Thank you for your interest in the State Preschool Program offered through Claremont Unified School District. Please review the list of REQUIRED documentation and begin to gather ALL of the documentation that applies. Once you have all of the documentation, please give me a call to schedule an enrollment appointment. Please be advised that failure to have the necessary documentation at the enrollment appointment will require you to reschedule until all documentation can be provided. Preschool slots are filled on a first-come, first-served basis. If you have questions regarding any of the documentation listed below, please feel free to give me a call. Thank you.

Ruby Garcia, Preschool Account Clerk  
(909) 399-1713 or e-mail: rgarcia@cusd.claremont.edu

**DOCUMENTATION REQUIRED FOR ENROLLMENT**

- **One of the following** for ALL children living in the home under the age of 18
  1. Birth certificate or hospital birth record
  2. Record of foster care placement
  3. Adoption documents
  4. Court order regarding child custody

- **Proof of residency** (can be any piece of mail that has your home address on it except a cell phone bill; CELL PHONE bills are not acceptable)

- **Employer Information** (for all adults residing in the home)

  1. If self-employed provide a copy of business license, appointment/job logs, business hours, description of employment, days/hours worked

- **Verification of Family's total countable Income:** (for all adults residing in the home)

  1. If employed, bring the most current pay stubs (paystubs must be for consecutive weeks)
     - Bring 4 if paid Weekly, 2 if paid Bi-Weekly or Semi-Monthly, 1 if paid Monthly
  2. If receiving TANF: bring Verification of Benefits for the current and previous month
     1. You must go to your local DPSS County office and request this verification in person.
  3. If self-employed provide a copy of your signed and completed Tax Return for 2020 with a statement of current estimated income; Business License, Business Logs, Ledgers and/or Receipts; A letter from the source of the income, Bank Statement and Business Advertisements.
  4. If receiving Child or Spousal Support, bring verification of current monthly amount.
  5. If receiving Disability, unemployment or workers compensation, Survivor or retirement benefits; bring in documentation of current benefit amount.
  6. If attending school: bring in financial aid information and an Account Statement showing all grants and scholarships not identified for tuition, books, or supplies.
  7. If receiving Cal-Fresh, bring verification of current monthly amount.
- **Guardianship and Foster Care Documentation** (for Foster Parents or Legal Guardians)
  1. Foster care placement records
  2. Guardianship documents
  3. Foster Care Grants, payments or clothing allowances for the child and related siblings
  4. Other financial assistance received for the child

- **Current Physical Exam and TB test results for each enrolling child** (form included in Registration Packet)
  1. Physical must have been done within the last year
  2. Physical form must be completed and stamped by Doctor's office (form is attached)

- **Proof of TB skin test for parent or other authorized adult** (required to attend field trips with child)
  1. Must be dated within the last year
  2. If tested positive for TB, must bring in Chest x-Ray results dated within the last three (3) years

- **Immunization Record for each child enrolling**
  1. Children must be current on all immunizations in order to enroll
    - 3- Polio
    - 4-DTP
    - 1-MMR on or before the 1st b-day
    - 4- HIB
    - 3- Hep B
    - 1- Varicella

- **Registration Packet**
  1. All forms in packet must be completed in full
**CLAREMONT UNIFIED SCHOOL DISTRICT**  
**PRESCHOOL PROGRAM REGISTRATION FORM**

**CHILD’S NAME**  
(First)  
(Last)

**ETHNICITY (SELECT ONE)**  
☐ HISPANIC OR LATINO  
☐ NOT HISPANIC OR LATINO

**RACE**  
☐ Boy  
☐ Girl

**BIRTHDATE**  
☐ Boy  
☐ Girl

**PARENT:A/GUARDIAN**  
Name: ________________________________
Address: ________________________________
(City / Zip) Home phone: ________________________________
Cell Phone: ________________________________  
E-Mail Address: ________________________________
Employer: ________________________________  
Work Address: ________________________________
Work Phone: ________________________________
Parent’s Marital Status ________________________________

**PARENT:B/GUARDIAN**  
Name: ________________________________
Address: ________________________________
(City / Zip) Home phone: ________________________________
Cell Phone: ________________________________  
E-Mail Address: ________________________________
Employer: ________________________________  
Work Address: ________________________________
Work Phone: ________________________________

With whom does the child live? ________________________________

Primary language spoken at home by Parents: ________________________________  
by Child(ren): ________________________________

Would you consider your child to be fluent in the English language? ☐ No ☐ Yes

**Will your child need to take medication during preschool hours?**  
☐ No ☐ Yes  
If Yes, list medication, dosage & time: ________________________________

**The following is also required:**
1) Prescription for the Medication [medication must be in original container] 2) Signed Medication Authorization Form.

