



LA MESA-SPRING VALLEY SCHOOLS

Preschool Program

Thank you for your interest in the La Mesa-Spring Valley Schools Preschool Program. Attending preschool prior to kindergarten gives students a tremendous advantage. We offer a balanced preschool program that supports all children to achieve social, emotional, and academic success.

La Mesa-Spring Valley Schools offers part-day (8:30-11:30 am) preschool opportunities to 3 and 4 year old children in both State Preschool (qualifying families) and SmartSteps (fee-based) programs. Priority is given to La Mesa-Spring Valley residents and in accordance with state guidelines. If your child has a current IEP and your family is over income guidelines, you may apply. **Children must be able to toilet independently.**

State Funded Preschool

La Mesa-Spring Valley School District offers State Funded Preschool at various district elementary schools. State Funded preschool is free for qualifying families. Children are enrolled based on income and other eligibility criteria according to the priority established and monitored by the State of California. Students attend class 5-days a week for three hours per day.

Smartsteps Fee-Based Preschool

La Mesa-Spring Valley School District offers SmartSteps, a fee-based, part-day, preschool program for families that do not qualify for State Funded Preschool. Children can attend two or three days per week for a fee at Fletcher Hills Elementary School. Children can also enroll for five days a week at all State Preschool locations. A registration fee is required and non-refundable.

Required Enrollment Documents for State Preschool and SmartSteps

1. Completed Student Registration Forms
2. Birth Certificate for enrolling child
3. Immunization Record - all immunizations must be completed to enroll
4. Physical Exam - no later than three weeks of the first day of attendance

Additional Required Enrollment Documents for State Preschool

1. Birth Certificates for all children under 18 years of age in the family
2. Self-Declaration of Income for the adults included in family size
3. Recent Proof of Residence (2) 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.

4. Current 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 families have completed the preschool application and have all the necessary paperwork, please call **619-771-6082** to schedule an appointment. Families will be seen by appointment only.

Early Childhood Education Office

4811 Glen Street
La Mesa, CA 91941



Student Enrollment Preferences

Student's Name: _____

La Mesa-Spring Valley offers part-day preschool opportunities to 3 and 4 year old children. Please see required enrollment documents section and complete this page with enrollment preferences. Children must be able to toilet independently on their first day of school.

State Funded Preschool Program

School Location / Check one	
<input type="checkbox"/> Avondale	<input type="checkbox"/> La Presa
<input type="checkbox"/> Bancroft	<input type="checkbox"/> Maryland Ave
<input type="checkbox"/> Kempton	<input type="checkbox"/> Rancho
<input type="checkbox"/> La Mesa Dale	<input type="checkbox"/> Sweetwater Springs

State Funded preschool is free for qualifying families. Children are enrolled based on income and other eligibility criteria according to the priority established and monitored by the State of California. Students attend class 5-days a week for three hours per day.

SmartSteps Preschool Program

Check one	School Location
<input type="checkbox"/> 2 days Tuesday / Thursday - 8:30-11:30 \$60.00 Per week	<input type="checkbox"/> Fletcher Hills
<input type="checkbox"/> 3 days Monday / Wednesday / Friday - 8:30-11:30 \$80.00 Per week	
<p>I am aware the registration fee of \$70.00 per child is required and non-refundable. A space in the program is not guaranteed until your registration fee is confirmed with our billing department. * Prices are subject to change.</p>	

Once families have completed the preschool application and have all the necessary paperwork, please call **619-771-6082** to schedule an appointment. Families will be seen by appointment only.

Early Childhood Education Office
4811 Glen Street, La Mesa, CA 91941



La Mesa-Spring Valley Schools

PRESCHOOL STUDENT REGISTRATION FORM School _____

STUDENT INFORMATION		<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	Grade _____
_____		_____		_____
Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
_____		_____		_____
Other Name Student Goes By (if any) _____		Is student in the Foster Care System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____		Is student a military dependent? <input type="checkbox"/> Yes, Branch _____ <input type="checkbox"/> No		
_____		_____		
Street Address (Dwelling)		Apt / Unit #	City	State Zip Code
_____		_____	_____	_____
Birth Date	Birth City	Birth State/Country	Primary Telephone for phone calls <input type="checkbox"/> Unlisted	
_____	_____	_____	_____	

Parent/Guardian at Primary Residence						Resides with student <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Male	<input type="checkbox"/> Female					
1.) _____						
Last Name		First Name		Middle Name		
_____		_____		_____		
Work: _____			Cell: _____			
Other: _____			Email: _____			
Parent/Guardian Education Level	<input type="checkbox"/> Not a high School Grad (14)	<input type="checkbox"/> High School grad/GED (13)	<input type="checkbox"/> Some College (12)	<input type="checkbox"/> College Grad (11)	<input type="checkbox"/> Graduate School/ Post Grad Trng (10)	<input type="checkbox"/> Decline to answer (15)

