Lakeside Early Advantage Preschool Programs

LEAP PRESCHOOL, STATE PRESCHOOL & EARLY ADVANTAGE

REGISTRATION FORMS

All forms must be completed and turned in at time of registration along with copies of birth certificate and current shot records.

Lakeside Union School District

EXTENDED STUDENT SERVICES

Lakeside **E**arly **A**dvantage **P**reschool

9745 Marilla Drive
Lakeside, CA 92040

12824 Lakeshore Drive
Lakeside, CA 92040

Robyn Bowman-Preschool Manager (619) 390-2391 Ex. 2900 or rbowman@lsusd.net

REGISTRATION CHECK OFF LIST

Date Received_____ Child's Name_____

Birth Date_____ Age as of September 2nd _____

All LEAP Programs

-LEAP Registration Form
-LUSD Registration Form
-Emergency Information Card
-Parents' Rights
-Personal Rights
-Consent for Emergency Medical Treatment
-Internet and Photo Agreement
-Home Language Survey
-Child's Preadmission Health History
-Physician's Report

Copies of:
-Birth Certificate
-Current Immunization Record

LEAP State Program

-Income Calculation Worksheet
-Self-Declaration of Income
-Zero-Income (if needed)
-Single Parent Statement (if needed)
-Residency Verification Checklist
-Certification of Eligibility
-Childcare Data Collection Form
-Notice of Action
-Family Needs Form

Copies of:
-One month **current** check stubs
-Two proofs of residency
-Birth Certificates of **ALL** children (under 18)
-Current Immunization Record

Lakeside Union School District

LEAPP PRESCHOOL

Student Name: _____ D.O.B: ____/____/____ Gender: ☐ M ☐ F

Preschool Class: ☐ State Preschool ☐ LEAP Preschool ☐ AM ☐ PM **Teacher:** _____

Days of the week: ☐ 2 Days-TTH ☐ 3 Days-MWF ☐ 5 Days-M-F **Potty Trained** ☐ Y ☐ N

Extended Day Class: ☐ **Y** ☐ **N** **Projected Hrs** (1-14 hr minimum): _____ Pin # _____

Parent / Guardian Information:

Parent/Guardian: _____ Phone 1: _____ Phone 2: _____

Parent/Guardian: _____ Phone 1: _____ Phone 2: _____

Address: _____

Optional E-mail Address 1: _____ 2: _____

Emergency Contact Other Than Parent / Guardian:

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

Medical Information:

Please indicate any medical conditions that the staff should be aware of and/or that would limit your child's activities (i.e. allergies, asthma, injuries, etc…) _____

If your child needs any medication, please indicate. Before any medication may be administered by staff, a completed physician's form must be on file.

Medication: _____ Approx. time of day: _____

Parent Agreement

_____ **Attendance Requirements**: Children attending Extended Day Care must be accompanied to center and signed in and out on the daily roster by an authorized adult (including Ext Day Care staff). Absences must be reported to the center. Check parent files daily for correspondence and notices. If a person not previously authorized for pick up is to be picking up student, a phone call or written message prior to pick-up and person picking up will be expected to provide identification. Emergency information is to be updated when necessary.

_____ **Program Charges:** An annual non-refundable fee of $50.00 is due at the time of registration. Tuition is expected to be paid at the beginning of the month. Any payments not received by the 10th of each month may be assessed a $20.00 late payment charge. A late pick up fee of $1.00 per minute will be charged after 6:00 p.m. and is due at the time of pick-up. Excessive late pick-ups may result in the student being excluded from the Extended Day Care Program. Any children not picked up by 6:30 (after attempts to contact all emergency contacts) may result in the Sheriff Department being called to pick up said children. A $25.00 fee will be charged on all returned checks, and may result in a cash or money order only restriction being put on the account. Repeated late tuition payments or returned checks may result in exclusion from the program until account is brought current.

_____ I understand that participation in the Extended Day Care program will include outdoor activities and all the risks that accompany such activities. In case of emergency, staff will contact parent/guardian or any authorized emergency contact provided. If immediate hospital attention is needed, staff will call 911 and accompany student if necessary. I understand that I will be held responsible for all costs incurred. I therefore waive any claims and agree to release and hold harmless this program, the employees or agents.

