



Annunciation Preschool

A Ministry of
Cathedral of the Annunciation
Registration 2026-2027

SUBJECT: ANNUNCIATION PRESCHOOL REGISTRATION FOR 2026-2027

Thank you for considering Annunciation Preschool for preschool and pre-K! We know that you have many options available and we are grateful for your choice to be part of our community!

We diligently review our tuition rates every year and select rates that are as low as possible while also meeting our financial obligations. We pride ourselves on the education we provide to your child, as well as the low teacher-to-child ratios that we are able to maintain. Our program is open to children 2.6 years through entrance to kindergarten.

We are an 11-month program and fees are assessed August through June. The fees and tuition rates for the 2026-2027 school year are as follows:

FEES

NON-REFUNDABLE YEARLY REGISTRATION FEE FOR ALL STUDENTS:	\$400.00 per year
NON-REFUNDABLE PRE-K SUPPLY FEE FOR PRE-K STUDENTS ONLY :	\$150.00 for pre-k year
POTTY TRAINING FEE (as needed until potty-trained):	\$40.00 per month

MONTHLY TUITION RATES

PART TIME (8:30-11:30 AM)		HALF TIME (8:30-2:30 PM)		FULL TIME (8:30-5:30 PM)	
TR	\$380.00	TR	\$470.00	TR	\$610.00
MWF	\$465.00	MWF	\$585.00	MWF	\$760.00
5 DAYS	\$685.00	5 DAYS	\$840.00	5 DAYS	\$1,000.00
NOTE: WE LIMIT THE NUMBER OF CHILDREN UNDER THE AGE OF THREE IN OUR REGISTRATION PROCESS. PLEASE CHECK AVAILABILITY.		*PRE-K	\$950.00	*PRE-K	\$1,000.00
		*PRE-K students must be 4 years before September 1st and will be assessed for proper placement.			

Please remember that early drop-off begins at 7:30 am when our doors open. You may utilize this program as needed at no additional cost to you and your tuition rate.

REGISTRATION SCHEDULE

February 2nd thru February 13th:	Current returning Annunciation Preschool families
February 17th thru February 27th	Annunciation Preschool/Annunciation School Alumni and current Annunciation School families
March 2nd thru March 10th	Current Waitlist families
March 11th	1:00-5:30 pm: Open Registration begins and 2nd Open House

Registration is open to everyone beginning March 11th on a first come first serve basis. You must submit an application and pay the registration fee to secure your child's enrollment. We do not save space for incomplete enrollment. **Our annual Parent Orientation will be held through ZOOM on Wednesday, July 29th, 2026 at 6:00 pm. Our classroom will be open for a quick "meet and greet" session on Friday, July 31st, 2026 from 10:00 to 11:00 am. We will message additional details and information this summer to enrolled students.**

With Gratitude,

S.Rodriguez

Shannon Rodriguez

Director



Annunciation Preschool Registration Checklist

Your entire registration packet, including your child's immunization records and physician's report, need to be submitted prior to your child starting preschool. In other words, children will not be allowed to start preschool until the below forms are returned to **Annunciation Preschool**. The registration packet includes the following forms:

REGISTRATION PACKET INCLUDES THE FOLLOWING:

CHECK IF COMPLETED	NAME OF FORM
	Application Form AND Registration Fee of \$400.00
	PRE-K Supply Fee of \$150.00 for PRE-K students only, enrolled for PRE-K year
	Admissions Agreement
	Physicians Report (LIC 701)
	Copy of Immunization Record (Shot Record)
	Current T.B. Clearance (or box checked on Physicians Report - No Risk)
	Identification and Emergency Information (LIC 700) INCLUDING PAGE TWO
	Consent for Medical Treatment (LIC 627)
	Child's Preadmission Health History - Parent Report (LIC 702)
	Personal Rights (LIC 613A)
	Parents' Rights (LIC 995)
	Walking Field Trip Form
	Photo and Video Release Form
	Volunteer Agreement Form
	PRE-K Commitment Form (PRE-K Students will receive before school starts)
	Parent Handbook Agreement Form (Will receive before Parent Orientation)

If you are interested in volunteering in the classroom, participating in special events, or driving your child on a field trip, you will need to submit the following forms:

SAFE ENVIRONMENT PACKET INCLUDES THE FOLLOWING:

CHECK IF COMPLETED	NAME OF FORM - PLEASE RETURN TO PRESCHOOL DIRECTOR
	Complete and return a Parish Volunteer Application
	Review and complete Virtus On-Line Training Program - RENEW EVERY 3 YRS
	Complete DOJ Fingerprinting (Return signed copy of Livescan form to preschool)
	Submit document that shows current T.B. test clearance
	Read the Code of Pastoral Conduct (Return signed Acknowledgement Page and Volunteers Code Page)
	Read the Diocese of Stockton Standards of Conduct (Return the Acknowledgement Page)



Annunciation Preschool Application Form

*A NON-REFUNDABLE REGISTRATION FEE IS DUE WITH THE APPLICATION FORM TO SECURE YOUR CHILD'S SPOT.

