



Welcome New and Returning Little Hands Parents,

We look forward to an exciting year ahead, filled with play and learning for you and your child!

**In order for you and your child to be eligible to attend a SUMMER class, your completed forms must be received at or before our mandatory Summer Orientation, which will be held on Tuesday, May 15 from 6:30-7:30pm.**

**In order for you and your child to be eligible to attend a FALL class, your completed forms must be received at or before our mandatory Fall Orientation, which will be held on Tuesday, September 4 from 6:30-9:00pm.**

Forms are due prior to orientation via one of the following options:

- Upload your forms to your online member account
- Email completed forms to our office manager at [admin@littlehands.org](mailto:admin@littlehands.org)
- Mail to: Little Hands, P.O. Box 675, Belmont, CA 94002 (Attn: Office Manager)

#### Required Forms:

- Child Medical Form: You may attach a separate immunization record, but your child's physician must also sign our form indicating your child is able to fully participate.
- TB Risk Assessment Form: Submit one form for EACH attending adult. Due to the young age of the children in the Little Hands program, tests must be completed yearly.

**Please keep a copy of your medical forms for your records. The Parent Responsibilities Form, signed online during the registration process, is also included in this document for your records. Please review the responsibilities before attending Orientation.**

We look forward to meeting you at Orientation. These sessions are a vital part of entering our program and are wonderful opportunities for you to learn more about Little Hands, ask questions, meet other parents, become acquainted with the details of your specific class, and tour the school.




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 Class Day and Time
 

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 Parent Last Name
 

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### CHILD MEDICAL FORM

The California School Immunization Law requires that **children must be up-to-date on their immunizations (shots) to attend** school or childcare.

Your child will not be able to attend class unless the immunization record is presented and up-to-date\* (You may attach a separate immunization record, but your child's physician must also sign this form.)

\*If your child is not immunized or on a different immunization schedule for medical reasons, please have your doctor indicate so on the form below or on the attached immunization record.

**Note:** Any child under the age of 18 months or with a temporary medical reason for not being fully vaccinated is considered conditionally admitted to Little Hands, under California State Law. Little Hands will follow-up to receive information from parents when new vaccinations are due. It is, however, the parent's responsibility to continue to make sure their child remains current on their vaccinations and inform the Little Hands Registrar when your child receives new vaccinations. If your child does not stay current on vaccinations and does not have a valid medical exemption, you will no longer be able to attend Little Hands under California State Law. For more information about vaccine schedules and California's immunization laws, please go to [shotsforschool.org](http://shotsforschool.org).

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 Child's Full Name

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 Child's Birthdate

**Date each dose was administered.**

Vaccine	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Polio (OPV or IPV)					
DTP/DTaP/DT/Td					
MMR					
HIB Meningitis					
Varicella (Chickenpox)					
Hepatitis B					

**The above child IS / IS NOT physically and emotionally able to participate.**

**Comments (physical or emotional conditions requiring special attention, medication, etc.):**

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**Physician/Nurse Signature:**

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**Date:**

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### Adult Tuberculosis (TB) Risk Assessment Questionnaire<sup>1</sup>

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)  
 To be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

History of positive TB test or TB disease Yes  No   
 If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.

If there is a "Yes" response to any of the questions #1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB. <sup>2</sup>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Close contact with someone with infectious TB disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Foreign-born person (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Traveler to high TB-prevalence country for more than 1 month (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.

<sup>1</sup> Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.  
<sup>2</sup> Centers for Disease Control and Prevention (CDC). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers. 2013. (<http://www.cdc.gov/tb/publications/LTBI/default.htm>)

California Tuberculosis Controllers Association

3/13/2014

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Class Day and Time

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Parent Last Name




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Class Day and Time

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Parent Last Name

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**ADULT TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE**

**CERTIFICATE OF COMPLETION**

**(To be signed by health care provider completing the risk assessment and/or examination)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

*The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.*

Health Care Provider Signature	Date
Health Care Provider Name	Title
Office Address: Street	City State Zip Code
Telephone	Fax

3/13/2014

California Tuberculosis Controllers Association



## PARENT RESPONSIBILITIES for the 2018-2019 SCHOOL YEAR

Little Hands is a parent-child cooperative where everyone has an opportunity to learn and grow together. Your active participation ensures the smooth operation of the school, the overall success of the program, and a positive experience for your family. Parents learn first-hand that while being part of a co-op is work, it is also fun AND the rewards are many! Hopefully this is just the beginning of your active participation in your child's education.

