

## Check List for additional documents to turn in with registration packet:

### For State:

- ☐ Pre-Enrollment
- ☐ Physician's Report with TB Clearance (Marked on PR)
- ☐ Immunizations (must be up to date)
- ☐ Birth Certificate for every child in the family (this proves family size)
- ☐ Proof of residence (US mail, example PG&E)
- ☐ Proof of income (equal 1 months pay, must be current and consecutive)

### For Fee Based:

- ☐ Pre-Enrollment
- ☐ Physician's Report with TB Clearance (Marked on PR)
- ☐ Immunizations (must be up to date)
- ☐ Birth Certificate of enrolling child
- ☐ Proof of residence (US mail, example PG&E)
- ☐ \$50 Registration/Materials Fee

# Family checklist: things to do and remember

## 2023-2024

- ☐ **New student** entering DJUSD schools for the first time must complete pre-enrollment by visiting the site below:

<https://preenroll.djUSD.net/>

**BEGINNING April 25th, 2023** all new students to DJUSD begin with Pre-Enrollment (Step 1 below).

1. Complete Pre-Enrollment and print form and turn in with the rest of the packet (this does not guarantee enrollment)
2. Gather Early Learning Center's Required Registration Documents, fill them out fully and return paperwork to the office.
3. Complete Online Re-Enrollment once pin/password is assigned (this will recur annually before school begins in each Fall)
4. The website says TK-12 but please proceed.

- ☐ **Returning families** please complete online re-enrollment by visiting the site below after July 1, 2023:

[https://www.djUSD.net/departments/technology/re\\_enrollment](https://www.djUSD.net/departments/technology/re_enrollment)

1. Returning families must complete online re-enrollment
2. Fill out registration packet and return after April 25<sup>th</sup>, 2023.

\*\*\* Please use a desktop computer or laptop for easy access\*\*\* (Computer available for use in the preschool office)

## Top 5 Reminders for our preschool program to run smoothly

1. If your child is going to be late or staying home for any reason you need to report the absence to your child's classroom either by phone or emailing the teacher (email is best to communicate directly to teacher and office). We need to know the reason for the absence. If your child is ill, we need to know the symptoms.
2. You must be in your child's classroom 5 minutes prior to your child's pickup time to ensure that your child is signed out and their personal belongings are picked up.

***If late pick-ups become an issue, the first warning for State preschool families will be a verbal warning, second is a written warning, third warning will be meeting with the director to talk about continued enrollment. For Fee based families, you will receive one verbal warning and then you will be charged 1 dollar per min you are late.***

3. Please Park in parent designated spots, do not park in the permitted parking stalls or yellow line.
4. Fee based: Tuition is due on the 1<sup>st</sup> and late on the 5<sup>th</sup> a \$25 late fee will be charged.



## LICENSING AND FEE BASED CHECKLIST

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ (first day of school)

School of choice: VO\_\_ or KOR\_\_

☐ State Funded: AM\_\_ or PM\_\_

☐ Fee Based: Full Day\_\_5days Half Day\_\_AM OR \_\_PM Extended day(only state)\_\_5

Check all areas, once the form has been completed.

Fee based: \_\_Yes \_\_No \_\_Extended day

\_\_\_\_\_ Contract Fee Based/Extended day Only

\_\_\_\_\_ Family Fee Policy for Fee Based/Extended Only

\_\_\_\_\_ Proof of DJUSD employment Fee based/Extended day only

\_\_\_\_\_ \$50 Registration/materials fee Fee Based/Extended only

### State and Fee based forms:

\_\_\_\_\_ Pre-Enrollment

\_\_\_\_\_ Emergency Card (due before entry)

\_\_\_\_\_ Family Handbook and Calendar Received

\_\_\_\_\_ Record of birth (State Preschool must turn in record of birth for any siblings)

\_\_\_\_\_ Proof of residence (US Mail, example PG&E)

\_\_\_\_\_ Home Language Survey

\_\_\_\_\_ Physical Exam & TB Results (LIC 701)

\_\_\_\_\_ Copy of Immunizations Record

\_\_\_\_\_ Health History - Parent's Report (LIC 702)

\_\_\_\_\_ Notification of Parent's Rights (LIC 995)

\_\_\_\_\_ Personal Rights (LIC 613 A)

\_\_\_\_\_ Age and potty-training policy

\_\_\_\_\_ Child Abuse Reporting Policy

\_\_\_\_\_ Teacher Questionnaire

\_\_\_\_\_ Raptor Agreement

\_\_\_\_\_ Native American Education program & Application

\_\_\_\_\_ Help Me Grow (optional)

\_\_\_\_\_ Other (legal documents, court ordered documents)

I have read, completed, and understood the information that was presented to me.

Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only:

I certify that the enrollment packet of child stated above is complete and becomes effective on the child's enrollment date noted.

\_\_\_\_\_ Print Name - Director

\_\_\_\_\_ Signature - Director

\_\_\_\_\_ Date

\_\_\_\_\_ Family information into computer \_\_\_\_\_ confirmation email \_\_\_\_\_ Q

\_\_\_\_\_ Add to licensing roster \_\_\_\_\_ registration fee in system (Fee base only) \_\_\_\_\_ Print Imm. record

\_\_\_\_\_ Withdraw \_\_\_\_\_ NOA of withdraw \_\_\_\_\_ Q Withdraw \_\_\_\_\_ Schedule Change \_\_\_\_\_ NOA of change \_\_\_\_\_ Q Change of schedule

2023-2024

Revised 04/24/23.