Parent/Guardian at Primary Residence						Resides with student <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Male	<input type="checkbox"/> Female					
2.) _____						
Last Name		First Name		Middle Name		
_____		_____		_____		
Work: _____			Cell: _____			
Other: _____			Email: _____			
Parent/Guardian Education Level	<input type="checkbox"/> Not a high School Grad (14)	<input type="checkbox"/> High School grad/GED (13)	<input type="checkbox"/> Some College (12)	<input type="checkbox"/> College Grad (11)	<input type="checkbox"/> Graduate School/ Post Grad Trng (10)	<input type="checkbox"/> Decline to answer (15)

Student Program	
Has your child attended Preschool?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ School _____
Has your child ever qualified for the Special Education Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ School _____

STUDENT HISTORY

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)

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) Black or African American (6)
 Japanese (2-02) White (7)
 Korean (2-03) American Indian or Alaska Native (1)
 Vietnamese (2-04)
 Asian Indian (2-05)
 Laotian (2-06)
 Cambodian (2-07)
 Hmong (2-08)
 Other Asian (2-99)
 Filipino (4)

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_____
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.****NAMES OF PERSONS AUTHORIZED TO TAKE THE STUDENT FROM THE SCHOOL-Children will not be allowed to leave with any other person without written authorization from parent or authorized representative.****AUTHORIZED CONTACT #1**_____
First Name_____
Last Name_____
Address_____
City_____
State_____
Home Phone_____
Relationship to Student_____
Work Phone_____
Cell Phone**AUTHORIZED CONTACT #2**_____
First Name_____
Last Name_____
Address_____
City_____
State_____
Home Phone_____
Relationship to Student_____
Work Phone_____
Cell Phone**AUTHORIZED CONTACT #3**_____
First Name_____
Last Name_____
Address_____
City_____
State_____
Home Phone_____
Relationship to Student_____
Work Phone_____
Cell Phone**AUTHORIZED CONTACT #4**_____
First Name_____
Last Name_____
Address_____
City_____
State_____
Home Phone_____
Relationship to Student_____
Work Phone_____
Cell Phone**PARENT/GUARDIAN CERTIFICATION*****I certify, under penalty of perjury, that the statements made on this form are true and correct and that the documents that I have presented accurately represent the residence of the student I am registering.***_____
Parent/Guardian Signature_____
Date

ADDITIONAL STUDENT INFORMATION

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
5. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. _____	_____	_____	<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 HEALTH REGISTRATION FORM

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

Date of Birth: _____ Age _____ Sex: _____

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 _____

La Mesa-Spring Valley School District
TRANSITIONAL RESIDENCY AFFIDAVIT

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

TRANSITIONAL RESIDENCY INFORMATION	
School _____	Date: _____
<input type="checkbox"/> I have a permanent residence (skip to the bottom and sign and date this form)	
1. Presently, are you and/or your family living in any of the following situations:	
<input type="checkbox"/> In a shelter	
<input type="checkbox"/> Living with another person or family due to loss of housing etc.	
<input type="checkbox"/> Living in a hotel/motel	
<input type="checkbox"/> Unsheltered (car, RV, park, campground, abandoned bldgs, or other inadequate housing)	
<input type="checkbox"/> Foster care placement	
<input type="checkbox"/> Living alone as a minor student(s) without an adult (unaccompanied youth)	

2. Please list all children currently living with you:					
Last Name	First Name	M/F	Birthdate	Grade	School Name

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

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

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

Phone _____ Alternate phone numbers _____

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

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

Parent/Legal Guardian Signature Date

SCHOOL USE ONLY:	
School Required Actions <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	Initials _____ Contact person handling affidavit: _____ School _____ Phone _____ Additional needs family mentioned:



PRESCHOOL HOME LANGUAGE SURVEY

For Preschool Use Only

STUDENT INFORMATION

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

Date of Birth

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



LA MESA-SPRING VALLEY SCHOOLS

Preschool Program Self-Declaration Of Income

Child's Name: _____ Date of Birth _____

I, _____
Parent/Guardian, please print verify that my monthly gross income for the
month of _____, _____
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

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

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

Signature of Parent/Guardian

Date



LA MESA-SPRING VALLEY SCHOOLS

Preschool Program Self-Declaration Of Income

Child's Name: _____ Date of Birth _____

I, _____
Parent/Guardian, please print verify that my monthly gross income for the
month of _____, _____
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

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

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

Signature of Parent/Guardian

Date



LA MESA-SPRING VALLEY SCHOOLS

Preschool Program 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

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 Schools Preschool Program

(PRINT THE ADDRESS OF THE FACILITY)

4811 Glen St, La Mesa CA 91941

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

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

Licensing Office Telephone #: (619) 767-2200

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

La Mesa-Spring Valley Schools Preschool Program
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
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

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
--	------

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

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

_____ / LMSV-Preschool Program 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
()



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

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 _____

Waiver for preschool is not acceptable

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

