



## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Office of Educational Services  
Early Learning Programs  
1108 Bissell Avenue  
Richmond, California 94801  
Telephone: (510) 307-4585 Fax (510) 237-1536  
Email: preschool@wccusd.net

**Nia Rashidchi**  
*Assistant Superintendent*  
*Educational Services*

**Janet Scott, Ed.D.**  
*Director, Educational Services*

**Olanrewaju Ajayi**  
*Coordinator, Early Learning Programs*

# 2016-2017 SCHOOL YEAR PRESCHOOL CERTIFICATION PACKET

BAYVIEW

FORD

LINCOLN

PERES

CHAVEZ

GRANT

MONTALVIN

RIVERSIDE

DOVER

HIGHLAND

MURPHY

WASHINGTON

DOWNER

KING

NYSTROM

WILSON

The Journey to Academic Excellence



"Leaders Start Little"

# **REQUIREMENTS CHECKLIST FOR RETURNING STUDENTS**

<input type="checkbox"/>	<b>Income</b>	<p><b><u>An employment release authorizing to contact the employer must be completed by each working parent (the form is included in your packet).</u></b></p> <p><b><u>Paystubs for each working parent (within 30 days)</u></b></p> <ul style="list-style-type: none"> <li>- twice a month or bi-weekly bring the last 2 paystubs</li> <li>- weekly bring the last 4 paystubs</li> <li>- monthly bring your last paystub</li> </ul> <p><b><u>If both parents live at home and one is not working</u></b></p> <p>He /She must declare that they have no income on the Parental Income Declaration.</p> <p><b><u>Award Letter for benefits (Verification must be dated within 30 days of your appointment)</u></b></p> <ul style="list-style-type: none"> <li>- Unemployment</li> <li>- Disability / Workers Comp</li> <li>- SSI / SSA / SSP</li> <li>- TANF/ Cash Aid</li> </ul> <p><b><u>Paid in cash</u></b></p> <p>We need a letter from your employer that includes your salary/wages, hours and days of work, pay periods and start date, potential for overtime and tips or additional compensation.</p> <p><b><u>Self Employed -</u></b> (You must provide a combination of documentation to determine income).</p> <ul style="list-style-type: none"> <li>- Complete a self-employment declaration form (included in your packet).</li> <li>- A letter from the source of income</li> <li>- A copy of the most recently signed and completed tax returns with a statement of <u>current estimated income</u> or client list</li> <li>- Other business records, such as ledgers, receipts or business log</li> </ul> <p><b>We may request additional documentation to verify your income to determine your income eligibility.</b></p>
<input type="checkbox"/>	<b>Family size Verification</b>	If there is a newborn or additional child(ren) in your family you must present original birth certificate, school/medical records or any other reliable documentation indicating the relationship of the child to the parent under the age of 18.
<input type="checkbox"/>	<b>Address Verification</b>	A current utility bill (PG&E, Water or Garbage) or rental agreement under parent's name is required. If parent does not have a utility bill under their name, they must provide a current utility bill from the person they are living with and a copy of that person's ID in addition to completing a "Declaration of Residence" (included in your packet). The top portion of the Declaration form should be completed by the parent and the bottom portion should be completed by the person you are living with.
<input type="checkbox"/>	<b>Health Requirements</b>	<ul style="list-style-type: none"> <li>-Physical exam within 11 months of your certification appointment or Doctor's appointment card indicating upcoming appointment. If we have a current physical on file, you do not need to bring anything.</li> <li>- Food Allergy Form must be completed by a physician if applicable.</li> <li>- Asthma Plan must be completed by a physician if child has asthma &amp; needs medication at school.</li> <li>-IEP If child is receiving speech/occupational therapy or any other services from Cameron.</li> </ul>
<input type="checkbox"/>	<b>If applicable, proof of single parent</b>	<p>If you are a single parent you must provide one of the following</p> <ul style="list-style-type: none"> <li>• Divorce/ legal separation</li> <li>• Child support court order, child custody arrangements</li> <li>• Rental agreement or utility bill under parent's name</li> <li>• Copy of any government agency document showing family size and who those family members are.</li> </ul>
<input type="checkbox"/>	<b>Emergency Form</b>	You must add four adults other than the parent(s)/Guardian(S). Please write their complete name, address and working phone number. They must be over 18 years old and live in West Contra Costa School District area.