## -EMERGENCY CARD-

\*\*\*Print clearly\*\*\*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Nickname, if any \_\_\_\_\_

Grade: \_\_\_\_\_ Preschool Gender: \_\_\_\_\_ Language Spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Student lives with: (check all that apply) ☐ Both Parents ☐ Father ☐ Mother ☐ Step Father ☐ Step Mother

☐ Foster parent(s) ☐ Legal Guardian(s)

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Highest level of education completed (not a high school grad, high school grad, college graduate, graduate school/post grad, some college, or declined to state): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Highest level of education completed (not a high school grad, high school grad, college graduate, graduate school/post grad, some college, or declined to state): \_\_\_\_\_

### AUTHORIZED PERSONS TO TAKE CHILD TO & FROM THE FACILITY – EMERGENCY CONTACTS

**NO** child will be permitted to leave the facility with any person that does not have written authorization and proper identification. Please ensure correct telephone numbers are listed for Emergency purposes in case we are unable to contact you.

Name	FULL address	Phone Number	Relation

### IN CASE OF EMERGENCY – MEDICAL INFORMATION

Physician/Medical Group: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Group ID #: \_\_\_\_\_ Local Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

If your physical is not located in Davis, please name a local physician where your son/daughter may be taken for emergency care.

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an accident or other emergency, when I/we are unavailable, I/we authorize a representative of the School to make such arrangements as he/she considers necessary for our son/daughter to receive medical or hospital care, including necessary transportation under such circumstances, we further authorize the physician/dentist named to undertake such care and treatment of my/our son/daughter as he/she considers necessary. In the event said physician is not available at that time, I/we authorize such care and treatment to be performed by any licensed physician/dentist or surgeon.

I verify that the information above is correct as printed and/or with the corrections as noted. Should any parent/guardian contact information change during the school year. I will notify the school office within one week. I hereby agree to these procedures and further agree to bear all accident/emergency costs incurred as the result of the foregoing. A photocopy of this consent form is considered valid.

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

If you do not choose the above actions to take place, please state action desired in the event of any accident or emergency:

Please answer yes or no: Wears contact lenses: \_\_\_\_\_; Wears hearing aid: \_\_\_\_\_; Wears dental appliance: \_\_\_\_\_ Subject to any conditions which may result in emergency such as Epilepsy; Diabetes; Fainting Spell; Heart Condition; Drug Allergy; Allergic reaction to insect bites or bee stings; hay fever or other health problems. PLEASE LIST ANY CONDITION AND WRITE SPECIAL INSTRUCTIONS, IF ANY: \_\_\_\_\_

Other known problems or medic alert information (speech, hearing, vision, orthopedic, bleeding tendency, etc.) Please list and explain: \_\_\_\_\_

Does the student take medication regularly? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the medication: \_\_\_\_\_

2023-2024

Revised 04/24/23.



### CONTRACT – FEE BASED ONLY

Effective Date (First day of school): \_\_\_\_\_ Child's Name: \_\_\_\_\_

**CIRCLE** schedule      **CIRCLE** which site you prefer: Korematsu or Valley oak

#### Monthly Tuition Rates

Schedules	5 days/week Monday-Friday
<b>Full day Fee based</b> 7:30am-4:00 pm	<b>1,063</b> 25% DJUSD discount
<b>Half day Fee based</b> 7:30-11:30pm or 12:00-4:00pm	<b>624</b> 10% DJUSD discount
<b>Extended day</b> (CSPP Am families only) 11:30-4:00 pm	<b>450</b> 10% DJUSD discount
<b>Drop in rate</b> **No more than 10 per year **24 hour notice-required	<b>\$50</b>

Registration fee is \$50 per family per year and the fee is non-refundable and is used to process paperwork and buy materials for the classroom.

Payment by check or money order is accepted, payable to Early Learning Center, no cash will be accepted.

Returned checks are subject to \$30 processing fee and only online payment will be accepted.

Online payment: <https://preschool.djUSD.net/> then click on Family, then click Children's Center webstore

\*\*\*Families receiving Tuition assistance will be responsible for the reminder of the balance that is not covered by the assistance program

Schedules can be changed; however, the new schedule will start the following month. Changes must be made 7 days prior to the new month.

The tuition is \_\_\_\_\_ per month, due on the 5<sup>th</sup> of each month. Please put your checks/money orders directly in the cash box in your child's classroom or the tuition drop box in the main office or pay online.

Your child's schedule is M T W T H F (circle) From \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_ (enter time).

I have read, completed, and understand the information that was presented to me.

Guardian Name: \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Change in child's schedule M T W T H F (circle) From \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_ (enter time).

Effective \_\_\_\_\_ Parent signature \_\_\_\_\_ staff initials \_\_\_\_\_

2023-2024

Revised 04/24/23.



