and 3:00pm unless otherwise specified by the parent. Under no circumstance is your child to bring or keep any medication, ointments, chap sticks, lotions or sanitizer to school.
12. **New Student Registration:** A registration and material fee is due upon enrollment of new student; this enrollment fee will hold a place for your child in our school for up to two weeks. This policy is discretionary depending on availability.
13. **NSF Charge:** A Charge of #25 will be added to your account for any returned checks. If more than two checks are returned for any reason, you will be required to pay with cash or money order from thereon.
14. **Overtime Fees:** Our closing time is 6:30 pm. A late charge of \$50 will be charged for any portion of the hour thereafter. Parents arriving late for half-day (12:30) or full-day (3:30) programs will be charged \$25.00 for any portion of the hour thereafter. Late fees are charged per child. Discounts are not given for
- 15) **Parent Communication:** We encourage parents/teacher communication to discuss each child's progress and/or needs. To arrange a meeting, please call the office to make arrangements.
- 16) **Parents Visitation:** Parents are invited and encouraged to visit the school for a reasonable amount of time. For security reasons, we request a 27-72 hours advance notice.
- 17) **Rate Increase:** Hillsborough will give a thirty-day notice to any rate increase. This notice will be posted on campus and a letter will be sent home by the school.

18) **Release of Children:** Children will only be released to parents or those persons whose names are listed on the enrollment forms. Identification may be required of anyone picking up the child. Parents should advise the front desk in advance if a person not listed on the enrollment forms is to pick up their child and the person should be prepared to show their driver's license. State law requires all Preschool parents to sign their child in and out each day, the full name should be signed legibly-initials are not permitted.

19) **School Year:** The preschool school year is divided into three academic sessions; Fall, Spring, and Summer

20) **Share Items:** For all children, we ask that share items only come on days that are designated by your child's teacher. No weapon-like or dangerous toys are ever to come to school. Please use good judgement in this matter. The toy must fit in the child's cubby. Electronics and valuable items are not to be brought to school. Hillsborough will not be responsible for any lost or broken share items.

21) **Special Instructions:** Any special instructions must be in writing and given to the director.

22) **Special Program and Field Trip Charges:** Occasionally, your child may participate in special programs and field trips. You will be informed well in advance if your child will be leaving the school for one of these activities. Additional fees, if any, resulting from these activities will be due before the scheduled event. If there are fees involved, you have the option of allowing your child to participate. Attendance days may not be changed in order to participate unless cleared by the director.

23) **Tuition Charges:** Tuition is charged on a monthly basis. Semi-annual and annual payments are also available. Please see the tuition fee schedule for more information and discounts.

24) **Tuition Payments:** Tuition is due and payable on the first academic day of each month. Tuition will be considered late after the 5th and assessed a 10% late charge on any unpaid balance. Do not send tuition payment with your child. Alternative payment arrangements must be approved in writing by the front office in advance.

25) **Tuition Refunds:** An appropriate tuition refund will only be given if a child is asked to leave the school.

26) **Withdrawal from School:** A one month written notice is required by the parent should it become necessary withdrawal from the school for any reason. Hillsborough reserves the right to charge tuition for this one-month period whether or not the child attends. In the event no notification is received, and the child is not present for a period of two weeks, he or she shall be considered withdrawn, and tuition will be charged for two weeks thereafter. Any credits are forfeit should notice not be given. Appropriate refunds will be given for those who properly notified the school of the withdrawal. Hillsborough reserves the right to terminate the enrollment of the child if the child and/or parent are deemed inappropriate for this school or we cannot meet the needs. A parent conference will be scheduled prior to termination.

***By signing below, I agree to all of the policies set in forth by Hillsborough Private Schools***

---

**Parent Signature**

---

**Print Name of Parent**

---

**Date**

---

**Student's Name**



## **Peanut Free School**

Dear Registering Hillsborough Families,

With food allergies being a growing issue, we have chosen to remain a Peanut Free Zone. This ensures that our classrooms are a safe and healthy environment for all our students.

This means that our campus does not allow any type of nut product, including peanut butter sandwiches. Please be sure to keep this in mind when you are packing your child's lunch or sending goodies to share with friends.

In addition, when treats are brought to school for holidays or birthdays, the products must be labeled with all ingredients on the container. We ask that when making homemade items that you do not use any type of nut product. If the products/goodies are not labeled, we will be unable to distribute them to the class.

If you have any questions or concerns about food allergy related issues, please do not hesitate to contact us. As always thank you for your continued support,

Sincerely,

Miss Amber Rowe

Director

-----

I hereby acknowledge that I have received this information and will abide by these guidelines for my child\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Registration Receipts

Your signature is required on the following receipts to complete you child's registration. If you have and questions regarding any of these receipts, please contact the office before signing. Your signature indicates you fully understand each of the documents you are signing for.

---

Procedures & policies set forth by Hillsborough School. My child \_\_\_\_\_ will attend \_\_\_\_\_ per days at \$ \_\_\_\_\_ per month, due on the 1<sup>st</sup> of the month and subject to a 10% late charge after the 5<sup>th</sup> of every month. I understand material fees in the amount of \$125 will be due in the Fall, Spring and Summer of each year.

---

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Director Signature

---

## Parents Right

I (We) the parents of \_\_\_\_\_ have received a copy of the "Parents Right" from an authorized representative of Hillsborough School.

---

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

---

## Children's Rights

I (We) the parents of \_\_\_\_\_ have received a copy of the "Personal Rights" from an authorized representative of Hillsborough School.

---

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

---

## Parents Directory

I (We) understand if marked "yes" the following information can be made available to authorized School personnel and parents of enrolled children. If marked "No" no information will be given at any time.

Parent Name    Yes \_\_\_\_\_    No \_\_\_\_\_

Child's Name    Yes \_\_\_\_\_    No \_\_\_\_\_

Address        Yes \_\_\_\_\_    No \_\_\_\_\_

Phone Number    Yes \_\_\_\_\_    No \_\_\_\_\_

---

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

## **Signing In and Out**

Dear Registering, Hillsborough Families,

The state of California requires parents to sign in and out their child every day. Thus requiring Hillsborough to enforce this policy. In doing so Hillsborough will be forced to add \$25 fine to your bill if you fail to do so. Each time thereafter the amount will increase by \$25.

Should a fourth instance occur, a meeting may be necessary to review Hillsborough's policy and commitment to excellence in childcare. Thank you so much for taking time to read this very important letter and supporting our efforts to run our School as perfectly and efficiently as possible.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_