



Early Childhood Education/Preschool Program

411 N. Tajauta Ave., Compton, CA 90220

Office: (310) 898-6008

Enrolling ages 3 & 4 / *de 3 y 4 años de edad*

⇒ Please bring the **originals and make copies** of each document

⇒ *Favor de traer las **originales y una copia** de cada documento*

PRESCHOOL ENROLLMENT REQUIREMENTS *REQUISITOS DE INSCRIPCIÓN PREESCOLAR*

Documentation Needed for Enrollment

- Birth records for **all children** in the home
- Physical Exam and Immunization Record
- Source of Income Verification
 - a. Public Assistance - Notice of Action
 - b. Social Security/SSI/SSP
 - c. Unemployment Letter
 - d. 2 or 4 check stubs & Employment Verification
 - e. Self-certification of income & Employment Verification
 - f. Spousal and/or child support
 - g. Disability and/or Worker Compensation
 - h. School Loans and/or Grants
 - i. Any other form of income
- Residency Verification for **all parents**
 - a. Ex: Light, Gas, Water or phone bill
 - b. Ex: California Driver License or California ID
 - c. Affidavit of Residence
 - d. Rental Agreement

Documentos Necesarios para Inscripción

- Acta de nacimiento de **todos los niños** en casa
- Examen físico y Registro de vacunas
- Verificación de ingresos
 - a. Notificación de acción
 - b. desempleo
 - c. 2 o 4 talones de cheque y verificación de empleo
 - d. Auto-certificación de ingresos y verificación de empleo
 - e. Seguro social/SSI/SSP
 - f. Manutención conyugal o manutención de hijos
 - g. Compensación de incapacitado de trabajo
 - h. Prestamos y/o becas
 - i. Cual quiere otro tipo de ingresos
- Verificación de Residencia para **todos los padres**
 - a. Ex: factura de agua, gas, luz o teléfono de casa
 - b. Ex: licencia de conducir de California o identificación de California
 - c. Declaración jurada de residencia
 - d. Contrato de arrendamiento



IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
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
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (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

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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

FACILITY NAME

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

NAME

THIS CARE MAY BE GIVEN UNDER WHATEVER

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

**Child 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.

Signature of the Head of Household

Date

Type or Print Name



Compton Unified School District
 Office of Early Childhood Education
 411 North Tajauta Ave, Compton, Ca 90220
 310-898-6008

Employment Verification

Parent's/Guardian's Name _____ Child's Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Name of Employer _____

Worksite Address _____ City _____ Zip _____

Worksite Phone Number _____

I authorize my employer, described above, to release the requested employment information, without liability to:
 Autorizo a mi empleador, descrito anteriormente, para dar la información de empleo solicitado, sin responsabilidad, a:

 Signature of Parent/Guardian

 Date

Dear Employer:

Please fill in the following information and return this to Compton Unified School District, Early Childhood Development at the address above or scan and send to mhurd@compton.k12.ca.us above:

Date: Employment Began: _____

Today's Date: _____

Daily Hours of Work (e.g., 9:00 am to 5:00 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Amount of Gross Pay: ? _____

Please circle one: CASH or CHECK

Pay Schedule (Frequency gross pay is received): weekly bi-weekly semi-monthly monthly

 Name and Title of Employer's Representative

 Signature of Employer's Representative

FOR OFFICE USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

 Verified By: (CUSD employee)

 Date Verified

 Time Verified

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 LA
 Licensing Office Address: 6167 Bristol Parkway #400, Culver City, CA 90230
 Licensing Office Telephone #: (310) 337-4333
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

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.

