



La Mesa-Spring Valley Schools

## SmartSteps Preschool Program Student Registration Form

Student's Name: \_\_\_\_\_

Check one	School Location
<input type="checkbox"/> 2 days Tuesday / Thursday	<input type="checkbox"/> Fletcher Hills  <input type="checkbox"/> Maryland Avenue
<input type="checkbox"/> 3 days Monday / Wednesday / Friday	
<input type="checkbox"/> 5 days	

### Entrance Requirements for SmartSteps Preschool

- Physical examination within one year of the school start date and it must be returned within three weeks of the first day of attendance.
- Immunization Record
- Birth Certificate

\* **Proof of address is not needed for SmartSteps**

\* **Students must be potty trained.**

**I am aware of the registration fee is \$70.00 per child and is non-refundable.**

**Date:**

**Signature:**

A space in the program is not guaranteed until your registration fee is confirmed with our billing department.



## SMARTSTEPS PRESCHOOL PARENT AGREEMENT

Please initial every box in front of each statement and sign the bottom of the agreement. Your initials and signature indicate that you have read, understood, and will abide by the SMARTSTEPS PRESCHOOL policies stated below.

- ☐ Tuition is based on a flat rate fee, not actual attendance, is billed on a bi-weekly basis, and must be pre-paid one week in advance. Fees are non-refundable.
- ☐ Tuition payments may NOT be left at the site or given to the staff. Only the District Office may accept payments.
- ☐ You must fill out a Schedule Change/Withdrawal Request Form (available at the school site or District Office) two weeks prior to any of the following: Changing schedules to add more days, or withdrawing from the program. If two weeks' notice is not provided, you will be charged corresponding fees according to your selected schedule.
- ☐ A fee of one (\$1.00) per minute will be charged for a late pickup and will be added to your next invoice and will be due along with your regular tuition fee. The time is according to the clock in the classroom.
- ☐ A two week notice in writing for a **one time** schedule change to decrease the number of days for attendance is allowed per year.
- ☐ You will be charged a \$20.00 late fee if your payment is not received by the invoice due date. Late fees must be paid with the next payment.
- ☐ If your account is not fully paid by the first day of the next billing cycle, your child will be excluded from the program. Existing charges will be left on account.
- ☐ If your child has been dropped from the program for any reason, you must pay a \$25 re-enrollment fee (on space availability), and all other monies owed, to be reinstated. Continuous non-payment of fees is cause for termination.
- ☐ If your account is sent to collections, a \$15.00 fee will be added to your account. You must clear up the account with the collection agency and SmartSteps before re-entering the program.
- ☐ Checks returned for NSF must be replaced immediately with cash, credit card, or money order. A \$25.00 fee will be charged to the account.
- ☐ SmartSteps Preschool program will assess a transaction fee on all credit/debit card/ACH (electronic check ) transfer transactions. Families making payment by cash or check will not incur this fee.

<hr/> <b>Print Child's Name</b> <hr/>	<hr/> <b>School/Account #</b> <hr/>
<hr/> <b>Parent/Guardian Signature</b> <hr/>	<hr/> <b>Date</b> <hr/>



# La Mesa-Spring Valley Schools

## STUDENT REGISTRATION FORM

School \_\_\_\_\_

### STUDENT INFORMATION

☐ Boy☐ GirlGrade 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 ☐ NoIs student a military dependent? ☐ Yes, Branch \_\_\_\_\_ ☐ 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/Discipline/Attendance

Has your child attended an Early Admission Kindergarten (EAK)? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_Has your child attended a Transitional Kinder Program (TK)? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_Has your child ever qualified for the Special Education Program? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_Has your child ever qualified for the IEP program? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_Has student been referred to School Attendance Review Board/  
School Attendance Review Team (SART/SARB)? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_Has student been referred to an Administrative Review Panel (ARP)  
or an Expulsion Hearing? ☐ Yes ☐ No Year \_\_\_\_\_ School \_\_\_\_\_

### Student Transportation & Before/After School Services

Bus Rider? ☐ Yes ☐ No Extended School Services (ESS) ☐ Yes ☐ No Parent picks up? ☐ Yes ☐ No

This section is to be filled in by the school: Includes

Perm ID # \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

Enter Date \_\_\_\_\_

Inter (Dist) \_\_\_\_\_

Intra (Sch) \_\_\_\_\_

☐ Birth Certificate ☐ Shots ☐ Physical ☐ Dental  
☐ 2 proofs address ☐ IEP Y/N? ☐ Lang Assess Y/N?

