State Funded Preschool Enrollment

Our district offers free part-day (8:30 a.m.-11:30 a.m.) preschool for families who meet income guidelines. Priority is given to children who are or will be 4 years old by December 1st. Students must be potty trained. If your child has a current IEP and your family is over the income guidelines, you may apply for our program. Priority is given to 4 year olds who meet the income criteria, but we can place you on an interest list in case we have any openings.

Schedule of Income Ceilings for Child Care and Development Programs

Family Size	Family Monthly Income	Family Yearly Income
1–2	$5,343	$64,120
3	$5,802	$69,620
4	$6,719	$80,623
5	$7,794	$93,522
6	$8,869	$106,422
7	$9,070	$108,841
8	$9,272	$111,259
9	$9,473	$113,678
10	$9,675	$116,096
11	$9,876	$118,516
12	$10,078	$120,934

The following documents are required for enrollment in the State Funded Program:

- Completed Student Registration Forms. Including a Self-Declaration of Income for the adults included in the family size.
- Birth certificates for all children under 18 years of age in the family.
- Immunization record (all immunizations must be complete to enroll).
- A recent proof of residence in the parent / guardian name:
  California Driver's License or Department of Motor Vehicles Personal Identification card, San Diego County property tax bill, rental agreement, utility bills: gas/electric, water, trash or sewer, military housing orders, correspondence from a government agency. If you are living in a home that is not your own, please have the person you are living with provide a letter that states your family is currently residing in their home. Have them include how much you are paying for rent or if you are not paying any rent at this time. The letter must include a date, name and signature of the person writing the letter. They must also provide you with a current proof of address under their name from the list mentioned previously.
- Proof of income (current month's pay records for each adult in the household, including social security income, unemployment benefits, CalWorks, CalFresh, proof of child support if applicable).

Once you have completed the preschool application and you have all the necessary paperwork please schedule an appointment using our Google Calendar link:

https://bit.ly/2N9MnNz

Families will be seen by appointment only. We ask that you be on time and wear a face covering. If possible please leave children at home. For any questions please call (619) 771-6082. Our address us 4811 Glen street, La Mesa, CA 91941

Preschool Locations:

Avondale - Lic 376600515 **Bancroft -** Lic 376700372 **Kempton**- Lic 376701229 **La Mesa Dale** - Lic 376600883
La Presa - Lic 376600177 **Rancho -** Lic 370806360 **Sweetwater Springs -** Lic 376700483

LMSV SCHOOLS

LA MESA-SPRING VALLEY SCHOOLS

STUDENT REGISTRATION FORM

School_____

STUDENT INFORMATION ☐ Boy ☐ Girl Grade **Preschool**

Last Name (Legal) | First Name (Legal) | Middle Name (Legal)

Other Name Student Goes By (if any) Is student in the Foster Care System? ☐ Yes ☐ No

Street Address (Dwelling) | Apt / Unit # | City | State | Zip Code

Birth Date | Birth City | Birth State/Country | Primary Telephone for phone calls ☐ Unlisted

Parent/Guardian at Primary Residence

☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster ☐ Other
☐ Male ☐ Female

Resides with student ☐ Yes ☐ No

1.)

Last Name | First Name | Middle Name

Work: ( ) Cell: ( )

Other: ( ) Email:

Parent/Guardian Education Level ☐ Not a high School Grad (14) ☐ High School grad/GED (13) ☐ Some College (12) ☐ College Grad (11) ☐ Graduate School/ Post Grad Trng (10) ☐ Decline to answer (15)

Parent/Guardian at Primary Residence

☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster ☐ Other
☐ Male ☐ Female

Resides with student ☐ Yes ☐ No

2.)

Last Name | First Name | Middle Name

Work: ( ) Cell: ( )

Other: ( ) Email:

Parent/Guardian Education Level ☐ Not a high School Grad (14) ☐ High School grad/GED (13) ☐ Some College (12) ☐ College Grad (11) ☐ Graduate School/ Post Grad Trng (10) ☐ Decline to answer (15)

Student Program

Has your child ever qualified for the Special Education Program/ i.e. Speech Services? ☐ **Yes** ☐ **No**

This section is to be filled in by the school:	Perm ID #	Teacher/Counselor	Enter Date	Inter (Dist)	Intra (Sch)
☐ **Birth Certificate** ☐ **Shots** ☐ **Proof of address** ☐ **IEP Y/N?**				**N/A**	**N/A**

STUDENT INFORMATION

School _____ Grade Preschool

Last Name (Legal) _____ First Name (Legal) _____ Middle Name (Legal) _____

Student Birth Date _____ Parent Name _____

SCHOOLS STUDENT HAS ATTENDED

Last School Attended _____ Address _____ City _____ State _____ Zip Code _____ Phone ( )

When was your child first enrolled in a **U.S. and/or California School**?

U.S. school ____/____/____ (month / day / year) **California school** ____/____/____ (month / day / year)

What was the **most recent *California* school attended**? _____ School and/or District

Has your child attended a La Mesa-Spring Valley school before? ☐ **Yes** ☐ **No** _____ school(s) year(s) grade(s)

LANGUAGE / CORRESPONDENCE SURVEY

In what language do you prefer to receive phone calls and notices? ☐ **English** ☐ **Spanish**

1. What languages are spoken in the home? _____
2. What is the child's primary language? _____

For Office Only: Always code as "8" in Language Fluency Field

ETHNICITY/RACE

Part A. Is this student Hispanic or Latino? ***(Select only one)***

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (5)

The definition of Hispanic/Latino ethnicity is "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race."
–From www.cde.ca.gov/ds/td/lo/refaq.asp

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider the student's race to be.