**NOTE: BLACK OR BLUE INK ONLY. YOU MUST BRING ORIGINAL DOCUMENTS.**  
**COPIES WILL NOT BE ACCEPTED.**



West Contra Costa Unified School District  
Office of Educational Services  
Early Learning Programs

## STATE PRESCHOOL ENROLLMENT PRIORITIES 2016-17

West Contra Costa Unified School District offers State Preschool for families who are certified eligible based on income, family size and admission priorities.

Limited placement may be available for families who are over income on first come first serve basis.

CDE Policy (Effective July 1, 2014):

**"Four-year-old children"** are children who will have their fourth birthday **on or before September 1<sup>st</sup>** of the fiscal year they are being served.

**"Three-year-old children"** are children who will have their third birthday **on or before September 1<sup>st</sup>** of the fiscal year they are being served.

**Note:** It is at the Early Learning Departments discretion to approve or deny any application. Any application that has been found to be falsely represented will be denied.

The Journey to Academic Excellence



"Leaders Start Little"



# WCCUSD State Preschool / 2016-2017

## Special Needs/Services List

My child \_\_\_\_\_ has the following special needs/services:

Special Needs/Services <small>(please check all that apply)</small>	YES √	NO √	Parent/Guardian Comments	√ DDC Attached
CPS under protective services				
CPS at risk				
Homeless				
IEP (Individual Education Plan)				
Foster Child or Adopted				
Restraining Orders				
Court Documents for custody				
Asthma				
Food allergies				
Allergies to medication				
Needs EPI Pen				
Vegetarian				
Is your child toilet trained?				
Are you a single parent?				
Any other needs/service of which our office and teachers should be aware of, specify:				

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

**For office use only- Comments or additional instructions:** \_\_\_\_\_ **Staff initials** \_\_\_\_\_ **Date:** \_\_\_\_\_

---



---



---



---



---



---



---



---



**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT**

Office of Educational Services  
Early Learning Programs  
1108 Bissell Avenue  
Richmond, California 94801  
Telephone: (510) 307-4585 Fax (510) 237-1536  
Email: preschool@wccusd.net

**Nia Rashidchi**  
Assistant Superintendent  
Educational Services

**Janet Scott, Ed.D.**  
Director, Educational Services

**Olanrewaju Ajayi**  
Coordinator, Early Learning Programs

**STATE PRESCHOOL PROGRAM**

**ADMISSION AGREEMENT**

The Admission Agreement between the West Contra Costa Unified District and the parent/guardian of the child/children attending the State Preschool Program is considered contractual and binding.

The West Contra Costa Unified School District State Preschool Department's goal is to provide a safe, nurturing learning environment for students three to five years old. The program offered focuses on social emotional, physical and academic development to support students completing college.

State Preschool Department and the Adult Education Department assist parents with becoming their child's first teacher by providing on-going parenting classes that focus on the social, emotional and academic aspects of the child's development.

I, the parent of \_\_\_\_\_ who attends the  
Child's name

A.M. / P.M. session at \_\_\_\_\_ agrees to the following:  
Name of school

**Reasons for discontinuing service**

1. Child was picked up late four (4) times.
2. Child's behavior endangered him/herself or others.
3. Parent or guardian has not cooperated regarding the child's discipline needs.
4. Parent has 30 days from time of enrollment to provide current physical exam.

**Parent acknowledges the rights of California Care Licensing**

1. To enter, inspect a child care facility with or without advance notice at any time.
2. To interview children or staff, and to inspect and audit child or facility records without prior consent.
3. To observe the physical condition of children, including conditions which could indicate abuse, neglect, or inappropriate placement and to have a licensed medical professional physically examine the children.

