Live Oak Preschool Enrollment Options 2026-2027 School Year

		Annual Tuition	Ten Installments	Option #
Tuesday/Thursday Morning:	**8:30 – 11:30**	**$3,900**	**$390**	**1**
Tuesday/Thursday Morning Extended Day:	**8:30 – 1:30**	**$6,300**	**$630**	**2**
MWF Morning Only:	**8:30 – 12:00**	**$6,200**	**$620**	**3**
MWF Morning Extended Day:	**8:30 – 2:00**	**$9,400**	**$940**	**4**

IMPORTANT NOTES:

*There is a $150 nonrefundable enrollment fee for all new enrollees due at time of enrollment, and a $100 nonrefundable re-enrollment fee for returning students.

*The first tuition payment (of 10 payments) is collected by June 1, 2025 and is nonrefundable. This payment will serve as your last month's payment for the 2026-2027 school year.

*Fundraising Production fee: $300. This fee covers the fundraisers we have during each school year. The DDA (that stands for Dinner/Dance/Auction) takes place in the winter or spring and is our largest and most important fundraiser. The money raised by these events supplements our budget to help enrich our curriculum and support opterations. Paying the fee gets you two tickets to the DDA event—a great night of dinner, dancing, wine, and beer, put on entirely by our office staff and volunteers from our parent community and board. The fee can be paid in full now with enrollment; or in full Sept. 1; or can be paid with $100 now AND add $100 each month to tuition payments due on Sept 1 and Oct. 1.

*Live Oak offers tuition assistance to families in need. Once we have a list of qualified applicants, we fill the annual tuition assistance fund directly with donations and in combination with funds allocated in our yearly budget. To apply, please request a tuition assistance application from our Director at shirleyann@liveoakschool.org

Live Oak Preschool

75 West Matheson Street, Healdsburg, CA 95448 707-433-1543

License #490102376

2026-2027 ADMISSION AND FINANCIAL AGREEMENT

Live Oak Preschool is a non-profit school which provides the service of a preschool program for 2.5 – 5-year-old children without discrimination of race, color, creed, or national origin.

A. The payment provisions for the programs are as follows: *Please circle the letter for the program you are enrolling in for 2026-2027.*

   a **Tuition rate for the MWF AM program (8:30am-12:00pm) is $6,200 per school year.**

   b **Tuition rate for the MWF AM extended program (8:30am-2:00pm) is $9,400 per school year.**

   c **Tuition rate for the TT AM program (8:30am-11:30am) is $3,900 per school year.**

   d **Tuition rate for the TT AM extended program (8:30am-1:30am) is $6,300 per school year.**

The tuition can be paid in one sum at the beginning of the school year, or for your convenience, the tuition can be paid in nine equal monthly increments, due on the first of each month, beginning September 1, 2026.

B. Space is often limited. Therefore a **$150 nonrefundable enrollment fee** is required at the time of application for all new enrollees. There is a **$100 nonrefundable re-enrollment fee** for returning students. This fee guarantees your child's space in the session available.
PLEASE INITIAL HERE: _____

C. The 10th tuition installment is collected up front, by June 1, 2026. If your child starts later than the first day of school, this payment is due upon enrollment. **This payment is nonrefundable.** This payment will serve as your last month's (June) payment for the 2026-2027 school year.
PLEASE INITIAL HERE: _____

D. Fundraising Fee: $300. This fee supplements the school fundraisers we have during each school year.
The money raised by events supplements our budget to help enrich our curriculum with additional science, math, and music programs. It also enables us to provide funding for continued early childhood education for our teachers and help with maintenance of our playground. There are three payment options, please check your preference below.

☐ I am enclosing a check now for $300 for the Fundraising Production Fee, and understand that it is separate and in addition to the enrollment fee, as noted in Section B.

☐ I will pay the total $300 with my first tuition payment of the school year.

☐ I will pay $100 now AND add $100 each month to my first two tuition payments of the school year

PLEASE INITIAL HERE: _____

E. During the enrollment or re-enrollment process, should it be discovered that there are any prior unpaid balances owed to Live Oak Preschool, we will require that the unpaid balances be paid in full. Failure to pay these balances will result in denial of admission. The enrollment fee will be retained to cover costs of processing.

F. **Tuition is due on the first of the month and is delinquent after the tenth**. A late fee of $25 will automatically be charged to your account when it becomes past due. Should circumstances arise when you cannot make tuition payments in a timely manner, please discuss this with the Director.

G. We believe Live Oak Preschool is an extended family of students, families and staff. We strive to support each other and work together as a "team" to help our Live Oak children blossom. We ask that families who join our extended community commit to supporting Live Oak in a way that works best for them. Some of our families choose to make tax deductible donations, and some donate goods or services to our silent or live auctions. Some families choose to serve on a committee for our fundraisers. Our goal is to have 100% family participation and you will find a volunteer form in your enrollment papers to let us know how you would like to contribute.

H. There is a $25 fee assessed for any returned checks. If two checks bounce in one school year, a Cashier's Check, Money Order, or cash will be required for all further tuition payments.

-OVER-

I. Late tuition one month will result in the above mentioned $25 late fee. Late tuition (not received by the 10th) a second month will result in termination of enrollment unless both month's tuitions, two late fees, and June tuition are paid in full. No refunds will be given, and past due amounts must be paid, or they will be sent to Collection.

