



# EARLY CHILDHOOD EDUCATION/PRESCHOOL PROGRAM

411 N. Tajauta Avenue, Compton, CA 90220  
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 document

## PRESCHOOL ENROLLMENT REQUIREMENTS REQUISITOS DE INSCRIPCIÓN PREESCOLAR

### Documentation Needed for Enrollment

- \* Birth records for **all children** in the home 17 years -old and under
- \* Current Physical Exam and Immunization Record
- \* Source of Income Verification
  - a. Public Assistance—Notice of Action
  - b. Social Security/SSI/SSP
  - c. Unemployment Letter
  - d. One months' worth of current check stubs
  - e. Self-certification of Income
  - f. Verification of Employment
  - g. Spousal and/or child support
  - h. Disability and/or Workers' Compensation
  - i. School Loans and/or Grants
  - j. Any other source of income
- \* Residency Verification for **both parents**
  - a. Current light, gas, water or phone bill
  - b. California DL or ID
  - c. Affidavit of Residence
  - d. Rental Agreement

### Documentos Necesarios para Inscripción

- \* Acta de Nacimiento de **todos los niños** en casa menores de 18 años
- \* Examen físico actual y registro de vacunas
- \* Verificación de ingresos
  - a. Notificación de acción
  - b. Seguro Social/SSI/SSP
  - c. Desempleo
  - d. Talones de cheques vigentes para un mes
  - e. Autocertificación de ingresos
  - f. Verificación de empleo
  - g. Manutención conyugal o manutención de hijos
  - h. Compensación de incapacitado de trabajo
  - i. Prestamos y/o becas
  - j. Cual quier otro tipo de ingresos
- \* Verificación de domicilio para **todos los padres**
  - a. Factura actual de luz, gas, agua o teléfono
  - b. DL o identificación de California
  - c. Declaración jurada de residencia
  - d. Contrato de arrendamiento
  - e. Matricula Consular



## 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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# 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 <sup>ST</sup>	2 <sup>ND</sup> 3 <sup>RD</sup> 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? Name of person with ailment.
<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? \* \_\_\_\_\_ What time does child go to bed? \* \_\_\_\_\_ Does child sleep well? \* \_\_\_\_\_

Does child sleep during the day? \*  Yes  No When? \* \_\_\_\_\_ 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?*	What is usual time? *
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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)?  Yes  No If yes, what kind: \_\_\_\_\_ Does child take prescribed medication (s)?  Yes  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 \_\_\_\_\_

**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 EMBARAZA? 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).  
\_\_\_\_\_  
\_\_\_\_\_

## 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 reasonable 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**

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

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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 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 Social Services-Community Care Licensing LA  
 Licensing Office Address: 300 N. Continental Blvd, Ste 290A, MS 23-13 El Segundo, CA 90245  
 Licensing Office Telephone #: (424) 301-3077 FAX (424) 301-3200

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

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

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

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents))

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

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. \_\_\_\_\_  
Name of Family Child Care Home

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

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

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

# 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		
ADDRESS		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

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)
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(PRINT THE NAME OF THE CHILD)
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SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN
---

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

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

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )



**Compton Unified School District**  
**Early Childhood Development**  
**411 N. Tajauta Avenue**  
**Compton, CA 90220**  
**(310) 898-6008**



**Level of Education**

Parent's /Guardian's Name

Email address:

High School Graduate

Yes

No

Some College

Yes

No

College Graduate

Yes

No

Graduate School/  
Post Graduate Training

Yes

No

Declined to State/Unknown

Parent's /Guardian's Signature

Date

**Nivel de Educación**

Nombre del padre/tutor

Dirección de correo electrónico:

Graduado de Preparatoria:

Yes

No

Alguna Educación Superior:

Yes

No

Graduado de la Universidad:

Yes

No

Escuela de Posgrado/Formación de  
Posgrado

Yes

No

Se Negó a Declarar/Desconocido:

Firma del padre/tutor

Fecha:



# Compton Unified School District

## Early Childhood Development

411 N. Tajauta Avenue

Compton, CA 90220

(310) 898-6008



### Model Release Form/Modelo Formulario de Autorización

20\_\_ - 20\_\_

I, \_\_\_\_\_, the parent/guardian of the minor named below and have the legal authority to execute this release, do hereby give the Compton Unified School District, its assigns, licenses and legal representatives the irrevocable right to use my child's picture, portrait or photograph in all forms and media, including the district's website, and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes. I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, in consideration of \$0.00 receipt of which is acknowledged.

I have read this release and am fully familiar with its contents.

Facility Name: \_\_\_\_\_

Students Name: \_\_\_\_\_

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

Yo, \_\_\_\_\_, el padre / tutor del menor mencionado a continuación y tengo la autoridad legal para ejecutar este descargo, por la presente otorgo al Distrito Escolar Unificado de Compton, sus cesionarios, licencias y representantes legales el derecho irrevocable de usar la fotografía, retrato o fotografiar en todas las formas y medios, incluido el sitio web del distrito, y en todas las formas, incluidas las representaciones compuestas o distorsionadas, para publicidad, comercio o cualquier otro propósito legal. Renuncio a cualquier derecho de inspeccionar o aprobar el producto terminado, incluida la copia por escrito, que pueda crearse en relación con el mismo, en consideración del recibo de \$ 0.00 del cual se acusa recibo.

He leído este comunicado y estoy completamente familiarizado con su contenido.

Nombre del Establecimiento: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Firma del Padre/Madre o Representante Autorizado: \_\_\_\_\_



# 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

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**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

**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 & mployment  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 \_\_\_\_\_



Compton Unified School District  
**Office of Early Childhood Education/Preschool**  
 411 N. Tajauta Ave., Compton, CA 90220  
 PH: (310) 898-6008

**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



Compton Unified School District  
**Office of Early Childhood Education/Preschool**  
 411 N. Tajauta Ave., Compton, CA 90220  
 PH: (310) 898-6008

**INFORMACION SOBRE EL DESARROLLO DE SU NINO/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

**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  
Early Childhood Education  
411 North Tajauta Ave., Compton, Ca 90220  
(310) 898-6008

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

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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:

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- 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.

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

\_\_\_\_\_  
Signature of Enrolling Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center

## **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.