Part B. What is this student's race? ***(Select one or more)***

Asian
- ☐ Chinese (2-01)
- ☐ Japanese (2-02)
- ☐ Korean (2-03)
- ☐ Vietnamese (2-04)
- ☐ Asian Indian (2-05)
- ☐ Laotian (2-06)
- ☐ Cambodian (2-07)
- ☐ Hmong (2-08)
- ☐ Other Asian (2-99)
- ☐ Filipino (4)

- ☐ Black or African American (6)
- ☐ White (7)
- ☐ American Indian or Alaska Native (1)

Native Hawaiian or Other Pacific Islander
- ☐ Hawaiian (3-01)
- ☐ Guamanian (3-02)
- ☐ Samoan (3-03)
- ☐ Tahitian (3-04)
- ☐ Other Pacific Islander (3-99)

What are the federal definitions of the race categories?

"American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa."
–From www.cde.ca.gov/ds/td/lo/refaq.asp

MIGRANT WORK—Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishery related jobs) in the last three years? ☐ **Yes** ☐ **No**

STUDENT INFORMATION

School _____ Grade Preschool

Last Name (Legal) _____ First Name (Legal) _____ Middle Name (Legal) _____

OTHER CHILDREN & ADULTS—*List other children AND adults (not parents) that live with the student.*

	Name	Birth Date	Relationship to student	Attends a La Mesa-Spring Valley School?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

SECOND RESIDENCE AND/OR MAILING ADDRESS FOR STUDENT

Complete if additional mailings of report cards, etc. are needed ☐ **Male** ☐ **Female**

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Apt / Unit # _____ City _____ State _____ Zip Code _____

Reason for additional mailing _____ Relationship to Student _____ E-mail Address _____

Primary Phone number ☐ Unlisted Work Phone _____ Cell _____ Other _____

EMERGENCY CONTACTS—*Education Code 49408 requires that you provide emergency contact names of people to whom we may release your child in case of an emergency, if we are unable to contact a parent/guardian.*

EMERGENCY CONTACT #1

First Name _____ Last Name _____

Address _____ City _____ State _____

( ) _____ Home Phone _____ Relationship to Student _____

( ) _____ Work Phone ( ) _____ Cell Phone

EMERGENCY CONTACT #2

First Name _____ Last Name _____

Address _____ City _____ State _____

( ) _____ Home Phone _____ Relationship to Student _____

( ) _____ Work Phone ( ) _____ Cell Phone

EMERGENCY CONTACT #3

First Name _____ Last Name _____

Address _____ City _____ State _____

( ) _____ Home Phone _____ Relationship to Student _____

( ) _____ Work Phone ( ) _____ Cell Phone

EMERGENCY CONTACT #4

First Name _____ Last Name _____

Address _____ City _____ State _____

( ) _____ Home Phone _____ Relationship to Student _____

( ) _____ Work Phone ( ) _____ Cell Phone

PARENT/GUARDIAN CERTIFICATION

I certify, under penalty of perjury, that the statements made on this form are true and correct and that the documents that I have presented accurately represent the residence of the student I am registering.

_____ Parent/Guardian Signature _____ Date

ADDITIONAL STUDENT INFORMATION School_____ Grade_____

Last Name (Legal) First Name (Legal) Middle Name (Legal)

OTHER CHILDREN & ADULTS—*List other children AND adults (not parents) that live with the student.*

	Name	Birth Date	Relationship to student	Attends a La Mesa-Spring Valley School?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

CUSTODY INFORMATION

Custodial Parent(s)/Legal Guardian(s) Name(s) _____

_____

☐ **Child lives with both parent/guardian(s) in the same residence. There are no custody issues.**

☐ **Child lives with one or both parent/guardian(s) in separate residences. There are no custody issues.**

—OR—

☐ **There are Legal Custody Issues – Please provide information below:**

Who has legal custody: ☐ Father ☐ Mother ☐ Other _____
Name/Relationship to Student

Restraining Order (Current) ☐ No ☐ Yes If yes, expiration date_____

Court Order on file in the school office ☐ No ☐ Yes

Date on Court Order _____

The School has the responsibility for the welfare of the child during the school day, but can only function according to the law when properly informed. If parents of a child are separated, the school district must be informed (1) who has custody of the child and, (2) what person or persons are approved to see the child or to transport the child away from school. If there is a restraining order in effect denying either of the parents the right to see or contact the child, there **must** be a court order on file in the school office. The courts must handle custody disputes. ***The school has no legal jurisdiction to refuse a biological parent access to their child and/or their school records.***

The only exception is when a signed restraining order or proper divorce or custody papers specifically stating court ordered visitation limitations are on file in the school office. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and an Officer will be requested to intervene.

The school will attempt to contact the custodial parent when another parent or person not listed as an emergency contact attempts to pick up your child.

I have read and understand the above statement.

