

## NCUMP Registration Procedure 2025

Complete all 2025 Registration Forms and return them to the Preschool Office beginning:

- **Wednesday, January 8<sup>th</sup> for Currently Enrolled & Waitlist Families**
- **Wednesday, February 5<sup>th</sup> for New Families**

**\*New Students must submit immunization records at time of registration.**

### Registration Payment Details

**Financial accounts with NCUMP must be in good standing at the time of registration to register for 2025 Summer & Fall Programs.**

The amount of your payment is determined by the program you are registering for.

Each Enrollment Contract includes 20% deposit required for each program.

To register, NCUMP requires a 20% deposit for your #1 program choice plus a Registration Fee of \$225 the first child (\$125 for each sibling attending the same school year).

**NCUMP offers a 3% discount for payment in full by check.** If you would like to take advantage of the 3% discount by paying Fall 2025 tuition in full, multiply the total yearly cost of the program by .97, then add the \$225 Registration Fee (plus additional costs, if applicable) to determine the total amount of your payment.

If you enroll in Summer School, Summer School Tuition will be charged in full to brightwheel upon Registration (unless paid by check), plus an additional Summer School Registration Fee of \$100 per child. **Summer School Tuition is Non-Refundable.**

**NCUMP will only be accepting payment by check or brightwheel billing moving forward. Once you have turned in your full registration packet, invitations will be sent via text/email to join the brightwheel app and your brightwheel account will be charged for the deposit, registration fee, and summer school (if enrolled).**

**The first monthly tuition payment for Fall 2025 will be charged via brightwheel on August 1<sup>st</sup>, 2025.**

Priority program placement is given based on **Family Number** and **date your full registration packet is received**. If your #1 choice of program is full you will automatically be given your #2 choice and your account will be charged accordingly. (Refund checks are available upon request.) **We will notify you if your #1 choice program is unavailable.**

**If you have any financial questions prior to turning in your registration packet, please email [sandra@ncump.org](mailto:sandra@ncump.org) or call the preschool office at 949-644-0740.**



LEARNING IS OUR LEGACY  
A Newport Beach Tradition since 1967

# Newport Center United Methodist Preschool School Year 2025-2026

Today's Date:

Family #:

Child's Full Name:

Anticipated Start Date:

Nickname:

Gender: M / F AGE:

DOB:

Current Address:

City of Birth:

City:

State:

Zip Code:

Has this address changed in past year? Yes or No

Marital Status: M S SEP. DIV. WID Child resides with:

Father's Full Name:

Current Address:

City

State:

ZIP Code:

Home Phone:

Cell Phone:

Email:

Employed by:

WK Phone:

Mother's Full Name:

Current Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Email:

Employed by:

WK Phone:

Religious preference/Home Church

How did you hear about our school?

# NCUMP

## Newport Center United Methodist Preschool

1601 Marguerite Ave. Corona del Mar, CA 92625

Phone (949) 644-0740 Fax (949) 644-9035 Email preschooloffice@ncump.org

### Early Bird Registration Form 2025-2026

Child's Name \_\_\_\_\_ Program \_\_\_\_\_ Family # \_\_\_\_\_

<u>Check Program</u>	<u>Program</u>	<u>Days of Week</u>	<u>Hours</u>	<u>Monthly Fee</u>
___	2 Days	Tu/Th	7:45-9:00am	\$180
___	3 Days	M/W/F	7:45-9:00am	\$260
___	5 Days	M-F	7:45-9:00am	\$440

The Early Bird program is designed for your child to be dropped off at Preschool anytime between 7:45am and 9:00am on the school day. The child will be escorted to their classroom at 9:00 by a member of the preschool staff.

#### PAYMENT SCHEDULE AND TERMS OF PAYMENT:

When you register your child for Early Birds, your brightwheel account will be charged each month for the monthly fee shown above. You may cancel participation in the program at the end of any given month by written notice to the Preschool Office at [sandra@ncump.org](mailto:sandra@ncump.org) within three days of the month's end.

Parent's Initials: \_\_\_\_\_: By initialing, I confirm that I have read understand the CANCELLATION POLICY for the Early Bird Program.

All withdrawals must be in writing. It is the Parent's responsibility to confirm that the written withdrawal notice is received by the Preschool Office.

#### SIGNATURE OF THE PERSONS WHO ARE FINANCIALLY RESPONSIBLE FOR THE PAYMENT OF THE FEES OUTLINED ABOVE:

Parent Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date Signed \_\_\_\_\_

# Newport Center United Methodist Preschool Summer School 2025 Contract

Our Summer School program is a continuation of our Preschool philosophy and general goals and objectives for children. We offer a wide variety of multi-sensory experiences with an emphasis on success-oriented activities and FUN!