## FEE BASED ONLY – FAMILY FEES

### BILLING AND COLLECTION:

1. You agree to pay DJUSD Preschool registration and monthly fees for your child to participate in our program.
2. Your payment is due in full on the first of every month and is late after 4:00PM of the 5<sup>th</sup> calendar day of the month
3. If the bill remains unpaid on the 5<sup>th</sup> calendar day of the month, the fee is considered delinquent.
4. A \$25 fee is charged for payments received after 4:00pm on the 5<sup>th</sup> day of the calendar day of the month.
5. If your payment has not been received by the last calendar day of the month, disenrollment will immediately occur. To re-enroll, ~~on a space available basis~~, all past due fees must be paid in full.
6. There are no refunded fees.
7. New parents/guardians, your first family fee bill is due immediately upon receipt and delinquent within (7) days.
8. The only prorated months of tuition occur in August and in June. September through May will be the same monthly tuition.
9. A Notice of Termination (Action), stating that services will be terminated in 19 calendar days, will be issued for all delinquent fees. If delinquent fees remain unpaid by the effective termination date of the notices, services will stop.
10. The Notice of Action will state the amount of unpaid fees, the fee rate and the period of delinquency.
11. If a parent discontinues services, DJUSD requires a minimum one-month notice in writing that must be submitted to the Preschool Director.

### PAYMENT:

1. Early Learning Center accepts checks and/or money orders.
  - a. All returned checks are subject to a service charge of \$25 If your check is returned, we will no longer accept checks for payment.
  - b. A returned check is nonpayment of tuition and is considered delinquent a charge of \$25 will be applied.
  - c. Your child's full name and last name must be listed on payment.
  - d. Online payments: <https://preschool.djUSD.net/> click Family, then click Children's Center Webstore
2. All family fees must be submitted to our administrative office at 3100 Loyola Dr. during normal business hours, via mail, or office drop box or given to classroom teacher.

I have reviewed and understand the above policy regarding payment of my family fee.

Guardian Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**DAVIS JOINT UNIFIED SCHOOL DISTRICT**  
**School Year Calendar**  
**2023 - 2024**

<b>July</b>					<b>August</b>					<b>September</b>				
3	✿ 4	5	6	7		1	2	3	4					1
10	11	12	13	14	7	8	9	10	11	✿ 4	5	6	7	8
17	18	19	20	21	14	15	16	✿ 17	✍ 18	11	12	13	14	15
24	25	26	27	28	✍ 21	✍ 22	23	24	25	18	19	20	21	22
31					28	29	30	31		25	26	27	28	29
<b>October</b>					<b>November</b>					<b>December</b>				
2	3	4	5	6			1	2	3					1
✍ 9	10	11	12	13	6	7	8	✍ 9	✿ 10	4	5	6	7	8
16	17	18	19	20	13	14	15	16	17	11	12	13	14	15
23	24	25	26	27	✍ 20	✍ 21	✍ 22	✿ 23	✿ 24	18	19	20	21	22
30	31				27	28	29	30		✿ 25	✍ 26	✍ 27	✍ 28	✍ 29
<b>January</b>					<b>February</b>					<b>March</b>				
✿ 1	✍ 2	✍ 3	✍ 4	✍ 5				1	2					1
✍ 8	9	10	11	12	5	6	7	8	9	4	5	6	7	8
✿ 15	16	17	18	19	✍ 12	13	14	15	16	11	12	13	14	15
✍ 22	23	24	25	26	✿ 19	20	21	22	23	18	19	20	21	22
29	30	31			26	27	28	29		✍ 25	✍ 26	✍ 27	✍ 28	✍ 29
<b>April</b>					<b>May</b>					<b>June</b>				
1	2	3	4	5			1	2	3	3	4	5	✍ 6	✍ 7
8	9	10	11	12	6	7	8	9	10	10	11	12	13	14
15	16	17	18	19	13	14	15	16	17	17	18	✿ 19	20	21
22	23	24	25	26	20	21	22	23	24	24	25	26	27	28
29	30				✿ 27	28	29	30	31					

✍ - New Teacher Work Day      ✿ - Legal Holiday      ✍ - Last day of School  
 ✍ - Teacher Work Day      ✍ - Local Holiday      ✍ - School Begins  
 ✍ - Elementary Teacher Work Day      ✍ - Junior High Teacher Work Day      ✍ - Senior High Teacher Work Day

✍ Classified Work Day for Traditional Employees/Non-Work Days for Positive Work Year Employees (School Holiday)

Elementary Teacher Work Day: Thursday, November 9 (No school for Elementary students)

Secondary Teacher Work Day: Monday, January 8 (High School) Monday, January 22 (Junior High) (No school for Secondary students)

Board Approved School Calendar: 3/02/23



### Receipt of Family Handbook and Calendar

I have received a copy of the Family Handbook and school calendar. I understand it is my responsibility to read and comply with the information in the handbook. I will also share the information with adults involved in dropping off and picking up children in the DJUSD Preschool Programs. Please review late pick up policy, reporting student absences, sick policy, and parent volunteer information. The handbook is on the website [preschool.djUSD.net](http://preschool.djUSD.net)

Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Home Language Survey

Surname/Family Name of Student: \_\_\_\_\_

First Given Name of Student: \_\_\_\_\_

Second Given Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade Level of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

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## 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 they first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents and 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, then return this form to your child's teacher. Thank you for your cooperation.