**CHILD’S PHYSICIAN:** ________________________________  
**PHONE:** ________________________________

Does your child have a disability, physical limitation, medical condition, allergy, etc.? ☐ No ☐ Yes  
If yes, please list: ________________________________

List specific instructions for care in the event of an emergency concerning the above: ________________________________

Please Complete Other Side ➔
Does your child have an Individualized Education Plan (IEP)  □ No  □ Yes; if yes, please provide us with a copy of the IEP.

Do you give consent for your child/children to participate in the celebration of birthdays, cultural holidays and traditions?  □ Yes  □ No  
Initial __________

Do you give your consent to Claremont Unified School District staff to take photographs and/or videos of your child/children during regular program activities to be used as a part of your child's portfolio or activity in the classroom?  □ Yes  □ No  
Initial __________

Do you give consent to Claremont Unified School District to take photographs and/or videos of your child/children during regular program activities to be used as part of our program outreach activities that may include displays, advertising, program brochure, parent handbook, and/or Claremont Unified School District's website?  □ Yes  □ No  
Initial __________

IN CASE OF AN EMERGENCY, WE WILL MAKE EVERY EFFORT TO CONTACT THE PARENTS/GUARDIANS. HOWEVER, WE ASK THAT THREE NEARBY ADULTS (18 YEARS OR OLDER) BE LISTED AS ALTERNATE CONTACT PERSONS WHO ARE HEREBY AUTHORIZED TO PICK UP THE CHILD FROM THE PROGRAM, AND/OR ASSIST US IN REACHING YOU, IN THE EVENT OF AN EMERGENCY. Your child will not be allowed to leave the program with any other person without advance written authorization from the child's parent or guardian. Photo identification is required. Any changes to the people listed below must be done in writing. Telephone and email authorizations are not allowed.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS / CITY / STATE / ZIP</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, as the parent/guardian of the child/children listed on this application, hereby give consent to Claremont Unified School District and its Preschool staff to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child/children. I understand that the Preschool staff may, if possible attempt to contact me or other individuals whom I have designated in the event of an emergency. I hereby further give consent to the Preschool staff to call for emergency assistance for my child/children, arrange for transporting my child/children to an emergency center, and take such other actions that Preschool staff determine reasonable or necessary under the circumstances. I understand and agree that I will be responsible for all costs and expenses incurred in connection with treatment and/or transportation of my child/children, and that the Preschool staff and the Claremont Unified School District shall not be financially responsible for any expenses.

Parent/Guardian Signature: __________________________________________

BY COURT ORDER, THIS CHILD MAY NOT BE LEGALLY RELEASED INTO THE CUSTODY OF: __________________________________________. (We must have a copy of the most recent court order for our file.)

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE AND CORRECT AND FURTHER ACKNOWLEDGES AND AGREES TO THE TERMS HEREIN.

Parent's Signature: __________________________________________ Date: ________________

Revised June 2019
CLAREMONTER SCHOOL DISTRICT
CHILD DEVELOPMENT PROGRAM

RECEIPT VERIFICATION FORM

This acknowledges that I, the parent/guardian of ____________________________ have been personally advised and have received the following forms at the time of admission to the Child Development Program. I understand that I am responsible for reading and keeping this information to refer to during the time my child is enrolled in the program.

- Notification of Parents' Rights (LIC 995)
- Personal Rights (LIC 613A)
- Parent Handbook (given at Mandatory Preschool Parent Orientation)
- Student Accident & Health Insurance (given at time of enrollment – 4yr. olds only)

Parent/Guardian Signature ____________________________ Date __________

FRAUD POLICY

Fraud is defined as: The misrepresentation of facts that are material to an issue, made with the intent to obtain something to which one is not entitled. Fraud exists when an individual knowingly and with intent:

- Makes a false statement or misrepresentation to obtain services, obtain a continuance of services, or avoid a reduction of services
- Fails to disclose a fact, which if disclosed could result in denial, reduction, or discontinuance of services
- Accepts services knowing he/she is not entitled to receive services

I declare under penalty of perjury, under the laws of the State of California, that I have read the above information and understand that failure to provide information regarding my eligibility and/or providing fraudulent, false, incomplete, deceitful, or misleading information or documentation will result in termination from the Child Development Program, and I may also be subject to the recovery of funds paid out for these services. I also understand that should fraud be detected, my case may be forwarded to the District Attorney’s office and the California Department of Education, Child Development Division.