DATE RECEIVE REGISTRATION	REGISTRATION INFORMATION	CHILD'S AGE IN AUGUST	POTTY TRAINED YES / NO

STUDENT'S INFORMATION:

STUDENTS NAME	LAST	FIRST	MIDDLE
GENDER	MALE	FEMALE	
CHILD'S ADDRESS	STREET ADDRESS		
	CITY	STATE	ZIP
MOTHER CELL	FATHER CELL		
DATE OF BIRTH	CITY AND STATE OF BIRTH		
CHILD LIVES WITH	BOTH PARENTS ()	FATHER ()	MOTHER () GUARDIAN ()
CHECK IF PERTINENT	PARENTS SEPARATED ()		MOTHER OR FATHER NOT IN CHILD'S LIFE ()
	MOTHER REMARRIED ()		
	MOTHER DECEASED ()		
LIST NAME AND AGES OF SIBLINGS			

PARENT INFORMATION:

MOTHER'S NAME PLACE OF BIRTH	NAME PLACE	FATHER'S NAME PLACE OF BIRTH	NAME PLACE
MOTHER'S ADDRESS CITY STATE ZIP		FATHER'S ADDRESS CITY STATE ZIP	
MOTHER CELL		FATHER CELL	
MOTHER WORK PHONE		FATHER WORK PHONE	
MOTHER EMAIL		FATHER EMAIL	
EMPLOYER		EMPLOYER	
OCCUPATION		OCCUPATION	
CHURCH YOU ATTEND AND # OF YEARS	CHURCH # OF YEARS	CHURCH YOU ATTEND AND # OF YEARS	CHURCH # OF YEARS

REGISTRATION CHOICES (Please check first choice) NOTE: WE LIMIT THE # OF CHILDREN UNDER 3 YRS.

PART TIME (8:30-11:30 AM)	HALF TIME (8:30-2:30 PM)	FULL TIME (8:30-5:30 PM)
Tuesday-Thursday / TR () Monday-Wednesday-Friday / MWF () 5 DAYS / M-F ()	Tuesday-Thursday / TR () Monday-Wednesday-Friday / MWF () 5 DAYS / M-F () PRE-K () *MUST BE 4 BEFORE SEP 1ST	Tuesday-Thursday / TR () Monday-Wednesday-Friday / MWF () 5 DAYS / M-F () PRE-K () *MUST BE 4 BEFORE SEP 1ST

ANNUNCIATION PRESCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, ETHNIC BACKGROUND, SEX OR PHYSICAL CAPABILITIES IN OUR ADMISSIONS POLICIES OR ACCEPTANCE INTO OUR PROGRAM. PLEASE SEE OUR PARENT HANDBOOK FOR FULL POLICY.



Annunciation Preschool

ADMISSIONS AGREEMENT 2026-2027

Annunciation Preschool provides preschool and child care services to families and children age 2.6 to 6 years old.

BASIC SERVICES AND RATES:

PROGRAMS	TIMES	MONTHLY BASIC RATES
Part Time (PT) Preschool	8:30 - 11:30 am	<ul style="list-style-type: none">● \$380.00 p/m for Tuesday & Thursday (TR)● \$465.00 p/m for Monday, Wednesday, & Friday (MWF)● \$685.00 p/m for five days a week (5 days)
Half Time (HT) Preschool	8:30 - 2:30 pm	<ul style="list-style-type: none">● \$470.00 p/m for Tuesday & Thursday (TR)● \$585.00 p/m for Monday, Wednesday, & Friday (MWF)● \$840.00 p/m for five days a week (5 days)
Half Time (HF) Pre-Kindergarten	8:30 - 2:30 pm	<ul style="list-style-type: none">● \$950.00 p/m for five days a week (5 days)
Full Time (FT) Preschool	8:30 - 5:30 pm	<ul style="list-style-type: none">● \$610.00 p/m for Tuesday & Thursday (TR)● \$760.00 p/m for Monday, Wednesday, & Friday (MWF)● \$1,000.00 p/m for five days a week (5 days)
Full Time (FT) Pre-Kindergarten	8:30 - 5:30 pm	<ul style="list-style-type: none">● \$1,000.00 p/m for five days a week (5 days)