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

Date \_\_\_\_\_

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

**CHILDREN'S CENTER**  
**1400 E. 8TH STREET**  
**DAVIS, CA 95616**  
(NAME OF CHILD CARE CENTER/SCHOOL)

\_\_\_\_\_, born \_\_\_\_\_ (BIRTH DATE) is being studied for readiness to enter

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
<b>POLIO (OPV OR IPV)</b>	/ /	/ /	/ /	/ /	/ /
<b>DTP/DTaP/DT/Td</b> (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
<b>MMR</b> (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
<b>HIB MENINGITIS</b> (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
<b>HEPATITIS B</b>	/ /	/ /	/ /	/ /	/ /
<b>VARICELLA</b> (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

### SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME		SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

## DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT*	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:

<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
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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
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## 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?*
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE BOWEL MOVEMENTS REGULAR?*
WORD USED FOR "BOWEL MOVEMENT"*	WHAT IS USUAL TIME?*
PARENT'S EVALUATION OF CHILD'S HEALTH	WORD USED FOR URINATION*

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

## PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.  

Licensing Office Name:	Department of Social Services: Community care Licensing
Licensing Office Address:	2525 Natomas Park dr. #250 Sacramento 95833
Licensing Office Telephone #:	916-263-5744
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. DJUSD Early Learning Center  
Name of Family Child Care Home

Signature (Parent/Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.**

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

# IMPORTANT INFORMATION FOR PARENTS

## CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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

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

### How the Exemption Request is Reviewed

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

The person who needs the exemption must provide information about:

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

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

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

### How to Obtain More Information

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

# 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:

Department of Social Services:

NAME

Community Care Licensing

ADDRESS

2525 Natomas Park dr #250

CITY

Sacramento

ZIP CODE

95833

AREA CODE/TELEPHONE NUMBER

916-263-5744

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)

DJUSD Early Learning Center

(PRINT THE ADDRESS OF THE FACILITY)

3100 Loyola Dr. Davis CA 95618

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)



## Enrollment requirements for state and full day preschool

State preschool: child must be 3 years old by the first day of the school year.

Date of birth: \_\_\_\_\_

Full day preschool: Child must be 3 years old by their first day of school.

Date of Birth: \_\_\_\_\_

**ALL Children enrolled in the preschool classes must be potty trained.**

Potty trained means.....

1. A child is proficient at using the toilet independently for #1 and #2.
2. Minimum of one accident a week.
3. Can verbalize that they need to use the bathroom.
4. Does not need a pull up at nap time

There are no diaper changing facilities in our classrooms. Teachers with as many as eight (CSPP) or twelve (fee based) children in the classroom cannot meet the needs of those who are not potty trained and interact appropriately with the others in the class.

Each child should be able to take care of their potty needs with minimum assistance from their teacher. However, if your child is unable to care properly for his/her potty needs they will not be able to attend preschool until they can do so.

**Is your child fully potty trained after reading the above statement?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\*If no, you will be put back on the wait list until the child becomes FULLY potty trained. \*

I acknowledge that the above is true about my child and if my child is not fully potty trained upon enrollment in the DJUSD Early Learning Center my child may be terminated from the program.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Directors/secretary's signature: \_\_\_\_\_ Date: \_\_\_\_\_



### California Mandated Reporting Law

DJUSD believes in providing a safe and healthy environment for all children. Our staff members would like to work closely with parents in the prevention of child abuse. All of our staff in contact with children have been screened by the State Department of Social Services, Community Care Licensing, and have received clearance of any criminal history from the State Department of Justice.

The California State Child Abuse Reporting Law (Penal Code 11166) requires child care custodians, professionals, and direct service staff, who have a special working relationship or contact with children, to report suspected abuse to the proper administrators and any employee of DJUSD must report suspected abuse by phone as soon as possible and shall prepare a written report within 36 hours of receiving the information concerning the incident.

Reports of suspected child abuse will be made to Child Protective Services at:

**Child Welfare Services of Yolo County:**

(530) 669-2345 or toll free 1(888)400-0022

25 N. Cottonwood, Woodland, CA 95695

Fax: (530)661-3630

**Davis Police Department:**

(530)747-5400

2600 Fifth Street, Davis, CA 95616

Fax: (530)757-7102

**Child's Name:** \_\_\_\_\_

I have read and understand the Child Abuse Reporting Policy.

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## TEACHER QUESTIONNAIRE

A copy of this form will be given to your child's teacher so he/she can learn more about how to best support your child and family.

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name Child goes by:** \_\_\_\_\_ **Parent email:** \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

If not English, is child proficient in English? Yes or No

Does he/she understand instructions in English? Yes or No

Previous Child Care/Preschool Experience \_\_\_\_\_

How many siblings does the child have? \_\_\_\_\_

What are your child's strengths?

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Do you have any concerns about your child's development? (Speech/language, health, learning challenges) Does your child receive special education services Yes\_\_\_ No\_\_\_

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Does your child have any fears?

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Is there anything else you would like to share about your child or family? ( Illnesses, allergies, medication, etc.)

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Are there any family traditions, careers, or activity that you would like to share with your child's classroom?

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**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **RAPTOR Page 1 of 2**

We would like to introduce you to a new system our school has acquired to help protect your children – it's called V-Soft. V-soft helps track visitors, students, faculty, contractors and volunteers at our school, thus providing a safer more monitored environment for the students.

When visitors, volunteers, or contractors check in (in our administrative office), they will be asked to present a valid state issued ID for entering into the system. The system has the ability to provide alerts on people who may jeopardize the safety of the campus.

We feel certain this will help us keep our campus a little safer, and ask for your cooperation in presenting your valid state issued ID when checking in at our school. Thank you in advance for your help in this matter.

### **Frequently Asked Questions**

#### **1. Why is DJUSD using this system?**

Safety of our students is our highest priority. Raptor will provide a consistent system to track visitors and volunteers while keeping away people who present a danger to students and staff members. The system quickly prints visitor badges that include a photo, the name of the visitor, time and date.