_____ _____
Parent/Guardian Signature Date

La Mesa-Spring Valley School District
Enforcement of the Attendance Laws Established by the California Education Code

Proof of residency is required before student attends class.
Falsification of any information or documents required for this verification will result in immediate revocation of registration for the student(s). Residence subject to verification.

Print Parent Name | Home Phone | Cell Phone | Work Phone

Please complete either Part I or Part II verifying residency.

PART I—Residence Verification

Please circle one: I am the parent/legal guardian/foster parent/relative/emancipated minor/or care giver

I affirm that my child _____, resides at the following address:

Street Address | Unit # | City | State | Zip Code

I wish to enroll student in: _____ (Name of school)

Signature _____ Date _____

Attached are copies of two documents from the list below, verifying residency at the above address.

PART II—Affidavit of Residence and Responsibility

I/we own or rent our own home/apartment: ☐ Yes ☐ No

Student's Name | Parents/Guardian(s)

Street Address | Unit # | City | State | Zip Code

_____ (Name of school)

I certify under penalty of perjury that the above child and/or parents/guardians reside on property owned/leased by me.

Residence Owner/Renter _____
Please Print Name

Signature _____ Date _____

Attached are copies of two documents from the list below, verifying residency at the above address in the name of owner or renter.

Documents for Residency Verification:

a. Parent/guardian's valid California Driver's License.
b. Parent/guardian's Department of Motor Vehicles Personal Identification Card.
c. Deed to a home or closing escrow papers.
d. Copy of receipt of current San Diego County property tax bill.
e. Rental agreement including registered owner and renter's signatures.
f. Copies of current month's bills or installation receipts for gas, electric, cable TV, water/sewer, trash and/or telephone.
g. Receipt from moving company for moving household goods or receipt showing delivery of newly purchased major appliance or furniture.
h. Military housing orders.
i. Paystub with address.
j. Voter registration.
k. Correspondence from a government agency.

FOR OFFICE USE ONLY

Residence Verification—In order to verify school area/residence, parents or guardians must provide ***two*** of the following documents. Check and attach those provided. If an Affidavit of Residency and Responsibility has been submitted, two of the listed documents must be presented to verify residency in the name of owner/renter. Falsification of any information or documents required for verification will result in immediate revocation of registration for the student(s). Residence subject to verification.

Check documents presented for residency verification

☐ a. Parent/guardian/s valid California Driver's License.
☐ b. Parent/guardian's Department of Motor Vehicles Personal Identification Card.
☐ c. Deed to a home or closing escrow papers.
☐ d. Copy of receipt of current San Diego County property tax bill.
☐ e. Rental agreement including registered owner and renter's signatures.
☐ f. Copies of current month's bills or installation receipts for gas, electric, cable TV, water/sewer, trash, and/or telephone.
☐ g. Receipt from moving company for moving household goods or receipt showing delivery of newly purchased major appliance or furniture.
☐ h. Military housing orders.
☐ i. Paystub with address.
☐ j. Voter registration.
☐ k. Correspondence from a government agency.

_____ _____
Signature of verifying party | Date

9440

La Mesa-Spring Valley School District

TRANSITIONAL RESIDENCY AFFIDAVIT

(SITE: PLEASE IMMEDIATELY FAX COMPLETED FORM TO STUDENT SERVICES AT 668-8398 AND CHILD NUTRITION 668-5859)

*This affidavit is intended to address requirements of the **McKinney-Vento, Title X, Part C of the Elementary & Secondary Education Act.** The information below is to assist in determining if the student meets the definition "in transition" (no permanent nighttime residence)*

STUDENT INFORMATION School _____ Grade _____ **PERM ID** _____

Last Name (Legal) _____ First Name (Legal) _____ Middle Name (Legal) _____

TRANSITIONAL RESIDENCY INFORMATION

School _____ **Date:** _____

1. Presently, are you and/or your family living in any of the following situations:

- ☐ In a shelter
- ☐ Living with another person or family due to loss of housing etc.
- ☐ Living in a hotel/motel
- ☐ Unsheltered (car, RV, park, campground, abandoned bldgs, or other inadequate housing)
- ☐ Foster care placement
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth)

☐ **I have a permanent residence (skip to the bottom and sign and date this form)**

2. Please list all children currently living with you:

Last Name	First Name	M/F	Birthdate	Grade	School Name

Your child has the right to:

- Continue to attend the school attended before you became homeless (school of origin).
- Receive transportation to the school of origin. *(Eligibility determined by Board Policy).*
- Enroll in school without giving a permanent address and attend classes while the school arranges for school transfer, immunization records, or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

Parent/Legal Guardian Name(s) _____ _____
Last Name First Name

We are currently residing at (address or location) _____
Address Apt / Unit # City State Zip Code

Phone _____ **Alternate phone numbers** _____

Correspondence may be sent to _____
Address Unit # City State Zip Code

I declare under penalty of perjury under the laws of the State of California that to my knowledge, the forgoing is true and correct.

