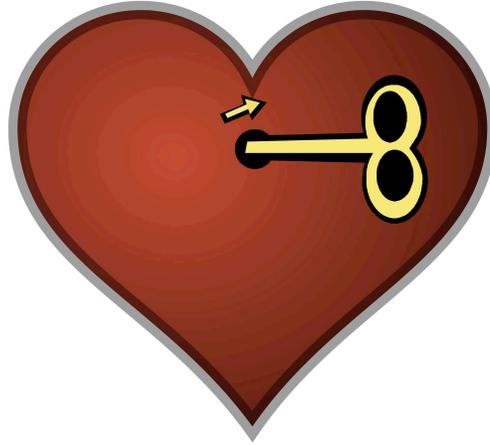


**Parkmead Keyspot Inc.  
School-Age Day Care Center**



**Registration Packet 2026-2027**

New Family Registration Fee \$200/Family  
Make Checks Payable to "KEYSPOT"

Take 50% OFF your Reg Fees when you register by 5/22/2026

**Parkmead Keyspot Inc.  
1920 Magnolia Way  
Walnut Creek, CA 94595  
(925) 266-2199 – Talk & Text  
[www.keyspot.org](http://www.keyspot.org)**

## **Directions for this Packet**

Please complete these forms in full. You will notice that some of the information requested has been crossed out. This is because this information is not required for school-age care centers such as Parkmead Keyspot. The following is a list of forms that are included in this packet and brief directions to help you complete the forms.

**Please return a photocopy of your child's health insurance card along with this packet.**

**Please attach your registration payment to this packet.**

Registration process is not complete until registration payment is made.

### **Identification and Emergency Information – Child Care Centers**

- Please Fill Out Completely. **INCLUDE COPY OF CHILD'S HEALTH INSURANCE CARD**

### **Child's Preadmission Health History**

- Please fill out completely. Note the section that has been crossed out because it does not apply to Parkmead Keyspot.

### **Consent for Emergency Treatment**

- Please fill out completely

### **Child Care Center Notification of Parents' Rights**

- Please read and keep the Parents' Rights portion of this form for your records.
- Please fill out the Acknowledgement of Notification of Parents' Rights portion in full. Detach and return this portion to Keyspot.

### **Personal Rights**

- Please read and keep the Personal Rights portion of this form.
- Please fill out the Acknowledgement portion in full. Detach and return this portion to Keyspot.

### **Parkmead Keyspot Disciplinary Form**

- Please read the Keyspot Policy Re: Suspension or expulsion of students from the program.
- Please fill out the top portion of this form in full and return to Keyspot.

### **Parkmead Keyspot Admission Agreement**

- Please read, sign and date this form.
- Please keep the carbon portion of this form for your records.



**Parkmead Keyspot Day Care New Family Registration  
ID and Emergency Info Sheet  
2026-2027 School Year**

Child Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Entering Grade: \_\_\_\_ Class Room# \_\_\_\_

Known Allergies: \_\_\_\_\_

**SPONSOR INFORMATION**

**\*Sponsor Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Last Name, First Name

Home Address: \_\_\_\_\_  
Street, City, State, ZIP

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

Email Address \_\_\_\_\_  
Please print in ALL CAPS

**\*Co-Sponsor Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Last Name, First Name

Home Address: \_\_\_\_\_  
Street, City, State, ZIP

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

Email Address \_\_\_\_\_  
Please print in ALL CAPS

**CHILD IS IN THE CUSTODY OF: MOTHER FATHER BOTH OTHER:** \_\_\_\_\_

**MEDICAL INFO**

**\*Doctor Name:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*Dentist Name:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

\_\_\_\_ My child does not have health insurance (Check if Applicable)

**Emergency Contacts** – Please list persons within a 10 mile radius of Parkmead School

1. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

2. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

3. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

**Authorized Sign Out Persons** – You are authorizing the persons on this list to sign your child out of our day care center.

1. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

2. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

3. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

# 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* n/a MONTHS	BEGAN TALKING AT* n/a MONTHS	TOILET TRAINING STARTED AT* n/a 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
--	------------------------	---

## DAILY ROUTINES *(\*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	n/a	WHAT TIME DOES CHILD GO TO BED?*	n/a	DOES CHILD SLEEP WELL?*	n/a
DOES CHILD SLEEP DURING THE DAY?*	n/a	WHEN?*	n/a	HOW LONG?*	n/a
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST			WHAT ARE USUAL EATING HOURS?	
	LUNCH			BREAKFAST	_____
	DINNER			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
--------------------	------

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ Parkmead Keyspot \_\_\_\_\_ 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

\_\_\_\_\_  
NAME . THIS CARE MAY BE GIVEN UNDER 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

( )

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

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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 (ENG/SP) (5/01) (CONFIDENTIAL)

## 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: CCLD

Licensing Office Address: 1515 Clay Street, Suite 1102, MS:29:04, Oakland CA 94612

Licensing Office Telephone #: (510) 622-2602

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.**

LIC 995 (ENG/SP) (8/02)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of (Child's Name), have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Parkmead Keyspot Inc.  
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.**

LIC 995 (ENG/SP) (8/02)

# PERSONAL RIGHTS

## Child Care Facilities

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility 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 facilities, 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:

Fred Gill

NAME

1515 Clay Street, Suite 1102, MS:29-04

ADDRESS

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

(510) 622-2602

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)

Parkmead Keyspot Inc

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1920 Magnolia Way, Walnut Creek CA 94595

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## Parkmead Keyspot Disciplinary Policy Statement

Please Sign and return this portion of the form to Keyspot with the Packet.