**Additional information about these topics can be found in the State Preschool Parent Handbook**

I have read, understood, and agree to follow the rules and regulations of the WCCUSD State Preschool Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I have given a copy of this admission agreement to the parent/guardian of the student.

\_\_\_\_\_  
WCCUSD Early Learning Programs Staff

\_\_\_\_\_  
Date



# WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT DECLARATION OF RESIDENCE

I, \_\_\_\_\_, under penalty of perjury, declare as follows:  
Parent/Guardian Name

1. My family no longer resides at \_\_\_\_\_  
Address City/State Zip

2. On \_\_\_\_\_, we changed our legal address to:  
Date  
\_\_\_\_\_  
Address City/State Zip Code

Residing with \_\_\_\_\_  
Name of Homeowner

3. My minor child (ren) \_\_\_\_\_ will reside with me at that address  
for the \_\_\_\_\_ school year.

4. This declaration is made because of a genuine change of my family's residence, and not for the purpose of changing schools.

5. I am aware that stating any false information constitutes perjury, and is a serious violation of the law for which I may be subject to criminal prosecution, including a fine, imprisonment, or both.

6. If the information on this form is found to be untrue, the student(s) will be returned to his/her school of residence.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.  
Day Month Year City

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Home Phone#

I, \_\_\_\_\_, under penalty of perjury, declare as follows:

1. \_\_\_\_\_  
Mother/Father's Name & Child (ren)  
now reside with me at \_\_\_\_\_  
Address City/State Zip Code  
and have resided with me since \_\_\_\_\_  
Date

2. This whole family lives with me on a full-time basis and maintains no other residence. I accept full responsibility (academic, financial, and disciplinary) for the minor child (ren) and his/her parent(s).

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California  
Day Month Year City

\_\_\_\_\_  
Signature of Homeowner

Date \_\_\_\_\_ Current Home Phone# \_\_\_\_\_

### OFFICE USE ONLY

Okay to Enroll \_\_\_\_\_ School \_\_\_\_\_ Verification \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION OF RESIDENCE MUST BE RENEWED ANNUALLY**



## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Office of Educational Services

Early Learning Programs

1108 Bissell Avenue

Richmond, California 94801

Telephone: (510) 307-4585 Fax (510) 237-1536

Email: preschool@wccusd.net

### **STATEMENT OF RELEASE**

I give permission for West Contra Costa Unified School District State Preschool Program, and its representatives to verify any and all information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

### **DECLARACION DE AUTORIZACION**

Doy permiso para que la West Contra Unified School District State Preschool Program, y su representantes para verificar la información de todos y cada uno de mi empleador para determinar mi elegibilidad de la familia durante el proceso de certificación. Yo entiendo que toda información reunida es estrictamente confidencial.

Child's Name: \_\_\_\_\_  
*Nombre del Niño*

Parent/Guardian Name: \_\_\_\_\_  
*Nombre del Padre/Tutor*

Parent Signature: \_\_\_\_\_  
*Firma del Padre/Tutor*

Date: \_\_\_\_\_  
*Fecha*

#### **Employer's Information/Información del empleador:**

Name: \_\_\_\_\_  
*Nombre*

Address: \_\_\_\_\_  
*Dirección*

Phone Number: \_\_\_\_\_  
*Número de teléfono*

Hours of Operation: \_\_\_\_\_  
*Horas de Operación*

Office use only: \_\_\_\_\_



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
Office of Educational Services  
Early Learning Programs  
State Preschool Program

## Parental Income Declaration

*Instruction: This form is to be used to secure a written declaration under penalty of perjury from the parent.*

### Explanation of Need for Declaration:

---

---

---

---

---

---

---

---

---

---

---

---

I, \_\_\_\_\_, hereby declare under penalty of  
(Last Name, First)

perjury and the laws of the State of California that the above information is true and correct with the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Office of Educational Services