<b>STUDENT HISTORY</b>			School _____ Grade <u>Preschool</u>
Student Last Name (Legal) _____	First Name (Legal) _____	Middle Name (Legal) _____	
Student Birth Date _____	Parent Name _____		

<b>SCHOOLS STUDENT HAS ATTENDED</b>						
Last School Attended _____	Address _____	City _____	State _____	Zip Code _____	Phone _____	
When was your child first enrolled in a <b>U.S. and/or California School</b> ?						
U.S. school _____ month / day / year		California school _____ month / day / year				
What was the <b>most recent California</b> school attended? _____ School and/or District						
Has your child attended a La Mesa-Spring Valley school before? <input type="checkbox"/> No <input type="checkbox"/> Yes school(s) _____ year(s) _____ grade(s) _____						

<b>School Use Only</b> -FAX this Student History page if the answer to any of the 4 questions on the New Home Language Survey, (Separate Document) is not English, to the LAD (668-6671) Date faxed _____	ID# _____
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**HOME LANGUAGE SURVEY (Separate Document):** If new to La Mesa-Spring Valley Schools, please complete Home Language Survey.

<b>Corresponding Language (CorrLng)</b> In what language do you prefer to receive phone calls and notices? <input type="checkbox"/> English <input type="checkbox"/> Spanish
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<b>ETHNICITY/RACE</b>	
<b>Part A. Is this student Hispanic or Latino? (Select only one)</b> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> 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 <a href="http://www.cde.ca.gov/ds/td/lo/refaq.asp">www.cde.ca.gov/ds/td/lo/refaq.asp</a>
The above part of the question is about ethnicity, not race. No matter what you selected above, <b>please continue to answer the following</b> by marking one or more boxes to indicate what you consider the student's race to be.	
<b>Part B. What is this student's race? (Select one or more)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Asian:</b>  <input type="checkbox"/> Chinese (2-01)  <input type="checkbox"/> Japanese (2-02)  <input type="checkbox"/> Korean (2-03)  <input type="checkbox"/> Vietnamese (2-04)  <input type="checkbox"/> Asian Indian (2-05)  <input type="checkbox"/> Laotian (2-06)  <input type="checkbox"/> Cambodian (2-07)  <input type="checkbox"/> Hmong (2-08)  <input type="checkbox"/> Other Asian (2-99)  <input type="checkbox"/> Filipino (4)         </div> <div style="width: 45%;"> <input type="checkbox"/> Black or African American (6)  <input type="checkbox"/> White (7)  <input type="checkbox"/> American Indian or Alaska Native (1)   <b>Native Hawaiian or Other Pacific Islander:</b>  <input type="checkbox"/> Hawaiian (3-01)  <input type="checkbox"/> Guamanian (3-02)  <input type="checkbox"/> Samoan (3-03)  <input type="checkbox"/> Tahitian (3-04)  <input type="checkbox"/> Other Pacific Islander (3-99)         </div> </div>	What are the federal definitions of the race categories? <b>"American Indian or Alaska Native:</b> 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. <b>Asian:</b> 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. <b>Black or African American:</b> A person having origins in any of the Black racial groups of Africa. <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa." —From <a href="http://www.cde.ca.gov/ds/td/lo/refaq.asp">www.cde.ca.gov/ds/td/lo/refaq.asp</a>

<b>MIGRANT WORK</b> —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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SUPPLEMENTAL STUDENT INFORMATION** School \_\_\_\_\_ Grade Preschool

Last Name (Legal) \_\_\_\_\_

First Name (Legal) \_\_\_\_\_

Middle Name (Legal) \_\_\_\_\_

**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

<b>ADDITIONAL STUDENT INFORMATION</b>			School _____	Grade <u>Preschool</u>
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. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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
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**Please complete either Part I or Part II verifying residency.**

<b>PART I—Residence Verification</b>	
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:	
<b>Not Applicable for SmartSteps Preschool</b>	
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.	

<b>PART II—Affidavit of Residence and Responsibility</b>	
I/we own or rent our own home/apartment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Not Applicable for SmartSteps Preschool</b>	
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.	

<b>Documents for Residency Verification:</b>	
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.

<b>FOR OFFICE USE ONLY</b>	
<b>Residence Verification</b> —In order to verify school area/residence, parents or guardians must provide <b>two</b> of the following documents. Check and attach those provided. If an Affidavit of Residence 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.	
<input type="checkbox"/> a. Parent/guardian/s valid California Driver's License. <input type="checkbox"/> b. Parent/guardian's Department of Motor Vehicles Personal Identification Card. <input type="checkbox"/> c. Deed to a home or closing escrow papers. <input type="checkbox"/> d. Copy of receipt of current San Diego County property tax bill. <input type="checkbox"/> e. Rental agreement including registered owner and renter's signatures. <input type="checkbox"/> f. Copies of current month's bills or installation receipts for gas, electric, cable TV, water/sewer, trash, and/or telephone.	<input type="checkbox"/> g. Receipt from moving company for moving household goods or receipt showing delivery of newly purchased major appliance or furniture. <input type="checkbox"/> h. Military housing orders. <input type="checkbox"/> i. Paystub with address. <input type="checkbox"/> j. Voter registration. <input type="checkbox"/> k. Correspondence from a government agency.  Signature of verifying party _____ Date _____

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)

<b>STUDENT INFORMATION</b>	School _____	Grade <u>Preschool</u>	PERM ID _____
<div style="display: flex; justify-content: space-between;"> <span>Last Name (Legal) _____</span> <span>First Name (Legal) _____</span> <span>Middle Name (Legal) _____</span> </div>			

<b>TRANSITIONAL RESIDENCY INFORMATION</b>	
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.

