



**WASHINGTON  
UNIFIED  
SCHOOL  
DISTRICT**  
WEST SACRAMENTO

## **Early Childhood Education State Preschool**

### **Eligibility Application and Enrollment Forms 2022-2023**

For questions or to schedule an intake appointment please contact Marisela Oropeza, Family Support Specialist by email at [moropeza@wusd.k12.ca.us](mailto:moropeza@wusd.k12.ca.us) or call 916-375-7600 ext. 1311. You can also contact Rahele Atabaki, WUSD Preschool Director by email at [ratabaki@wusd.k12.ca.us](mailto:ratabaki@wusd.k12.ca.us) or call 916-375-7600 ext. 1306.

**Early Childhood Education, State Preschool**

930 Westacre Road

West Sacramento, CA 95691

Phone: (916) 375-7600 ext. 1311

Email: [morepeza@wusd.k12.ca.us](mailto:morepeza@wusd.k12.ca.us)



## State Preschool Application Requirements

**Eligibility Requirements:** Eligibility is based on required documentation and verification. It does not guarantee your child's placement in the program.

**Children must be age-eligible and fully potty trained.** Age eligibility requires one of the following:

- 3rd birthday** on or before **Dec. 1st** of the fiscal year in which they will be served.
- 3rd birthday** on or after **Dec. 2nd** of the fiscal year, **may be enrolled on or after their 3rd birthday.**
- 4th birthday** on or before **Dec. 1st** of the fiscal year in which they will be served.
- 5th birthday** occurs after **Sept. 1st** of the fiscal year in which they will be served (opted to retain or enroll in the CSPP program instead of TK)

**Families must meet at least one of the following eligibility criteria:**

- Homeless
- Recipient of child protective services or at risk of neglect, abuse, or exploitation
- Current cash aid (CalWORKs) recipient
- Income Eligible (Refer to the following **Income Ceilings Chart** used in determining eligibility for families set by the California Department of Education for State Preschool Programs.)

**Income Ceilings Chart (85% SMI) for SFY 2021–2022 Child Care and Development Programs**

Family Size	1-2	3	4	5	6	7	8	9	10	11	12
Maximum Family Income	\$5,889	\$6,511	\$7,441	\$8,632	\$9,823	\$10,046	\$10,269	\$10,492	\$10,716	\$10,939	\$11,162

**Required Documentation/Verification:**

**1. Income Proof:** Provide documentation of gross wages for each parent/guardian in the household from employment or any other income sources. Copies of pay stubs/statements must be current (within the last 30 days), as well as all other countable income sources.

**The number of pay stubs/statements required is listed below:**

- 2 current and consecutive pay stubs if paid **monthly**
- 2 current and consecutive pay stubs if paid **bi-weekly**
- 2 current and consecutive pay stubs if paid **bi-monthly**
- 4 current and consecutive pay stubs if paid **weekly**



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### **Other Countable income sources (not all sources listed):**

- Child Support OR Spousal Support
- Public Cash assistance (TANF or CalWorks)
- CalFresh assistance (Food stamps)
- Survivor (eg. SSA) and retirement benefits
- State Unemployment Insurance (UI) or Disability Insurance (DI) (eg. EDD claims)
- Foster Care grants, payments, or clothing allowance for children placed in the welfare system.
- Self-employment gross income
- Workers Compensation
- Veterans pension
- Financial assistance is received for the care of a child living with an adult who is not the child's biological or adoptive parent.

### **Other Required Income Documentation/Verification Forms:**

- Complete an Employer Authorization Release Form** for each parent/guardian working.
- Complete a Self-declaration Form** for each parent/guardian not working or not receiving income or receiving other countable income sources to self-certify current income status.
- Complete a Self-declaration Form** if a parent's/guardian's gross income is from self-employment. You will self-certify your monthly gross income status (less business expenses) and provide a copy of the most current Tax Return forms filed and the three most current monthly bank statements to verify gross income and a copy of the Business License.

### **2. Family size:** Provide one document for all children in the household under the age of 18 yrs old. (Verification includes children not being enrolled in the program to determine family size)

- Birth certificates or US Passports
- Court Order Legal documents (eg. child custody or guardianship)
- Adoption document records
- Foster Care placement records
- County welfare department records or passport for services documents

### **3. Proof of residency:** Evidence of a street address or post office address in California.

- PG&E or utility bill, phone bill, water bill, sewer bill, etc. (dated within the last 30days)
- Current Rental or Mortgage Statement or receipt (dated within the last 30days)
- Any other evidence of your street address or post office address (dated within the last 30days)

### **4. Physician's Report (LIC 701) for the enrolling child(ren).** Must be signed by the medical provider and be current (within the last year). The physician's report form is included in this packet.