Parent/Guardian Signature ____________________________ Date __________

Agency Representative ____________________________ Date __________
CLAREMONT UNIFIED SCHOOL DISTRICT
CHILD DEVELOPMENT PROGRAM

VERIFICACION DEL RECIBO DE FORMAS

Esto confirma que yo, el padre/madre o guardián de ______________________________________
e recibido las siguientes formas del programa del Desarrollo de Niños. También me han explicado mis derechos
antes de que mi hijo/a comience el programa. Entiendo que es mi responsabilidad de leer y mantener esta
información para usar como referencia mientras mi hijo/a este inscrito en el programa.

- Derechos de los Padres (LIC 995)
- Derechos Personales (LIC 613A)
- Manual de los Padres (dado en la reunión obligatoria de Orientacion de los Padres)
- Seguro Contra Accidentes y Médico Para Estudiantes (dado cuando se inscriba)

Firma de Padre/Guardián ___________________________ Fecha ___________________________

PÓLIZA DE FRAUDE

La definición de fraude es: Engaño que se realiza eludiendo obligaciones legales o usurpando derechos con el
fin de obtener un beneficio. Fraude existe cuando un individual, sabiendo y con el intento de:

- Hacer una representación fraudulenta para obtener beneficios, continuación o aumento de
  beneficios, o evitar reducción de beneficios
- Negar hechos, que si divulgados pudiesen resultar en negación, reducción, o
  descontinuación de beneficios.
- Aceptar beneficios sabiendo que no tiene derecho de recibir, o acepta cualquier beneficio
  sabiendo que es más de lo que tiene derecho en recibir.

Yo declaro bajo pena de perjurio, bajo las leyes del estado de California que yo e leído la información y
entiendo que si doy información falsa, fraudulenta, o engañosa, los servicios preescolares serán terminados y el
Distrito Escolar de Claremont podría recuperar los fondos pagados por estos servicios y referir su caso al fiscal
del condado de Los Ángeles y al Departamento de Educación.

Firma de Padre/Guardián ___________________________ Fecha ___________________________

Firma de Representante ___________________________ Fecha ___________________________
CHILD CARE CENTER
NOTIFICATION OF PARENTS’ RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee’s public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing Division Monterey PArk Regional Office

   Licensing Office Address: 1000 Corporate Center Drive, Suite 200B Monterey Park, CA

   Licensing Office Telephone #: (323) 981-3350

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

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

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

   Name of Child Care Center

   ____________________________  ____________________________

   Signature (Parent/Authorized Representative)  Date

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

   For the Department of Justice “Registered Sex Offender” database go to www.meganslaw.ca.gov
NOTIFICACIÓN SOBRE LOS DERECHOS DE LOS PADRES
EN RELACIÓN A LAS GUARDERÍAS INFANTILES

DERECHOS DE LOS PADRES

Como padre/madre/representante autorizado, usted tiene derecho a:

1. Entrar e inspeccionar la guardería infantil (llamada "guardería" de aquí en adelante) sin notificación previa, en cualquier momento en el cual los niños estén bajo cuidado.

2. Presentar una queja con la oficina de licenciamiento en contra de la persona con licencia y revisar el expediente público que la oficina de licenciamiento tenga de la persona con licencia.

3. Revisar, en la guardería, los reportes sobre las visitas a la guardería por parte de la oficina de licenciamiento y las quejas comprobadas en contra de la persona con licencia que se hayan presentado durante los últimos tres años.

4. Quejarse con la oficina de licenciamiento e inspeccionar la guardería sin que se discrimine ni que se tomen represalias en contra de usted ni de su hijo.

5. Pedir por escrito que no se le permita a un padre/madre que visite al niño de usted ni que se lo lleve de la guardería, siempre y cuando usted haya presentado una copia certificada de la orden de la corte.

6. Recibir de la persona con licencia el nombre, dirección y número de teléfono de la oficina local de licenciamiento.

| Nombre de la oficina de licenciamiento: | Community Care Licensing Division Monterey Park R |
| Dirección de la oficina de licenciamiento: | 1000 Corporate Center Drive, Suite 200B |
| Número de teléfono de la oficina de licenciamiento: | (323) 981-3350 |

7. Después de haberlo solicitado, que la persona con licencia le informe del nombre y tipo de asociación con la guardería de cualquier persona adulta a quien se le haya otorgado una exención en relación a sus antecedentes penales, y que el nombre de la persona también se puede obtener comunicándose con la oficina local de licenciamiento.

8. Recibir de la persona con licencia, el formulario sobre el proceso para la revisión de los antecedentes de los proveedores de cuidado.

NOTA: LA LEY ESTATAL DE CALIFORNIA ESTIPULA QUE LA PERSONA CON LICENCIA PUEDE NEGR EL ACCESO A LA GUARDERÍA AL PADRE/MADRE/REPRESENTANTE AUTORIZADO SI SU COMPORTAMIENTO PONE EN RIESGO A LOS NIÑOS BAJO CUIDADO.

