

**Elk Grove Unified School District  
PreK Education  
Preschool Eligibility Determination**

Thank you for your interest in preschool. Please review the Family Income Guidelines below to determine if your family size and income meet the income eligibility requirement for one of the PreK programs in EGUSD. If so, please complete the Eligibility Determination below the income guidelines. **Please note that completing this form does NOT guarantee placement into the PreK program.** Placement is not based on a first come, first served basis and is not solely determined by income. The PreK programs in Elk Grove Unified School District are funded by Head Start, the State of California, and by Title I. Each of these funding sources has specific requirements that your family must meet in order to qualify. Staff will review the information you provide to determine if you qualify. After a determination is made they will contact you to set up an appointment to register, or if you do not qualify for one of these programs, refer you to other preschool programs within the school district.

State-CSPP Family Income Guidelines <i>(effective 07/06/2017)</i>			Head Start <i>(effective 02/01/2017)</i>		Title I
Size of Family	Monthly Income	Annual Income	Monthly Income	Annual Income	Live within the boundaries of a Title I school
1	\$4,030	\$48,360	\$1,005.00	\$12,060	Income is not considered. To qualify a family must live within the boundaries of a Title I school.
2	\$4,030	\$48,360	\$1,353.33	\$16,240	
3	\$4,340	\$52,080	\$1,701.67	\$20,420	
4	\$4,877	\$58,524	\$2,050.00	\$24,600	
5	\$5,657	\$67,884	\$2,398.33	\$28,780	
6	\$6,438	\$77,256	\$2,746.67	\$32,960	
7	\$6,584	\$79,008	\$3,095.00	\$37,140	
8	\$6,730	\$80,760	\$3,443.33	\$41,320	
9	\$6,877	\$82,524	<b>HEAD START ONLY</b> For family units with more than 8 members, add \$4,180 a year for each additional family member.		
10	\$7,023	\$84,276			
11	\$7,169	\$86,028			
12 or more	\$7,316	\$87,792			

**PreK ELIGIBILITY DETERMINATION**

Date \_\_\_\_\_ Site requesting \_\_\_\_\_ Program \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender  Boy  Girl  
 Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Home School \_\_\_\_\_  
 Approximate Monthly Income (before taxes) \_\_\_\_\_ Family Size \_\_\_\_\_

**FOR OFFICE USE ONLY:** Program Eligibility:  Title 1  Head Start  State (CSPP) Staff Initial \_\_\_\_\_  
 TANF  SSI  Homeless  Foster/CPS Referred  Guardianship  Transfer  SETA (HS→HS)  
 Within EGUSD PreK  
 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_  ANY SITE  
 Site OAIII or Program Educator contacted Family Date Contacted \_\_\_\_\_ Priority Rank \_\_\_\_\_  
 Family information was inputted into recruitment list in G-drive.  
 Packet picked up appointment for completion scheduled  YES  NO  
 Notes:



STUDENT INFORMATION

Has student ever attended an EGUSD School (including Preschool): [ ] YES [ ] NO EGUSD Student ID# \_\_\_\_\_
Is this student currently expelled or pending an expulsion hearing in EGUSD or any other District? [ ] YES [ ] NO

\*Indicates that a response is required

\*Student's full legal name \_\_\_\_\_
(As it appears on birth certificate) Last First Middle Suffix (Jr. III. IV)

\*Grade Level \_\_\_\_\_ Student's SSID# (if known) \_\_\_\_\_ \*Gender: [ ] Male [ ] Female

Nick Name AKA Last Name AKA First Name AKA Middle Name AKA Suffix

\*Birth Date (Month/Day/Year): \_\_\_\_\_ \*Birthplace: \_\_\_\_\_
City State Country

Student's Email Address: \_\_\_\_\_

RACE / ETHNICITY

\*1) Ethnicity [ ] Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin) [ ] Not Hispanic or Latino

\*2) Race - Please select one or more Race Categories

- [ ] White [ ] African American-Black [ ] American Indian
[ ] Chinese [ ] Japanese [ ] Korean
[ ] Vietnamese [ ] Asian Indian [ ] Laotian
[ ] Cambodian [ ] Hmong [ ] Other Asian
[ ] Native Hawaiian [ ] Guamanian [ ] Samoan
[ ] Tahitian [ ] Other Pacific Islander [ ] Filipino

DEMOGRAPHICS

\*Residence Address: \_\_\_\_\_
(Number & Street - Apt.) (City) (State) (Zip Code)

\*Mailing Address: \_\_\_\_\_
(if different from Residence address) (Number & Street - Apt. or P.O.) (City) (State) (Zip Code)

\*Primary Phone: \_\_\_\_\_ \*Type: [ ] Home [ ] Personal Cell [ ] Work

\*HOME LANGUAGE SURVEY (For "new" student registrations only, i.e. students registering for enrollment in the District for the first time.)