ADDITIONAL FEES:

- Registration fee of \$400.00 per year for each child. Please note this fee is non-refundable.
- Pre-K Supply fee of \$150.00 per year for each child enrolled in the Pre-K program. This fee is also non-refundable.
- Potty Training fee of \$40.00 per month for each child not fully potty trained. This fee includes wipes.
- Late fees are assessed on a monthly basis at the rate of \$10.00 per month or 20% of the account balance. The rate assessed is at the discretion of the Director
- Bounced check fees are \$20.00 per returned check. The Director reserves the right to request cash or money order payments on any account that accrues a returned check fee.
- Fundraiser fees are assessed for non or partial participation in our three mandatory yearly fundraisers. The fee reflects the financial obligation of that particular fundraiser.
- A late pick-up fee of \$1.00 per minute may be assessed if your child is not picked up at the designated program departure time (11:30 for Part Time; 2:30 for Half Time; 5:30 for Full Time). This fee will also be assessed for late pick-up on Early Dismissal days.
- Families who repeatedly do not sign their child into or out of the program may be assessed a fee of \$25.00 per offense. This fee is at the discretion of the Director. Licensing has the authority to levy a fine to a preschool that has missing parent/guardian signatures.

OTHER ENROLLMENT REQUIREMENTS:

Families agree to fulfill the following additional commitments:

- Participation in three mandatory fundraisers during the preschool year (These include the fall kick-off fundraiser, the winter fundraiser, and the spring fundraiser).
- Fundraiser fees are assessed for non or partial participation in our three mandatory yearly fundraisers. The fee reflects the financial obligation of that particular fundraiser.
- Each family is required to participate in and meet the financial obligation for each fundraiser.

PAYMENT INFORMATION:

Tuition rates are based on an eleven-month fee (August through June). Tuition and any fees are due on or before the 1st of each month.

An account is considered delinquent if the payment is received after the 15th of the month. If an account is delinquent over 60 days, a child's enrollment may be jeopardized. For special circumstances, arrangements must be made with the Director and/or Pastor. All monies owed to the school must be paid before a student can enroll the following year.

Students may not transfer from another Catholic school until all outstanding balances at the previous school are paid.

Annunciation Preschool sets tuition rates once a year prior to preschool registration in March as a courtesy to our families. This policy meets community care licensing regulations specified by the State of California.

Refunds may be granted under special circumstances and at the discretion of the Director.

See below for refunds related to Campus Closures.

SCHOOL CAMPUS CLOSURE and COMMUNICATION:

Students and families are best served when the school is open. Therefore, decisions regarding closure are made in consideration of many factors, particularly with regard to student and staff safety. Unplanned school closure may occur for a variety of reasons.

If the school administration should deem the running of the school with unsafe or infeasible, school will be closed until safety and feasibility can be reasonably restored. Tuition will continue to be assessed at part time tuition rates and payments to be collected during all closures provided distance learning is provided.

If more than two (2) days are missed due to unscheduled school closures, these days must be made-up at the end of the school year. Families are advised to reserve the week after the scheduled school ending for potential make-up days; vacations should not be scheduled for this week.

Should school campus close and distance learning is not provided, the following refund policy will be in place:

- If a family paid in advance, the money will be applied to fees when the facility reopens
- If a family has not paid in advance, no charges will be applied.

WITHDRAWALS:

Each child will be enrolled for the entire school year or the balance of the school year. Two weeks prior notice must be given in writing, or two weeks tuition is payable upon your child's withdrawal from the program before June 16th, 2027. Tuition cannot be refunded after June 2nd, 2027. Upon notice by parents/guardians, an exit interview must also take place with the Director. Tuition will be prorated by day beginning two weeks after notice is given. Tuition will not be prorated for the two weeks immediately following notice.

All other fees/obligations will not be prorated. The annual registration is non-refundable, as well as the pre-k supply fee.

CONDITIONS UNDER WHICH THE AGREEMENT MAY BE TERMINATED:

It is important to us that we have a good fit between your family and the Annunciation Preschool program. There are times when the preschool Director may recommend an alternative childcare program for you and your child. The following outlines some, but not all, of the possible scenarios:

1. Child will not benefit from continued participation in the Annunciation Preschool program.
2. Child and family's continued participation would make demands upon the program that cannot be met.