### **5. Shot record** for the child being enrolled (all shots must be up to date to be enrolled).

### **6. Complete the required enrollment forms** for the child being enrolled included in this packet.

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**Application to Determine Eligibility for State Preschool**

**OFFICE STAFF USE ONLY:**  
 Date of Application Received: \_\_\_\_\_ School & Session: \_\_\_\_\_  
 Returning Student: \_\_\_\_\_ Family ID: \_\_\_\_\_ Child ID: \_\_\_\_\_  
 Date/Time of Enrollment appointment: \_\_\_\_\_  
 Student Start Date: \_\_\_\_\_ Income Ranking: \_\_\_\_\_  
 Waitlist for alternate school/session: \_\_\_\_\_ Request Date: \_\_\_\_\_

Please complete each parent's information living in the household & part of the family size.

<b>A: Parent/Guardian Legal Name:</b>	<b>B: Parent/Guardian Legal Name:</b>
Relationship to the student being enrolled: ___Mother ___Father ___Foster mom/dad	Relationship to the student being enrolled: ___Mother ___Father ___Foster mom/dad
Parent/Guardian Birthdate: _____ Gender: ___Male ___Female	Parent/Guardian Birthdate: _____ Gender: ___Male ___Female
What is your Ethnicity? ___Hispanic/ Latino ___Caucasian ___Other (Fill in) _____ What is your race? _____	What is your Ethnicity? ___Hispanic/ Latino ___Caucasian ___Other (Fill in) _____ What is your race? _____
Home Address: City: Zip Code:	Home Address: City: Zip Code:
Home phone: Cell phone: Work phone: Email:	Home phone: Cell phone: Work phone: Email:
List language/s Spoken in the Home:	List language/s spoken in the Home:

<b>A: Parent/Guardian Status (check all that apply):</b> <input type="checkbox"/> Child(ren) identified as at risk of being abused, neglected, or exploited <input type="checkbox"/> CPS Referral <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Homeless/Seeking Permanent Housing <input type="checkbox"/> Single Parent <input type="checkbox"/> CalWORKS/Cash aid Recipient <input type="checkbox"/> Unemployed <input type="checkbox"/> Parent Custody/Court Order	<b>B: Parent/Guardian Status (check all that apply):</b> <input type="checkbox"/> Child(ren) identified as at risk of being abused, neglected, or exploited <input type="checkbox"/> CPS Referral <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Homeless/Seeking Permanent Housing <input type="checkbox"/> Single Parent <input type="checkbox"/> CalWORKS/Cash aid Recipient <input type="checkbox"/> Unemployed <input type="checkbox"/> Parent Custody/Court Order
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Legal names of all children in the family size under 18 yrs old. <b>First, Middle, &amp; Last Name:</b>	Date of Birth (month / day/ year)	Gender of the child?	Ethnicity/ Home Language(s) of the child?	Is this a foster child?	Are you applying for this child?
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female		Yes / No	Yes / No

**Complete the information for each parent living in the household and who is listed on the application.**

**A:** Parent/Guardian's **gross monthly** income \$ \_\_\_\_\_ How often are you paid? \_\_\_\_\_  
 Source of income: \_\_\_ Employment \_\_\_ Self-employment \_\_\_ EDD \_\_\_ CalWorks \_\_\_ Calfresh  
 Or list any other source of income: \_\_\_\_\_

**B:** Parent/Guardian's **gross monthly** income \$ \_\_\_\_\_ How often are you paid? \_\_\_\_\_  
 Source of income: \_\_\_ Employment \_\_\_ Self-employment \_\_\_ EDD \_\_\_ CalWorks \_\_\_ Calfresh  
 Or list any other source of income: \_\_\_\_\_

What is your total family size? \_\_\_\_\_ Is your child fully potty trained? \_\_\_ yes \_\_\_ no

What is the age of your child? \_\_\_\_\_ Does your child have an IEP or IFSP? \_\_\_ yes \_\_\_ no

What is your homeschool/ closest school to your home address?  
 \_\_\_\_\_ Westfield Elem. \_\_\_\_\_ Elkhorn Elem. \_\_\_\_\_ Stonegate Elem. \_\_\_\_\_ Riverbank Elem.