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

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-Community Care Licensing LA

ADDRESS

6167 Bristol Parkway # 400

CITY

Culver City, California

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310-337-4333

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)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CUSD/Early Childhood Education

Admission Agreement

The parent/guardian of _____ (child's name) accepts and agrees to follow the policies of the Early Childhood Education as described below:

1. Children must be signed in and out by an adult, over the age of 18, and must be on emergency contact list. A picture ID is required.
2. There must be a minimum of three (3) adults who can be reached during the Center's hours of operation.
3. Absences are excused for illness, medical appointments, court appearances, and family emergency. If a child is absent for more than 5 days, a doctor's note is necessary to re-enter class. Parents/guardians are required to specify the reason for the absence. Children sent home with a fever would not be admitted until 24 hours after the fever breaks.
4. Students are expected to follow the rules of behavior established by Compton Unified School District. Conduct of children, which repeatedly disrupts the smooth and efficient operation of the program and cannot be reasonably controlled by staff, will result in termination of services.
5. Families will be re-certified at least once every 12 months. However, re-certifications may occur at any time there is a change in family status, or at the discretion of the ECE staff.
6. Depending on contract hours. General childcare children will receive breakfast or lunch.
7. Per federal regulations, false statements on the application, with the intent to commit fraud, will result in immediate termination and liability for damages.
8. Termination of services from general childcare will result from the following:
 - ◆ Five (5) late pick-ups.
 - ◆ Three (3) consecutive unexcused absences.
 - ◆ Failure of family to meet eligibility or need criteria.
 - ◆ False statements made on the application, and/ or incomplete paperwork.
 - ◆ Verbal or physical abuse of a staff member by a parent or guardian.
 - ◆ Severe or uncontrollable behavior by the child.
 - ◆ Failure of parent/guardian to maintain current and accurate emergency information
 - ◆ Failure of parent/guardian to comply with Early Childhood Education rules and policies.

Families whose services have been terminated may return to the Waiting List after six (6) months, upon application. For detailed information, please consult your Parent Handbook.

My signature signifies that I have been informed of and understand the conditions of the Admission Agreement for the General Childcare and State Preschool programs of the Early Childhood Education of the Compton Unified School District.

Parent/Guardian Signature

Date

Staff Initials/Date

CHILD'S PREADMISSION HEALTH HISTORY-PARENT'S REPORT

Student's name:		Sex:	Birth date :	
Father's name:		Does father live at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother's name:		Does mother live at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Age of mother at birth of child:	Prenatal health:	Length of pregnancy:	This Child Is Your:	
		1 ST		2 ND
		3 RD		Other
Is/has child been under regular supervision of physician? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of last physical/medical examination?	
Did your child have any breathing problems, convulsions, deformities, blood or oxygen transfusions at birth?				
Walked at _____ Months		Began talking at _____ Months		Toilet training started at _____ Months

DEVELOPMENTAL HISTORY

Please list all additional persons in the home.

Name	Age	Relationship	Name	Age	Relationship

PAST ILLNESSES- Check illnesses that child has had & approximate dates:

DATES	DATES	Is there a family history of any of the following?
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Vision/Hearing/Dental
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Ten-day measles (Rubeola)	<input type="checkbox"/> Muscular disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Three-day Measles (Rubella)	<input type="checkbox"/> Convulsive disorder
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Reading/Speech/Learning

Has your child ever had surgery? Yes No What type? _____

Specify any other serious or severe illnesses or accidents: _____

Does child have frequent colds? Yes No How many in last year? _____ List any allergies: _____

DAILY ROUTINES

What time does child get up? * _____

Does child sleep during the day? * Yes No

What time does child go to bed? * _____

When? * _____

Does child sleep well? * _____

How long? * _____

DIET PATTERN:

Please give an example of your child eats.

What does child usually eat for these meals?	What is the usual eating hours?
Breakfast	_____
Lunch	_____
Dinner	_____

Any food dislikes? _____

Any eating problems? _____

Is child toilet trained? *	Word used for bowel movement?	Word used for urination? *	Are bowel movements regular?*
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		What is usual time? *	

Describe your child's health: _____

Describe your child's personality? _____

Is child presently under a doctor's care? Yes No

If yes, doctor's name: _____

Does child use any special Device (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind: _____
Does child take prescribed medication (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe any side effects? _____

What responsibilities does your child have at home? _____

How does your child perform these? _____ Well _____ Poorly _____ Needs Reminders _____ Refuses _____

How does child get along with parent's brother, sisters and other children? _____

How do you discipline your child?	Who disciplines your child?
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/sps placement?