_____ _____
Parent/Legal Guardian Signature Date

SCHOOL USE ONLY:

School Required Actions	Initials
❑ COPY to site CN Lead + Fax to Child Nutrition Dept @ 668-5859	____
❑ Tagged in Aeries (add special program 191 and start date)	____
❑ ORIGINAL emailed or faxed to Liaison in SS @ Fax 668-8398	____
❑ COPY in cum file with other registration materials	____

Contact person handling affidavit: _____
School _____ Phone _____
Additional needs family mentioned:

S-26
Ed. Services
(Rev. 6/11)

La Mesa-Spring Valley School District

RECORD OF PREVIOUS SPECIAL EDUCATION ENROLLMENT

Student Name_____ School_____

Birth Date_____ Grade_____

It is important that we be aware of any Special Education Services your student may have received at previous schools. Please give us the following information to assist us in providing your student with the most appropriate placement.

☐ My son/daughter has not participated in any special education programs

☐ My son/daughter participated in one or more special education programs or services at
School(s)_____
School District(s)_____

PROGRAM SERVICE RECEIVED AT OTHER SCHOOL DISTRICTS

	Year/Grade	Teacher's Name	Type of Class/Service
☐			Special Day Class (SDC)
☐			Resource Specialist Program (RSP)
☐			Speech/Language Services (SLP)
☐			Adapted Physical Education (APE)
☐			Services for Hearing Impaired (HI)
☐			Services for Orthopedically Impaired (OI)
☐			Services for Visually Impaired (VI)

Additional Information

_____
_____
_____
_____
_____
_____
_____

_____ _____
Parent/Guardian Signature Date

East County SELPA
LMSV 9850

La Mesa-Spring Valley School District

LANGUAGE, SPEECH, AND HEARING SURVEY

Adequate use of oral language is fundamental to the school curriculum. Difficulty with language, speech or hearing often makes reading-readiness skills difficult for a child and can affect his/her learning, reading, following directions and written language. For this reason, the language and speech skills of students enrolling in our District are checked. Our District **Language, Speech, and Hearing Survey** form is used for this purpose. We request your permission to perform this service.

Student's Name _____ Parent's Name _____

Birthdate _____ Age _____ Grade ____ School _____

Your observation of your child's language, speech and hearing will be most helpful to us. Will you please take a few moments to respond to the checklist below? Check any of the following which consistently apply to your child.

SPEECH AND LANGUAGE INFORMATION			
☐ YES	☐ NO	1.	Received speech therapy previously. When _____ Where _____
☐ YES	☐ NO	2.	Always quiet.
☐ YES	☐ NO	3.	Seldom makes much sense.
☐ YES	☐ NO	4.	Difficulty understanding and following **or** remembering verbal directions.
☐ YES	☐ NO	5.	Difficulty expressing one's ideas.
☐ YES	☐ NO	6.	Mispronunciation of sounds.
☐ YES	☐ NO	7.	Voice difficulty, i.e., excessive nasality, hoarse quality.
☐ YES	☐ NO	8.	Fluency or stuttering difficulty.
☐ YES	☐ NO	9.	Hearing difficulty.

HEARING INFORMATION			
☐ YES	☐ NO	1.	Ear infections. If yes, please explain: _____
☐ YES	☐ NO	2.	Frequent earaches. If yes, please explain: _____
☐ YES	☐ NO	3.	Frequent colds and stuffy nose. If yes, please explain: _____
☐ YES	☐ NO	4.	Known hearing loss. If yes, please explain: _____

Seen by Dr. _____
Doctor's name / address

Additional Comments about any of your answers above _____

Parent/Guardian Gives Permission for consultation by School District Nurse or other LMSVSD Staff?
☐ YES ☐ NO

_____
Parent/Guardian Signature Date

9760

La Mesa-Spring Valley School District
HEALTH REGISTRATION FORM

Legal name of student: Last Name _____ First Name: _____

Date of Birth: _____ Age: ____ Sex: _____ Grade: _____ School _____

Parent/Guardian: Last Name _____ First Name _____

Doctor _____ Dr.'s phone #: _____

☐ **No known health problems currently.**
I will notify the health office at the school if my child's health condition changes.

For information on health care coverage options and enrollment assistance contact: www.coveredca.com or call 800-300-1506 English or 800-300-0213 Español.

Please list current diagnoses/significant past history: _____

Health Concerns	Yes	No
Asthma	☐	☐
Activity restrictions/limitations*	☐	☐
Other Lung/Pulmonary/Respiratory problems*	☐	☐
Heart Problems*	☐	☐
Activity restrictions/limitations*	☐	☐
ADHD/ADD (circle one)	☐	☐
Medication at school	☐	☐
Diabetes Type 1 / Type 2 (circle one)	☐	☐
Mental Health Diagnoses/Concerns*	☐	☐
Vision Problems*	☐	☐
Contacts/Glasses	☐	☐
Hearing Problems*	☐	☐
Hearing Aid/Special Seating	☐	☐
Neurological problems*	☐	☐
Seizures*	☐	☐
Headaches/Migraines*	☐	☐
Significant Head Injury/Concussion*	☐	☐

Health Concerns	Yes	No
Bone/joint/muscle disorders or injuries*	☐	☐
P.E. Limitations*	☐	☐
Immune System Disorder*	☐	☐
Bleeding disorder*	☐	☐
Stomach/GI/Bowel Problems*	☐	☐
Kidney/Bladder problems*	☐	☐
Allergies (Including Food Allergies)	☐	☐
☐ Allergy is **MILD**. No emergency medication		
☐ Allergy is **SEVERE**. Emergency Medication		
☐ Epinephrine (Epi-Pen) ☐ Antihistamine		
What is your child allergic to?		
☐ Food: (please list)		
Describe reaction:		
☐ Insect: (please list)		
Describe reaction:		
☐ Other: (please list)		
Describe reaction:		