#### **2. If a person is identified by V-Soft as an RSO, will that person be allowed into our schools?**

Generally speaking, unless the individual is wanted by police, as long as they have a legitimate reason to be on campus (e.g., visiting a legal dependent) you cannot give a blanket "no." However, such individuals will only be given limited access and will be accompanied at all times by an adult representative of the school.

#### **3. What types of identification are acceptable to be used in the V-Soft system?**

The following IDs are known to work within the system: California Driver License; State ID Card; Concealed Handgun License; Military ID; Government ID; Mexico Driver License; Mexico Consulate ID; Canada Driver License; and, Alien Registration Receipt Cards. This list is not meant to be exhaustive, or to exclude other forms of valid state or government issued photo identification cards. If another form of ID is presented, we will evaluate its use for the V-Soft system.

#### **4. Does an individual have to present a photo ID each time they visit a school?**

No. A visitor will need to present the photo ID on the initial visit at each school visited. With subsequent visits, the receptionist will simply enter their name; other pertinent information will be displayed from the system's memory. It is important to note that even though a visitor does not have to provide the photo ID with subsequent visits to the same school, before a visitor's pass is printed out the V-Soft system will check the name against its updated database of Registered Sexual Offenders. It is also important to remember that if, for any reason, announced or not, a principal wants to require photo ID for all visitors, this will be strictly enforced.

#### **5. What if an individual does not have a district-approved photo ID; can they still get into the school?**

It depends on the purpose of the visit. A building administrator will evaluate the purpose for the visit and make a determination. If granted, the visit will be monitored and limited solely to the area where they need to go. Before entering the school, they will be asked to provide their first and last name, as well as their date of birth; this information will be manually entered into the V-Soft system and scanned against the RSO database. Assuming clearance, a visitor's pass will be issued.

**6. Do we have the right to require visitors, even parents, to produce identification?**

Yes, the security and safety of our students is most important. You need to be sure of who is on your campus, why they are there and, particularly if a student is involved (e.g. early pickup - be able to confirm that they are the right individuals to have access to the student.

**7. Does the V-Soft system maintain a picture of the driver license in its database?**

No, V-Soft only keeps the identifying information from the license, such as name, date of birth, photo, and address; once obtained, it discards the picture of the license. Raptor also keeps the Driver License number in the event law enforcement should need assistance in identifying a visitor to our building. If a person objects to allowing Raptor to maintain the DL number, an alternate form of photo identification can be used.

**8. What if I just need to drop off something for my child at the front office; would I need to go through the system?**

Any and all visitors who will interact with any students, for whatever reason, will be entered into the system. If a parent should simply drop off something for the student without interacting with him/her, then the parent would not be entered into the system.

**9. What if I'm on the Registered Sexual Offender list; can I expect to interact with my child in educating him/her?**

Yes, unless there is a court-order restricting your access into the school. You will need to check in with the receptionist upon arrival. A school administrator will visit with you to confirm the purpose of your visit. After this, you should expect that your visit will be limited and monitored in its entirety.

**10. Can a parent that is a registered sex offender pickup his/her son or daughter from school?**

Yes, they are allowed to pick up their own child, and to attend a public event at the school or a parent/teacher conference. They are not allowed to volunteer in any capacity at the school including driving other children on field trips.

**11. What if the person does not have or refuses to show identification?**

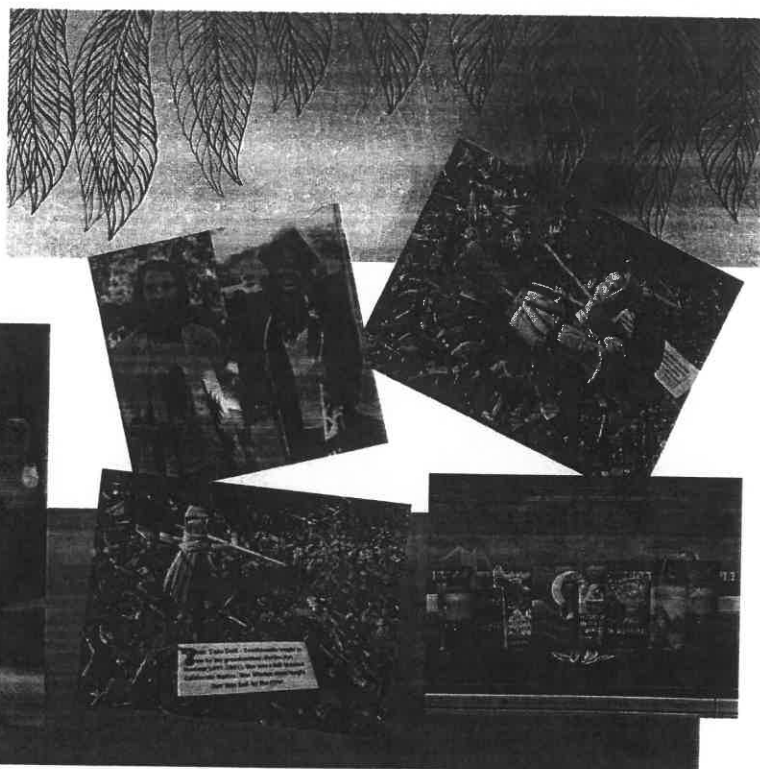
The administrator and/or designee will question the individual and explain the process to them. The administrator and/or designee then, based on their knowledge of the person and situation can make a determination whether to allow entry (and manually enter the information into the system) or refuse access to the facility and/or student.