Para ver la base de datos del Departamento de Justicia sobre los delincuentes sexuales inscritos (conocida en inglés como "Registered Sex Offender Database"), vaya a www.meganslaw.ca.gov

CONFIRMACIÓN DE HABER RECIBIDO LA NOTIFICACIÓN
SOBRE LOS DERECHOS DE LOS PADRES
(Se requiere la firma del padre/madre/representante autorizado)

Yo, el padre/madre/representante autorizado de ________________, he recibido, de la persona con licencia, una copia de la "NOTIFICACIÓN SOBRE LOS DERECHOS DE LOS PADRES EN RELACIÓN A LAS GUARDERÍAS INFANTILES" y el formulario sobre el PROCESO PARA LA REVISIÓN DE LOS ANTECEDENTES DE LOS PROVEEDORES DE CUIDADO.

______________________________
Nombre de la guardería

______________________________  __________________________
Firma (Padre/madre/representante autorizado)  Fecha

NOTA: Esta Confirmación se tiene que conservar en el expediente del niño y una copia de la Notificación se le tiene que dar al padre/madre/representante autorizado.

Para ver la base de datos del Departamento de Justicia sobre los delincuentes sexuales inscritos (conocida en inglés como "Registered Sex Offender Database"), vaya a 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. Attendence 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 Division Monterey Park Regional Office

ADDRESS
1000 Corporate Center Drive, Suite 200B

CITY Monterey Park

ZIP CODE 91754

AREA CODE/TELEPHONE NUMBER (323) 981-3350

PLACE IN CHILD'S FILE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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] [PRINT THE NAME OF THE CHILD]

[Signature of the Representative/Parent/Guardian]

[TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN] [DATE]

LIC 613A (6/08)
DERECHOS PERSONALES
Guarderías infantiles

Derechos personales - Vea la Sección 101223 sobre las condiciones para exenciones en relación a las guarderías infantiles.

(a) Guarderías infantiles. Cada niño que reciba servicios de una guardería infantil tendrá derechos que incluyen pero que no se limitan a los siguientes:

(1) a ser tratado con dignidad en sus relaciones personales con el personal del establecimiento y con otras personas.

(2) a que se le proporcione alojamiento, muebles, y equipo que sean seguros, higiénicos, y cómodos, para satisfacer sus necesidades.

(3) a no recibir castigo corporal o poco común; a que no se le cause dolor o humillación; a que no se le intimide; a no recibir burlas, coerción, amenazas, abuso mental, o otros castigos incluyendo pero no limitándose a: interferir con las funciones diarias de la vida, tales como el comer, dormir, o usar el baño; a que no se le niegue alojamiento, ropa, medicamentos, o medios auxiliares para el funcionamiento físico.

(4) a que la persona con licencia para el cuidado de niños le informe al niño, así como a su representante autorizado si lo hay, sobre lo que dice la ley con respecto a las quejas. Esta información debe incluir pero no limitarse a la dirección y número de teléfono de la sección en la oficina de licenciamiento que recibe quejas, a información con respecto a la confidencialidad.

(5) a tener la libertad de asistir a los servicios o a las actividades religiosas que desee, y a recibir visitas del consejero espiritual que prefiera. La asistencia a los servicios religiosos, ya sea dentro o fuera del establecimiento, deberá ser completamente voluntaria. En las guarderías infantiles, los padres o tutores legales del niño deberán tomar las decisiones sobre la asistencia a servicios religiosos y las visitas de consejeros espirituales.

(6) a que no se le encierre con llave en ninguna habitación, edificio, ni parte del establecimiento durante el día o la noche.

(7) a que no se le coloque en ningún aparato para limitar sus movimientos, excepto en un aparato de restricción para proporcionar apoyo que haya sido aprobado desde antes por la oficina de licenciamiento.

EL REPRESENTANTE/PADRE/MADRE/TUTOR LEGAL TIENE EL DERECHO A QUE SE LE INFORME SOBRE LA OFICINA DE LICENCIAMIENTO APROPIADA CON LA CUAL DEBE COMUNICARSE SI TIENE QUEJAS. LA OFICINA ES:

Department of Social Services

NOMBRE
Community Care Licensing Division Monterey Park Regional Office

DIRECCIÓN
1000 Corporate Center Drive, Suite 200B

CUIDAD
Monterey Park

CÓDIGO POSTAL
91754

ÁREA/NÚMERO DE TELÉFONO
(323) 981-3350

SEPARE AQUÍ

AL: PADRE/MADRE/TUTOR LEGAL/NIÑO O REPRESENTANTE AUTORIZADO:

Complete la siguiente confirmación, una vez que se le haya dado la información respecto a los derechos personales de una manera satisfactoria y completa, según se explica aquí:

CONFIRMACIÓN: Se me (nos) informó personalmente y recibí una copia de los derechos personales que contiene el Título 22 del Código de Ordenamientos de California, en el momento de admisión a:

[ESCRIBA CON LETRA DE MOLDE EL NOMBRE DEL ESTABLECIMIENTO]

[ESCRIBA CON LETRA DE MOLDE LA DIRECCIÓN DEL ESTABLECIMIENTO]

[ESCRIBA CON LETRA DE MOLDE EL NOMBRE DEL NIÑO]

[FIRMA DEL REPRESENTANTE/PADRE/MADRE/TUTOR LEGAL]

[FECHA]

LIC 613A (SP) (8/08)
Claremont Unified School District

Health and Social Service Needs

Date: __________________________
Child's Name: __________________________
School: __________________________

Parent's Names: __________________________

Address: __________________________

Telephone Number: __________________________
Alternative Number: __________________________

Number in household: __________________________
Languages other than English in home: __________________________

1. Would you like information or resources for any of the following; (check all that apply):

<table>
<thead>
<tr>
<th>Food Assistance</th>
<th>Family Counseling</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Parenting Education/Information</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>Home Buyer's Assistance</td>
<td>GED Information</td>
<td>Gang/Crime Prevention</td>
</tr>
<tr>
<td>Dental Referral</td>
<td>ESL/Citizenship Information</td>
<td>Naturalization</td>
</tr>
<tr>
<td>Employment Training</td>
<td>Employment</td>
<td>Transportation</td>
</tr>
<tr>
<td>After School Program</td>
<td>Legal Assistance</td>
<td>Health/Immunization</td>
</tr>
<tr>
<td>Clothing</td>
<td>Tutoring</td>
<td>Medical/Insurance</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>Counseling</td>
<td>Other:</td>
</tr>
<tr>
<td>Anti-Substance Abuse Training</td>
<td>Emergency Housing</td>
<td></td>
</tr>
</tbody>
</table>

Has your child attended other programs

2. Parent Workshop Survey: (Select topics of interest)

<table>
<thead>
<tr>
<th>Literacy</th>
<th>Discipline</th>
<th>Language Acquisition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of Play</td>
<td>Nutrition/Health</td>
<td>Speech and Language</td>
</tr>
<tr>
<td>Child Development</td>
<td>School Readiness</td>
<td>Conflict Resolution</td>
</tr>
<tr>
<td>Preschool Foundations</td>
<td>Curriculum</td>
<td>Desired Results (Academic Progress)</td>
</tr>
</tbody>
</table>

3. Parent Workshop Meeting Times and Days: Select the best meeting time and day

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Wednesday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 AM</td>
<td>11:00 AM</td>
<td>3:15 PM</td>
<td>Other:</td>
</tr>
<tr>
<td>5:00 PM</td>
<td>6:00 PM</td>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
</tbody>
</table>

Parent’s / Guardian’s Signature __________________________
Date __________________________

Parent’s / Guardian’s Signature __________________________
Date __________________________

FOR OFFICE USE ONLY

Action Taken: __________________________
Date: __________________________

Follow Up: __________________________
Date: __________________________
# 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)*

<table>
<thead>
<tr>
<th>WALKED AT</th>
<th>Began Talking At</th>
<th>Toilet Training Started At</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHS</td>
<td>MONTHS</td>
<td>MONTHS</td>
</tr>
</tbody>
</table>

### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

- [ ] Chicken Pox
- [ ] Asthma
- [ ] Rheumatic Fever
- [ ] Hay Fever
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Whooping Cough
- [ ] Mumps
- [ ] Poliomyelitis
- [ ] Ten-Day Measles (Rubella)
- [ ] Three-Day Measles (Rubella)

### SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

**DOES CHILD HAVE FREQUENT COLD?**

- [ ] YES
- [ ] NO

**HOW MANY IN LAST YEAR?**

**LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF**

### DAILY ROUTINES *(For infants and preschool-age children only)*

**WHAT TIME DOES CHILD GET UP?**

**WHAT TIME DOES CHILD GO TO BED?**

**DOES CHILD SLEEP WELL?**

**DOES CHILD SLEEP DURING THE DAY?**

**WHEN?**

**HOW LONG?**

**DIET PATTERN:**

(What does child usually eat for these meals?)

- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner

**ARE BOWEL MOVEMENTS REGULAR?**

- [ ] YES
- [ ] NO

**WHAT IS USUAL TIME?**

**ANY FOOD DIBLES?**

**ANY EATING PROBLEMS?**

**IS CHILD TOILET TRAINED?**

- [ ] YES
- [ ] NO

**WORD USED FOR 'BOWEL MOVEMENT'?**

**WORD USED FOR URINATION**

### Parent's Evaluation of Child's Health

**IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?**

- [ ] YES
- [ ] NO

**IF YES, NAME OF DOCTOR:**

**DOES CHILD TAKE PRESCRIBED MEDICATION(S)?**

- [ ] YES
- [ ] NO

**IF YES, WHAT KIND AND ANY SIDE EFFECTS:**

**DOES CHILD USE ANY SPECIAL DEVICE(S)?**

- [ ] YES
- [ ] NO

**IF YES, WHAT KIND:**

**DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?**

- [ ] YES
- [ ] NO

**IF YES, WHAT KIND:**

### 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 EXPERIENCE?**

**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**

*LIC 702 (8/08) (CONFIDENTIAL)*
HISTORIAL DE LA SALUD DEL NIÑO ANTES DE LA ADMISIÓN—REPORTE DEL PADRE/MADRE

NOMBRE DEL NIÑO: [Nombre]

SEXO: [Sexo]

FECHA DE NACIMIENTO: [Fecha]

¿VIVE EL PADRE/LA PAREJA DOMÉSTICA DEL PADRE EN EL HO Gar con el niño? [Sí/No]

¿VIVE LA MADRE/PAREJA DOMÉSTICA DE LA MADRE EN EL HO Gar con el niño? [Sí/No]

¿ESTABA EL NIÑO BAJO LA SUPERVISIÓN REGULAR DE UN MÉDICO? [Sí/No]

FECHA DEL ÚLTIMO EXAMEN FÍSICO/MÉDICO: [Fecha]

HISTORIAL DEL DESARROLLO (*solamente para los bebés y niños de edad preescolar)

EMPÉZÓ A CAMINAR A LOS: [Meses]

EMPÉZÓ A HABLAR A LOS: [Meses]

SE LE EMPEZÓ A ENSEÑAR CÓMO IR AL BAÑO A LOS: [Meses]

ENFERMEDADES EN EL PASADO — Marque las enfermedades que el niño ha tenido y especifiche las fechas aproximadas de las mismas:

- [ ] Varicela
- [ ] Diabetes
- [ ] Fiebre reumática
- [ ] Poliomielitis
- [ ] Asma
- [ ] Epilepsia
- [ ] Fiebre del heno
- [ ] Sarampión de diez días (Rubéola)
- [ ] Paperas
- [ ] Sarampión de tres días (Rubéola)

¿TIENE EL NIÑO RESPIRATORIOS FRECUENTES? [Sí/No]

¿CUÁNTOS EN LOS ÚLTIMOS DOCE MESES? [Meses]

ANOTE CUALQUIER ALERGIA DE LA CUAL EL PERSONAL DEBE ESTAR ENTERADO

RUTINA DIARIA (*solamente para los bebés y niños de edad preescolar)

¿A QUÉ HORA SE LEVANTA EL NIÑO? [Hora]

¿A QUÉ HORA SE ACUESTA EL NIÑO? [Hora]

¿DUERME BIE N EL NIÑO? [Sí/No]

¿DUERME EL NIÑO DURANTE EL DÍA? [Sí/No]

¿CUÁNTOS? [Horas]

¿POR CUÁNTO TIEMPO? [Horas]

PÁRTIDO DE DIETA: (¿Qué come el niño usualmente para estas comidas?)

- DESAYUNO
- ALMUERZO
- CENA

¿HAY ALGUNOS ALIMENTOS QUE NO LE GUSTAN COMER?

¿TIENE ALGÚN PROBLEMA DE ALIMENTACIÓN? [Sí/No]

¿SABE EL NIÑO COMO IR AL BAÑO? [Sí/No]

SI CONTESTA "SÍ," EN QUE ETAPA DE APRENDIZAJE ESTA? [Meses]

¿TIENE EVACUACIONES INTESTINALES REGULARES? [Sí/No]

¿CUÁL ES LA HORA USUAL? [Hora]

¿CUÁL ES LA PALABRA QUE SE USA PARA DESIGNAR LAS EVACUACIONES INTESTINALES? [Palabra]

¿CUÁL ES LA PALABRA QUE SE USA PARA DESIGNAR LA DESCARGA DE LA ORINA? [Palabra]

EVALUACIÓN DE LA SALUD DEL NIÑO POR PARTE DEL PADRE/MADRE

¿ESTÁ EL NIÑO ACTUALMENTE BAJO EL CUIDADO DE UN DOCTOR? [Sí/No]

SI CONTESTA "SÍ," ANOTE EL NOMBRE DEL DOCTOR: [Nombre]