Parent's signature _____ Date _____



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CHILD'S DEVELOPMENT INFORMATION

My signature below indicates that, I _____ give my permission for the Compton Unified School District Early Childhood Education to transfer any information regarding my child's preschool experience to the elementary school that my child will attend. This information includes, but is not limited to; developmental issues, social interaction abilities, health background and diagnostic assessments (Desired Results).

 Child's Name

 Parent Signature

 Staff Signature



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INFORMACION SOBRE EL DESARROLLO DE SU NIÑO/A

Mi firma abajo indica que, yo _____ doy mi permiso al Distrito Escolar Unificado de Compton y la Oficina de Educación de Primera Infancia para transferir cualquier información con respecto a la experiencia pre-escolar de mi niño/a la escuela elemental que mi niño/a asistirá. Esta información incluye, pero no se limita a; puntos sobre su desarrollo, capacidad de interacción social, antecedentes de salud y evaluaciones diagnosticas (Resultados Deseados).

 Nombre de niño/a

 Firma del Padre

 Firma del Personal

PHYSICAL DEVELOPMENT/CASE HISTORY
DESSARROYO FISICO/HISTORIA DE CASO

TEACHER/INSTRUCTORA: _____ ROOM/SALON# _____ DATE/FECHA: _____

CHILD'S NAME/NOMBRE DEL NINO: _____ BIRTHDATE/FECHA DE NACIMIENTO _____

NAME AND BIRTHDATE OF BROTHERS AND SISTERS/NOMBRES Y FECHAS DE NACIMIENTO DE HERMANOS Y HERMANAS:

CHILD PHYSICAL DEVELOPMENT/DESARROYO FISICO DE NINO

WAS THERE ANY INJURY OR DISEASES DURING PREGNANCY? DESCRIBE./ACCIDENTES O ENFERMEDADES DURANTE EL EMBAROZA? DESCRIBA

	YES/SI	NO
WAS CHILD'S BIRTH NORMAL?/NACIMIENTO FUE NORMAL?		
WAS THERE PROLONGED LABOR?/NACIMIENTO PROLONGADO?		
WAS CHILD BORN PREMATURELY?/NACIO PREMATURO/A?		

NATURE OF DELIVERY/MODA DE NACER? _____

CHILD'S BIRTH WEIGHT/PESO AL NACER? _____

WHAT AGE DID CHILD ROLL OVER WHILE LYING IN A CRIB/A QUE EDAD RODO SOLO/SOLA EN SU CUNA SU NINO/A? _____

CRAWLED/GATO _____ WALKED/ANDUVO _____ TALKED/HABLO _____

ARE BOWEL MOVEMENTS REGULAR?/SON LOS MOVIMIENTOS INTESTINALES REGULARES? _____ YES/SI _____ NO _____

WORD USED FOR BOWEL MOVEMENT/QUE PALABRA USA CUANDO QUIERE USAR EL BANO? _____

LIST ANY EXAMINATION THAT YOUR CHILD HAS HAD:/LISTE LAS EXAMINACIONES QUE SU NINO HAYA TENIDO:

	DATE	PHYSICIAN	TELEPHONE
PHYSICAL/ULTIMO EXAMEN FISICO			
VISION/VISION			
HEARING/SENTIDO DE OIR			
OTHER/OTRO			

GENERAL HEALTH OF CHILD/SALUD EN GENERAL DE EL/LA NINO/A: _____

WHAT ILLNESSES, OPERATIONS OR INJURIES HAS YOUR CHILD HAD AND AT WHAT AGE?/QUE ENFERMEDADES, OPERACIONES, GOLPES A CENIDO LA NINO/NINA A QUE EDAD Y POR CUANTO TIEMPO? _____

ANY PHYSICAL ABNORMALITIES? (IF SO, EXPLAIN)/ALGUNA ABNORMALIDAD FISICAL (SI ES ASI, EXPLIQUE).

