



2020-2021 Required New Family Forms & Items

Please complete all forms and email to katy@newschoolwest.com by July 24th.
All forms and items must be turned in before a child's first day of school.

Required Forms

- Physician's Report
 - *Parent must complete and sign top portion of this form*
 - *Required immunizations list is included for reference*
- Child's Preadmission Health History – Parent's Report
- Identification and Emergency Information
- Consent for Emergency Medical Treatment
- Notification of Parents' Rights
- Personal Rights
- Major Disaster Emergency Procedure Information
- Permission Form
- Permission to Apply Sunscreen
- Financial Agreement
- Community Agreement
- Child's History
- Parent Handbook Agreement

Other Required Items

- Community Bio and Family Photo (*email to kris@newschoolwest.com*)
- Framed Family Photo (*bring to individual play date*)
- Emergency Packet (*bring to individual play date*)
- 2 – Yellow Emergency Cards (*you'll receive these at individual play date*)
- Family Pages Binder (*NSW will provide materials and more info in August*)

Child's Name: _____

Child's Birthdate: _____ **First Day of School:** _____

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: _____
other: _____

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

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.

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) filed at a prior California child-care facility for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten.** For complete details, see ShotsforSchool.org.
- Submits a licensed physician's written statement of a permanent medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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
<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

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
FATHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 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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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: Community Care Licensing

Licensing Office Address: 6167 Bristol Pkwy, suite 400, Culver City

Licensing Office Telephone #: 310 313-4335

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 (12/06)

(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

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)



The New School-West

Major Disaster Emergency Procedure Information

Child's Name: _____ Teacher: _____

Parent's Name: _____ Parent's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Out of State Emergency Contact:

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

I hereby authorize the following adults to pick up my child(ren) in a major disaster:

Name:	Phone:

Note: We strongly encourage you to include at least one other New School West family, from your neighborhood or that you know, to be authorized to pick up your child. It should be understood that these people are authorized on a "whoever arrives first" system.

Parent or Guardian Signature: _____ Date: _____

THIS PORTION IS TO BE COMPLETED ON SCHOOL SITE, AT THE TIME OF DISASTER

Child's Name: _____ Teacher: _____

Released To: _____ Phone: _____

Identification Provided: _____

Address: _____

Destination: _____

I accept responsibility for the child(ren) named above.

Signature of Authorized Adult: _____ Date & Time: _____



2020-2021 Permission Form

As the parent/guardian of _____ (child's name), I hereby grant the following permissions to The New School-West:

_____ My child may participate in neighborhood field trips. Small groups of children, accompanied by staff, will visit places of special interest within walking distance or short bus ride of the school like Ocean View Farms, The Mar Vista Farmers Market and Venice Learning Garden. While under COVID-19 related health restrictions, trips will be limited to neighborhood walks.

Note: Separate permission forms will be provided for any class field trips, which are greater distances from the school.

_____ Photos and or video taken of my child and by my child will be used for educational purposes, staff training, documentation shared with the NSW parent community and school promotion. All photos and video will be kept on file and will be available for my inspection at any time. This includes images and videos taken during Zoom meetings.

_____ Distribution of my address, phone number and email to other parents of children currently enrolled at The New School - West. Under no circumstances would addresses be given out for commercial purposes.

Parent/Guardian Signature

Date Signed

Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at:

(Child Care Business) _____

to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____ Date: _____



Your Commitment to The New School - West

A note to accompany the financial agreement below:

The New School-West is created moment by moment by its teachers. Their million interactions, heroic patience, and joyous energy in all situations create the 'magic' you will come to know and love at New School West. Your financial commitment is what keeps them employed. In this unprecedented time, due to distancing and pod structure requirements, we are restricted to a lower number of enrolled families. Our reliance on your payment all year is what keeps our community strong and our school open for your children and those who follow them. Please seriously consider your willingness to band together through the 2020-2021 school year and commit to those payments whether the school is in session on ground or online. A combined 194 years of love and dedication are welcoming you. Let's keep that legacy going.

Available Schedules & Tuition **For the start of the 2020-2021 School Year** *(full day schedule to be extended to longer hours as soon as possible)*

5 full days, Monday through Friday (temporarily 8:30-2:30) - \$1825

4 full days, Monday through Thursday (temporarily 8:30-2:30) - \$1725

5 mornings, Monday through Friday (8:30-12:30) - \$1495

4 mornings, Monday through Thursday (8:30-12:30) - \$1445

Online Only (Monday through Thursday)/Hold My Spot - \$1445

This option is available for those who are not ready to start on ground at NSW but want to connect with the community virtually and hold a spot for when you are ready and we can expand to larger pods.