I have read, understand and agree to abide by all of the above statements:

_____ _____

Parent Signature Date

Program Use only

Changes:

Class: State Preschool: ☐AM ☐ PM **LEAP Preschool:** ☐AM ☐ PM ☐**LEAP Early Adv.** Date: _____

Class: State Preschool: ☐AM ☐ PM **LEAP Preschool:** ☐ AM ☐ PM ☐**LEAP Early Adv.** Date: _____

Days of the week: ☐2 Days-TTH ☐3 Days-MWF ☐5 Days-M-F **Extended Day Class:** ☐ **Y** ☐ **N**

Program Notes: (i.e. employee, charges, alternate payment…) _____

LAKESIDE UNION SCHOOL DISTRICT REGISTRATION ***SCHOOL NAME:***

FOR OFFICE USE ONLY: TEACHER	***FOR OFFICE USE ONLY:*** PERM ID #	***FOR OFFICE USE ONLY:*** SSID#	***FOR OFFICE USE ONLY:*** DATE ENROLLED:

STUDENT LAST NAME:	FIRST NAME:	MIDDLE NAME:	GRADE:

GENDER: *Check-X*	MALE ☐	FEMALE ☐	SOCIAL SECURITY#	LANGUAGE SPOKEN AT HOME	PARENT E-MAIL

BIRTHDATE: *MO/DAY/YR*	BIRTH CITY	BIRTH STATE	BIRTH COUNTRY	BIRTH VERIFICATION

Is student Hispanic/ Latino*? Check -X*	YES ☐	NO ☐	NICK NAME/ALIAS (AKA)

STREET ADDRESS:

CITY	STATE	ZIP

MAILING ADDRESS-IF DIFFERENT FROM ABOVE

PRIMARY PHONE NUMBER:

SECONDARY PHONE NUMBER:

HAS YOUR CHILD EVER BEEN ENROLLED IN THIS DISTRICT? **Y** ☐ **N** ☐

Secondary Race ***CHECK/CIRCLE ONE***

20-AMERICAN INDIAN OR ALASKA NATIVE ☐	46 ASIAN-KOREAN ☐	47 ASIAN-LAOTIAN ☐	40 ASIAN-OTHER ☐	63 PACIFIC ISLANDER-SAMOAN ☐
44 FILIPINO ☐	43 ASIAN CHINESE ☐	48 ASIAN-VIETNAMESE ☐	42 ASIAN-CAMBODIAN ☐	62 PACIFIC ISLANDER-HAWAIIAN ☐
30 BLACK ☐	45 ASIAN-JAPANESE ☐	41 ASIAN-INDIAN ☐	49 ASIAN-HMONG ☐	64 PACIFIC ISLANDER-TAHITIAN ☐
10 WHITE ☐	61 PACIFIC ISLANDER-GUAMANIAN ☐			60 PACIFIC ISLANDER-OTHER ☐

Student Residential Status (Check /Circle One): Parent/Legal Guardian ☐ Foster Family Home ☐ Foster Group Home ☐

Homelessness-(living with someone due to financial hardship) ☐ Homelessness-hotel/motel ☐ Homelessness- sheltered ☐

Homelessness-unsheltered ☐ Residential Facility ☐ Hospital (not state hospital) ☐ Other ☐

SCHOOL STUDENT LAST ATTENDED:

ADDRESS:	GRADE LEVEL

CITY	STATE/ZIP	PHONE NUMBER

WAS STUDENT IN A SPECIAL EDUCATION PROGRAM IN PREVIOUS SCHOOL? **Y** ☐ **N** ☐	DOES STUDENT HAVE AN ACTIVE IEP? Y ☐ N ☐	HEALTH ISSUES

FATHER'S LAST NAME:	FIRST NAME:	EMPLOYER:	WORK PHONE:	STUDENT LIVES WITH THIS PARENT YES ☐ NO ☐ PART–TIME ☐
MOTHER'S LAST NAME:	FIRST NAME:	EMPLOYER:		STUDENT LIVES WITH THIS PARENT YES ☐ NO ☐ PART-TIME ☐

PARENT WITH THE HIGHEST LEVEL OF EDUCATION: *REQUIRED IN ACCORDANCE WITH CALIFORNIA STATE LAW* ***PLACE AN X IN THE HIGHEST LEVEL COMPLETED***	***DID NOT COMPLETE HIGH SCHOOL*** ☐	***HIGH SCHOOL GRADUATE*** ☐	***SOME COLLEGE*** ☐	***COLLEGE GRADUATE*** ☐	***POST GRADUATE*** ☐

LIST CHILDREN IN FAMILY UNDER AGE 18	NAME	AGE	NAME	AGE	NAME	AGE

EMERGENCY CONTACT:	NAME	HOME PHONE	CELL PHONE

PARENT/GUARDIAN SIGNATURE	TODAY'S DATE

PLEASE FILL OUT BOTH SIDES COMPLETELY - PRINT CLEARLY

LAKESIDE UNION SCHOOL DISTRICT - Emergency Information

_____ _____
Teacher **Grade**

_____ _____ ____ (____)_____ (____)_____
Pupil's Name (Last Name, First) Birthhdate Sex Area Code/Telephone Cell / Work Phone

E-mail: _____

The following address will be used to verify the residency of the pupil per the requirements of state law. Your signature indicates you are providing the information under penalty of perjury.

