

PARENT'S AGREEMENT Glendale Sharon Preschool
818-244-9365

Child's name _____ IN _____ AM/ OUT _____ PM

Parent's name _____

Home Address _____

Driver License _____

Social Security _____ Day time phone _____

1. Make all payments' in advance. Due is 3rd day every month. A fee of \$25.00 will be charged for any returned check. There will be no refund on tuition fees already paid. Tuition rates may change at any time, with a 30 day written notice. Late fee after 3rd \$10.00.
2. Even if when a child absent or on vacation tuition fees must fully in advance paid. (if you want keep the spot)
3. Notify the school of any advanced. Leaving the school any reason
4. one month notice of withdrawal must be given to accommodate new pupils, or payment in lieu must be made.
5. Parents must sign their name in full, indicating the time on the IN and Out register with must close all the time gate (for safety) when leaving their child at school and picking their child up from school every day. An authorized individual must be 18 years or older to pick up children from Sharon Preschool.
6. School hours are from 8:00a.m. - 5:00 P.M. / 9am- 6 pm There will be a \$1.00 per minute late fee after 5, 6:00 p.m. which the parent must pay on the same day to the teacher on duty.
7. Make sure that your child has spare clothes make sure that their blankets are taken home to be washed every 2 weeks. And bring a light blanket.
8. If your child needs to take medication during school hours please ask the on duty teacher for an appropriate form.
9. I agree to abide by all the rules and regulations of Sharon Preschool and confirm that I will encourage my child to adhere to instructions given by the directors and teacher of the school in the interest of my child's safety and the safety of all children.
10. For safety, please don't talk parent each other at school anytime, any places especially, parking area and in playground area better move other places and cell phone no allow any school site too.
11. Every Monday please cut child finger nails.(손톱깎기)
12. Winter Vacation is LAST one week END OF YEAR

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	BIRTHDATE	
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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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?

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'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

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.

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 WHATEVER
NAME
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

()

LIC 627 (5/01) (CONFIDENTIAL)

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

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FACILITY NAME
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_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME
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

()

LIC 627 (5/01) (CONFIDENTIAL)

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)

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.

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.

ADMISSION REEMENT(샤론 학교입학동의서)

An Agreement between parent and Saron preschool (학부모와 샤론어린이학교 동의서)

The following conditions involved in the care of(child)_____are understood and agree on between parent

(학생을 입학시키는다음의조건들을완전히 이해했으며 샤론어린이학교와 학부모간에동의합니다)

THE PROGRAM AGREES THAT:(학교는 다음 사항들을 동의합니다)

1. The program will give regular care to the above named child from 8:00 AM to 6:00 PM for 5 days per week, except for Saturday, Sunday and the following holidays;(학교는 상기 학생에게 공휴일을 제외한 주 5일, 오전 8시 부터 오후 6시 00분까지 정기적인 프로그램을 제공합니다)
2. The director or a teacher will examine the children daily for symptoms of contagious diseases or illnesses before they are admitted for the day. If a child has a fever, that child will not be admitted until free of a fever for 24 hours.(원장이나 교사는 어린이를 맡기 전에 전염병이나 기타 질병의 증상을 매일 검사합니다. 만일 열이 있으면 그 어린이는 24시간 동안 열이 없어질 때까지 받을 수 없습니다)
3. The school will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
(학교는 어린이의 안전과 복지와 연관된 모든 일들을 사려 깊게 처리하며 판단할 것입니다)
4. In case of an accident or illness to the child, the teacher or aid will promptly take such reasonable measures as are, in her judgment, in the best interests of the child and will notify the parents as soon as possible.(어린이에게 사고나 병이 났을 경우, 교사나도우미는, 자신의 판단과 어린이에게 가장 유익한 이성적인 방법으로 즉시 처리할 것이며, 가능한 한 신속히 학부모에게 연락할 것입니다)
5. The school will provide, in addition to physical care, the following services; snacks, lunch, dinner and physical, emotional, social, mental, moral and spiritual development opportunities in a group situation.(학교는 신체적인 돌봄 이외에 다음 것들을 제공합니다: 간식, 점심, 저녁, 그리고 그룹 속에서의 신체적, 감정적, 사회적, 정신적, 도덕적 그리고 영적인 개발의 기회들)
6. The program will provide accident/liability insurance coverage.(학교는 사고 및 책임보험에 가입합니다)
7. The program will give written notice in the event of any exposure to a contagious disease within the group.
(학교는 그룹 안에서 전염병이 드러나는 경우에 문서로 통지해 드립니다)
8. The program will not release the child to anyone other than the parent or guardian unless written permission is received from the parent or guardian.(학교는 학부모나 보호자의 서면 허가 없이 학부모나 보호자 외에 어떤 사람에게도 어린이를 내어주지 않습니다)
9. The school will provide resources in sufficient quantity allow for a variety of play and learning activities during the day. Children may share favorite books and records.(학교는 일과시간 동안 다양한 놀이 및 학습 활동들을 할 수 있는 충분한 양의 자료들을 제공합니다. 어린이들은 좋아하는 책들과 레코드 등은 함께 사용합니다)

THE PARENT AGREES THAT:(학부모는 다음 사항들을 동의합니다)