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

FOR OFFICE USE ONLY
School Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Birth Date Verified [ ] Birthplace Verified [ ]
Birth Verification Method \_\_\_\_\_ Address Verification Method (1) \_\_\_\_\_ (2) \_\_\_\_\_
Immunizations Complete? [ ] YES [ ] NO Student Notifications? [ ] YES [ ] NO Permit Type \_\_\_\_\_ Permit Date \_\_\_\_\_
Track \_\_\_\_\_ Enrolled by \_\_\_\_\_ Date entered in Synergy \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION**

Which of the following best describes where this child is currently living, if applicable? (Federally Required)

Homeless (If yes, please identify residence category)  Temporary shelter  Hotel/Motel  Temporarily doubled-up  Temporarily unsheltered  
Foster Primary Residence (If yes, please identify dwelling type)  Foster Family Home or Kinship Plan  Licensed Children's Institution (Group Home)

What special services has your child received?  504 Accommodation  GATE  Special Ed. Program  ESL/Bilingual  None  
 Request for Migrant Ed. Migrant Student ID: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

\*Parent/Guardian: \_\_\_\_\_ \*  Legal Guardian \*  Other

\*Relationship: \_\_\_\_\_ Does this person live with student:  YES  NO Release contact:  YES  NO

\*Mailing Address: \_\_\_\_\_  
(if different from student) (Number & Street) (City) (State) (Zip Code)

\*Primary phone \_\_\_\_\_ Contact? \_\_\_\_\_ Not Listed? \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Personal Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

\*Education level - please check *one* box that most closely applies:

- Not a high school graduate  Some college or Associate's degree  Graduate school/post graduate
- Graduated from high school  College graduate

Parent/Guardian: \_\_\_\_\_ \*  Legal Guardian \*  Other Deceased:  YES

\*Relationship: \_\_\_\_\_ Does this person live with student:  YES  NO Release contact:  YES  NO

Mailing Address: \_\_\_\_\_  
(if different from student) (Number & Street) (City) (State) (Zip Code)

Primary phone \_\_\_\_\_ Contact? \_\_\_\_\_ Not Listed? \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Personal Cell: \_\_\_\_\_ Ext. # \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

\*Education level - please check *one* box that most closely applies:

- Not a high school graduate  Some college or Associate's degree  Graduate school/post graduate
- Graduated from high school  College graduate

**ENROLLMENT**

Previous School Attended: \_\_\_\_\_  
(Name of School) (Address) (City) (State) (Zip) (Phone / Fax #s)

Previous School District: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

\*What month, day and year did your child enter (or enroll) in a California Public School? Month/Day/Year: \_\_\_\_\_

\*U.S. School Entry Date - Month/Day/Year: \_\_\_\_\_  Enrolled in U.S. less than three years?

**ADDITIONAL STUDENT INFORMATION**

NAMES OF ALL/OTHER CHILDREN IN FAMILY (ALL AGES)	RELATIONSHIP	DATE OF BIRTH	SCHOOL OF ATTENDANCE	LIVING AT HOME <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**Emergency Contacts:** Individuals who may be contacted in an emergency when no Parent or Guardian can be reached. *(Valid identification must be provided in order to release student.)*

\*Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Release:  YES  NO

Home Telephone: \_\_\_\_\_ Personal Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

\*Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Release:  YES  NO

Home Telephone: \_\_\_\_\_ Personal Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

\*Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Release:  YES  NO

Home Telephone: \_\_\_\_\_ Personal Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Day Care Provider Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone/Ext.: \_\_\_\_\_

Social Worker (Agency): \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone/Ext.: \_\_\_\_\_

Social Worker (County): \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone/Ext.: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone \_\_\_\_\_ Ext.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**\*HEALTH RECORD  PLEASE CHECK HERE IF STUDENT HAS NO KNOWN HEALTH PROBLEMS**

**Please check any and all conditions in this student's medical history. Use the area below to add an explanation/recommendation.**

- MEDICAL ALERT (unlisted condition – describe below)
- ADHD  Asthma  Concussion  Headache - Migraine  Immunization Alert  Specialized Healthcare Procedure
- Allergy – Nonfood  Autism  Cystic Fibrosis  Health Plan  Intestinal Disorder  Speech Impairment
- Allergy – Food  Autoimmune Disorder  Dental  Hearing Impairment  Orthopedic / Scoliosis  Syndrome – Other
- Allergy - Nut  Blood Disorder  Diabetes  Heart Condition  Pacemaker  Tuberculosis
- Allergy - Peanut  Cancer  Eating Disorder  Hepatitis  Seizure Disorder  Urinary Disorder
- Anxiety Disorder  Celliac Disease  Eczema  Hypertension  Sickle Cell Anemia  Vision Impairment
- Arthritis  Cerebral Palsy  Fracture  IEP Nursing Services  Skin Condition – Other  Weight Disorder