Select the preferred class session: \_\_\_ AM session (8:00-11:00) OR \_\_\_ PM session (12:00-3:00)

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

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**Employer Authorization Release Form for Income Verification**

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

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

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

City, State, Zipcode: \_\_\_\_\_

Employer/Supervisor Contact Phone Number: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ How are you paid: \_\_\_ Hourly \_\_\_ Salary \_\_\_ Other: \_\_\_\_\_

How often paid: \_\_\_\_\_ How many months do you work yearly: \_\_\_\_\_

Weekly (one time each week)

Bi-weekly (every 2 weeks)

Bi-monthly (2X a month on select days)

Monthly (One time each month)

<u>Hours you work each day?</u> (Ex. 8am-5pm):	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>

**I authorize my employer/supervisor to release any information reflected on this form in order to verify my monthly gross income. I also grant Washington Unified School District (WUSD representative) permission to contact my employer/supervisor to verify the information provided on this form. I understand that the gross income verified on this form by my employer/supervisor will be used to determine the eligibility of the Part-day State Preschool subsidized services and is subject to review by representatives of the California Department of Education at any time.**

**I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

**ONLY for Washington Unified School District Staff :**

**Verification completed** \_\_\_\_\_

**Name of Contact person verifying income and title:** \_\_\_\_\_

**WUSD Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

City, State, Zipcode: \_\_\_\_\_

Employer/Supervisor Contact Phone Number: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ How are you paid: \_\_\_ Hourly \_\_\_ Salary \_\_\_ Other: \_\_\_\_\_

How often paid: \_\_\_\_\_ How many months do you work yearly: \_\_\_\_\_

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**Parent/Guardian Signature** **Date**

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**Self-Declaration Form**

To be completed by each parent/guardian receiving any countable income source other than from employment or to be completed by a parent/guardian not working to self-certify current income status for the last 30 days. (eg. Self-employment, disability compensation, workers compensation, unemployment, stay home parent status, homelessness, or any other status or income status.)

I \_\_\_\_\_, self-declare and self-certify that  
(Parent/Guardian name)

Multiple horizontal lines for writing the declaration.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

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

**ONLY for Washington Unified School District Staff :**

WUSD Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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(Parent/Guardian name)

Multiple horizontal lines for writing the declaration.

**I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.**

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

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**WUSD Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 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/DaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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



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## Required Enrollment Forms

Please read and complete all the enrollment forms included in this enrollment packet at home before your scheduled intake appointment. Questions about any of the forms will be answered at your request.

**DO NOT DATE** any of the enrollment forms until the day of your scheduled **certification** appointment when you are meeting with the Family Support Specialist in person.

Please bring **ALL** the forms with you to the scheduled appointment. If any of the forms are missing or incomplete, they will need to be replaced and/or completed at the time of the **certification** or the appointment will need to be rescheduled.

**Please keep the forms in the order listed after you have read and completed all the forms using a black or blue pen and AGAIN, DO NOT DATE THE FOLLOWING FORMS:**

- Emergency Card
- Child's Preadmission Health History- Parent's Report-(LIC702)
- Authorization List for Child Pick-Up
- Home Language Survey
- Consent Form
- State Preschool Family Guidelines
- Parent Termination
- Attendance Policies (page 1)
- Continued Attendance Policies (page 2)
- Statement of Release
- Nurse Alert Form

**Other Enrollment forms to be given on the day of Certification:**

- Personal Rights-(LIC613A)
- Parent's Rights-(LIC 995)
- Help Me Grow Consent Form
- Receipt of Parent Handbook
- Meal Benefit Form
- Oral Health Screening

# WASHINGTON UNIFIED SCHOOL DISTRICT EMERGENCY CARD

Date \_\_\_\_\_ Grade \_\_\_\_\_

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

Student's Full Legal Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Middle)Student Lives With:  Mother  Father  Both  Grandparent  Foster Parent  GuardianHome Phone \_\_\_\_\_ Residential Address \_\_\_\_\_  
Number Street Apt# City Zip

Mother/Guardian Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

If my child is ill, has an emergency, or is suspended and I cannot be reached, please call and release my child to:

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
(Circle: Relative, Friend, Childcare Provider)Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
(Circle: Relative, Friend, Childcare Provider)**Please Check One:** In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred as a result of the foregoing. I do not choose the above statement and desire the following action in the event of an emergency: \_\_\_\_\_

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

5119-6 Rev. 5/2015

**TURN CARD OVER AND COMPLETE HEALTH INFORMATION**

**PLEASE READ:** California Education Code §49408 indicates that for the protection of a pupil's health and welfare, the governing board of a school district may require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance, emergency information including the home address and telephone number, business address and telephone number of the parents or guardian, and the name, address and telephone number of a relative or friend who is authorized to care for the pupil in any emergency situation if the parent or legal guardian cannot be reached.