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NOTICE OF REQUIREMENT TO RECOVER CHILDCARE COSTS INCURRED AS A
RESULT OF FRAUD OR DECEIT

The State Department of Education, Child Development Division, requires the Compton Unified School District, Early Childhood Education to make all reasonable effort to recover any child care costs which were provided as a result of fraud or deceit. Reasonable effort to recover the cost of such child care services may include:

- Establishing an appropriate re-payment plan.
- Small claims court
- Referral to the District Attorney

Evidence of fraud or deceit in determining initial or ongoing eligibility for child development services and/or initial or ongoing parent fees will also result in termination of child development services.

I have received and understand the above mentioned notice and a copy of the related Notice of Action.

Signature of Enrolling Party

Date

Center



HOME LANGUAGE SURVEY

Name of Student: _____

(Surname / Family Name)

(First Given Name)

(Second Given Name)

Age of Student: _____

Grade Level: _____

Teacher Name: _____

Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when he/she first began to talk?

2. Which language does your child most frequently speak at home?

3. Which language do you (the parents or guardians) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home?
(parents, guardians, grandparents, or any other adults)

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

CUSD – EARLY CHILDSCHOOL EDUCATION

PARENT PARTICIPATION CONTRACT

I acknowledge the importance of parent participation in my child's education and agree to volunteer a minimum of **once a month** per school year in my child's classroom.

My signature in the parent book will document my participation each month, which will be reviewed and initialed by a staff member.

The preschool teacher will assign me a day to come into the preschool. If I cannot attend, I will contact the teacher and arrange for a different day.

I will help the teachers and instructional assistants work with small groups of children. I might also cut out patterns, supervise the recess, and/or help serve the students meals.

I have read and agree to follow the parent participation contract.

Child's Name

Parent's Signature

Date

CUSD – CENTRO DE DESARROLLO INFANTIL PRE-ESCUELA ESTATAL DE CALIFORNIA

CONTRATO DE PARTICIPACION PARA LOS PADRES

Yo reconozco la importancia de participar como padre en la educación de mi niño y acuerdo en ser voluntario/a en la aula de mínimo de **una vece por mes** durante el año escolar.

Mi firma en el libro de padres documentará mi participación cada mes, el cual sera revisado e iniciado por un miembro de personal.

La maestro pre-escolar me asignará un día para venire al aula. Si no puedo asistir, llamaré a la maestro y hare arreglos para otro día diferente.

Yo ayudaré a las profesoras y las asistentes a trabajar con grupos pequeños de niños. Yo también podría recortar modelos, supervisor el recreo, y/o ayudar server los alimentos de estudiantes.

He leído y estoy de acuerdo en seguir el contrato de participación para el padre/madre.

Nombre del Niño/a

Firma del Padre

Fecha

**PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND
RECEIVE EMERGENCY MEDICAL CARE**

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent/guardian through any of the persons listed on the emergency information that you completed for us.
4. If we can't contact you/your child's physician we will do any of the following:
 - a) Call another physician or paramedics
 - b) Call an ambulance
 - c) Have the child taken to an emergency hospital in the company of a staff member
 - d) Any charges incurred as a result of the above mentioned procedures will be paid by the child's family
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed _____
Mother/Legal Guardian

Date _____

Signed _____
Father/Legal Guardian

Date _____

Child's Name _____

Program _____

FAMILY INTEREST/NEEDS

Child's Name: _____

Parent(s) or Guardian(s) Name: _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Teacher's Name: _____ Site/Session(A.M/P.M.) _____

1. Personal or family goal that our program can assist with:

2. Area of Need: I would like information, help or assistance in the following areas: (Please check all that apply)

Housing _____

Energy Assistance _____

Legal _____

Food _____

Clothing _____

Child Care Assistance _____

Health Concerns: Medical Child _____ Adult _____

Dental Child _____ Adult _____

Mental Health Concerns Child _____ Adult _____

Nutritional Concerns: Child _____ Adult _____

Education & employment Job Search Employment GED Career Advancement
 Basic Skills Vocational Training College Courses

Parenting Information _____

Recreational Information _____

Support Group Information (list are of need) _____

Information about the community _____

Area of interest for presentations at parent meetings _____

Other Information _____

No, at this moment I don't wish for any information.

