



# 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 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 Maryland Ave Elementary School in the P.M. 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



**LA MESA-SPRING VALLEY SCHOOLS**  
**Preschool Program**

**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 (8:30-11:30 unless indicated differently)	
<input type="checkbox"/> Avondale	<input type="checkbox"/> La Presa
<input type="checkbox"/> Bancroft	<input type="checkbox"/> Maryland Ave - 8:05-11:05
<input type="checkbox"/> Kempton - 8:15 -11:15	<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 \$76.00 Per week	<input type="checkbox"/> Maryland Ave PM Class 11:30-2:30
<input type="checkbox"/> 3 days Monday / Wednesday / Friday \$114.00 Per week	
<input type="checkbox"/> 5 days Monday- Friday \$191.00 Per week	
<p>I am aware the registration fee of \$75.00 per child is required and non-refundable.</p> <p>A space in the program is not guaranteed until your registration fee is confirmed with our billing department.</p> <p>* 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



**STUDENT INFORMATION**  Boy  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?  Yes  No

\_\_\_\_\_  
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 \_\_\_\_\_

Male  Female

Resides with student  
 Yes  No

1.) \_\_\_\_\_  
Last Name First Name Middle Name

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Parent/Guardian at Primary Residence**

Parent  Step-Parent  Legal Guardian  Foster  Other \_\_\_\_\_

Male  Female

Resides with student  
 Yes  No

2.) \_\_\_\_\_  
Last Name First Name Middle Name

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Student Program**

Has your child attended Preschool?  Yes  No Year \_\_\_\_\_ School \_\_\_\_\_

Has your child ever qualified for the Special Education Program?  Yes  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](http://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 Phillipine 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](http://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](http://www.coveredca.com) or call 800-300-1506 English or 800-300-0213 Español.

Please list current diagnoses/significant past history: \_\_\_\_\_

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

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

Explain Health Concerns with an asterisk (\*): \_\_\_\_\_

Special equipment/procedures/arrangements: \_\_\_\_\_

Previous Hospitalizations:  Yes  No Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

**Medications**

Taking medication for a long-term condition  Yes  No

Diagnosis for which medication is being taken \_\_\_\_\_

Name and dosage of all medication(s) \_\_\_\_\_

Is medication taken during school hours?  Yes  No

Times taken at home \_\_\_\_\_ and at school \_\_\_\_\_

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

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

Parent/Guardian Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

La Mesa-Spring Valley 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: \_\_\_\_\_

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:**

- 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)

**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**

<p><u>School Required Actions</u></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>Contact person handling affidavit: _____</p> <p>School _____ Phone _____</p> <p><b>Additional needs family mentioned:</b></p>
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**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 Metropolotan 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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### 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](http://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:**

	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

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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  
( )



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:

Table with 2 columns and 13 rows listing various areas of interest such as Housing, Energy Assistance, Legal, Medical Concerns, Mental Health/Family Concerns, Employment, Parenting Information, Family Resources, Clothing, Child Care Assistance, Food, Dental Concerns, Nutritional Concerns, Education, Recreational Information, and Support Group Information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only
Community Resource Information Provided on \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_



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**  
**Preschool Program**

**Self Declaration Of Income for State Preschool Program**

<b>Child Name</b>		<b>Date of Birth</b>	
<b>Parent Name</b>			

<b>Employer Name</b>		<b>Your Job Title</b>	
<b>Employer Address</b>		<b>Phone Number</b>	

<b>Method of Payment</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	
<b>Frequency of Payment</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly

**Parent / Guardian Statement**

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<b>Countable Income - For All Individuals Counted in the Family Size</b>	<b>Monthly Amount</b>
Monthly Gross Wages (including commissions, overtime, tips, bonuses)	\$
CalWorks, Cash Aid	\$
Disability or Unemployment Compensation	\$
Workers Compensation	\$
Spousal Support and / or Child Support	\$
Survivor (i.e. SSA) and Retirement Benefits	\$
Dividends, Interest on Bonds, Income from Estates / Trusts, Net Rental Income or Royalties	\$
Rent for Room within the Family's Residence	\$
Financial Assistance Received for Care of Child Living with Non Biological or Adoptive Parent	\$
Pensions or Annuities	\$
Inheritance	\$
Allowances for Housing or Automobiles Provided as Part of Compensation	\$
Insurance or Court Settlements for Lost Wages or Punitive Damages	\$
Other	\$

*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 for State Preschool Program**

<b>Child Name</b>		<b>Date of Birth</b>	
<b>Parent Name</b>			

<b>Employer Name</b>		<b>Your Job Title</b>	
<b>Employer Address</b>		<b>Phone Number</b>	

<b>Method of Payment</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	
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**Parent / Guardian Statement**

---

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\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date**



**LA MESA-SPRING VALLEY SCHOOLS**  
**Preschool Program**

**Employer Income Verification Release for State Preschool Program**

<b>Child Name</b>		<b>Date of Birth</b>	
<b>Parent Name</b>			

**Title 5 California code of Regulations (CCR) Section 17762**

*As part of the California State Preschool Program, documentation of income eligibility shall be obtained from the parent for the purpose of determining whether a family is income eligible. The parent(s) shall provide documentation of total countable income for all the individuals counted in the family size.*

*If the parents is employed, the parent shall provide:*

- (A) A release authorizing the contractor to contact the employer(s) that includes, to the extent known, the employer's name, address, telephone number, and usual business hours; and*
- (B) Payroll check stubs, or an independently drafted letter from the employer, or other record of wages issued by the employer from either month of the two month window immediately preceding the initial certification, or the recertification of eligibility for services.*

<b>Employer Name</b>		<b>Job Title</b>	
<b>Employer Address</b>			
<b>Contact Person</b>		<b>Phone Number</b>	

*I AUTHORIZE the La Mesa-Spring Valley School District to contact said employer(s) to verify provided employment information AND for my employer to release information regarding my employment to the La Mesa-Spring Valley School District.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**This Section To Be Completed By La Mesa-Spring Valley Preschool Office Staff**



**LA MESA-SPRING VALLEY SCHOOLS**  
**Preschool Program**

**Employer Income Verification Release for State Preschool Program**

<b>Child Name</b>		<b>Date of Birth</b>	
<b>Parent Name</b>			

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**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**This Section To Be Completed By La Mesa-Spring Valley Preschool Office Staff**