I have read, completed, and understand the information that was presented to me.

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Native American Education Program



**The goal of the program is to support the cultural identities of Native American students in DJUSD while providing resources so they can fulfill their educational goals.**

### **Purpose**

Our goal is to improve student academic success by providing educational supports and fostering cultural pride, through cultural learning opportunities and community connection. The program is funded by the Federal Title VI Program and matching Local Control Accountability Plan (LCAP) funds. The program also helps the district to ensure DJUSD environments are conducive to learning for all Native American, Alaska Native and Indigenous students. All services are provided to the students free of charge.

### **Eligibility**

Native American/Alaska Native and Indigenous students enrolled in any of the DJUSD schools are eligible for services. The parent/guardian must complete a Title VI Student Eligibility Certification Form (506). This form can be obtained online at this [link](#) or by contacting us. Please contact Monica Shiel at [mshiel@djUSD.net](mailto:mshiel@djUSD.net) or Kate Snow at [ksnow@djUSD.net](mailto:ksnow@djUSD.net).

### **Staff**

Monica Shiel, Program Coordinator  
[mshiel@djUSD.net](mailto:mshiel@djUSD.net)  
(530) 757-5300 x 108

Kate Snow, Program Director  
*District Coordinator of School Climate*  
[ksnow@djUSD.net](mailto:ksnow@djUSD.net)  
(530) 757-5300 x 108

### **Tutoring Program**

The Tutoring Program provides after school assistance for students in 1st through 12th grades who are below grade level in reading, math and/or language arts. To request tutoring, please fill out the [tutoring request form](#) and then contact us to coordinate.

### **Cultural Events**

The Native American Education Program provides several cultural events throughout the school year, culminating in a Graduation and Promotion Celebration for graduating seniors and promoting 6<sup>th</sup> and 9<sup>th</sup> graders who are enrolled in the Native American Education Program.

### **The Parent Advisory Committee (PAC)**

The PAC advises, monitors and evaluates the Native American Education Program in collaboration with staff. The majority of the PAC consists of parents of Native American/Alaska Native and Indigenous students enrolled in the DJUSD. Members are elected each year by parents of the DJUSD American Indian/Alaska Native and Indigenous community. **We are looking for parents! If you are interested in volunteering to serve on the PAC, please contact Monica Shiel at [mshiel@djUSD.net](mailto:mshiel@djUSD.net) or Kate Snow at [ksnow@djUSD.net](mailto:ksnow@djUSD.net).**

Please visit our Native American Education Program on DJUSD's [Website](#) and on [Facebook](#).

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

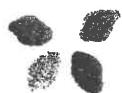
**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_



**Help Me Grow**  
Yolo County



**Developmental Screening**  
Consent Form

I consent to completing the questionnaires and allowing Help Me Grow Yolo County to analyze the information and return the results to me and contact me about resources in Yolo County. If you have any questions please call 844-410-GROW or email us at [information@helpmegrowyolo.org](mailto:information@helpmegrowyolo.org)

Name of Child: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Child's Gender: ☐ Female ☐ Male

Mailing Address: \_\_\_\_\_ ☐ Same as Above

Was your child born 3 or more weeks premature? ☐ Yes ☐ No If so, how many weeks? \_\_\_\_\_

How would you prefer to be contacted? ☐ Phone ☐ Email ☐ I would like the referring agency to contact me

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

What language would you prefer to be contact in? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Child's race/ethnicity? \_\_\_\_\_ Caregivers race/ethnicity? \_\_\_\_\_

**For us to best serve you we have some additional optional questions.**

Does your child have any medical concerns or diagnoses? \_\_\_\_\_

Does your child have an? ☐ Individual Family Service Plan (IFSP) ☐ Individual Education Plan (IEP)

Do you have any concerns about your child's development? \_\_\_\_\_

Do you receive Cal-Works Benefits? ☐ Yes ☐ No Is a member of family in the Military? ☐ Yes ☐ No

Do you currently have health insurance? ☐ Yes ☐ No

If yes, what health insurance? ☐ Medi-Cal ☐ None ☐ Other: \_\_\_\_\_

What is your current family type? ☐ Two Parent ☐ Single Parent ☐ Relative ☐ Other: \_\_\_\_\_

How did you learn about Help Me Grow? \_\_\_\_\_

Is your family currently working with other Yolo County services? ☐ No ☐ Yes: \_\_\_\_\_

Caregivers Gender: \_\_\_\_\_

**I would like to share the results of these questionnaires with:**

☐ Referring Provider: \_\_\_\_\_

☐ Physician: \_\_\_\_\_

☐ School District ☐ Alta California Regional Center ☐ Warmline Family Resource Center

☐ Other (Preschool, Social Worker, etc.): \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Funding provided by First 5 Yolo County and Yolo County Health and Human Service Agency.  
1032 College Street, Suite E, Woodland CA 95695



## Enrollment Checklist – State Funded Preschool Program ONLY

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/guardian name:** \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_ **(first day of school)**