3. Parents/guardians have failed to meet the expectations of parents, which were agreed upon when the child was enrolled in the program.
4. Parents/guardians have failed to meet the obligations of the preschool, which were accepted upon when the child was enrolled in the program.
5. Parents/guardians have been uncooperative with the preschool staff, procedures and policies stated in the parent handbook.

LICENSING REGULATIONS

Regulation #101200 (Inspection Authority of the Department) of the Manual of Policies and Procedures, Community Care Licensing Division, Child Care Center, Title 22, Division 12, Chapter 1 states the following:

“The Department has the authority to interview children or staff, and to inspect and audit child or child care center records, without prior consent. The licensee shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the child care center. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.”

OTHER TERMS and CONDITIONS of this AGREEMENT:

- The Director of Annunciation Preschool, or his/her designee, and the child's authorized representative shall sign and date the child's admission agreement no later than seven calendar days following admission.
- Modifications to the original admission agreement shall be made whenever circumstances covered in the agreement change, and shall be dated and signed by the persons specified above. Parents will be notified 30 days in advance of any changes or modifications to the admission agreement.
- Annunciation Preschool shall keep the original copy of the admission agreement and give a photocopy to the child's authorized representative.
- Annunciation Preschool shall comply with all terms and conditions set forth in the admission agreement.
- The admission agreement shall be automatically terminated by the death of the child. No liability or debt shall accrue after the date of death.

CHILD’S FULL NAME			
PARENT’S NAME			
PARENT’S SIGNATURE		DATE:	
PARENT’S NAME			
PARENT’S SIGNATURE		DATE:	
DIRECTOR’S NAME	Shannon Rodriguez		
DIRECTOR’S SIGNATURE	<i>SRodriguez</i>	DATE:	February 1, 2026

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)

Annunciation Preschool. This Child Care Center/School provides a program which extends from 8 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m. to 5:30 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)	/ /	/ /	/ /	/ /	/ /
DTaP/DTaP DT/dT (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
MM (MEASLES AND MUMPS) (MORBILLIVIRUS 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

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.

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
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

_____ 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:

Blank area for listing medication allergies.

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

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* _____ 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

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?*	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*	

PARENT / AUTHORIZED REPRESENTATIVE 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/ 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

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

- (a) Each child receiving services from a Child Care Center shall have rights which include the following:
- (1) To be accorded dignity in their personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.
 - (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

Department of Social Services

ADDRESS

9835 Goethe Road, Suite 100

CITY

Sacramento

ZIP CODE

95827

AREA CODE/TELEPHONE NUMBER

(916) 263-5744

 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)

Annunciation Preschool

(PRINT THE ADDRESS OF THE FACILITY)

440 West Rose Street, Stockton, CA 95203

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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: Department of Social Services

Licensing Office Address: 9835 Goethe Road, Suite 100, Sacramento, CA 95827

Licensing Office Telephone #: (916) 263-5744

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 295 (3/08)

(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.

Annunciation Preschool
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

LIC 295 (3/08)



Annunciation Preschool

Facility #393600244

440 West Rose Street, Stockton 95203 **PHONE:** 209-465-2961

AnnunciationStockton.org **EMAIL:** preschool@annunciationstockton.org

Annunciation Preschool Walking Field Trip Permission Form

Walking Field Trips will take place throughout the preschool year. This permission slip grants permission to take your child for a walk around the preschool grounds and neighborhood. Parents will be informed of the Field Trip ahead of time, including the distance of the excursion. The purpose of the walking field trip would be to gather leaves, rocks, bugs or just go on an age-appropriate adventure exploring nature.

CHILD'S NAME:	DATE OF BIRTH:
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I, the undersigned parent or legal guardian of the above-named student, give my permission for his/her participation in the Annunciation Preschool walking field trip. I hereby release and save harmless the preschool and any and all of it's employees from any and all harm arising to my child and for any loss of property as a result of this trip.

Permission is given by: _____

Medical Permission Form

I, the undersigned parent or legal of guardian of _____, a minor, do hereby appoint teacher/advisor and/or chaperone as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the nearest Emergency Hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid physician in the exercise of his/her best judgment may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Callifornia Civil Code and shall remain effective for the current preschool year unless sooner revoked in writing to said agent(s).