The New School - West
2020-2021 Financial Agreement
For New West Wing Families

Child's Name: _____

Child's Enrollment Schedule (check one): Full Days Mornings Only Online Only

Check which days: Monday Tuesday Wednesday Thursday Friday

Monthly Tuition: \$ _____

Payment Schedule: Bi-Annually (five months of tuition is due 8/5 and seven months is due 1/1)
(check one) Quarterly (three months of tuition is due 8/5, 11/1, 2/1 and 5/1)
 Monthly (tuition is due on the first of each month August through July)

I am enrolling my child at The New School-West for the 2020-2021 school year. I understand that this is an annual contract for the entire school year, starting in August 2020 and ending in July 2021.

- I agree to pay the monthly tuition amount according to the payment schedule I have selected. I can pay via Zelle to finance@newschoolwest.com or by check I drop off at school or have sent directly from my bank.
- I understand that the school hours have been temporarily shortened for the start of the 2020-21 school year and will be extended to a more full schedule as soon as possible. I understand that I am agreeing to pay my full tuition during the initial period of shortened hours.
- I understand that the start date for the 2020-21 school year has been modified to accommodate for the July teacher furlough and setting up school for the new pod structure and other requirements. Transition activities will begin on August 17th and children will start school on August 31st. Half a month's tuition will be due for August by August 5th.
- I agree to pay an annual materials fee (\$650 for the 2020-2021 school year) that is due by August 5th with my prorated August tuition.
- I realize that after the fifth of each month, tuition is considered late and I agree to pay a \$100 late fee.
- I understand that there is a \$20 return check fee.
- I understand there is a \$1 per minute charge for picking my child up late.
- I understand the monthly tuition is a breakdown of the annual contract and is due whether or not my child is present at school. I understand that there is no allowance for absences or holidays, including the summer months and that there are no make up days or refunds.
- I understand that tuition payments remain due and will not be modified in the event that the school needs to close temporarily as a result of the COVID-19 pandemic or similar. I understand that instruction will move to online learning as a result of such a temporary closure.
- I am aware that there is a one-time non-refundable enrollment fee of \$1,100.
- I am aware that the acceptance deposit of one month's tuition paid upon enrollment will be applied toward the July of the year my child graduates from NSW. If I choose to withdraw earlier for any reason, this deposit will be forfeited.
- Annual tuition rates are established and released to families in February for the following school year. I understand that I will receive those rates in February, and will be asked to sign an updated financial agreement prior to the start of each school year.

Parent/Guardian Signature

Printed Name

Date Signed

THE NEW SCHOOL – WEST COVID-19 COMMUNITY AGREEMENT

As a school community of parents, teachers, and children, our top priorities are the physical health and emotional well-being of our community members. We are dedicated to providing a safe, healthy, creative environment in which we can all learn and grow. When we return to school, practices will be modified to align with mandates and recommendations from the Center for Disease Control, L.A. Department of Health, and the Department of Social Services. We are also obligated to conform to the Department of Social Services' Child Care Licensing regulations. We deeply honor our New School-West culture, which values being a part of a loving community that respects and takes seriously the consideration for and care of others. We are grateful for your partnering with us to meet this challenge together.

Outlined below are everyday preventative measures established by The New School - West for teachers, children and families, which align with the Center for Disease and Control (CDC) and California Childcare Licensing Division. Outlined below are everyday preventative measures established by The New School - West for teachers, children and families, which align with the Center for Disease and Control (CDC) and California Childcare Licensing Division as of this date of July 12, 2020. Please note that these measures will be updated and posted to you as we are informed of any mandated changes and requirements.

Please read each statement below and sign at the bottom.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the school beyond the designated drop-off and pick-up area. I will use the designated entrance for drop off and pick up. Only one adult will be present with the child at drop off and pick up. Both my child and I will wear masks while dropping off and picking up. I will practice physical distancing and remain 6 feet from all other people, except for my own child. I understand that transitions between drop off and pickup will need to be kept as brief as possible. I understand that this procedure change is for the safety of all persons present in the facility and to limit risk of exposure.

2. I understand that if there is an emergency requiring me to enter the school beyond the designated drop-off and pick-up area, I must wear a mask and wash my hands immediately upon entering. While in the school I must practice physical distancing and remain 6 feet from all other people, except for my own child.

3. I understand that to enter the school my child must be free from COVID-19 symptoms. I will screen myself and my child daily, prior to arriving at NSW. Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- shortness of breath
- chills
- loss of taste or smell
- sore throat
- muscle aches
- diarrhea
- vomiting

I understand that my child will need to be symptom free without any medications for 72 hours before returning to school. While I understand that many of these symptoms can also be related to non-COVID-19 related issues, I will proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so I will take them seriously.

4. I understand and agree that I must notify NSW if my child has taken any fever-reducing medication in the prior 24 hours.

5. I understand that my child's temperature will be taken every morning at drop off. Staff and children will be monitored throughout the day for any signs of possible illness and temperature will be taken again if needed while at school. I understand and agree that if any of the above symptoms or a fever appear, my child will be separated from the general group. I will be notified by NSW and my child MUST be picked up from school.