¿ESTÁ TOMANDO EL NIÑO MEDICAMENTOS RECETADOS? [Sí/No]

SI CONTESTA "SÍ," ANOTE LA CLASE Y EFECTOS SECUNDARIOS:

¿USA EL NIÑO ALGÚN APARATO ESPECIAL? [Sí/No]

SI CONTESTA "SÍ," ANOTE LA CLASE: [Clasificación]

¿USA EL NIÑO ALGÚN APARATO ESPECIAL EN SU CASA? [Sí/No]

SI CONTESTA "SÍ," ANOTE LA CLASE: [Clasificación]

EVALUACIÓN DE LA PERSONALIDAD DEL NIÑO POR PARTE DEL PADRE/MADRE

¿CÓMO CONVIVE EL NIÑO CON SUS PADRES, HERMANOS, HERMANAS, Y OTROS NIÑOS?

¿HA TENIDO EL NIÑO EXPERIENCIAS EN RELACIÓN A JUEGOS EN GRUPO?

¿TIENE EL NIÑO ALGÚN PROBLEMA/TEMORES/NECESIDADES ESPECIALES? (EXPLIQUISE)

¿CUÁL ES EL PLAN PARA EL CUIDADO DEL NIÑO CUANDO ESTÉ ENFERMO?

RAZÓN PARA SOLICITAR LA COLOCACIÓN EN UN LUGAR DONDE SE PROPORCIONE CUIDADO DE NIÑOS

FIRMA DEL PADRE/MADRE: [Firma]

FECHA: [Fecha]

LIC 702 (SP) (8/06) (CONFIDENTIAL)
PART A – PARENT’S CONSENT (TO BE COMPLETED BY PARENT)

(NAME OF CHILD) , born (BIRTH DATE) is being studied for readiness to enter (NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from ___ a.m./p.m. to ___ a.m./p.m., 5 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):
Complaints/Explanations:

MEDICATION PRESCRIBED/SPECIAL Routines/RESTRICTIONS FOR THIS CHILD:

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

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>1st</td>
</tr>
<tr>
<td>DTP/DTaP (DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</td>
<td>1st</td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, AND RUBEELLA)</td>
<td>1st</td>
</tr>
<tr>
<td>(REQUIRED FOR CHILD CARE ONLY)</td>
<td>1st</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>1st</td>
</tr>
<tr>
<td>VARICELLA CHICKENPOX</td>
<td>1st</td>
</tr>
</tbody>
</table>

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: __________________________
Date of Physical Exam: __________________________
Telephone: __________________________ Date This Form Completed: __________________________
Signature __________________________

Must be stamped by Physician’s Office

☐ Physician ☐ Physician’s Assistant ☐ Nurse Practitioner

LIC 701 (9/88) (Confidential) PAGE 1 OF 2
RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.
Read each statement below and initial on each line that you understand and agree to abide by these rules while you are receiving services from the State Preschool Program.

1. I understand that all the statements and information provided to the Child Development office must be true and correct.

2. I will take my child to the site according to contracted hours and will make arrangements to have my child picked up if I cannot make it on time.

3. I understand that for my child to participate in, and derive full benefit of the educational program provided by the CUSD State Preschool program, my child is expected to be there on time every day.

4. I understand that excessive late pick-ups may result in termination from the State Preschool program.

5. I understand that my child must be signed in upon arrival with the exact time and signed out upon departure with the exact time. I understand the person signing out must be 18 years of age or older and must use a FULL and legible signature.

6. I must call the site if my child will be absent due to illness, medical appointment, or vacation.

7. I must notify the Child Development office of any changes including, but not limited to, my address, telephone number, work number, and emergency contacts.

8. I will not send my child to school with a communicable disease. If my child becomes ill while in school, I or another adult listed on the emergency card will pick-up my child within one (1) hour of being called.

9. I understand that ten (10) or more unexcused absences may result in my child being terminated from the State Preschool program.

10. I understand that my child will not be released to any person not listed on the authorized persons list. I further understand that changes to the people listed on the authorized list must be made in person, and in writing.

11. I understand that if I wish to volunteer in my child’s State Preschool classroom, I must have a current TB test dated with the last year (for skin test) OR the last four (4) years for Chest X-Ray.

I have read, understand and agree to the above responsibilities as a parent/guardian enrolling in the CUSD State Preschool program. I also understand that failure to abide by these responsibilities may be grounds for termination of my services funded through the State of California, Department of Education, Early Education & Support Division.

