

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. 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. Students must be potty trained.

Schedule of Income Ceilings for Child Care and Development Programs

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$5,540	\$66,479
3	\$6,157	\$73,885
4	\$7,069	\$84,822
5	\$8,199	\$98,393
6	\$9,330	\$111,965
7	\$9,542	\$114,509
8	\$9,755	\$117,054
9	\$9,967	\$119,598
10	\$10,179	\$122,143
11	\$10,391	\$124,687
12	\$10,603	\$127,232

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 call to schedule an appointment. Families will be seen by appointment only. For any questions please call (619) 771-6082. Our address is 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



La Mesa-Spring Valley Schools

STUDENT REGISTRATION FORM

School _____

STUDENT INFORMATION☐ Non-binary ☐ Male ☐ Female

Grade _____

Last Name (Legal) _____

First Name (Legal) _____

Middle Name (Legal) _____

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

Resides with student

☐ Yes ☐ No1.) _____
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 _____

Resides with student

☐ Yes ☐ No2.) _____
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 PACE Program? ☐ Yes ☐ No Year _____ School _____Has student been referred to 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)
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Shots <input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> 2 proofs address <input type="checkbox"/> IEP Y/N? <input type="checkbox"/> Lang Assess Y/N?					

STUDENT HISTORY

School _____ Grade _____

Student 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? ☐ **No** ☐ **Yes** _____

school(s)

year(s)

grade(s)

School Use Only-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# _____

HOME LANGUAGE SURVEY (Separate Document): If new to La Mesa-Spring Valley Schools, please complete Home Language Survey.

Corresponding Language (CorrLng)

In what language do you prefer to receive phone calls and notices?

☐ **English**☐ **Spanish****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**

SUPPLEMENTAL STUDENT INFORMATION			School _____	Grade _____
Last Name (Legal) _____	First Name (Legal) _____	Middle Name (Legal) _____		

SECOND RESIDENCE AND/OR MAILING ADDRESS FOR STUDENT <i>Complete if additional mailings of report cards, etc. are needed</i>				
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 <input type="checkbox"/> 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 <div style="border-bottom: 1px solid black; margin-bottom: 5px;">First Name _____ Last Name _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address _____ City _____ State _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Home Phone _____ Relationship to Student _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Work Phone _____ Cell Phone _____</div>	EMERGENCY CONTACT #2 <div style="border-bottom: 1px solid black; margin-bottom: 5px;">First Name _____ Last Name _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address _____ City _____ State _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Home Phone _____ Relationship to Student _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Work Phone _____ Cell Phone _____</div>
EMERGENCY CONTACT #3 <div style="border-bottom: 1px solid black; margin-bottom: 5px;">First Name _____ Last Name _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address _____ City _____ State _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Home Phone _____ Relationship to Student _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Work Phone _____ Cell Phone _____</div>	EMERGENCY CONTACT #4 <div style="border-bottom: 1px solid black; margin-bottom: 5px;">First Name _____ Last Name _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Address _____ City _____ State _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Home Phone _____ Relationship to Student _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Work Phone _____ Cell Phone _____</div>

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. _____	_____	_____	<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 StudentRestraining 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 with me:

Street Address	Unit #	City	State	Zip Code
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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

Complete this section if you do not have residency verification and if you do not rent or own your place of residence.

Student's Name	Parents/Guardian(s)
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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:

- | | |
|---|--|
| <ul style="list-style-type: none">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. | <ul style="list-style-type: none">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.

- | | |
|--|--|
| <p>Check documents presented for residency verification</p> <ul style="list-style-type: none"><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. | <ul style="list-style-type: none"><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. <p>Signature of verifying party _____ Date _____</p> |
|--|--|

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 _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Last Name (Legal) First Name (Legal) Middle Name (Legal) </div>			

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	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 foregoing is true and correct.