**PERTINENT MEDICAL INFORMATION REGARDING STUDENT**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Allergies: Yes  No  If yes, type off allergy(s) \_\_\_\_\_Asthma: Yes  No  If yes, medications taken, if any \_\_\_\_\_Diabetes: Yes  No  If yes, and on insulin, type and amount \_\_\_\_\_Seizures: Yes  No  If yes, type and medication taken, if any \_\_\_\_\_Wears glasses: Yes  No Contact lenses: Yes  No Hearing loss: Yes  No 

Medication(s) taken regularly: \_\_\_\_\_

Other medical problems and/or restrictions: \_\_\_\_\_

**SUPPLEMENTAL FAMILY INFORMATION**

List Brothers and Sisters

Indicate School of Attendance/Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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

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

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

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### Authorization List for child pick-up

**Student's Legal Name:** \_\_\_\_\_

The following person(s) are authorized to pick up my child. No one will be allowed to pick up my child without prior verbal authorization.

Individuals must be 18 years of age to be added to the list. Please add **at least one adult** that is not the parent or guardian of the student.

<b>Legal name:</b>	<b>Home Address:</b>	<b>Phone Number:</b>	<b>Relationship to Student:</b>

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



**Early Childhood Education, State Preschool**

930 Westacre Road

West Sacramento, CA 95691

Phone: (916) 375-7600 ext. 1311

Email: [morepeza@wusd.k12.ca.us](mailto:morepeza@wusd.k12.ca.us)



## Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions. Thank you for your assistance.

**Legal Name of the student:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

1. **What language did your child first learn to speak?**

\_\_\_\_\_

2. **What language does your child use most frequently at home?**

\_\_\_\_\_

3. **What languages do you use more frequently with your child?**

\_\_\_\_\_

4. **What languages do adults use at home?**

\_\_\_\_\_

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

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## Consent Form

**Student's Legal Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

I give consent for my child to participate and be included in the following:

1. Photographs during the program sessions. They will be used solely for educational and curriculum purposes.  
 YES  
 NO
  
2. Videos/Slides/Movies during the program sessions. They will be used solely for educational and curriculum purposes.  
 YES  
 NO

I understand that any photographs, videos, slides, or movies, will only be done with the permission of parents/guardians and the authorization of the Early Childhood Education Program Coordinator for educational purposes only.

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

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## State Preschool Family Guidelines

Preschool is an exciting new experience for both you and your child. We want to work with you to make sure it is a year of learning to grow, making new friends, and having fun! Here are some ideas and reminders that we hope will help make this big new step an easier one.

**Separation:** If this is your child's first time away from you, s/he may have some trouble separating for the first week or so. You can help by talking about preschool with your child, assuring him/her that you will be back at the end of class to pick him/her up, and allowing your child to express his/her concerns and fears to you. It is important to let your child understand his/her fears. Children usually adjust within a week or two and then don't want to leave at the end of class! Please be assured that we will inform you if your child is still uncomfortable at preschool after two weeks.

**REGULAR ATTENDANCE:** You must bring your child to school every day that s/he is not ill. Children who attend regularly benefit most from the program.

**ARRIVAL and DISMISSAL TIME:** State Preschool does not provide before or after-school care, and we require that you drop off and pick up your child at the scheduled class time. Because the same staff works both in the morning and the afternoon class, they must have the necessary preparation and lunchtime between classes. It is also extremely important for your child to participate in all class activities to be properly prepared for Kindergarten. (Please see your Family Handbook for additional information)

**Rest and Nutrition:** Please help your child do his/her best by making sure s/he gets a good night's sleep and has a nutritious breakfast. (The less sugar, the better)

**Dress for Fun:** Please dress your child in comfortable play clothes. Four-year-olds are very active, and our program consists of hands-on activities that are, at times, messy. We use cover-ups, but accidents do happen. Remember that we use washable paint that can be removed from fabrics. Your child's learning and creativity will be inhibited, if s/he has to be concerned about his/her clothing being soiled. Please bring an extra set of clothes to keep in your child's backpack or cubby at all times.