Explanation/Recommendations regarding above: \_\_\_\_\_

Is the student currently taking medications?  YES  NO      Is the medication required during school hours?  YES  NO

**MEDICATION CANNOT BE DISPENSED AT SCHOOL WITHOUT A FORMAL REQUEST SIGNED BY A DOCTOR AND PARENT.  
MEDICATION FORMS ARE AVAILABLE IN THE SCHOOL OFFICE.**

I UNDERSTAND THAT IN AN EMERGENCY WHEN NO GUARDIAN OR EMERGENCY CONTACT CAN BE LOCATED, THE SCHOOL IS AUTHORIZED TO TAKE MY STUDENT TO THE FAMILY DOCTOR, LICENSED PHYSICIAN OR TO THE NEAREST HOSPITAL AT PARENT/GUARDIAN EXPENSE.

\* Name of person completing form (please print): \_\_\_\_\_ \* Relationship: \_\_\_\_\_

\* Signature of Parent/Guardian (certifying information provided is accurate): \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

---

### PARENTS' RIGHTS

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

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

Licensing Office Name: Department of Social Services Childcare Licensing

Licensing Office Address: 2525 Natomas Park Drive, Suite 250

Licensing Office Telephone #: (916) 263-5744

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

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

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

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

---

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

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

EGUSD, Pre K-6 Education  
Name of Child Care Center

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

\_\_\_\_\_  
Date

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

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

---

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services Childcare Licensing

ADDRESS

2525 Natomas Park Dr. Suite #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)

EGUSD, Pre K-6 Education

(PRINT THE ADDRESS OF THE FACILITY)

9510 Elk Grove-Florin Rd. 95624

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**Student's Name**

**Birthdate**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Initials

**PHOTO RELEASE FORM**

I hereby consent for my child to be photographed and/or video taped for use in the preschool classroom.

I understand the photographs/slides/video tapes of my child will be used to demonstrate best practice instructional techniques and strategies in early childhood education settings. The visual materials created will be presented to early childhood educators, administrators and family representatives participating in the preschool program.

I understand that no photograph, slide or video tape will be released to persons, agencies, or publications without additional written permission.

\_\_\_\_\_  
Initials

**INSPECTION AUTHORITY OF THE DEPARTMENT OF SOCIAL SERVICES**

— Title 22, Division 12, Chapter 1, Article 4, Section 101200 (b) and (c)

I understand that:

- (b) The Department has the authority to interview children or staff, and to inspect and audit child or child care center records, without prior consent.
  - (1) The licensee shall make provisions for private interviews with any child(ren), or staff member; and for the examination of all records relating to the operation of the child care center.
- (c) The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
2<sup>nd</sup> Year Initial Parent

\_\_\_\_\_

Date

**FACING THE FACTS:  
A Parent's Guide to the Understanding of  
CHILD ABUSE**

**Definition of Child Abuse**

As used in the article, "child abuse" means a physical injury, which is inflicted by other than accidental means on a child by another person. "Child abuse" also means the sexual abuse of a child or any act or omission prescribed by Section 273a (willful cruelty or unjustifiable punishment of a child) or 273d (unlawful corporal punishment or injury). "Child abuse" also means the neglect of a child or abuse in out-of-home care, as defined in this article. "Child abuse" does not mean a mutual affray between minors.

*Penal Code section 11165.6*

**Definition of Sexual Abuse**

As used in this article "sexual abuse" means sexual assault or sexual exploitation as defined by the following: (a) "sexual assault" means conduct in violation of one or more of the following sections: section 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivision (a) or (b) of section 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation).

*Penal Code section 11165.1*

**Definition of Neglect**

As used in this article, "neglect" means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.

*Penal Code section 11165.2*

**Contacts and Services**

For your information, the following chart shows what agencies may assist you in specific areas as listed below:

	<b>Police or Sheriff</b>	<b>County Dept. of Children's Social Services</b>	<b>State or local Division of Community Care Licensing</b>
*If you believe a child is being (or has been) abused by an individual (relative, friend)...	X	X	
*If you believe a child has been assaulted by a stranger....	X		
*If you believe a child is being (or has been) abused in a licensed day care setting (child care center, school, recreational facility, family day care home)....	X		X
*If you have any questions or complaints concerning the licensing organization, staffing, or programs of a licensed child care setting...			X

**Mandated Reporters**

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and lay persons must report suspected abuse to the proper authorities. The mandated reporters include:

- \*Any child care custodian (teachers, licensed day care workers, foster parents, social workers)
- \*Medical Practitioners (physicians, dentists, psychologists, nurses)
- \*Nonmedical Practitioners (public health employees, counselors, religious practitioners who treat children)
- \*Employees of a child protective agency (sheriff, probation officers, county welfare department employees)

If abuse is suspected, a phone report to Police or CPS must be made immediately. Failure to submit the written report of suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by 6 months in jail and/or a \$1,000 fine.

