

CHECK LIST FOR CURRENT MVPNS COOP FAMILIES

- [MVPNS Application for Enrollment](#)
- [MVPNS Committee/Job Sign Up Form](#)
Parents are required to support the school in a role described in the MVPNS Committee/Job Sign-up Form. Please check at least one box out of each of the four groups then put a '1' by your preferred job and a '2' by your second preference.
- [MVPNS Work Day Preference Sheet](#)
It is important that we know your preferences as soon as possible, so Class Schedulers can create the best work schedules possible. Parents are required to work 2-4 days per month (per participating child), with the exact number of days depending on your class (T/Th vs. MWF) and the class size.

Medical Forms

Required by the California Department of Social Services for all classes

- [Identification and Emergency Information](#)
[Spanish Version](#)
"Names of Persons Authorized to Take Child from the Facility" are adults you designate, in your absence, to pick up your child from school. (Lic 700)
- [Immunization Guide](#)
Update of Your Child's Immunization Records. Please note the requirements for California child-care facilities with regards to immunizations. A new requirement went into effect on January 1, 2016 where we can no longer accept a personal beliefs exemption (PBE) unless it was filed at a California child-care facility before January 1, 2016.

Vaccination Records Required for Working Parents

According to California Senate Bill 792, effective September 1, 2016, licensed child care programs are required to maintain vaccination records for influenza, pertussis and measles for their volunteers.

- Influenza
We must have ONE of the following records for each volunteer:
 - A copy of an immunization record for influenza dated between August 1 and December 1 of each year
 - A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
 - A statement from the volunteer's physician that the volunteer is already immune to influenza
 - A [signed statement](#) from the volunteer stating they have declined to be vaccinated again the flu

Emergency and Security Forms

- [Consent for Emergency Medical Treatment/Emergency Contact & Release](#)
[Spanish Version](#)
Two page form. Complete all of the information on both pages, even though the information is duplicated. The form eventually gets cut in half to be placed in two different locations for emergency purposes. Form authorizes relative or friend to pick-up your child from school, and provides consent for emergency medical care, if needed. (Lic 627)

Automobile License and Liability Information

Mountain View Parent Nursery School's insurance company requires drivers on field trips to carry a policy that provides Bodily Injury Liability coverage of \$30,000 per individual and \$60,000 per accident, or hold an umbrella policy. This information is part of your automobile insurance policy. An insurance card alone does not provide all the necessary information. An example of the required information is available in the forms section of mvpns.org.

- Photocopy of current automobile insurance that includes your name, dates of policy coverage, and automobile Bodily Injury Liability coverage.

If you have any questions regarding the above requirements, please send email to info@mvpns.org or leave a message for Membership at (408)-883-KIDS.