Parent/Guardian Name (Print)  Parent/Guardian Signature  Date

Child’s Name  CDP Clerk Initials
State Preschool
Child Attendance Policy

It is extremely important that your child/ren attend the program regularly and arrive on time. Tardiness, irregular attendance or excessive absenteeism may result in your child being terminated from the program. Excessive Absenteeism: ten (10) or more missed school days within the school year

Excused Absences:
Days when your child will not be attending school due to:
1. any illness or quarantine of the child
2. any illness or quarantine of the parent
3. family emergency
4. court ordered visitations (with documentation)
5. Any reason that is clearly in the best interest of the child (i.e., visit with family member, need to be with parent for the day, religious activities, vacation). Note: Each child receives ten (10) best interest days per school year. Anything over ten (10) will be counted as unexcused

Unexcused Absences:
Days when your child will not be attending school due to:
1. Any reason not listed under excused absence (i.e., being up late (parent or child), child did not feel like coming to school, etc.)

Returning to school after an absence:
If your child is out of school for any of the reasons listed above, you must indicate in writing the specific reason for the absence with a full signature. A doctor’s note may be required.

Termination:
Families may be terminated from the State Preschool program due to attendance problems for the following reasons:
1. Excessive unexcused absences (10 or more)
2. Excessive tardiness (not arriving to school on time)
3. Excessive late pick-ups (families must meet with the Program Director on the 3rd late pick-up)

I have read and fully understand the above stated attendance policy.

Parent Name (Print)  Parent Signature

Child’s Name (Print)  Date  CDP Clerk Initials
I, ____________________________, authorize my employer to release the following information to

Parent's Name
Claremont Unified School District's Child Development Program.

Parent's Signature ____________________________ Date ____________________________

Employer Contact Information

Company Name ____________________________ Manager/Supervisor Name ____________________________

Company Address ____________________________ City ____________________________ Zip Code ____________________________

(______) ____________________________ Fax # ____________________________

Telephone – for verification, no cell #’s ____________________________

Employer Information

Position / Job Title: ____________________________

Hire Date: ____________________________ Gross Wages: $ ____________ Per: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year

Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly

Tips? ☐ Yes ☐ No Commission? ☐ Yes ☐ No Overtime? ☐ No ☐ Yes, approximately _____ hours per day

Paid by: ☐ Payroll Check ☐ Personal Check ☐ Cash* *If cash, do you issue a 1099 IRS Form? ☐ Yes ☐ No

Any additional benefits included in the gross wages, such as flex dollar benefits, mileage/uniform

reimbursements, or bonus?

☐ No ☐ Yes...If yes, how often? ____________________________ Amount? $ ____________________________

I hereby certify that the above information is current, true and correct and provided to Claremont Unified School District to establish my eligibility for subsidized child care services.

Parent's Signature ____________________________ Date ____________________________

Note: All information contained in this form is held in strict confidence. It is only made available to authorized representatives of Claremont Unified School District and appropriate State Department of Education officials. The information on this form must be updated as changes in employment occur and all information on this form is subject to verification.

FOR OFFICE USE ONLY

Date of Verification: ____________________________ Verified with (name and title/position): ____________________________

Verification Completed by: ____________________________ All Information true and correct? ☐ Yes ☐ No
## Employment Verification Form

- **Parent's Name**: Claremont Unified School District's Child Development Program.
- **Parent's Signature**
- **Date**

### Employer Contact Information

- **Company Name**
- **Manager/Supervisor Name**
- **Company Address**
- **City**
- **Zip Code**
- **Telephone**
- **Fax #**

### Employee Information

- **Position / Job Title**: 
- **Hire Date**: 
- **Gross Wages**: $ [Hour] [Day] [Week] [Month] [Year]
- **Pay Frequency**: [Weekly] [Bi-Weekly] [Bi-Monthly] [Monthly]
- **Tips?** [Yes] [No]
- **Commission?** [Yes] [No]
- **Overtime?** [No] [Yes, approximately ____ hours per day]
- **Paid by**: [Payroll Check] [Personal Check] [Cash*] *If cash, do you issue a 1099 IRS Form? [Yes] [No]
- **Any additional benefits included in the gross wages, such as flex dollar benefits, mileage/uniform reimbursements, or bonus?** [No] [Yes...If yes, how often? ____ Amount? $ ____ ]

I hereby certify that the above information is current, true and correct and provided to Claremont Unified School District to establish my eligibility for subsidized child care services.

- **Parent's Signature**
- **Date**

Note: All information contained in this form is held in strict confidence. It is only made available to authorized representatives of Claremont Unified School District and appropriate State Department of Education officials. The information on this form must be updated as changes in employment occur and all information on this form is subject to verification.

### For Office Use Only

- **Date of Verification**: 
- **Verified with (name and title/position)**
- **All information true and correct?** [Yes] [No]
- **Verification Completed by**: 

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**Claremont Unified School District**

**Child Development Program**

**Employment Verification Form**

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