**When to Keep Your Child at Home:** To protect the health of all of our children, we ask that children be kept at home until they have been free of all symptoms of contagious disease for 24 hours. For example, if your child has a fever at 11:00 pm on Sunday, S/he cannot come to school Monday –even if s/he has no fever Monday morning. S/he can come on Tuesday if the fever has not recurred since Sunday night. Please see details about contagious diseases in the *Family Handbook*.

**Emergency Information:** Please remember to keep your emergency information updated. We must have current contact phone numbers, home addresses, and email as well as current contact numbers for people on the emergency card and the authorized pick-up list.

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



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**Parent Termination**

**Parents must give a minimum of two weeks' notice to the family support specialist before they terminate the program.** Parents may be terminated from the Child Development Division Child Care Programs administered by Washington Unified School District for reasons that may include, but are not limited to:

1. Falsifying any documentation affecting eligibility or need for care.
2. Falsifying information on the SIGN IN/OUT sheets or refusal to sign in or sign out the student.
3. Failure to submit necessary documentation of ongoing eligibility or missing deadlines for submitting documentation.
4. **Failure to use childcare regularly (indicating a lack of need for care) and not following attendance policies.**
5. Missing appointments, repeatedly or not attending required meetings with staff to address concerns.
6. **Failure to notify the agency within ten (10) calendar days of changes in address, telephone, or adding or updating emergency information.**
7. Non-cooperative, inability to abide by the agency policy handbook, and the Child Development Division Funding Terms and Conditions.
8. **FAILURE TO REPORT WHEN THE FAMILY'S INCOME EXCEEDS EIGHTY-FIVE (85)% OF THE STATE MEDIAN INCOME (SMI) FOR ONGOING INCOME ELIGIBILITY.**
9. Notwithstanding anything to the contrary in the parent/provider handbook or the Funding Terms and Conditions, the Center reserves the right to terminate the participation of the childcare program when any degree of abuse (potential or actual physical abuse, specific, implied verbal or written abuse) from a family member thereof results in a threat or harassment to any staff member of the Center. **Therefore, the agency will not tolerate any verbal or physical threats or abuse from any client, provider, or any family members of clients or providers. Furthermore, the agency will not permit any yelling or profanity directed toward any employee of the Center.**

Parents will be sent a Notice of Action form notifying them that the program services will be terminated in (14) days. If special or emergency circumstances do not warrant such notice, the notice may be waived upon approval of the program coordinator.

An appeal process is available to any parent who wishes to appeal each Notice of Action for termination. All appeal requests must be written and received by the ECE Program Coordinator within the period specified in the appeal procedure. All appeals must begin at **the Center level, not the State level.**

After termination, there is a six-month waiting period before being eligible to be placed back on the subsidized child care eligibility list. If a family is terminated at its request, the six months may be waived.

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**Parent/Guardian Signature**

---

**Date**

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**Statement of Release**

I permit Washington Unified School District Early Childhood Education Program staff and its agents to verify any information utilized to determine my family’s eligibility during the certification process.

I further understand that if my family is found to be ineligible for child development services, or if the information given during the certification process is found to be inaccurate, I will be responsible for repayment to the Washington Unified School District Early Childhood Education Programs at a rate equal to the current California Department of Education, Child Development Division reimbursement rates.

The Department has the authority to interview children or staff without prior consent.

- 1) The licensee shall ensure that provisions are made for private interviews with any child or staff members.
  - a. The Department has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed, if necessary, for copying. Removal of records shall be subject to the requirements in sections 101217 [c] and 101221 [d].
    - i. The licensee shall ensure that provisions are made for the examination of all records relating to the operation of the child care center.
  - b. The Department has the authority to observe the physical condition of the child, including conditions that could indicate abuse, neglect, or inappropriate placement.

NOTE: Authority cited: Section 1596.81, Health, and Safety Code.

Reference: Section 1596.72, 1596.73, \*1596.852, 1596.853, \*and 1596.8535, Health and Safety Code.

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**Parent/Guardian Signature**

---

**Date**



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## Attendance Policies (Page 1)

### **Best Interest Days:**

- Each child is allotted **10 Best Interest Days** (vacation days) per school year.
- For an absence to count as a **Best Interest Day**, the teacher must be notified before the absence or by 8:30 a.m. for the AM class and 12:30 p.m. for the PM class the day of the absence. Otherwise, the absence will be counted as unexcused.