_____ (_____)
Street Address ____ Check here if this is a new address Apt # City & Zip Code (Mailing address if different)

The following information is required so that we can contact a responsible person in case of illness or accident.

_____ (_____)_____
Father (Guardian) Pupil Resides With? Yes No Employer Cell / Work Telephone

_____ (_____)_____
Mother (Guardian) Pupil Resides With? Yes No Employer Cell / Work Telephone

Language Spoken at Home if Other than English _____

List the names, addresses and phone numbers of two responsible **area** residents who know your child and who you authorize to pick up your child in emergencies or illnesses. Your child will be released only to those persons listed below.

Name Relationship Address (including city) Cell / Work Telephone

1. _____ (_____)_____
2. _____ (_____)_____
3. _____ (_____)_____

Physician _____ Insurance _____ Telephone (_____)_____

Date: _____ **Signature**: _____

(PLEASE COMPLETE OTHER SIDE)

Cut here for die cutting

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW

Wears glasses: ☐ Yes ☐ No Date of last examination _____

Hearing difficulty: ☐ Yes ☐ No Date of last examination _____

State of dental health: _____ Remarks_____

GENERAL HEALTH NOTE SPECIAL CONDITIONS

Asthma _____ Allergies _____

Drug Sensitivity - Specify _____ Seizures/Epilepsy_____

Rheumatic Fever_____ Heart Disease_____

Last Tetanus Shot (Date) _____

Limitations on Physical Activities - None _____ or Specify_____

_____

Any other health-related conditions that the school should accommodate: _____

_____

Continuing Daily Medication: Type: _____ * None _____ Prescribing Physician _____
*If "Yes", your signature on the other side authorizes the school to contact your physician.

Note: In the event of a medical emergency, the Lakeside Paramedical Service will be directed to transport your child to the nearest hospital that is able to provide the necessary emergency care. Your signature satisfies four requirements: 1) it authorizes the district to seek necessary medical attention for your child in an emergency; 2) it confirms that your statements on this card are true; 3) it acknowledges that you have received statements regarding your rights, responsibilities, and protections (annual notification); and 4) it acknowledges that you have discussed arrangements with your child regarding medical & family emergencies and procedures that are to be followed if your child were to be sent home during an evacuation of the school.

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

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

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

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

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

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

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

   Licensing Office Name: Mission Valley Regional Office

   Licensing Office Address: 7575 Metropolitan Drive Suite 110 San Diego, CA 92108

   Licensing Office Telephone #: (619) 767-2200

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

8. Receive, from the licensee, the Caregiver Background Check Process form.

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

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

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

Lakeside Early Advantage Preschool Programs

Name of Child Care Center

_____ _____

Signature (Parent/Authorized Representative) Date

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

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

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

Mission Valley Regional Office

ADDRESS

7575 Metropolitan Drive Suite 110

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
San Diego CA	92108	619-767-2200

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)
Lakeside Early Advantage Preschool	

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

LAKESIDE EARLY ADVANTAGE PRESCHOOL
FACILITY NAME
TO OBTAIN 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
( )	( )

LAKESIDE UNION SCHOOL DISTRICT INTERNET/ACCEPTABLE USE AGREEMENT / CONSENT & WAIVER
THE FOLLOWING FORM MUST BE READ AND SIGNED BY THE STUDENT AND THEIR PARENT/LEGAL GUARDIAN

By signing the Consent & Waiver form, we, the undersigned student and parent(s) agree to abide by the following restrictions.

Further, my parent(s)/guardian(s) and I have been advised that the district does not have control of the information on the internet, although it attempts to provide prudent and available barriers. Other sites accessible via the internet may contain material that is illegal, defamatory, inaccurate or potentially offensive to some people. While the Lakeside Union School district's intent is to make internet access available to further its educational goals and objectives, users will have the ability to access other materials as well.

The district believes that the benefits to educators and students from access to the internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. But ultimately, the parent(s)/guardian(s), and teachers of students are responsible for setting and conveying the standards that their students should follow.

