



***St. Bernard School***  
***A Catholic Elementary***

9626 Park Street, Bellflower, CA 90706 (562)867-9410  
<http://www.stbernardcatholicsschool.com>

Dear Parents,

Thank you for your interest in St. Bernard School Preschool. For children, preschool is a happy place for exploring and finding out new things every day. For parents, a preschool should be a place that focuses on learning yet never forgets the importance of fun. A great preschool encourages development but never pushes your child to grow up too fast. St. Bernard Preschool is just such a place.

The goal of St. Bernard Preschool is to provide opportunities for children to grow intellectually, socially, emotionally, physically, and spiritually in a warm, loving, Christian environment. We want our children to build a positive self-image: explore their natural sense of wonder; discover their creative spirit; learn problem-solving skills; and develop self-control and consideration for others.

Our Preschool emphasizes that children learn through play. Children construct their knowledge by touching, tasting, smelling, watching, listening, thinking and doing. Areas of play include blocks and building toys, dramatic play, art, music, books, manipulative materials, and outdoor play. The development of social skills such as sharing, cooperation and participation will strengthen as social learning takes place and each child becomes a valued member of our classroom.

1. Completed Application
2. Completed Financial Obligation
3. Completed Dismissal Form
4. Completed Emergency Card
5. Immunization Records
6. Preschool Registration Financial Obligation
7. Physical Exam Report LIC 701
8. Personal Rights Form LIC 613A
9. Parent's Rights Form LIC 995
10. Emergency Information Form LIC 700
11. Health History Form LIC 702
12. Consent for Emergency Treatment form LIC 627

**Please note that Saint Bernard Preschool students must be five years old by December first to be eligible for our Kindergarten class.**

God Bless,

Mr. James Cordero  
Principal

Ms. Jacqueline Reyes  
Preschool Director



# St. Bernard Preschool

## *A Catholic Elementary*

9626 Park Street, Bellflower, CA 90706 (562)867-9410 [www.stbernardcatholicschool.com](http://www.stbernardcatholicschool.com)

Application Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

### APPLICATION FOR ADMISSION for 2017-2018 Year

Student Name: \_\_\_\_\_  
 Last First Middle Initial Social Security #

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Mo/day/year City State Country

Home Address: \_\_\_\_\_  
 City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

Including Pre-school, list the schools attended most recent first (include addresses)

School Name	Address	City /State /Zip	School Name	Address	City /State /Zip

Father's Name: \_\_\_\_\_  
 Last First Middle Initial Birthplace City/State/Country

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

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Maiden Name First Middle Initial Birthplace City/State/Country

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

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Check home conditions:

- Both Parents       Parent & Step Parent       Single Parent Home
- Parents Separated       Parents Divorced       Father Remarried
- Father Deceased       Mother Deceased       Mother Remarried
- Other \_\_\_\_\_

*If student is under care of Guardian, different from Parents, please list info below.*

Last	First	Middle Initial	Birthplace: City/ State / Country	Relationship to student
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Cell #	E-Mail Address
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In any, list family members currently attending or alumni of St. Bernard School and relation (brother, sister, cousin, etc.)

\_\_\_\_\_

Are you a registered member of St. Bernard Church?    Yes / No      If YES, give Parish envelope number: # \_\_\_\_\_

If not, what parish do you attend? \_\_\_\_\_

Church	Address	City
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**Sacramental Information:**

Please indicate which Sacrament your child has already received:    Baptism       1<sup>st</sup> Reconciliation       1<sup>st</sup> Communion

Sacramental Preparation is requested for my child: \_\_\_\_\_  
Child's Name

Indicate which Sacrament preparation is requested:    Baptism       1<sup>st</sup> Reconciliation       1<sup>st</sup> Communion

=====

Application completed by: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

*Available classroom space, a favorable academic readiness evaluation and  
Principal interview will determine student's acceptance to St. Bernard School.*

**Do Not Write in this Box. Office Use Only:**

Assessment Date \_\_\_\_\_ Time: \_\_\_\_\_

Application Fee Received  Ck# \_\_\_\_\_ Cash \_\_\_\_\_

Certificates Received:    Birth  Baptismal       Immunizations       First Communion

Transcripts     or    Pre-K Verification Letter

**ST. BERNARD SCHOOL  
2017-2018  
PRESCHOOL FEE SCHEDULE**

<b>TUITION AND FEES</b>	<b>1 CHILD</b>
REGISTRATION/EDUCATIONAL FEE NON-REFUNDABLE	\$300.00
TUITION: August- June (11 months) via FACTS direct withdrawal	\$400.00 Monthly  \$4,400.00 Yearly
FUNDRAISING Net profit from selected fundraising events or monthly payments over 11 months August-June 1 <sup>st</sup> half due November 30, 2016 2 <sup>nd</sup> half due April 30, 2017	\$300.00 Yearly  \$27.27 Monthly
TECHNOLOGY FEE	\$50.00
SERVICE HOURS	5 Service Hours at Parish Festival

# Preschool Registration Financial Obligation

PARENT NAME	STUDENT(S)	GRADES	F&M BANK NUMBER	
<b>PAYMENT SCHEDULE</b>			<b>YEARLY</b>	<b>MONTHLY</b>
<b>REGISTRATION/EDUCATIONAL FEE NON-REFUNDABLE</b>			<b>\$300.00</b>	
<b>PRE SCHOOL TUITION (AUG 2017-JUNE 2018 via F&amp;M Bank)</b>				
<b>FUND RAISING BUYOUT (AUG 2017-JUNE 2018 via F&amp;M Bank)</b>				
<b>TECHNOLOGY FEE</b>			<b>\$50.00</b>	
<b>YEAR TOTAL August 2017-June 2018</b>				
<b>TOTAL MONTHLY PAYMENT</b>				
<p><b>I understand that these totals are a projection of my 2017-2018 Financial Obligation. This total may be changed or altered due to Financial Aid awards, late payment penalties, administrative discounts or miscellaneous fees as presented by St. Bernard School.</b></p> <p><b>*I agree to monthly deductions from my checking account via F&amp;M Bank for the above payment.</b></p>				
SIGN:			DATE:	

# 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**

**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)*

**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)*

**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)  
**St. Bernard Preschool**  
(NAME OF CHILD CARE CENTER/SCHOOL) . This Child Care Center/School provides a program which extends from 7 : 00  
a.m./p.m. to 3:00 a.m./p.m. , 5 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



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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.

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## DISMISSAL PERMISSION FORM 2017-2018

Student's Last Name

Student's First Name(s)

Grade

_____	_____
_____	_____
_____	_____
_____	_____

The above named students: (Check below)

\_\_\_\_\_ Leave only with the legal guardians and/or adults listed below

List any adults who may pick-up your child(ren).

(May be asked to present I.D.)

Full Name

(Please Print)

Phone

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Legal Guardian 1 (please print)

\_\_\_\_\_  
(Home)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Work or Cell)

\_\_\_\_\_  
Legal Guardian 2 (please print)

\_\_\_\_\_  
(Home)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Work or Cell)

ANY CHANGES TO THIS FORM MUST BE IN WRITING