Please review the following responsibilities of the Little Hands program:

§ **Parent-Child Class Attendance:**

- Regular attendance at day classes
- Active participation in observations, supervisions, and discussions
- After-class cleanup

§ **Parent-Only Night Class Attendance:**

- Orientation
  - 2 Class Meetings (1 Fall and 1 Spring)
- Make-ups are expected for each missed night class*

§ **Job and Event Hours:**

- Complete one volunteer job.
  - Help with one community social or fundraising event
- Families that begin in January or later will have prorated co-op requirements.*

§ **Maintenance:**

- Help on one Saturday morning maintenance day.
- These days are scheduled throughout the year, allowing families to select a day that works for them.*

§ **Fundraising:**

- Participate in eScrip Fundraising Program (Little Hands ID #: 125298634)
  - Participate in AmazonSmile
  - Participate actively in school fundraisers
- Your participation helps keep tuition reasonable, funds new equipment purchases and site improvements, and supports a high-quality staff.*

§ **Health forms:**

**All forms MUST be uploaded to your member account PRIOR to attending class**

- TB Risk Assessment Questionnaire for each participating adult
- Child Medical Form with Physician signature

**IMPORTANT: KEEP COPIES OF COMPLETED FORMS FOR YOUR FILE**



## CO-OP DEPOSIT REQUIREMENT

Little Hands is a volunteer-driven organization and your active participation ensures the smooth operation of the school, the overall success of the program, and a positive experience for your family. A \$425 Co-op Deposit is required at the beginning of the school year and is reimbursed once the family has completed the following by June 15:

1. Completed one volunteer **JOB**
2. Helped with one social **EVENT**
3. Helped on one Saturday morning **MAINTENANCE DAY**
4. Completed 3 night classes, including Fall Orientation and two evening parent education classes (Fall and Spring)
5. Coordinated with your assigned board member and received sign-off that your job has been completed

Should this not be completed by June 15th, the Co-op Deposit will be forfeited. If a class is dropped, the Co-op Deposit will be refunded per the Class Refund Policy outlined on this page.

*\* Families that begin in January or later will have prorated co-op requirements.*

## REFUND POLICY for 2018-19 SCHOOL YEAR

The following is the Little Hands tuition reimbursement policy. Please read it carefully:

### Registration Fee

There is a \$25 non-refundable registration fee for Summer Camp and a \$100 non-refundable registration fee for the 2018-2019 school year.

### Drop Request

Families who decide to withdraw **MUST** submit a Drop Request by emailing your teacher, as well as the registrar with notice of your plans.

### Grace Period

Little Hands grants a grace period of two weeks following a family's first day of class attendance, during which time the family may submit a Drop Request to withdraw from the class and receive full reimbursement of the Co-op Deposit and the remainder of the prepaid tuition.



### **Co-op Deposit Refund for Dropped Families**

If the family has completed a Maintenance Day, performed the job hours (or prorated job hours for those enrolling in the Winter Term), event hours and attended 3 evening classes by June 15, the \$425 Co-op Deposit will be refunded. Early withdrawal past the Grace Period from the Little Hands program does not impact this policy, and the Co-op Deposit will be forfeited regardless of departure date.

### **Refund of Paid Tuition**

If you decide to leave Little Hands and you prepaid tuition, the remaining tuition will be refunded as of the 1st of month after your planned departure. For those on monthly payment plans, you will no longer be billed beginning the month after you stop attending. For instance, if you notify us on October 1st that you plan to leave Little Hands on November 15th, you will be refunded tuition from December 1st onward or will not be billed from December 1st onward. No refunds are provided for missed days (such as days absent, holidays, illness, vacations or school closure). Make-up options for absences are available and should be discussed with the teacher.

## **LITTLE HANDS PHOTO RELEASE AGREEMENT**

From time to time, we photograph the children and parents during classes and other Little Hands events. These pictures are occasionally used in Little Hands yearbooks, brochures, newsletters, posters and on our website. Although we never list the names of the children or parents, we want to be sure that you are willing to have your child's (or your) picture included in Little Hands publications.

In today's age of technology and cell phone usage, we can never guarantee 100% that your child will not be photographed. Parents snap cute photos on their cell phones and may post on a social media forum. But we as a school will only use photos for the purposes mentioned above. Should any photo be used for external audiences, parents will be contacted for permission.

## **ACCEPTANCE OF TERMS**

I have read and understand the above Parent Responsibilities, Co-op Deposit requirement, Refund Policy, and Photo Release Agreement and acknowledge that as a co-op parent, I will play an active role in the school.

### **YOUR ONLINE REGISTRATION CONSTITUTES ACCEPTANCE OF THESE TERMS**

*Updated 10/1/2018*