Early Learning Programs

1108 Bissell Avenue

Richmond, CA 94801

Telephone: (510) 307-4585 Fax: (510) 237-1536

Email: [Preschool@wccusd.net](mailto:Preschool@wccusd.net)

Nia Rashidchi  
Assistant Superintendent  
Educational Services

Janet Scott, Ed.D.  
Director, Educational Services

Olanrewaju Ajayi  
Coordinator, Early Learning Programs

**SELF-EMPLOYMENT DECLARATION FORM**

I, \_\_\_\_\_ parent of \_\_\_\_\_ certify that  
*(PLS. PRINT)*

I am self-employed and the following information pertaining to my work and income are provided below together with the attached supporting document(s) to verify my eligibility to utilize the services of the West Contra Costa Unified School District State Preschool Program. I understand that Early Learning Department may ask for additional documentation to be able to make a reasonable assessment of my income.

Job Title: \_\_\_\_\_ Start Date of Self-Employment: \_\_\_\_\_

Number of work hours per day: \_\_\_\_\_ Number of work days per week: \_\_\_\_\_

Type of Work Performed: *(Please give a brief explanation about the nature of your job and place of work/business:*

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

**By signing this form, I declare under penalty of perjury under the laws of California that the foregoing is true and correct and of my own personal knowledge and if called upon to testify, I would be competent to testify.**

Executed on \_\_\_\_\_ 20 \_\_\_\_\_ at, \_\_\_\_\_, California  
*(DATE)*

Parent's Signature: \_\_\_\_\_

**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

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1515 Clay Street, Suite 1102, Oakland, CA 94612

Licensing Office Telephone #: (510) 622-2602

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.**

LIC 995 (8/02)

(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.

WCCUSD State Preschool

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.**

**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

Community Care Licensing

ADDRESS

1515 Clay Street, Suite 1102

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

(510) 622-2602

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)

WCCUSD State Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1108 Bissell Avenue, Richmond, CA 94801

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**How is Child Abuse and Neglect Defined in Federal Law?**

Federal legislation lays the groundwork for States by identifying a minimum set of acts or behaviors that defines child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §3106g), as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

Most Federal and State child protection law primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers.

**What are the Major Types of Child Abuse and Neglect?**

With in the minimum standards set by CAPTA, each state is responsible for providing its own definitions of child abuse and neglect. Most State recognize four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Although any of the forms of child maltreatment may be found separately, they often occur in combination. In many states, abandonment and parental substance abuse are also defined as forms of child abuse or neglect. The definitions provided below are for the State of California only. Not all States' will include all of the listed definitions below, and individual States' definitions may cover additional situations not mentioned here.

**Physical Abuse (Citation: Penal Code §811165.6; 11165.3)**

Child Abuse or neglect includes:

- Physical injury inflicted by other than accidental means upon a child by another person
- Willful harming or injury of the child or the endangering of the person or health of the child
- Unlawful corporal punishment or injury

**Neglect (Citation: Penal Code §11165.2)**

Neglect means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.

- *Severe neglect* means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. *Severe neglect* also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, including the intentional failure to provide adequate food, clothing, shelter, or medical care.
- *General neglect* means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

**Sexual Abuse (Citation: Penal Code §11165.1)**

Sexual abuse means sexual assault or sexual exploitation as defined below:

- *Sexual assault* includes rape, statutory rape, rape in concert, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration, child molestation.
- *Sexual exploitation* refers to any of the following:
  - Depicting a minor engaged in obscene acts; preparing, selling, or distributing obscene matter that depicts minors; employing a minor to perform obscene acts
  - Knowingly permitting or encouraging a child to engage in, or assisting others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct
  - Depicting a child in, or knowingly developing, duplicating, printing, or exchanging any film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct

**Emotional Abuse (Citation: Penal Code §11166.65)**

Serious emotional damage is evidence by state of being or behavior including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others.

**Abandonment**

This issue is not addressed in the statutes reviewed.