1. The parent will pay the monthly tuition from the 1st day through 3rd of every month; After 4th of every month, they should pay the additional fee \$10.00 in addition to the tuition.(학부모는 매월 1일-3일 사이에 월학비를 납부합니다. 매월 4일 이후에는 학비 외에 추가로 10불을 납부합니다)
2. School will not refund the tuition in any case to parents.(학교는 어떤 경우라도 학비를 학부모들에게 반환하지 않습니다)
3. If the child will be absent from school for one month, the parents should pay 1 month of the tuition for not being terminated from school.(만일 어린이가 한 달을 결석할 경우 학부모는 제적을 시키지 않기 위해서 한달 치의 학비를 납부해야 합니다)
4. School can't deduct the tuition even the child are absent from school for many days.(학교는 비록 어린이가 여러 날 결석을 한다고 할지라도 학비를 감할 수는 없습니다)
5. If the child will stay in school after 6:00 PM, parents have to pay the over charge fee for \$1.00 per 1 minutes.
(만일 어린이가 오후 6시 00분 이후까지 학교에 남아 있을 경우, 학부모는 1분 당 1불을 납부해야 합니다)
6. If a child needs a prescribed medicine during the day, he/she will not be brought to the program without a written note for the school file from the doctor stating that the child is able to be in a group situation.(만일 어린이가 일과 시간 동안 처방약을 복용해야 할 경우, 어린이가 그룹 활동을 할 수 있다는 의사의 서면의견서가 없이 학교는 어린이를 받을 수 없습니다)

In case of illness or accident when a parent cannot be contacted by the school and if, in the judgment of teacher or director, the illness or accident requires a physician, Dr. _____ Telephone _____ may be called at the parent's expense. (학부모에게 연락할 수 없을 때 발생한 사고나 병의 경우, 그리고 만일 원장이나 교사의 판단에 사고나 병이 의사가 필요한 상태라면, 학부모의 부담으로 상기의 의사에게 연락합니다)

In the event that a child has a contagious illness, the parent will notify the school. The child will not be allowed to return until all danger of contagion is gone. (어린이가 전염병에 걸렸을 경우, 학부모는 학교에 통보합니다. 어린이는 전염의 위험이 없어지기 전까지는 학교에 출수가 없습니다)

In all emergencies, the program has permission to take such reasonable measures as are, in the judgment of the teacher or director, necessary for the welfare and safety of the child. (학부모는 모든 응급상황에서 교사나 원장의 판단 아래, 어린이의 안전과 복지를 위해 필요한 적절한 조치를 취하도록 학교에 허락합니다)

9. Parents are expected to participate in conferences with the child's teacher during the year at announced times. (학부모는 공고된 때에 어린이의 담당 교사와의 대담에 참여할 수 있습니다)
10. The program is not liable for accidents or illnesses occurring to the child while he/she is in its care, unless proof is presented that the accident or illness was the direct result of the worker's negligence. (학교는 발생한 사고나 병이 학교 직원의 태만의 직접적인 결과라는 증거가 제공되지 않는 한, 어린이의 자기 부주의로 발생한 사고나 병에는 책임이 없습니다)
11. Liability for a child's action while under care of the program is the parent's responsibility. (학교의 프로그램 중에 일어난 어린이의 행동에 대한 책임은 학부모에게 있습니다)
12. The parent will give 1 month notice when the child is to be withdrawn or is to go on a vacation. (학부모는 어린이가 학교를 그만 두거나 휴가를 떠나게 되면 1달전에 통보해야 합니다)
13. Reasons for termination: (입학 거부 및 제적 사유)
 - 1) Any student unable to interact with his/her peers and endangers his/her peers, it is in the school's discretion to terminate the student's enrollment. (동료와 어울리지 못하거나 동료에게 위험한 어린이는 학교 재량으로 입학할 수 없습니다)
 - 2) Any medical illnesses of the student which the school is not equipped to handle, or any severely contagious illnesses may be grounds for termination. (학교의 시설로 처리할 수 없거나, 어린이의 심각한 전염병은 입학하지 못하는 이유가 될 수 있습니다)
 - 3) Any students physically harming other students, after two warnings, can and will be expelled from the school. (다른 어린이들에게 신체적으로 해를 입힌 어린이는 두 번의 경고 후에 학교로부터 제적당할 수 있습니다)

RIGHTS OF THE LICENSING AGENCY (어린이학교 허가국 직원의 권리)

1. The licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent. (허가국 직원은 사전 허락 없이 어린이들 혹은 학교 직원들을 면담하며, 어린이나 학교 기록들을 검사 및 감사할 권리가 있습니다)
2. The school will make provisions for private interviews with any children, or any staff member; and for the examination of all records relating to the operation of the facility. (학교는 허가국 직원에게 어떤 어린이 혹은 어떤 직원과의 단독 면담과, 학교 시설 운영과 관련된 모든 기록들의 검사를 제공합니다)
3. The licensing agency shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the children. (허가국 직원은 학대, 무관심, 혹은 부적절한 학급배치 등을 기리키는 상태들을 포함한 어린이들의 신체적인 상태를 관찰하며, 면허가 있는 의사로 하여금 어린이들의 신체를 검사하도록 할 수 있는 권리가 있습니다)

BOTH PARTIES, THE PROGRAM AND PARENT, UNDERSTAND AND AGREE THAT;

어린이학교와 학부모 쌍방은 다음 사항을 이해하며 동의합니다)

1. This agreement is a contract binding for both operator and parent. (본 동의서는 학교와 학부모간의 계약입니다)
2. The contract may be terminated by either the parent or the program with a notification of intention at least 1 month in advance, or at any time by mutual agreement of both parties. (본 계약은 학교나 학부모의 1달 전 통보나, 어느 때든 쌍방의 상호 동의로 해약할 수 있습니다)
3. Information listed above is subject to change at any time. (위의 사항은 변할수도 있습니다.)

Date(일자)

Signature of parent or guardian(학부모나 보호자 서명)

Date(일자)

Authorized signature of program(학교 담당자 서명)