### **Excused Absences:**

- Absences that are considered to be excused include family emergency, illness of parent or child, funerals, appointments, or court-ordered visitation.
- The child can have up to 4 consecutive absences with a phone call or email to the teacher. After 5 consecutive absences, the parent/guardian is required to submit a doctor's note or documentation to excuse the absences.
- **Failure to follow the Attendance Agreement will result in a child being terminated from the preschool program.**
- For an absence to count as excused, the teacher must be informed of the child's absence on the day of the absence and before the end of the student's scheduled class time session.

### **Unexcused Absences:**

- Anything that is not listed under excused absences is considered an unexcused absence.
- **Failure to submit a doctor's note or any other valid documentation after the fifth consecutive absence, for an excused absence may warrant to be changed to an unexcused absence.**
- When a child reaches **3 unexcused absences**, the parent/guardian will receive a Truancy Warning Letter.
- **If the child has 1 additional unexcused absence**, the parent/guardian is required to attend a Truancy Meeting and sign an Attendance Agreement.
- **Failure to follow the Attendance Agreement can result in a child being terminated from the preschool program.**

### **Late Drop off is considered:**

- After 10 minutes of your student's class start time.

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Parent/Guardian Signature

---

Date



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## **Continued Attendance Policies (Page 2)**

### **Early Pick Up is considered:**

- Any time before 10 minutes of the end of regularly scheduled class time.
- If needing to pick up a child early, a doctor's note or written excuse by the parent is required

### **Late Pick-up Policy:**

- **The first time** a parent/guardian picks up after the contracted pick-up time, he/she is given a verbal reminder of the late pick-up policy.

### **Late Pick-up Policy:**

- **The second time** a parent/guardian picks up after the contracted pick-up time; the parent/guardian will receive a Truancy Warning Letter.
- **The third time** a parent /guardian picks up after the contracted pick-up time; the parent/guardian is required to attend a Truancy Meeting and sign an Attendance Agreement.
- **Failure to follow the Attendance Agreement can result in a child being terminated from the program.**

Please notify your student's teacher by phone or email when your child will not be attending class and the reason why they will be absent on the day of the child's absence, so the teacher can mark the correct absence code. Best interest days used during the school year are tracked to ensure no more than 10 days are used during the school year. The family handbook is given to you at the initial enrollment and details the attendance policies for your reference. Please read thoroughly for any questions.

By signing, I acknowledge reading the attendance policies and being aware of the attendance policies. I will follow the attendance policies for my student's participation and eligibility in the part-day preschool program with Washington Unified School District (WUSD).

I understand that failure to follow the attendance policies can result in my student's termination from the program.

---

**Parent/Guardian Signature**

---

**Date**

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## NURSE ALERT FORM

**The parent/guardian is responsible for informing the school if a student has a serious health condition. This information will be reviewed by a district nurse and shared with staff as needed.**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: Pre-school

My child has NO known serious health conditions.  My child has the following serious health condition(s) that I want the school to be aware of:

**SERIOUS HEALTH CONDITIONS:**  Life threatening allergy to \_\_\_\_\_

Behavioral Health Diagnosis \_\_\_\_\_  Seizure Disorder  Diabetes (Circle type 1 or 2)

Cardiac Problem \_\_\_\_\_  Asthma  Other \_\_\_\_\_

### MEDICATIONS:

At home only: \_\_\_\_\_ For (diagnosis) \_\_\_\_\_

To be given at school \_\_\_\_\_ For \_\_\_\_\_

### CONTACT INFORMATION:

Parent/Guardian daytime phone: \_\_\_\_\_ email: \_\_\_\_\_

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

The Nurse Alert Form allows district nurses to gather information on students with serious health conditions. This form lists a few serious health conditions, but also allows space to indicate other serious health conditions that may not be listed. Minor health conditions that do not affect your child at school do not need to be listed on this form.

Please return the Nurse Alert Form to your teacher the day after you receive it or during the first week of school so the nurse can let the necessary staff know if your child has a serious health condition.

### **Authorization for Medication Administration Form**

Parents/guardians and physicians/healthcare providers of students who will need to take medication at school will need to complete an Authorization for Medication Administration form. This form can be found on the Washington Unified School District website at <http://www.wusd.k12.ca.us/documents/Departments/Education%20Services/Special%20Services/Nursing%20Services/Med%20Authorization%20Form.pdf> or at the school office.

If your child has a serious health condition, the school nurse will work with you to develop an Individual Health Care Plan.