J. There is no credit given for vacations or absences of any type.

K. School closures may occur from time to time due to circumstances beyond our control, including but not limited to circumstances involving community public health and safety conditions that may impact our school; restrictions set in place by either the State of California; California Community Licensing; Centers for Disease Control or Sonoma County Health Department; fires; smoke/unhealthy air quality days; and mandatory evacuations. A school closure does *not* affect the payment of previously scheduled tuition payments, up to and including any June tuition which is non-refundable. Live Oak reserves the right to cancel up to a total of seven MWF and five T/TH class days during the schoolyear, and tuition will continue to be due. After your child's class may have been cancelled for a total of seven MWF classes or five T/TH classes, you will then receive a credit toward your next month's tuition. If Live Oak closes for an entire month for example, the first seven days of MWF or five days of T/TH days will be charged (if no other classes were cancelled before that time), and the remainder will not be charged, and a freeze will be put on tuition until Live Oak reopens. Please note, these seven/five class days do not need to be consecutive but are a cumulative number of days over the school year, before tuition credits will be given or tuition is frozen.

   Fires/Smoke (Air Quality):
   We currently have three air purifiers inside the school and one in the outdoor clubhouse. If the air quality reading in Healdsburg is at 200 or above, it is possible that we may still need to close the school. If the air quality is between 151-199, it will be at the discretion of the director and board as to whether we feel it is in the best interest and the safety of the children to close the school. We will follow Purpleair.com for the most local air quality readings for our area.

L. Live Oak Preschool is required to provide at least 30 calendar days written notice of any tuition rate change.

M. The school requires written and signed notice **two weeks prior** to withdrawal of your child from the program. All fees accumulated to date of withdrawal must be paid in full. Failure to comply with this procedure will result in an accumulation of tuition and other mandatory fees until the requirements for withdrawal have been met.

N. Any questions regarding fees and fee payment should be directed to the Director, Shirleyann Jennings or Kaeley Luntzel, Office Manager.

O. There is tuition assistance available for those families with a qualified need. Requests for tuition assistance may be made at any time during the school year by completing a tuition assistance application.

P. Families with siblings attending at the same time will receive a 10% discount on total tuition.

The California Department of Licensing Agency shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. The Department of Licensing Agency shall have the authority to observe the physical condition of the client, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed physician examine the client. Parents have the right to call or write the Licensing Agency if fault is found in the operation of the facility or treatment of their child. Call or Write:

Department of Social Services
Community Care Licensing Division District Office
101 Golf Course Drive – Suite A-230
Rohnert Park, CA 94928-1718
(707) 588-5036

Parents understand that they have the right to visit and observe the school anytime their child is in care.

Please make a copy of this agreement for your records and return the entire signed and initialed document to Live Oak Preschool.
We, the undersigned, agree to the conditions of this Admission and Financial Agreement as pertains to the admission of
_____ to Live Oak Preschool.
(child's name)

Parent/Guardian _____ Date _____

Please attach a 4x6 picture of your child that will not be returned.

LIVE OAK PRESCHOOL APPLICATION FOR ENROLLMENT

Child's Name _____Sex _____ Birthday_____

Home Phone_____ Cell Phone_____ Fax_____

E-mail Address_____

Parent 1 Name _____

Parent 1 Address_____

Parent 1 Occupation _____ Work Phone _____

Parent 1 Employer (with address) _____

Parent 2 Name _____

Parent 2 Address _____

Parent 2 Occupation _____ Work Phone _____

Parent 2 Employer (with address) _____

Child lives with: ___Both Parents ___Mother ___Father ___Shared Custody ___Other
*Custody agreements must be kept on file at school. Please bring in any necessary documents for us to copy and retain in files.

Siblings and others living in home: _____

Have there been any changes in the child's family that we should be aware of (births, deaths, separations, divorce, etc.)? If so, please explain: _____

_____

Person Responsible for Tuition Payments: _____

Do you need financial assistance? Yes _____ No _____
(If yes, we will forward an application to you.)

Would you like to work in the class? Yes _____ No _____
(There is $20.00 per day tuition reduction for working in the class if desired)

Would you like to clean the school for tuition reduction? Yes _____No_____
(One time per month = $40.00 weekend cleaner and $30.00 midweek cleaner.)
Cleaning schedule TBD, once we see how many parents apply

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*	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?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST _____
	LUNCH	LUNCH_____
	DINNER	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'S 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'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

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: 101 GOLF COURSE DR, STE A230, ROHNERT PARK, CA 94928

   Licensing Office Telephone #: (707)588-5026

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.

_____
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

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

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

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:

New Complaint Hotline - 1 (844) 538-8766

NAME

Community Care Licensing

ADDRESS

101 Golf Course Drive, Suite A230

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Rohnert Park, CA	94928	(707)588-5026

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)
Live Oak Preschool	75 West Matheson, Healdsburg, CA 95448

(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.

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
( )	( )

Photograph Authorization Form

I authorize Live Oak Preschool of Healdsburg to photograph or videorecord my child in school activities for classroom viewing, parent education events, local publicity, the school website or school Facebook page.

YES_____ NO_____

Child's Name _____

Printed Name _____

Signature of Parent or Guardian _____

Date _____ / _____ / _____

Emergency and Pick-up Information

Child's Name:_____ **Class:**_____

DOB: _____

Allergies:_____

Doctor's name and #:_____

Dentist's name and #:_____

Home Telephone:_____

Parent 1 Name:_____

Parent 1 Cell:_____ **Parent 1 Work:**_____

Parent 2 Name:_____

Parent 2 Cell:_____ **Parent 2 Work:**_____

Other relatives/friends allowed to pick-up my child

PLEASE PLACE A NUMBER (1,2,3 etc) BY *ONLY* THOSE PEOPLE YOU ALSO WANT US TO CALL IN AN EMERGENCY IF WE CANNOT REACH YOU AT YOUR NUMBERS LISTED ABOVE.

Name	**Telephone Number**