I have read and understand the Parkmead Keyspot policy statement regarding student suspension and expulsion.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

-----  
Detach and save bottom portion for your records.

### Parkmead Keyspot Disciplinary Policy Statement

The following policy has been adopted by the Parent Governing Board to insure that Parkmead Keyspot can offer all the children a safe and healthy Environment. It is recognized that all children misbehave from time to time. This policy is intended to apply to serious, dangerous, anti-social behavior.

Students who behave in such a way to be a serious threat to others either physically or emotionally, or who repeatedly disrupt the activities and operations of Parkmead Keyspot will be subject to the following disciplinary procedures.

**First Occurrence:** A Keyspot Program coordinator or Director will counsel the child. The offending behavior will clearly be spelled out to the child and the appropriate behavior will clearly be explained to the child. The parents of the child will be sent a note that is to be read, signed, and returned to Keyspot the next day.

**Second Occurrence:** A Keyspot Program coordinator or Director will counsel the child. The parents must attend a scheduled conference with the child and the Director. A plan to help modify the child's behavior will be worked between the Director, parents, and child.

**Third Occurrence:** The Director of Keyspot will counsel the child. The child will be suspended from the program for one week's time (5 days of normal attendance). No refund of unused portion of fees will be given.

**Fourth Occurrence:** The Director of Keyspot will counsel the child. The child will be expelled from the program for the remainder of the school year. A refund of the unused portion of fees will be given up to five days. A written appeal may be made to the Parent Board within ten days of the expulsion. The board will hear the matter within ten days of the receipt of the appeal.

## Parkmead Keyspot Admission Agreement

California State Child Care Regulation Section 101219 requires that each children's day care facility maintain a signed current written admission agreement for each child in care. This form must be signed and returned before your child can use Parkmead Keyspot Inc.'s services.

### **This agreement is between the Keyspot Inc. School Age Child Care Center and**

Parent/Guardian Name - \_\_\_\_\_

### **authorized representative of**

Child's Name - \_\_\_\_\_

1. The authorized representative agrees that he/she is contracting for the monthly services as outlined on each month's usage contract and will pay the stipulated rate. The authorized representative understands that this usage may be modified in the usage form for the following month, but not until then. Credit is subject to approval by the Director as explained in the Parent Handbook.
2. Keyspot agrees to provide basic services as outlined in the Parent Handbook. That authorized representative agrees to pay all fees related to any Enrichment Classes their child participates in.
3. The authorized representative understands that basic Keyspot services are available on most business days. Keyspot is closed New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, The Day after Thanksgiving Day, and Christmas Day. Child Care during Summer Vacation is available through a separate registration and usage contract.
4. All monthly fees are due on **the 3rd Friday** of each month. The only exception to this rule is a written arrangement made with the Keyspot Director and Approved by the Financial Secretary of the Parent Board. Payments received after **this day** will be considered late and are subject to a late fee of \$5.00/day.
5. Keyspot reserves the right to modify any of the conditions of any agreements upon 30 days written notice to the authorized representative. Keyspot reserves the right to review and establish yearly rates at the end of each fiscal year. Any changes would go into effect with 30 days notice.
6. Each child is accepted into the program on an introductory basis for the first two weeks of attendance. During this time the child may be dismissed from the program without prior notice. Issuing a company check that will be sent to the family through the mail within two weeks of dismissal will refund any unused, pre-paid fees. Reasons for dismissal are discussed in the Parent Handbook. If the authorized representative wishes to remove their child from the program for any reason except a short vacation, the authorized representative must give at least two weeks notice prior to leaving the program. If no notice is given the authorized representative is subject to paying the agreed upon fees for a two week period. The authorized representative may take the child out for up to two week and retain a spot in the program. If the child is out of the program for more than two weeks, reinstatement into the program will be on a space-available basis. The exception to this rule is during winter break.
7. The authorized representative understands and complies with the rights of the Licensing Agency. The Department or Silencing Agency shall have the authority to interview children or staff, and to inspect and audit the child or facility records without prior consent. The Licensee shall make provisions for private interviews with any child or staff member, and for the examination of all records relating to the operation of the facility. The Department of Licensing Agency shall have the authority to observe the physical condition of the children, including conditions, which could indicate abuse, neglect, or inappropriate placement.
8. The authorized representative agrees to read a copy of the Parkmead Keyspot Parent Handbook and agrees to abide by all the Parkmead Keyspot operating policies and procedures as described therein.
9. The authorized representative agrees to hold harmless the Parkmead Elementary School and any of its officers connected with that agency from any occurrence which happens to their child while attending Parkmead Keyspot.
10. The agreement will be terminated by Parkmead Keyspot with two weeks notice for the following reasons:
  - a. The authorized representative has not cooperated with Parkmead Keyspot regarding the child's discipline needs and/or the child is a chronic threat to the safety and or well being to himself/herself, Parkmead Keyspot staff, or other children in the program.
  - b. The authorized representative has not paid the agreed upon fee within 30 days of being invoiced.
  - c. The authorized representative does not show evidence of maintaining either private health insurance for the child or purchase health and accident insurance through the Walnut Creek School District.
  - d. The authorized representative consistently fails to sign the child in or out of Parkmead Keyspot.
  - e. The authorized representative consistently fails to pick up a sick child after receiving a phone call regarding this occurrence from Parkmead Keyspot.

Parties to this agreement:

Director of Keyspot Inc: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please sign and date here to complete Registration\*\*\*

PLEASE REMEMBER TO INCLUDE A COPY OF YOUR CHILD'S HEALTH INSURANCE CARD TO  
THIS PACKET