Explain Health Concerns with an asterisk (*): _____

_____

Special equipment/procedures/arrangements: _____

Previous Hospitalizations: ☐ Yes ☐ No Dates: _____ Reason: _____

Medications

Taking medication for a long-term condition ☐ Yes ☐ No

Diagnosis for which medication is being taken _____

Name and dosage of all medication(s) _____

Is medication taken during school hours? ☐ Yes ☐ No

Times taken at home _____ **and at school** _____

STUDENTS TAKING ANY MEDICATION AT SCHOOL MUST MAKE PRIOR ARRANGEMENTS WITH THE HEALTH OFFICE

I understand that district staff may share the information provided in this report with appropriate members of the educational team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner. I understand that if I do not want this information shared, I must request this in writing and file it with a District Nurse at the La Mesa-Spring Valley School District Education Center. I give consent for La Mesa-Spring Valley School District to submit information to the LEA billing option vendor regarding school health services provided to my child for the purpose of receiving federal reimbursement. This reimbursement helps to defray the cost of providing these health services. All information is kept confidential.

_____

Parent/Guardian Signature Relationship to Student Date

LA MESA-SPRING VALLEY SCHOOLS
Child Nutrition

3838 Conrad Drive
Spring Valley, CA 91977
619 668-5764
www.lmsvschools.org

Dear Parent/Guardian(s):

Your child's safety and welfare are our first priorities. To ensure your child's safety in the cafeteria, we are asking you to inform us of any food allergies your child might have.

We are now serving individually-wrapped whole grain peanut butter and jelly sandwiches as a vegetarian protein lunch option.

We want to reassure you of the many safeguards in place at all La Mesa-Spring Valley District schools to help prevent an allergic reaction:

- Sandwiches are individually wrapped and identified, which reduces food safety risks and prevents cross-contact with other foods.
- A large sign with pictures of peanuts and the package will be posted in front of the packaged sandwiches.
- An alert will flash on the cafeteria computer when a child with a food allergy lunch card is scanned. This alerts the cashier to stop and look at the child's plate.

You can assist the Child Nutrition Department by filling out the following Allergy Information Form and returning it to your child's school cafeteria. If your child requires a milk substitution, please fill out the Parental Request for a Fluid Milk Substitution for School-Age Children. If your child needs specific dietary restrictions, please fill out the Medical Statement to Request Special Meals and/or Accommodations form. This form requires a physician's signature.

If you have any questions or concerns, please feel free to call me at (619) 668-5764.

Sincerely,

Jill Whittenberg
Director, Child Nutrition

✂ -

ALLERGY INFORMATION FORM
—RETURN TO YOUR CHILD'S SCHOOL CAFETERIA—

Student's Name: ______________________________

School: ______________________________

Teacher's Name: ______________________________

Please list all food allergies:

____

____

____
Parent/Guardian Signature **Date**

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

Community Care Licensing

ADDRESS

7575 Metropolitan Dr Suite 110

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Diego, CA	92108	(619) 767-2200

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)
La Mesa-Spring Valley State Funded Preschool	4750 Date Ave La Mesa, CA 91942

(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: Community Care Licensing

   Licensing Office Address: 7575 Metropolitan Dr Ste 110 San Diego, CA 92108

   Licensing Office Telephone #: (619) 767-2200

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.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

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.

La Mesa-Spring Valley State Funded Preschool
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.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

LA MESA-SPRING VALLEY SCHOOLS

State Preschool
Family Information

Child's Name_____

Primary Language: _____

Siblings: (other children in the family)

Name and Last name	Date of Birth

Are there any health or learning problems which seem to run in the family?

Mother's side	Father's side

Did you have any health problems when you were pregnant with this child?

_____

_____

Use of alcohol, drugs and / or tobacco? _____

Were you under a doctor's care? _____

Was this baby born early (premature)? _____

Was there anything unusual about the labor and delivery? _____

_____

LA MESA-SPRING VALLEY SCHOOLS

State Preschool
Parent Interest Survey

Parent meetings are a required part of our program. Please help us make your parent meetings valuable to you by completing this interest survey.

Please check your interest level for each topic.

	Interested	Not Interested
1. Ages and Stages of Child Development		
2. Building Self-Esteem		
3. Career/Education Opportunities for Parents		
4. How Children Learn		
5. Keeping Children Safe and Healthy		
6. Kindergarten Readiness		
7. Positive Discipline		
8. Speech and Language Development		
9. Stress Management		
10. Volunteering in the Classroom		

Please list any other areas you would like to learn more about: _____

_____

Parents are expected to work in the classroom at least two (2) days a month, and attend <u>all</u> parent meetings. In addition to the two days, check other ways you would like to participate in the program:

	Demonstrating a skill such as music, dance, art, etc
	Prepare classroom materials
	Clerical
	Make minor repairs on children's furniture or equipment
	Participating with the parent advisory committee

Other ways you would like to participate: _____

_____

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Child's Name **School Site**