Summer school is open to any potty-trained child aged 2 yrs to 6 yrs 11 mos.

**There are two choices for 2025 Summer School. Please check which option you prefer.**

June 17th – July 24th Tues/Wed/Thur 9:00am – 2:00pm\*\* \$1,925 (+ \$100 reg. fee)

June 17th – July 24th Tues/Wed/Thur 9:00am – 12:00pm\* \$1,200 (+ \$100 reg. fee)

\*Recommended for incoming 2-3 year olds.

**\*\*Dismissal will be at 1pm (instead of 2pm) on Thursday July 24<sup>th</sup>, 2025 to allow for our “Aloha to Summer” celebration after dismissal.**

**Optional Summer School Early Birds** - The Early Bird program is designed for your Child to be dropped off at Preschool anytime between 7:45am and 9:00am on school days. Children will be escorted at 9:00am to their classroom. Early Birds will begin on Wednesday June 18<sup>th</sup> to allow parents to drop-off at their child’s classroom the first day of Summer School.

June 18th – July 24th Tues/Wed/Thur 7:45am – 9:00am \$400

Please dress your child in comfortable clothing suitable for mud, water, sand, clay, paint, and other outside activities. Please pack a snack for your child and a lunch (if enrolled in the extended day program.)

Please complete the attached application and credit card form. Forms can be emailed to preschooloffice@ncump.org or turned in to the Preschool Office. New families and children enrolled for Summer School 2025 only, must submit completed licensing documents at the time of registration to be enrolled. Licensing documents may be found at NCUMP.org. For a complete list, please email the Preschool Office.

**2025 Summer School tuition & fees are due in full upon enrollment and are non-refundable. Tuition is not prorated based on school attendance, unexpected school closures, holidays, etc.**

**I understand and agree to the tuition deadline/refund policy as stated above**

\_\_\_\_\_  
**Parent or Guardian Signature**

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

\_\_\_\_\_  
**Parent or Guardian Signature**

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

# Newport Center United Methodist Preschool Summer School 2025 Application

Child's Name \_\_\_\_\_ Family # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone # \_\_\_\_\_

Birth Date \_\_\_\_\_  Boy  Girl

Father's Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address \_\_\_\_\_

Persons *other* than parents who can be contacted in case of an emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physician to be called in case of an emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Is your child on continuing medication? \_\_\_\_\_ For what? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ To what? \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

*Credit Card Type: MasterCard Visa American Express (Please circle)*

*Name on credit card (Please Print)* \_\_\_\_\_

*Credit Card #* \_\_\_\_\_ *Exp.* \_\_\_\_\_

*Billing Address* \_\_\_\_\_ *CVV #* \_\_\_\_\_

*City & State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Email address* \_\_\_\_\_ *Phone#* \_\_\_\_\_

*Signature of Cardholder* \_\_\_\_\_ *Date Signed* \_\_\_\_\_

# 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					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
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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**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

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

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

PARENT'S SIGNATURE

DATE

## Immunizations Required by State of California SB277

### 18 months – 5 years old for Child Care, Nursey School, Ect.

- POLIO – 3 doses
- DTP – 4 doses
- MMR – 1 dose of each separately or combined on or after 1<sup>st</sup> birthday
- HIB – 1 dose on or after 1<sup>st</sup> birthday
- HEP B – 3 doses
- VAR – 1 dose

### Personal Beliefs Exemptions Ending – FAQ

1. **In the new law on immunization requirements, are religious beliefs distinguished from other personal beliefs?** No distinction is made between exemptions based on religious beliefs and other personal beliefs. Starting in 2016, exemptions for religious or other personal beliefs will no longer be an option for the vaccines that are currently required for entry into school or child care in California.
2. **Will personal beliefs exemptions filed during or after 2016 be valid?**  
No. Starting in 2016, personal beliefs exemptions will no longer be an option for the vaccines that are currently required for entry into school or child care in California.
3. **Will personal beliefs exemptions, including those based on religious beliefs, filed in California before 2016 remain valid in later years?**  
Personal beliefs exemptions (PBEs) filed at a school or child care facility *before* January 1, 2016 will remain valid until the student enrolls in the next grade span, typically at kindergarten (or transitional kindergarten) or 7<sup>th</sup> grade.



# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

NCUMP Fax # (949) 644-9035

## 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: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**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.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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

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

\_\_\_\_\_ 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

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### 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: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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.

\_\_\_\_\_  
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](http://www.meganslaw.ca.gov)*

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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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Newport Center United Methodist Preschool  
Family and Social History

Today's Date \_\_\_\_\_

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_  
                    First                      Middle                      Last

Siblings:  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship \_\_\_\_\_

Other members of the household \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_ Any language difficulties? \_\_\_\_\_

Has child had previous preschool experience? \_\_\_ When & Where? \_\_\_\_\_

Did he/she enjoy it? \_\_\_\_\_ Child's attitude about coming to preschool? \_\_\_\_\_

Does he/she have any fears? \_\_\_\_\_

Are there any areas where you might like your child to have help? \_\_\_\_\_

Is your child receiving any type of therapy?( speech, occupational) \_\_\_\_\_

Are there any recent changes/challenges your family has faced that we should be aware of? \_\_\_\_\_

Any physical or other condition that may need attention at school? Explain: \_\_\_\_\_

Does he/she have a special word for toileting? \_\_\_\_\_ Does he/she need assistance or privacy? \_\_\_\_\_

Any accommodations needed for your child to participate fully in our program? \_\_\_\_\_

Describe child's play experiences: \_\_\_\_\_

Does child prefer to play alone or with others? \_\_\_\_\_

Who cares for child other than parents? \_\_\_\_\_

How does child get along with:

Parents \_\_\_\_\_ Siblings \_\_\_\_\_

Other children and adults \_\_\_\_\_

Description of child and additional information (personality characteristics, separation from parents, reaction to change, how child expresses anger and reacts to frustration and what parents enjoy about the child)

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# Allergy Information Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ Asthma? \_\_\_\_\_

Foods \_\_\_\_\_ which Ones? \_\_\_\_\_

Pollen \_\_\_\_\_ what kinds? \_\_\_\_\_

Molds \_\_\_\_\_ what kinds? \_\_\_\_\_

Animals \_\_\_\_\_ which ones? \_\_\_\_\_

Dust \_\_\_\_\_ Other \_\_\_\_\_

**What kind of allergic reaction does your child have? Be specific:**

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**What medication is your child on for his/her allergies?**

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**When is this given?** \_\_\_\_\_

**List *any* medication your child is now taking:**

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**Special Instructions/Additional Comments:**

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**Does your child have any special dietary needs and/or restrictions?**

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LEARNING IS OUR LEGACY  
A Newport Beach Tradition since 1967

## Photo Release Form

Newport Center United Methodist Preschool respects your child's right to privacy. We would like to ask your permission to include photographs of your child on our website, Facebook page, Instagram, and photo sharing sites such as brightwheel. Please complete the information below and turn in with your enrollment packet.

Thank you for your consideration in helping NCUMP to shine!

brightwheel CLASSROOM APP (Used for Classroom Communication)

- Yes, NCUMP has permission to display photographs/videos of my child on the brightwheel Classroom App for sharing day-to-day classroom activities with NCUMP families, information, and update messages.
- No, please do not take any photographs of my child.

PRIVATE INSTAGRAM ACCOUNT (NCUMP approves all followers)

- Yes, NCUMP has permission to display photographs/videos of my child on the NCUMP Instagram.
- No, please do not use any identifying photographs of my child.

PUBLIC SOCIAL MEDIA/NCUMP MARKETING

- Yes, NCUMP has permission to include photographs of my child on the NCUMP Facebook page, other social media pages and NCUMP website & marketing materials.
- No, please do not use any identifying photographs of my child.

Child's Name: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NCUMP Parent Responsibilities & Agreements

*Please read and initial each agreement below*

For the purposes of this form, the student's parent/guardian will be referred to as "I" or "me".  
Newport Center United Methodist Preschool and its staff will be referred to as "NCUMP".