Parent/Legal Guardian Signature

Parent or Legal Guardian Signature _____
Date

Necessary Medical Information

CHILD'S NAME:	DATE OF BIRTH:
IN CASE OF EMERGENCY, CALL:	CELL PHONE:
HOME ADDRESS:	WORK PHONE:
ALTERNATE PERSON TO CALL:	PHONE:
PHYSICIAN'S FULL NAME:	PHONE:
FAMILY INSURANCE POLICY:	POLICY NUMBER:
DESCRIBE IN FULL ANY ALLERGIES OR LIMITATIONS ON PHYSICAL ACTIVITY:	
DRUG ALLERGIES: _____	
FOOD ALLERGIES: _____	
OTHER ALLERGIES: _____	
PHYSICAL LIMITATIONS: _____	
CURRENT MEDICATIONS: _____	



Summary of Photo and Video Release Form

CHILD'S NAME:	DATE OF BIRTH:
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- ❖ I hereby grant Annunciation Preschool permission to use any photo(s), video(s) or other forms of media that includes my likeness, or the likeness of my children, in any and all of its publications, ads, Web sites, in any form or media without payment or consideration.
- ❖ I understand and agree that these photos or videos will become the property of Annunciation Preschool.
- ❖ I hereby authorize and permit Annunciation Preschool to edit, alter or copy, and use in any form or media, any photo for the purposes of publicizing the Annunciation Preschool program or for any other lawful purpose.
- ❖ I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my, or my dependent's likeness, appears.
- ❖ Additionally, I waive any right to royalties or other compensation arising from, or related to, the use of the photograph or video.
- ❖ I release and discharge Annunciation Preschool from any claims or demands which I, my dependents, or representatives of my estate, may have.
- ❖ I, and my dependents, release Annunciation Preschool from any liability and claims that may arise from the use of any photo.
- ❖ I am at least 18 years of age and am competent to contract in my own name, and certify that I am a custodial parent and have the right to sign on behalf of my dependent(s). I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature (parent or guardian if under 18)

Date

Printed name of parent or guardian, if applicable

Please be cognizant that you may choose to decline this release; however, it is our diocesan policy that anyone who chooses to decline may not participate in ANY photo events, including yearly preschool photos and yearbooks.

Complete Text of Photo and Video Release Form on Reverse.



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Complete text of Photo and Video Release Form

I hereby grant Annunciation Preschool permission to use any photo(s), video(s) or other forms of media (collectively, "Media") that includes my and/or my dependent's likeness in any and all of its publications, ads, Web sites, in any form or media, including, social media sites such as, but not limited to, Facebook and Twitter, without payment or any other consideration.

I understand and agree that these photos or videos will become the property of Annunciation Preschool.

I hereby irrevocably authorize, permit and license Annunciation Preschool to edit, alter, copy, exhibit, publish, distribute or otherwise use in any form or media any photo for purposes of publicizing Annunciation Preschool program or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my dependent's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video.

I hereby hold harmless and release and forever discharge Annunciation Preschool from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or my dependents have or may have by reason of this authorization.

I, individually and on behalf of my dependents, release and forever discharge Annunciation Preschool from any liability and claims, demands, rights and causes of action of whatever kind may arise from the use of any photo, including all claims for libel and invasion of privacy. I waive the protection of Section 1542 of the Civil Code of the State of California provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I am 18 years of age and am competent to contract in my own name, and certify that I am a custodial parent and have the aforementioned rights to assign on behalf of my dependent(s). I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Volunteer Agreement Form

Volunteer name (please print): _____

Parish / School location name: Annunciation Preschool

By signing this form, I acknowledge that I have chosen to volunteer at the Parish/School location named above, in the following capacity:

In connection with my volunteer service, I make the following express representations:

1. I understand and acknowledge that my time and services as a volunteer are being donated by me to the Roman Catholic Church, specifically the Parish/School location named above, without contemplation of compensation or future employment, and that I provide these services for religious, charitable, or humanitarian reasons.
2. I understand that as a volunteer I will earn no wages or benefits in connection with the volunteer services I wish to provide, and that I will not seek any such wages or benefits. I further understand that I will not be entitled to unemployment insurance benefits upon the discontinuance of my volunteer services (regardless of whether such discontinuance is initiated by me or by the Parish / School).
3. I, hereby, attest that I am in good health.

I acknowledge that I have read this agreement, have voluntarily signed it, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made to me.

Date: _____

Volunteer signature

Date: _____

Volunteer signature

Date: February 1, 2026

SRodriguez - Director
Authorized Parish/School Representative



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**
Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](#) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](#), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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