The student and his/her parent(s)/guardian(s) must understand that student access to the Lakeside Union School District network is being developed to support the district's educational responsibilities and mission under the supervision of teachers. In addition, the Lakeside Union School District makes no warranties with respect to the Lakeside Union School district Network service, and it specifically assumes no responsibility for:

1. The content of any advice or information received from a source outside the district, or any costs or charges incurred as a result of seeing or accepting such advice.
2. Any costs, liability or damages caused by the way the student chooses to use his/her district network access.
3. Any consequence of service interruptions or changes, even if those disruptions arise from circumstances under the control of the district.

By signing this form, we understand and agree to the following terms:

The district's system shall be used only for purposes related to education. Commercial, political and/or personal use unrelated to an educational purpose is strictly prohibited.

The district reserves the right to monitor any on-line communications for improper use. Electronic communications and downloaded materials, included files deleted from a user's account, may be monitored or read by district officials.

Students are prohibited from accessing, posting, submitting, publishing or displaying harmful matter or material that is threatening, obscene, disruptive, or sexually explicit, or that can be construed as harassment or disparagement of others based on race, national origin, sex, sexual orientation, age, disability, religion, or political beliefs.

Students shall not use the system to encourage the use of drugs, alcohol, or tobacco, nor shall they promote unethical practices or any activity prohibited by law or district policy.

Copyrighted material may not be placed on the system without the author's permission. Users may download copyrighted material for their use only.

Vandalism will result in the cancellation of user privileges. Vandalism includes the intentional uploading, downloading or creating computer viruses and/or any malicious attempt to harm or destroy district equipment or materials or data of any other user.

Students shall report any security problem or misuse of services to the teacher or principal

The principal or designee shall make all decisions regarding whether or not a user has violated these regulations and may deny, revoke, or suspend a user's access at any time. The decision of the principal or designee shall be final.

Photographs and/or videotapes of students are taken periodically in the classroom or at school functions to be used in class bulletins, art projects, school website, promotional materials, video of Outdoor Ed. Program, etc.

I give my permission to photograph my student for the above purposes.
____ Yes
____ No

I give my permission for my student to use the Internet for Educational purpose.
____ Yes
____ No

The Lakeside Union School District maintains a district website as well as individual school site web pages. The website is updated regularly and often will include pictures of students, staff, parents, student work and school activities. This consent form grants the Lakeside Union School District permission to post pictures of my son/daughter and/or samples of his/her work on the district or school website, promotional materials, and other school related videos and the use of the student's first name (only). I further release the Lakeside Union School district and its employees, officials and agents from any liability of any claims, including without limitation, claims for libel, defamation, invasion of privacy and right of publicity, and infringement of proprietary rights, arising out of or relating to the exercise of rights granted under this CONSENT AND RELEASE.

Clearly print student's name

_____

Print name of parent / guardian

_____

Signature

_____

Date _____ School _____

Teacher _____Grade_____

Revised March 2008

LAKESIDE UNION SCHOOL DISTRICT
HOME LANGUAGE SURVEY

DATE	SCHOOL

The California Education Code requires schools to determine the language(s) spoken at home by each student and the date they first enrolled in school in the United States. This information is essential for schools to provide meaningful instruction for all students. Thank you for providing this information.

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
STUDENT BIRTHDATE	AGE	GRADE

DATE FIRST ENROLLED IN A CALIFORNIA PUBLIC SCHOOL (excluding preschool)	DATE FIRST ENROLLED IN ANY SCHOOL IN THE UNITED STATES (including preschool)
MONTH: _____ DAY: _____ YEAR: _____	MONTH: _____ DAY: _____ YEAR: _____

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you most frequently speak to your son or daughter? _____
4. What language is spoken most often by the adults at home? _____

Signature of Parent or Guardian:

FOR OFFICE USE ONLY Number _____

EDL _____ SDAIE _____

Language Code: _____ (See back of form for State language codes.)

Language Proficiency Designation: English Only _____ FEP _____ ELL _____
Date Date Date

LUSD (Rev. 3/15/12)

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

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

	DATES		DATES		DATES
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		Ten-Day Measles (Rubeola)	
Rheumatic Fever		Whooping cough		Three-Day Measles (Rubella)	
Hay Fever		Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? YES NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST _____ LUNCH____
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* YES NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* YES NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? YES NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? YES NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): YES NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? YES NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY 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

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)	/ /	/ /	/ /	/ /	/ /
DT/Td (DIPHTHERIA, TETANUS AND AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
(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:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____
Physician Physician's Assistant Nurse Practitioner