## **Initial**

- \_\_\_\_\_ I have read a copy of the NCUMP Parent Handbook (available for download at NCUMP.org) and agree to abide by the policies therein.
- \_\_\_\_\_ NCUMP does not allow any foods that contain peanuts or tree nuts (including coconut). However, food that is brought on campus by other students or parents may potentially contain nuts or have been processed in a facility that also processes peanuts and/or tree nuts. NCUMP does not guarantee that students will not be exposed to peanuts and/or tree nuts. I am aware of and agree to abide by the Nut-Free policy to ensure the safety of all NCUMP students.
- \_\_\_\_\_ I understand that my child will be photographed at school by teachers and parents to document class activities and parties. They might also be photographed for advertising or website purposes. I understand that it is my responsibility to inform NCUMP if I prefer not to have my child photographed by completing NCUMP's Photo Release Form. I understand that all students are photographed annually by an outside vendor. If I do not wish to have my child photographed, it is my responsibility to inform NCUMP.
- \_\_\_\_\_ I understand that school policy prohibits posting any photos of NCUMP students online. I agree not to post any pictures of children other than my own online, on social media sites, and other shared media.
- \_\_\_\_\_ I agree to promptly notify NCUMP of any changes in address, phone number, place of employment, or change of family status.
- \_\_\_\_\_ I understand that, weather permitting, my child may participate in water play or other messy preschool activities. Casual clothing that is machine washable is the best attire for my child at NCUMP.
- \_\_\_\_\_ I agree that NCUMP does not apply sunscreen. I will apply sunscreen on my child when necessary.
- \_\_\_\_\_ I understand and authorize NCUMP staff to escort my child on walking field trips to the NCUMC Campus for events & classroom activities, and St. Michaels in the event of an emergency.
- \_\_\_\_\_ I understand that my child must be potty-trained to attend NCUMP. See policy on next page.
- \_\_\_\_\_ I understand that NCUMP is a cell phone-free campus, and I will refrain from using my cell phone while dropping off and picking up my child.
- \_\_\_\_\_ I agree that it is my responsibility to keep my child's authorized pick-up list updated and make arrangements to have my child picked up promptly when their program ends per the NCUMP Late Pick-Up Policy (see next page.)
- \_\_\_\_\_ I understand the NCUMP Dismissal Policy (see next page.)
- \_\_\_\_\_ Any provision of babysitting or tutoring services by NCUMP staff members shall be after preschool operating hours and off preschool premises. Any such services for children enrolled in the preschool are not sponsored by the preschool; these services are not included in NCUMP's liability insurance coverage. The arrangement, provision, and payment of these services are an arrangement entered into exclusively by me and the adult who will be providing services. The actions of any preschool employee outside the preschool premises and hours of operation are not the responsibility of NCUMP.

Parent Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Date Signed \_\_\_\_\_

## **NCUMP Potty-Trained Policy**

1. NCUMP requires children to be potty-trained. Students may not wear diapers or pull-ups of any type to school.
2. The child must be aware mentally and physically that they have to “go potty”.
3. The child must be able to use the toilet, and attempt wiping independently. Teachers will be available in the restroom to supervise and assist if developmentally appropriate.
4. The child must be able to communicate a word or phrase that means they have to use the restroom. If the word or phrase is in a language other than English, the parents must inform teachers in advance.
5. A parent or caregiver will be called for a child who has soiled clothes due to loose stool and is in need additional assistance.
6. Teachers will accompany children to the restroom when children first indicate the need to go.
7. If a child has consistent accidents, NCUMP reserves the right to dismiss the child from school and require the child to not return until fully potty-trained.

## **NCUMP Late Pick-Up Policy**

Our preschool sessions end promptly at 12-noon and 2:00PM. Children MUST be picked up on time! Please remember that we are a child development center, not a day-care facility. Unlike elementary school, where children are released at the end of the day, we must keep close and constant watch upon the little ones until they are picked up. Young children experience fear and anxiety when they are the only ones remaining after their classmates have gone home. We must also remember that teachers and staff members have other obligations that we must respect.

1. If the student has not been picked up 10 minutes after class ends, he/she will be brought to the front office.
2. The office will call both parents. If there is no response, the office will call contacts on the list authorized by parents.
3. The family will be assessed a late fee of \$10.00 for the first 10 minutes after class (or any portion thereof). An additional \$5.00 will be added to the initial \$10.00 for each five minutes thereafter.
4. Should any family be assessed late fees four times in one school year, they will be subject to dismissal.

## **NCUMP Dismissal Policy**

NCUMP reserves the right to remove any child from enrollment in the program without prior notice if it is the opinion of the school that it is in the best interest of the child, family, or school. Reasons for dismissal may include, but are not limited to:

1. The child is a danger to himself, others, or school property.
2. Refusal or inability of the child or family to adhere to the program policies and procedures.
3. Inability of the child to adjust to daily program routines.
4. The child is not potty-trained.
5. Recurring or excessive incidences of biting.
6. Financial default of tuition obligations.
7. NCUMP determines that the child needs resources which the family and NCUMP is unable to provide.
8. Recurring late pick-up.