Parent's Signature _____

Date _____

Staff Signature _____

SEXUAL HARASSMENT AND COMPLAINT PROCEDURE

(Education Code 48980(g), 48900.2 and 231.5) (Board Policy 5145.46)

It is the policy of the Compton Unified School District that sexual harassment shall not be tolerated. A copy of the Sexual Harassment complaint procedure policy was given to you in your enrollment packet and additional forms are available to you at the ECE office.

Sexual harassment is defined in Education Code Section 212.5 as unwelcome sexual advances, requests for sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly or condition of an individual's employment; academic status, progress or promotion;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual;
3. The conduct has the purpose or effect of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile, or offensive work or education environment; or
4. Submission to or rejection of the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.
5. The conduct described as sexual harassment must be considered to be sufficiently severe or pervasive so as to have a negative impact upon the individual's academic performance or to create an intimidating, hostile, or offensive educational environment.

Any student, parent / guardian, or staff who feels that he/she has been the victim of sexual harassment as defined in this policy shall immediately report this to any staff member. The staff member receiving the complaint shall immediately report the incident to the principal or designee. The principal or designee shall commence an investigation into the complaint. A report will be made to law enforcement for cases that are determined to be sexual harassment, as defined by this regulation. Any student who has knowledge of conduct by other students, employees of the District, volunteers, or other individuals of the school community as previously defined, are encouraged to immediately report such conduct to the principal or designee.

COMPTON UNIFIED SCHOOL DISTRICT

Uniform Complaint Procedures Summary

District Policy

The District shall have the primary responsibility to insure compliance with applicable state and federal laws and regulations and shall investigate complaints alleging failure to comply, and seek to resolve those complaints.

The District Policy applies to the following programs: Adult Basic Education, Consolidated Categorical Aid Programs, Migrant Education, Vocational Education, Child Care and Development, Child Nutrition, and Special Education.

This policy applies to the filing of complaints which allege unlawful discrimination on the basis of ethnic group identification, religion, age, sex, color or physical or mental disability, in any program or activity conducted by a local agency, which is funded directed by, or that receives or benefits from any state financial assistance.

Filing a Complaint

An investigation of alleged unlawful discrimination shall be initiated by filing a complaint no later than six months from the date the alleged discrimination occurred, or the date the complainant first obtained knowledge of the facts of the alleged discrimination unless the time for filing is extended by the State Superintendent of Public Instruction, upon written request by the complainant setting forth the reasons for the extension.

- 1) The complaint shall be filed by one who alleges that he or she has personally suffered unlawful discrimination, or by an individual who officially represents a specific class of individuals alleging that it has been subjected to discrimination prohibited by this part.
- 2) The complaint shall be filed in writing with the district superintendent or his or her designee, unless the complainant request direct intervention by the State Department of Education pursuant to provision of this policy.
- 3) An investigation of a discrimination complaint shall be conducted in a manner that projects confidentiality of the parties and the facts.

District Responsibilities

The District's Decision (the Decision) shall be in writing and sent to the complaint within sixty (60) days from receipt of the complaint by the district. The Decision shall contain the findings and disposition of the complaint, including corrective actions, if any, the rational for such disposition.

Appealing District Decisions

Any Complaint(s) may appeal at District Decision to the State Department of Public Instruction by filing a written appeal with the State Superintendent within fifteen (15) days of receiving the District Decision. Extensions for filing appeals may be granted, in writing, for good cause.

COPIES OF THE ACTUAL UNIFORM COMPLAINT PROCEDURES, DISTRICT POLICY 0440(a), ARE AVAILABLE AT THE LOCAL SCHOOL, OR DISTRICT OFFICE AND ARE WRITTEN IN ENGLISH AND SPANISH.