6. I understand that my child will be required to wash their hands frequently throughout the day using warm running water and rubbing with soap for at least 20 seconds. Handwashing will occur: before and after eating, after activities that involve sharing supplies, after coughing and sneezing, after playing outside and after using the restroom. I also understand that there are designated times during the day when the teachers will be cleaning the bathrooms, classrooms, and any equipment and materials that are used by the children as part of their daily routine.

7. I understand that I need to provide a face mask for my child to wear at school. It must be worn at drop off and pick up. I understand that children may not be wearing masks at all times. Teachers will be setting up environments to support physical distancing and will support children with masks when needed. The CDC suggests that children over two years old wear a mask when six foot distancing is not possible. I understand that teachers will be wearing masks at all times.

8. I understand that outside of school, in order to control my child's exposure in the community, I will comply with any and all state, county and local stay-at-home orders. Our family will practice all recommended physical distancing and exposure-limiting practices recommended by the CDC, including wearing a mask in all public areas, avoiding large gatherings and remaining six feet from other people. I understand that the CDC discourages non-essential travel that may increase risk of exposure. I also understand that travel to certain areas may require self-quarantining for a period before returning to school.

9. I will immediately notify NSW if anyone in our household tests positive for COVID-19. I will keep my child home until test results come in if anyone in our household is exhibiting potential symptoms of COVID-19 or if anyone we have been in recent direct contact with tests positive

10. I understand that if a child in my pod or member of their household tests positive for Covid-19, my child's pod will be required to stay home for 14 days. Online class will be offered for that pod on weekdays. I also understand that in the case of a pod or school closure, the teachers will move into our remote learning format and that I am committing to honor my financial agreements with NSW.

11. I understand that while present at school each day my child will be in contact with children, families and NSW employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19, as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the NSW community safe and reducing the risk of exposure by following the practices outlined here.

I agree to comply with the practices listed above. I understand and acknowledge that failure to act in accordance with these practices may result in termination of my enrollment contract. I also acknowledge that my enrollment contract may be terminated if NSW determines that my actions, or lack of action, unnecessarily expose an employee, child, or their family member to COVID-19.

This must be signed by all parents/guardians of children attending The New School - West.

Child's Name

Parent/Guardian Signature

Printed Name

Date Signed

Parent/Guardian Signature

Printed Name

Date Signed

The New School - West Child's History

Our NSW community is built around really seeing, respecting, and appreciating each other as we are. To help us create a bridge from home to school for your child, please share with us those things that make your child and family unique. This information is kept in a file in the office for NSW staff only.

Child's Name: _____ Nicknames: _____

1. What are some of your child's favorite activities or special interests?
2. What are some of your child's favorite stories and songs?
3. Are there special food considerations we should know (allergies, vegetarian, organic-only, gluten-free, etc.)?
4. Who are the important people in your child's life outside the immediate family? Do any of them live with you?
5. How would members in your family like to be identified by gender, race, and parenting role?
(ex: cisgender, Black, 'mama' & she/her or transgender, white, co-parent 'mommy' & she/her. . .).
6. What kinds of pets do you have? What are their names?
7. What dislikes or fears does your child have?
8. What is the primary language spoken in your home?

Child's History continued

Child's Name: _____

9. Tell us about your parenting style (limit setting, discipline, routines) Any books/authors who resonate with you?

10. What does your child do when she or he is afraid, sad, angry or happy?

11. Do you celebrate any holidays? Would you be willing to share them with us by reading books, telling stories, making food with the children, etc.? (Via Zoom during health restrictions)

12. Tell us a little about your child's temperament. How do they enter new experiences? Slow to warm up? Ready to get into it? Or...?

13. What special routines, if any, do you use with your child when she or he is having a rough time? Does your child have a special lovie or transitional object?

14. Share with us any school/social group experiences in which you and your child have participated.

15. Is there anything you'd like to share about how your family came to be or anything significant about your child's conception or birth story you would like us to know?

16. Is there anything else you want us to know about your child before they start school? The more we know, the more we can support this home to school experience.



2020-2021 Parent Handbook Agreement

I have received, read and understand the following information, policies and procedures in The New School – West Parent Handbook and will follow up if I have any questions.

- NSW Contact Info (address, phone, fax, email, tax ID #, emergency #)
- Staff Email Directory
- The Program
- NSW Foundation 501(c)(3)
- Tuition and Fees
- Arrival and Departure Procedure
- Healthy Trash-Free Lunches
- Clothing
- Toys and Other Items from Home
- Parking and Respecting Our Neighbors
- School Calendar, Breaks and Hours
- First Days
- Home Visits
- Parent Correspondence/Communication
- Health and Safety
- Immunization Requirements
- Emergency Plan and Drill Procedures
- Safety Drills
- Parent-Teacher Conferences
- Birthdays
- Babysitting
- Kids Night Out
- Parent Teams and Involvement
- Parent Work Days
- Extra Programs

Parent or Guardian Signature: _____

Printed Name: _____

Date: _____ Child's Name: _____