

<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring School Year: _____	Early Childhood Laboratory Center for Child & Family Studies University of California, Davis One Shields Avenue Davis, CA 95616 Contract and Informed Consent	Return to ECL
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Your child (full name), _____ has been selected to attend the following Early Childhood Laboratory program at the Center for Child & Family Studies:

- Infant, 8:45 am to 11:45 am AM Red Room, 8:45 am to 11:45 am AM Green Room, 8:45 am to 11:45 am
 Toddler, 8:45 am to 11:45 am PM Red Room, 12:45pm to 3:45pm PM Green Room, 12:45pm to 3:45pm

All age level demonstration programs are in session Monday through Thursday during the 10 weeks of the UCD academic calendar for Fall, Winter and Spring Quarters.

Policies of the ECL are governed by regulations of the State of California, Department of Social Services and the Human Development and Family Studies faculty. These policies are described below. **Please sign and return a copy of this agreement** to indicate that you have read the material and are willing to be governed by these policies. The contract can also be found online at the CCFS Enrollment forms website.

All *new parents* are expected to **attend the Fall Orientation Meeting** at the Early Childhood Laboratory (ECL). You will be notified of specific date and time. *Every fall quarter there is a separate annual \$40 fee which will be assessed on your fall tuition bill.* This fee covers university administrative costs.

Research Projects: The ECL is a research laboratory for UCD faculty and students. All research conducted at the ECL has been approved by the Human Subjects Review Committee. Naturalistic observation is conducted daily at the ECL. When research involves more than naturalistic observation, specific permission from parents is requested. While participation in specific research projects conducted at the ECL is voluntary, enrollment in the Center assumes an interest in active participation with research projects.

Informed Consent

The Center for Child and Family Studies (CCFS) is a facility operated by the Division of Human Development and Family Studies of the Department of Human and Community Development to provide a laboratory where UC Davis students and faculty can observe, interact with and conduct selected research projects involving children. The age level programs include developmental and educational opportunities for children and their families. Parents wishing to enroll their children in the Early Childhood Laboratory agree to the following:

I understand that:

- 1) The UC Davis Human Subject Review Committee has reviewed the teaching and research functions of the Center for Child and Family Studies and mandated the means by which administration and teaching staff at the CCFS protects parent's and children's rights and privacy.
- 2) Students enrolled in selected UCD classes will interact with my child.
- 3) All medical forms on my child are kept confidential.
- 4) Selected students and/or faculty may take photographs, make video or audio recordings, and/or gather observational data of my child at the ECL. Students and faculty will respect my child's right to privacy. Some material may be retained by the ECL staff and be kept at the ECL or in the offices or storage rooms of the Department of Human and Community Development. Such material is identified by my child's first name only, unless otherwise permitted by me. Access to this material is limited to me and to faculty and students enrolled in certain classes or engaged in research.
- 5) My child may be observed by students from selected Human Development courses. An objective report, based on observational data and child development research, may be written, with my child identified by first name only. The report may be kept by the student.
- 6) My child may be asked to participate in a research project approved by the UC Davis Human Subjects Review Committee. At that time she/he may agree or decline to participate, and this response will be respected. Participation in all research projects is entirely voluntary and may be terminated at any time without prejudice. My consent will be asked for any research project that involves more than observation of my child.
- 7) While complete confidentiality cannot be guaranteed, the ECL will do its best to assure confidentiality for the families enrolled.

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Enrollment

Enrollment: The following forms **must be completed** before your child enters the program.
All materials are to be submitted to the Administrative Assistant at the ECL Administrative Office.

1. Identification and Emergency Information
2. Consent for Emergency Medical Treatment
3. Preadmission Health History - Parent's Report
4. Physician's Report
5. Parents' Rights
6. Personal Rights – Child Care
7. Photo Consent - child
8. Parent Handbook Admission Agreement
9. Family Directory Consent
10. Field Trip Consent
11. Child and Family Information
12. Contract and Informed Consent

Enrollment Periods: Children are enrolled for a one-year period. During the Winter Quarter, parents will be asked if they would like their child to continue attending the ECL the following year.

Disenrollment of Children: In consideration of the safety and well-being of young children enrolled at the ECL, the Center will disenroll any child whose behavior constitutes a threat to his/her well-being or that of others. In particular, children who purposely leave the facility without an accompanying adult and children who bite or otherwise endanger their peers are subject to disenrollment. (In the latter case, if the potential danger to others is deemed minimal by both the Program Coordinator and the ECL Director, and the parents become actively involved with ECL staff in a course of corrective action, such a child may be continued on a "probationary" basis with the understanding that a further incident may be grounds for disenrollment.) . Parents' cooperation in following through with intervention strategies recommended by ECL staff is required for continued enrollment. The final decision about disenrollment of a child rests with the Director of the ECL. If a child is disenrolled, the unused portion of the tuition will be refunded based on the rebate schedule below.

Health Information

Health and Illness Policies: The ECL notifies parents when their children have been exposed to any serious illness or condition requiring medical attention.

Health Examination: The *State of California* regulations *require* that each child have a *health examination*, reported on the Physician's Report.

- a) **Children new** to the program must have had a **health examination within the 12 months preceding attendance, including a test for TB.**
- b) **Children returning** to the program need a **yearly exam**. Physical exams must be completed prior to or within one week of enrollment.

Immunizations: Please **bring** in your **child's immunization records** to the ECL administrative assistant. A **copy of your records will be made** so the CCFS staff can fill in the California School Immunization Record. All records will be returned to your child's cubby within a week.

Tuition and Fees

ECL tuition bills are sent before at the beginning of each quarter, and payment in full is due upon receipt. Bills can be paid in person at **Dutton Hall Cashier's Office** or mailed to the address on the bill. Please save your receipt as proof of payment.

UCD Students Status: If you are a registered UCD student you are eligible for reduced tuition fees.

Refunds

Withdrawal and Fee Refunds: If you need to withdraw your child from the program please inform the Program Coordinator and notify the ECL Administrative office in writing. The date that the ECL office is officially notified of the withdrawal will determine the tuition amount to be refunded. The refund schedule is as follows:

1 week - 80%	2 weeks - 60%	3 weeks - 40%	4 weeks - 20%	5+ weeks - 0%
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Insurance

Insurance: The staff and UCD students at the Early Childhood Laboratory are covered by the UCD liability insurance. In addition, the ECL carries a policy for children with the following benefits:

- \$2,000 - accidental death
- \$10,000 - dismemberment
- \$10,000 - accident/medical expenses as primary with a \$30 deductible

I/we have read the Informed Consent and policies that govern our participation at Early Childhood Laboratory and I/we agree to comply with them.

Child's Full Name: _____ **(print)**

Parent or Guardian Signature: _____ **Date:** _____