**Remember, you have the primary responsibility for your child's well being. With a little time, effort, and understanding you may prevent your child from being abused or assist your child when abuse has occurred.**

**CHILD ABUSE PREVENTION INFORMATION RECEIPT**

This will acknowledge that I/We; the parent(s) of \_\_\_\_\_ have received a copy of  
*(Name of Child)*

“FACING THE FACTS: A PARENT’S GUIDE TO THE UNDERSTANDING OF CHILD ABUSE” from the licensee or authorized representative of the Elk Grove Unified School District, PreK-6 Education.  
*(Name of Facility)*

Signature of Parent(s)/Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Year Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_



**Elk Grove Unified School District  
Early Childhood Education**

**Receipt of Information**

I hereby acknowledge that I have received information from the Elk Grove Unified School District regarding the Elk Grove Unified School District Pre-Kindergarten Programs including information on parents' legal rights and the Tobacco Free Schools Board Policy 33513 (a)

Name of Student \_\_\_\_\_

Preschool Site \_\_\_\_\_

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

Name of Parent or Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_

**PRESCHOOL ADMISSION AGREEMENT BETWEEN  
ELK GROVE UNIFIED SCHOOL DISTRICT AND PARENTS/GUARDIANS OF  
PRESCHOOL CHILDREN**

This agreement informs the parents/guardians of expectations for participation in preschool programs administered by PreK-6 Education. These expectations are applicable to Head Start, State and Title I Preschool.

**1. ARRIVAL AND DEPARTURE POLICY:**

**Arrival Time** - Children are to always arrive in the classroom at the scheduled time.

**Signing-In and Out** - For your child's protection and in compliance with the State of California Child Care Licensing Law, you must sign your child in when you arrive and sign out when the child leaves.

**Departure Time** - Children are to be picked up at the scheduled time. If your child is not picked up on time the following procedures will be used:

- 1) A verbal reminder will be given the first time the child is not picked up on time.
- 2) A parent conference will be held the second time this occurs.
- 3) A written reminder will be given the third time a child is not picked up on time.
- 4) A parent conference will be held to discuss possible termination of your child from the program.

**Authorized Release of Child** - Staff members will release children only to the parent or guardian (or a person explicitly authorized by the parent or guardian, age 18 or older).

**2. PARENT PARTICIPATION:**

Parent participation is essential to your child's successful school experience. You are highly encouraged to attend parent meetings and workshops and to volunteer in the classroom. Pursuant to Senate Bill 792, all adults spending time in a preschool classroom must be immunized against influenza, pertussis and measles. Volunteers may waive the influenza vaccination by signing a written declaration.

**3. ABSENCE/ILLNESS:**

1) Children must attend class regularly. If your child is ill, you must notify the teacher. 2) Parents will be contacted/ notified regarding unexcused absences or inconsistent attendance, which can result in your child being dropped from the class if attendance does not improve 3) Children who are absent ten (10) days or more without notification may be dropped from the class.

**4. HOME VISITS/PARENT CONFERENCES:**

Parent conferences are scheduled twice a year. For Head Start Preschool, teachers will also schedule two (2) or more home visits during the school year. Your participation is necessary to facilitate ongoing communication.

**5. DISCIPLINE:**

Staff members are required to provide all children with a safe, healthy and comfortable learning environment. Expectations for all children will be clearly explained to children and to parents/guardians.

**6. CONFIDENTIALITY:**

All information pertaining to children and families is maintained in a confidential manner. Release of information to any agency or other Party will not occur without written consent of the parent/guardian.

**7. TRANSPORTATION:**

No transportation is provided to or from preschool.

**8. PLACEMENT:**

Upon completion of the student file, children will be placed based on criteria mandated by the grant funding the program.

**PHYSICAL/ TUBERCULOSIS RISK ASSESSMENT/ DENTAL REQUIREMENT:**

All children are required by Child Care Licensing (Title 22, 10122) to have completed a Physical Examination within **30 days of entry**. TB Risk Assessment prior to entry/placement into the Pre-K program. Children who do not meet the 30-day Physical Exam requirement will be notified and temporarily excluded from attendance until requirements are received. An updated Dental Examination must be completed within the program year.

**PRESCHOOL ADMISSION AGREEMENT**

**I understand all of the above requirements.**

**2nd Year**

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

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

Initial: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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