Parent/Legal Guardian Signature
Date

SCHOOL USE ONLY:

<p>School Required Actions</p> <p><input type="checkbox"/> COPY to site CN Lead + Fax to Child Nutrition Dept @ 668-5859</p> <p><input type="checkbox"/> Tagged in Aeries (add special program 191 and start date)</p> <p><input type="checkbox"/> ORIGINAL emailed or faxed to Liaison in SS @ Fax 668-8398</p> <p><input type="checkbox"/> COPY in cum file with other registration materials</p>	<p><u>Initials</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Contact person handling affidavit: _____</p> <p>School _____ Phone _____</p> <p>Additional needs family mentioned: S-26</p> <p>Ed. Services</p> <p>(Rev. 6/11)</p>
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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 student has not participated in any special education programs
- ☐ My student 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**

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 _____ 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 <u>or</u> 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 _____

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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](tel:800-300-1506) English or [800-300-0213](tel:800-300-0213) Español.

Please list current diagnoses/significant past history: _____

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

Health Concerns	Yes	No
Bone/joint/muscle disorders or injuries*	<input type="checkbox"/>	<input type="checkbox"/>
P.E. Limitations*	<input type="checkbox"/>	<input type="checkbox"/>
Immune System Disorder*	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding disorder*	<input type="checkbox"/>	<input type="checkbox"/>
Stomach/GI/Bowel Problems*	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/Bladder problems*	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Including Food Allergies)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Allergy is MILD . No emergency medication		
<input type="checkbox"/> Allergy is SEVERE . 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 _____



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



LA MESA-SPRING VALLEY SCHOOLS

HOME LANGUAGE SURVEY/ENCUESTA DEL IDIOMA EN EL HOGAR

Only to be completed for students new to La Mesa-Spring Valley Schools
Sólo se llena para los alumnos que son nuevos en las escuelas de La Mesa-Spring Valley

STUDENT INFORMATION/INFORMACION ESTUDIANTIL

Last Name (Legal) <i>Apellido (Legal)</i>	First Name (Legal) <i>Nombre de Pila (Legal)</i>	Middle Name (Legal) <i>Segundo Nombre (Legal)</i>
Date of Birth _____ <i>Fecha de nacimiento del alumno</i>	Grade _____ <i>Grado</i>	School _____ <i>Escuela</i>

Please Read: Directions for 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.

Favor de Leer: Instrucciones para padres y tutores:

El Código de Educación de California contiene requisitos legales que guían a las escuelas a dar un examen de proficiencia en inglés a los estudiantes. El proceso comienza con determinar el idioma o idiomas que se hablan en el hogar de cada estudiante. Las respuestas a esta encuesta del idioma ayudarán al personal de la escuela saber si el estudiante debe tomar el examen. Esta información es esencial para que la escuela pueda proveer programas y servicios adecuados a los estudiantes.

Como padre o tutor, su cooperación es necesaria para cumplir con estos requisitos. Por favor responda a cada una de las cuatro preguntas siguientes de la forma más precisa posible. Para cada pregunta, escriba el nombre(s) del idioma(s) que corresponde en el espacio suministrado. Por favor, responda a todas las preguntas. Si contestó con error a las preguntas de esta encuesta de idioma, Ud. puede solicitar corrección de su respuesta antes de que la proficiencia de su estudiante sea evaluada.

1. Which language did your child learn when he/she first began to talk? _____
¿Qué idioma aprendió su hijo cuando empezó a hablar?
2. Which language does your child most frequently speak at home? _____
¿Qué idioma habla su hijo en casa con más frecuencia?
3. Which language do you (the parents or guardians) most frequently use when speaking with your child?
¿Qué idioma utilizan ustedes (los padres o tutores) con más frecuencia cuando hablan con su hijo?
4. Which language is most often spoken by adults in the home (parents, guardians, grandparents, or any other adults)?
¿Qué idioma se habla con más frecuencia entre los adultos en el hogar (padres, tutores, abuelos o cualquier otro adulto)?

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

Por favor firme y feche este formulario en el espacio suministrado. Muchas gracias por su cooperación.

Signature of Parent or Guardian/Firma del padre/madre o tutor

Date /Fecha

FOR SCHOOL OFFICE USE ONLY (SÓLO USO DE OFICINA)

SCHOOL _____ LMSVS STUDENT 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 Language Assessment Department (LAD)/Learning Support (619-668-6671)

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 State Funded Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

4750 Date Ave La Mesa, CA 91942

(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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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.

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

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 checked="" 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
--	------

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 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 Family Interest / Needs Survey

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

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:

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

Signature

Date

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



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 all 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



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



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
month of _____, _____
Parent/Guardian, please print year was \$ _____

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

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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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://cclid.ca.gov/contact.htm>.