<b>Parent/Legal Guardian Name(s)</b> _____	
Last Name	First Name

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

Phone _____	Alternate phone numbers _____
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<b>Correspondence may be sent to</b> _____					
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 foregoing is true and correct.**

Parent/Legal Guardian Signature _____	Date _____
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**SCHOOL USE ONLY:**

<b>School Required Actions</b> <input type="checkbox"/> COPY to site CN Lead + Fax to Child Nutrition Dept @ 668-5859 <input type="checkbox"/> Tagged in Aeries (add special program 191 and start date) <input type="checkbox"/> ORIGINAL emailed or faxed to Liaison in SS @ Fax 668-8398 <input type="checkbox"/> COPY in cum file with other registration materials	<b>Initials</b> _____ _____ _____ _____	<b>Contact person handling affidavit:</b> _____ School _____ Phone _____ <b>Additional needs family mentioned:</b> _____ S-26 Ed. Services (Rev. 6/11)
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**RECORD OF PREVIOUS SPECIAL EDUCATION ENROLLMENT**

Student Name \_\_\_\_\_ School \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade Preschool

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
<input type="checkbox"/>			Special Day Class (SDC)
<input type="checkbox"/>			Resource Specialist Program (RSP)
<input type="checkbox"/>			Speech/Language Services (SLP)
<input type="checkbox"/>			Adapted Physical Education (APE)
<input type="checkbox"/>			Services for Hearing Impaired (HI)
<input type="checkbox"/>			Services for Orthopedically Impaired (OI)
<input type="checkbox"/>			Services for Visually Impaired (VI)

**Additional  
Information**

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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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 <sup>Preschool</sup> 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

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1.	Received speech therapy previously. When _____ Where _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2.	Always quiet.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3.	Seldom makes much sense.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4.	Difficulty understanding and following <b>or</b> remembering verbal directions.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5.	Difficulty expressing one's ideas.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6.	Mispronunciation of sounds.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7.	Voice difficulty, i.e., excessive nasality, hoarse quality.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8.	Fluency or stuttering difficulty.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9.	Hearing difficulty.

### HEARING INFORMATION

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1.	Ear infections. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2.	Frequent earaches. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3.	Frequent colds and stuffy nose. If yes, please explain: _____
<input type="checkbox"/> YES	<input type="checkbox"/> 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: Preschool 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](http://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
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Lung/Pulmonary/Respiratory problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heart Problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
Activity restrictions/limitations*	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADHD/ADD (circle one)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Medication at school	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diabetes Type 1 / Type 2 (circle one)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Diagnoses/Concerns*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vision Problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
Contacts/Glasses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hearing Problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid/Special Seating	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neurological problems*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seizures*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Headaches/Migraines*</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Significant Head Injury/Concussion*</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

Teacher's Name: \_\_\_\_\_

**Please list all food allergies:**

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Parent/Guardian Signature

Date



# LA MESA-SPRING VALLEY SCHOOLS

## HOME LANGUAGE SURVEY

Only to be completed for students new to La Mesa-Spring Valley Schools

### STUDENT INFORMATION

Last Name (Legal) \_\_\_\_\_ First Given Name (Legal) \_\_\_\_\_ Middle Name (Legal) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Level: Preschool School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

#### Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below. Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

#### FOR SCHOOL OFFICE USE ONLY

SCHOOL \_\_\_\_\_ LMSVS PERM. ID \_\_\_\_\_ DATE FAXED \_\_\_\_\_

If the answer to any of the 4 questions on the Home Language Survey is not English, FAX this page along with the Student History page to the LAD (619-668-6671)

## 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](http://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 SmartSteps 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](http://www.meganslaw.ca.gov)**

## 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

San Diego, CA

ZIP CODE

92108

AREA CODE/TELEPHONE NUMBER

(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)

La Mesa-Spring Valley SmartSteps Preschool

(PRINT THE ADDRESS OF THE FACILITY)

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)

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

---

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

\_\_\_\_\_/ SmartSteps  
FACILITY NAME TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

( )

## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever	DATES	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps	DATES	<input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)	DATES
---	-------	---	-------	--	-------

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?*	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?*	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 / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:
PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY			

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

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>.

## 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:	
<input type="checkbox"/> I want the medical provider to complete <b>Part II only</b> .				
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
<b>DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER				
<b>Other health information (optional):</b> 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. <i>Please contact the school nurse if child needs help with medication at school.</i>				
<input type="checkbox"/> Parent requests Part III not to be filled out <input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity. <input type="checkbox"/> 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.				
<input type="checkbox"/> I do not want my child to receive a medical examination.				
<input type="checkbox"/> I do want my child to receive a medical examination, but I am unable to get it because _____				
_____ <i>Signature of Parent or Guardian</i>			_____ <i>Date</i>	

County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110  
 For more information, please call (619) 692-8808



**LIVE WELL  
SAN DIEGO**

Child Health and Disability Prevention Program  
MCFHS-77ES 11/2016