- \_\_\_\_\_ Admission Agreement
- \_\_\_\_\_ Family Language instrument (MB23/03)
- \_\_\_\_\_ Family Language and Interest Interview Questionnaire (Only if Multi-lingual)
- \_\_\_\_\_ Family Wellness/Needs Assessments \_\_\_\_Yes \_\_\_\_ NO\_\_\_\_ Handout given(optional)
- \_\_\_\_\_ Worksheet to Compute Family Monthly Income
- \_\_\_\_\_ Copy of Income Verification Check Stubs\_\_\_\_ Other\_\_\_\_  
\*Most recent check stubs (Monthly: 2 stubs, Bi-weekly: 2 stubs, Weekly: 4 stubs)
- \_\_\_\_\_ Employment/School Verification Mother\_\_\_\_ Father\_\_\_\_
- \_\_\_\_\_ Child Care Data Collection Form (9600A)
- \_\_\_\_\_ Confidential Application for Child Development Services & Certification of Eligibility (9600)
- \_\_\_\_\_ Notice of Action
- \_\_\_\_\_ Permission to participate in the Smile Saver Program \_\_\_\_Yes \_\_\_\_No \_\_\_\_ given to  
teacher
- \_\_\_\_\_ Others



## CENTER ADMISSION AGREEMENT

**Child's Name:** \_\_\_\_\_

Davis Joint Unified School District Offers either free or subsidized preschool to eligible low-income children and children with disabilities, ages 3-5 years old. Our state preschool program provides a learning environment designed for children. Each teacher works with a Para educator, administrative staff, parents, guardians, community volunteers to provide an environment that is developmentally appropriate that serves to help children develop socially, physically, emotionally, and intellectually. Snacks are served to children daily.

**To help our children grow and develop, we ask parents/guardians to adhere to the following:**

- Be able to volunteer
- Support our program in providing a safe healthy learning environment
- Participate in family orientations, meetings, committees, etc.
- Parents/guardians no longer interested in the program, please advise staff immediately
- Siblings who are 16 years or older may pick-up from the center. \*\*\*All others need to be 18 years or older.

**Conditions of enrollment per licensing and DJUSD standards are as follows:**

- Written proof of physical examinations before enrollment
- Verification of current immunizations including a current TB or related document children (within a year) before placement into our program
- Verification of Income (current consecutive income of registering month)
- Verification of special needs (IEP) if applicable
- Birth Record
- Proof of Residency

### Attendance Requirements

- A child is expected to attend every day except when ill, injured, or for a temporary family emergency
- Parents are required to call or send a note to account for each day that their child cannot attend class and to explain the reason for the absences. If the reason for an absence is not known by the end of the scheduled class, teacher will call the family.
- 10 days of absences will be excused for a family emergency (state only).
- When a child has four unexcused absences in any 30-day period, the program will initiate supportive service and develop an attendance plan (state only).
- Any child with 5 consecutive unexcused absences and no communication with the program will be moved to the waiting list to allow another child to benefit from our program (state only).
- After all options have been explored (attendance plans or supportive services) and a child's attendance continues to be irregular, or lacks of participation, the child will be moved to the waiting list (state only).

I certify, I have read and understand the statements mentioned above:

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Family Language Instrument CDE March 2023

**1) Which language(s) does your child hear at home?**

*This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.*

**2) Which language(s) does your child hear in their neighborhood and community?**

*For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.*

**3) Which language(s) does your child understand?**

**4) Which language(s) does your child speak?**

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Family Language and Interest Interview Questions CDE March 2023

- 1) What are your child’s interests and favorite activities? (For example, does your child have favorite stories, books, and songs)
  
  
  
  
  
  
  
  
  
  
- 2) What are some strengths you see in your child that we can build on? (For example, do they like to build things, do art, etc.)
  
  
  
  
  
  
  
  
  
  
- 3) How can we help support your child’s language and development at home? (For example, books to read at home, materials, activity ideas)
  
  
  
  
  
  
  
  
  
  
- 4) Young children love to talk, read, sing and are able to learn all the languages around them. Which language(s) does your child speak the most at home?
  
  
  
  
  
  
  
  
  
  
- 5) We want to best support your child’s language development and understand what language(s) they speak with family members. What language(s) does your child speak with their siblings, grandparents, other family members?
  
  
  
  
  
  
  
  
  
  
- 6) Which language(s) does your child speak the most overall? This would be inside and outside of the home combined.

7) In what language would you prefer to receive written communication from us? (While we would like to be able to accommodate all requests for written communication in a parent's requested language, our program may not be able to translate written communication materials into that language.)

8) In what language would you prefer us to communicate verbally with you? (While we would like to be able to accommodate all requests for verbal communication in a parent's requested language, our program may not be able to offer translation into that language.)

**Families' questions and concerns:**

**Resources to share regarding benefits of multilingualism and home language development:**

- € Ways to develop your child's bilingualism (Spanish): <https://www.multilinguallearningtoolkit.org/wp-content/uploads/2021/08/Support-Bilingualism-Spanish-1.pdf>
- € Keeping Your Home Language (available in 16 languages): <https://cmascanada.ca/2018/05/15/keeping-your-home-language/>
- € Benefits of Multilingualism: <https://ncela.ed.gov/files/announcements/20200805-NCELAInfographic-508.pdf>

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY WELLNESS/NEEDS ASSESSMENT (optional)

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Davis Joint Unified School District is dedicated to serving our children and families by providing exceptional services and resources to all enrolled children and families. Please take the time to answer the following questions.