LA MESA-SPRING VALLEY SCHOOLS

State Preschool
Family Interest / Needs Survey

Child's Name _____ **Parent(s) / Guardian(s) Name** _____

Address _____

Phone Number: _____ **E-mail address:** _____

Personal or family goal that our program can assist with:

_____

_____

Area of interest: I would like information, help or assistance in any of the following areas:

	Housing		Clothing
	Energy Assistance		Child Care Assistance
	Legal		Food
	Medical Concerns: ( ) Child ( ) Adult		Dental Concerns: ( ) Child ( ) Adult
	Mental Health/Family Concerns: ( ) Child ( ) Adult		Nutritional Concerns: ( ) Child ( ) Adult
	Employment: ( ) Job Search ( ) Employment ( ) Career Advancement		Education: ( ) GED ( ) Vocational Training ( ) English Classes ( ) College Courses
	Parenting Information		Recreational Information
	Family Resources		Support Group Information
	Information about the Community:		
	Area of interest for presentations at parent meetings:		
	Other Information:		

_____ _____

Signature **Date**

For Office Use Only	
Community Resource Information Provided on _____ Date	_____ Initials

LA MESA-SPRING VALLEY SCHOOLS

State Preschool

CHDP Eligibility

Child's Name: _____

Children who attend State funded preschool programs must have a complete physical examination. The examination may be provided free of cost to the family.

Please answer the questions below to help us determine how you will meet this requirement. Choose one of the following:

Is this child on MediCal?	Yes	No
Is this child eligible for a health examination by your insurance?	Yes	No
Is your family without health coverage?	Yes	No

If you do not have coverage, how many members are in your family?

_____ Adults _____ Children

What is your gross monthly income: $ _____

Choose one of the following:

	I will take my child to my personal physician or my HMO to have the Report of Health Check-up for School Entry completed.
	I will take my child to my regular MediCal provider to have the Report of Health Check-up for School Entry completed.
	I will need help to locate a MediCal provider.

Signature: _____ **Date:** _____

LA MESA-SPRING VALLEY SCHOOLS

State Preschool

Parent Participation Commitment

Dear Parent:

The State Preschool Program **requires** the participation of parents in their child's classroom at least **two (2) days a month**. Younger children may not accompany parents on participation days.

Please indicate below the days which would be most convenient for you. We will try to schedule you at those times.

If you do not indicate a time, the teacher will schedule you as needed two (2) days a month. A monthly calendar will be sent home as a reminder.

It would be convenient for me to come: (*circle at least one below*)

Monday	Tuesday	Wednesday	Thursday	Friday

Comments: _____

_____

I understand that missed days must be made up within 30 days. It is my responsibility to make every effort to find a substitute parent if I cannot participate.

_____ _____

Parent's Signature Date

_____

Child's Name

Eyemobile for Children

Child's Name _____ Location: _____

PARENT PERMISSION FOR VISION AND HEARING SCREENING

UCSD staff will be screening your child's vision and hearing status at their school. To screen their vision staff will use a hand held auto-refractor camera and for hearing they will use an OAE, both are non-invasive and kid friendly. This screening will alert us to serious vision problems as well as a simple need for glasses. The screening will take only a few minutes and be completed in class. You will be notified of the results.

If you wish to have your child included in these screenings, please sign below.

I wish to have _____ participate in the vision / hearing screening.

(Child's Name)

_____ _____

Parent's Signature Date

If you have any questions regarding screenings please call
Iliana Molina at (858) 822 2585

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?*	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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

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

_____ 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
NAME

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
( )	( )

LA MESA-SPRING VALLEY SCHOOLS

State Preschool Program
Self Declaration Of Income

Child's Name: _____ Date of Birth _____

I, _____ verify that my monthly gross income for the
Parent/Guardian, please print
month of _____ , _____ was $ _____
year
I was paid in this manner: _____ The job/s that I performed was/were: _____

Employer / Company	Address	Phone Number

Parent / Guardian Statement: _____

_____

_____

Do you receive cash aid? ( ) Yes ( ) No

If you are a cash aid recipient, you must provide us with your next month's cash aid Notice of Action.

Other Sources Of Income		Monthly Amount
Overtime/Tips	Yes / No	$
Commission/Bonuses	Yes / No	$
Dividends, Interest	Yes / No	$
Public Assistance, TANF	Yes / No	$
Unemployment	Yes / No	$
Disability	Yes / No	$
Workers' Compensation	Yes / No	$
Alimony (received)	Yes / No	$
Child Support (received)	Yes / No	$
Pensions	Yes / No	$
Other (do not include food stamps)	Yes / No	$

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of California, the Federal Government, Independent auditors, or others as necessary for the administration of the program.

_____ _____

Signature of Parent/Guardian **Date**

LA MESA-SPRING VALLEY SCHOOLS

State Preschool Program
Self Declaration Of Income

Child's Name: _____ Date of Birth _____

I, _____ verify that my monthly gross income for the
Parent/Guardian, please print
month of _____ , _____ was $ _____
year
I was paid in this manner: _____ The job/s that I performed was/were: _____

Employer / Company	Address	Phone Number

Parent / Guardian Statement: _____

_____

_____

Do you receive cash aid? ( ) Yes ( ) No

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Dividends, Interest	Yes / No	$
Public Assistance, TANF	Yes / No	$
Unemployment	Yes / No	$
Disability	Yes / No	$
Workers' Compensation	Yes / No	$
Alimony (received)	Yes / No	$
Child Support (received)	Yes / No	$
Pensions	Yes / No	$
Other (do not include food stamps)	Yes / No	$

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of California, the Federal Government, Independent auditors, or others as necessary for the administration of the program.