	<b>Would you like additional services in any of the following categories:</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1.	Counseling Services			
2.	Positive Discipline			
3.	Substance Abuse Information			
4.	Child Development (typical development of young children, attachment and separation etc.)			
5.	Support for families with children with disabilities and general Information on disabilities.			
6.	Information on Emotional Wellness (including information on depression, anxiety, and postpartum depression)			
7.	Sexual assault and domestic violence			
8.	Separation, divorce, and single parenting			
9.	Food, housing, clothing			
10.	Medical or dental care for your family			

I do not need ANY additional services at this time. Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Resource Information provided to ALL YESS questions. Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**All answers will be kept confidential.**



3100 Loyola Dr. Davis CA 95618 (530) 757-5340 ♦ (530) 757-5472 Fax



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**Employment Verification Form**

*My signature authorizes Early Learning Center staff to verify information related to my employment.*

\_\_\_\_\_  
Employee name (please print) \_\_\_\_\_ Employee signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee number (if any) \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Employment Office Fax: \_\_\_\_\_  
Business Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**MUST BE COMPLETED BY EMPLOYER ONLY:** The following information is requested to justify enrollment in a subsidized child care and development program for your employee's child/ren. All information provided will be held confidential. Thank you for your assistance. **(Please use blue or black ink)**

Job Title \_\_\_\_\_ First Day of Employment \_\_\_\_\_

Total Number of hours typically worked per week: _____			
How often are employees paid: Weekly	Every other week	Twice a month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please fill in Gross Monthly Salary \$ _____ or Hourly Rate \$ _____			

I affirm that, to the best of my knowledge, the above information is true and correct.

\_\_\_\_\_  
Printed Name of Employer \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Business  
Phone Fax

\_\_\_\_\_  
Business Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Legal Signature of Employer \_\_\_\_\_ Title (please use stamp or attach a business card) \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only \*\*\* DO NOT WRITE BELOW THIS LINE \*\*\* For Office Use Only**

Name of Contact \_\_\_\_\_ Staff initials \_\_\_\_\_

Date Employment Verified \_\_\_\_\_



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*My signature authorizes Early Learning Center staff to verify information related to my employment.*

\_\_\_\_\_  
Employee name (please print)                      Employee signature                      Date

Employee number (if any) \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Office Fax: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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Please fill in Gross Monthly Salary \$ \_\_\_\_\_ or Hourly Rate \$ \_\_\_\_\_

I affirm that, to the best of my knowledge, the above information is true and correct.

\_\_\_\_\_  
Printed Name of Employer                      (\_\_\_\_\_) Phone                      (\_\_\_\_\_) Business Fax

\_\_\_\_\_  
Business Physical Address                      City                      Zip Code

\_\_\_\_\_  
Legal Signature of Employer                      Title (please use stamp or attach a business card)                      Date

**For Office Use Only \*\*\* DO NOT WRITE BELOW THIS LINE \*\*\* For Office Use Only**

Name of Contact \_\_\_\_\_ Staff initials \_\_\_\_\_

Date Employment Verified \_\_\_\_\_

**Child Care Data Collection**

**Privacy Notice and Consent Form**

The United States Department of Health and Human Services (HHS) is gathering information about families who receive child care assistance. The information will be reported to the California Department of Education (CDE) and then to HHS. The information will be used for research on the status of child care in the United States and will provide valuable data to persons developing child care programs and policies at the state, local, and national levels.

All the information HHS receives about your family and other families will be summed up and reported to Congress every two years. No person or family will be individually identified in reports made to Congress, the Legislature, other governmental agencies, or the public.

To ensure that children and families receiving child care services are counted only once, HHS and CDE are requesting the Social Security Number of the head of the family unit receiving child care assistance. If you do not wish to give your Social Security Number for this purpose, you may still receive child care assistance. Social Security Numbers will help CDE meet HHS reporting requests and state requirements for program statistics. Authority to ask for your Social Security Number for this purpose is stated in Section 98.71(a)(13) of *Title 45 of the Code of Federal Regulations*, *Education Code* Section 8261.5, and Section 18070 of *Title 5 of the California Code of Regulations*. Your decision to provide your Social Security Number is voluntary.

I have been informed of the way my Social Security Number will be used. I understand that if I do not wish to give my number, I can still receive child care assistance.

☐ YES, my Social Security Number may be used: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ NO, I do not wish to give my Social Security Number for this purpose.

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Signature of the Head of Household

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Date

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Type or Print Name

You have the right to access records containing your personal information. For information about this system of records, contact the California Department of Education, Early Education and Support Division, 1430 N Street, Sacramento, CA 95814; telephone (916) 445-1907





## **FAMILY COMMUNICATION LOG**

- \_\_\_\_\_ Parent notifications/reminders/concerns
- \_\_\_\_\_ Communication Notes (Dr. Notes, Faxes, Court documentation)
- \_\_\_\_\_ Attendance Action Plans (family emergency, attendance issues)
- \_\_\_\_\_ Special Care Plans/Short Term Care Plan \_\_\_\_Yes (see health binder)
- \_\_\_\_\_ Medication Administration Consent Documents \_\_\_\_Yes (see health binder)
- \_\_\_\_\_ Referral Refusal of Services
- \_\_\_\_\_ Medical Statement for participants with allergies
- \_\_\_\_\_ Food Restriction (religious statement)
- \_\_\_\_\_ Ouch Report/Illness Report
- \_\_\_\_\_ Referrals (external or internal)
- \_\_\_\_\_ Copies of active IEPs \_\_\_\_Yes (In special Ed file)
- \_\_\_\_\_ Other

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