_____ _____

Signature of Parent/Guardian **Date**

School Entry Health Exam Requirement

Early and regular **health check-ups** can prevent, find, and treat many health problems before they become serious. That is why California has a **law** that says all children **must** have a health checkup within **18 months before first grade or up to 90 days after starting first grade**. Your child must also have certain immunizations, or shots, for school. Your doctor will be able to check your child's immunization record and see what shots are needed during the health checkup. Your doctor will complete this form. You must return this completed form to your child's school.

If you are not able to pay for this check-up, please call the County of San Diego Maternal Child and Family Health Services (MCFHS) to find out if your child is eligible for a health check-up at no-cost.
MCFHS can also provide information on medical and dental insurance.

619-692-8808

PART I – TO BE FILLED OUT BY THE PARENT/GUARDIAN

Child's Last Name:	First Name:	Middle Initial:
Birth Date (mm/dd/yyyy):	School Name:	
Home Address (Number, Street):	City:	Zip:

☐ I want the medical provider to complete **Part II only**.

PART II – TO BE FILLED OUT BY THE MEDICAL PROVIDER

Tests and Evaluations			Date of Exam	MEDICAL PROVIDER INFORMATION
Height _____ inches	Weight _____ lbs _____ ozs	BMI Percentile _____%		
Health/Development History				Name, Address, and Telephone Number:
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Oral Health Screening				/
Tuberculin (TB) Risk Assessment /Skin Test				Signature of Medical Professional / Date

DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? ☐ **Yes** ☐ **No**

PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER

Other health information (optional): For child's welfare and with the permission of the parent or guardian, it is recommended that significant health information be shared with the school. *Please contact the school nurse if child needs help with medication at school.*

- ☐ Parent requests Part III not to be filled out
- ☐ The examination revealed no conditions of importance to school or physical activity.
- ☐ Conditions that need further evaluation or that can affect school or physical activity are (please explain below)

WAIVER OF MEDICAL EXAMINATION

I have been told about the medical examination recommended by health professionals and required by State law. I have also been given information on no-cost medical examinations that my child may be eligible for, if such assistance is needed.

__ **I do not want** my child to receive a medical examination
__ **I do want** my child to receive a medical examination, **but I am unable to get it because** _____.

_____ _____
Signature of Parent or Guardian *Date*

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

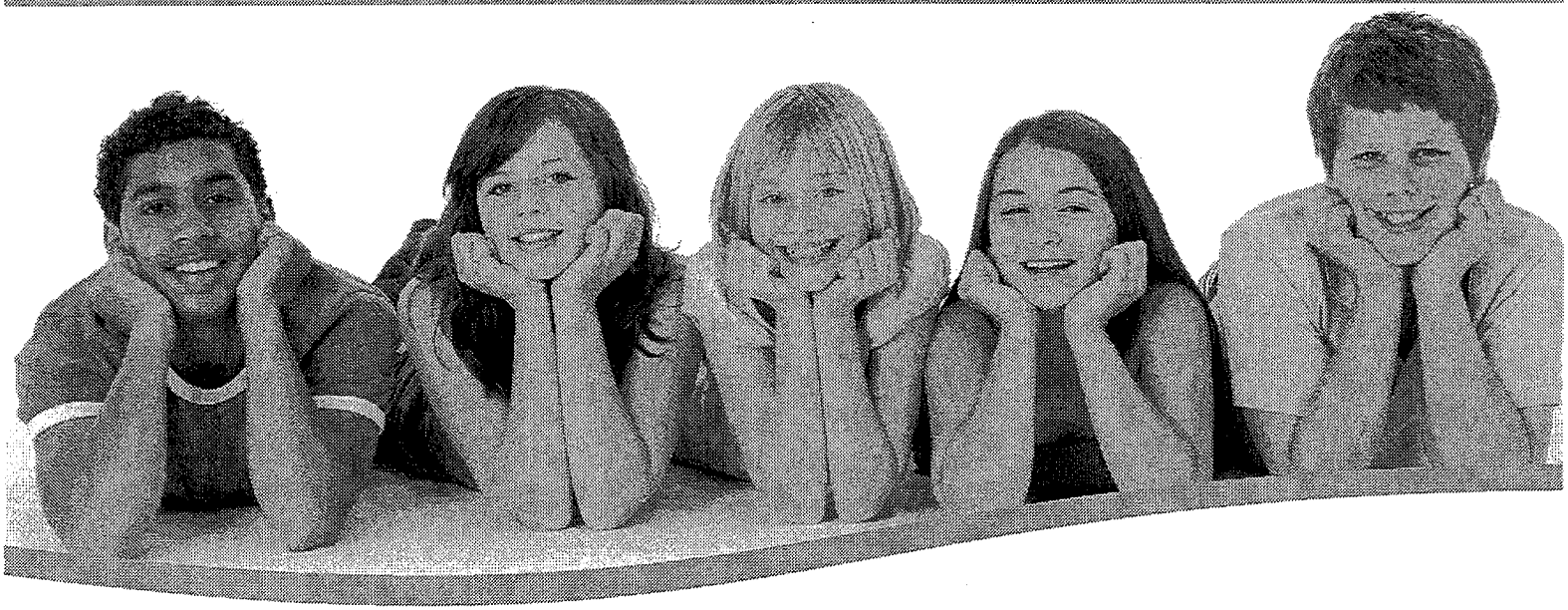
The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccld.ca.gov/contact.htm**.

Child Health and Disability Prevention (CHDP) Program



Is Your Child Healthy?

Regular health care and health check-ups are important.

Your child can get a health check-up at no-cost from the Child Health and Disability Prevention (CHDP) program if he/she:

- Is under 21 years of age and on Medi-Cal
- Is under 19 years of age and from a low-income family
- Attends a Head Start or state preschool
- Is in foster care

How do you get a CHDP health check-up?

- Call **1-800-675-2229** to find a CHDP doctor or clinic near you. If you already have a doctor, ask if he/she provides CHDP health check-ups
- Call the doctor's office or clinic and request to make an appointment for a CHDP health check-up. You will need to fill out a form when you get to the office

Before your appointment:

- Make a list of any questions you may have about your child's health
- Bring Medi-Cal card (if you have one), any school or sports forms that need to be filled out, and child's immunization record

Why should your child have health check-ups?

- Identify medical, dental, and behavioral health problems
- Get needed shots
- Ask your doctor questions

A health check-up includes:

- Physical exam
- Health and developmental history
- Needed shots
- Nutritional, behavioral, vision, hearing, and oral health screenings
- Lab tests for anemia, lead, tuberculosis, and other problems, as needed
- Health information
- Any needed referrals

CHDP

Child Health and Disability Prevention Program
County of San Diego

a program of County of San Diego HHSA

LIVE WELL SAN DIEGO

For more information, call 1-800-675-2229

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
3851 Rosecrans Street, Suite 522, San Diego, CA 92110-3115

Tuberculosis Examination Information

Participating in the Preschool classroom is a vital part of our Preschool Program. A TB test is required for all adults who work in the classroom with children.

TWO visits will be necessary for the TB Test—the first for the placement of the TB test and one for reading results. Parents should provide a copy of their TB test results to the Preschool office or classroom teacher.

Intradermal tuberculin tests and chest x-rays may be obtained at you primary care provider or the following locations:

Location	Phone	Testing Hours
County Health Department 3851 Rosecrans Street San Diego, CA 92110	**(619) 692-8600**	**TB Testing** **Mon, Wed, & Friday** 7:30-12:00 1:00 – 4:30 **Tuesdays** 9:00 -12:00 / 1:00 - 4:30 **1st Tuesday of the month** 10:00- 12:00 –1:00- 4:30 **Chest X-ray** **Mon - Fri.** 7:30-12:00 1:00-4:30
The TB clinic is closed on county holidays. No TB testing will be done on Thursdays. If TB test is required for employment, individuals with health insurance will be referred back to their provider. Skin test will only be done if there are risk factors the cost is $3.36 **Chest x-ray** - $17.30. Appointments are encouraged. You must provide proof of positive TB test, read in millimeters. If a chest X-ray is required for employment, individuals with health insurance will be referred back to their provider.		

Location	Phone	Testing Hours
Central Region Public Health Center 5202 University Avenue San Diego, CA 92105	**(619) 229-5400**	**TB Testing** **Mon & Wed** 8:30-11:00 1:00-4:00 **Chest X-rays** 1st and 3rd Wednesday of each month, by appointment only.
The TB clinic is closed on county holidays. No TB testing will be done on Thursdays. If TB test is required for employment, individuals with health insurance will be referred back to their provider. Skin test will only be done if there are risk factors the cost is $3.36 **Chest X-ray** - $17.30. Appointments are encouraged. You must provide proof of positive TB test, read in millimeters. If a chest X-ray is required for employment, individuals with health insurance will be referred back to their provider.		

Location	Phone	Testing Hours
East Region Public Health 367 N. Magnolia Ave, Suite 101 El Cajon, CA 92020	**(619) 441-6500**	**TB Testing** **Mon, Tues, Wed, & Fri** 7:30 –12:00 1:00 – 4:30 **Chest X-rays** 2nd Wednesdays of each month by appointment only. Subject to change
The TB clinic is closed on county holidays. No TB testing will be done on Thursdays. If TB test is required for employment, individuals with health insurance will be referred back to their provider. Skin test will only be done if there are risk factors the cost is $3.36 **Chest X-ray** - $17.30. Appointments are encouraged. You must provide proof of positive TB test, read in millimeters. If a chest X-ray is required for employment, individuals with health insurance will be referred back to their provider.		

Location	Phone	Testing Hours
Family Health Centers of San Diego Grossmont Spring Valley Clinic 8788 Jamacha Road Spring Valley, CA 91977-4035	**(619) 515-2555**	**TB Testing** **M, W, & Fri.** 8:30 -10:00 1:30 – 3:00 Tuesday 8:30 – 7:00
Appointments preferred. Accepts walk-ins. Tuberculin skin test - $19.33 - $35.00 (Fees are based on ability to pay). Chest X-rays, if necessary, will be referred after the fee of $35.00 is paid.		

Rev 11/2018