- **Standards for Reporting (Citation: Penal Code §811165.2; 11165.6)** A report is required when a parent:
  - Willfully causes or permits harm to the child
  - Has inflicted by nonaccidental means injury on the child

- **Persons Responsible for the Child (Citation: Penal Code §11165.1)** *Person responsible for a child's welfare* means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.

- **Exceptions (Citation: Penal Code §811165.2; 11165.6)** A child not receiving specific medical treatment for religious reasons is not considered neglected. Informed and appropriate medical decisions made by a parent, after consultation with a physician, do not constitute neglect. Child abuse or neglect does not include a mutual affray between minors.

The first step in helping abused or neglected children is learning to recognize the signs of child abuse or neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. If you suspect a child is being harmed, reporting your suspicions may protect the child and get help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances – these are called mandatory reporters.

**Recognizing Child Abuse**

The following signs may signal the presence of child abuse or neglect.

**The Child:**

- Shows sudden changes in behavior or school performance
  - Has not received help for physical or medical problems brought to the parents' attention
  - Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
  - Is always watchful, as though preparing for something bad to happen
  - Lacks adult supervision
  - Is overly compliant, passive, or withdrawn
  - Comes to school or other activities early, stays late, and does not want to go home
- The Parent:**
- Shows little concern for the child
  - Denies the existence of – or blames the child for – the child's problems in school or at home
  - Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
  - Sees the child as entirely bad, worthless, or burdensome
  - Demands a level of physical or academic performance the child cannot achieve
  - Looks primarily to the child for care, attention, and satisfaction of emotional needs
- The Parent and Child:**
- Rarely touch or look at each other
  - Consider their relationship entirely negative
  - State that they do not like each other

**Types of Abuse**

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

**Signs of Physical Abuse**

- Consider the possibility of physical abuse when the child:
  - Has unexplained burns, bites, bruises, broken bones, or black eyes
  - Has fading bruises or other marks noticeable after and absence from school
  - Seems frightened of the parents and protests or cries when it is time to go home
  - Shrinks at the approach of adults
  - Reports injury by a parent or another adult caregiver
- Consider the possibility of physical abuse when the **parent or other adult caregiver:**
  - Offers conflicting, unconvincing, or no explanation for the child's injury
  - Describes the child as "evil," or in some other very negative way
  - Uses harsh physical discipline with the child
  - Has a history of abuse as a child

**CHILD ABUSE AND NEGLECT PAMPHLET CONFIRMATION RECEIPT**

I, parent, authorized representative of \_\_\_\_\_, have \_\_\_\_\_, Child's Name received a copy of the "Child Abuse and Neglect Pamphlet" provided by the State Preschool Program.

Signature of Parent/Guardian

Date

### ¿Cómo define la ley federal el abuso y la negligencia de menores?

Las leyes federales identifican actos y comportamientos que, como mínimo, constituyen una forma de abuso o negligencia de menores. La Ley Federal para la Prevención y el Tratamiento del Abuso de Menores (CAPTA, por sus siglas en inglés), (42 U.S.C.A. §1066g), enmendada por la Ley para la Seguridad de los Niños y las familias de 2003, define el abuso y la negligencia de esta manera:

- Un acto y omisión de acto reciente por parte de uno de los padres o el cuidador que resulta en la muerte, un daño físico o emocional de gravedad, el abuso sexual o la explotación (de un menor), o
- Un acto u omisión de acto que pone en riesgo inminente de un daño grave (al menor). Casi todas las leyes federales y estatales para la protección de menores se refieren a casos donde los padres o los cuidadores han causado daño a un niño. Por lo general, estas leyes no dicen nada sobre el daño causado por las personas no relacionadas al niño abusado.

### ¿Cuáles son los diferentes tipos de maltrato infantil?

Cada estado define el abuso y la negligencia de menores de acuerdo a los estándares mínimos que establece CAPTA, la ley mencionada arriba. En la mayoría de los estados se reconocen cuatro tipos de maltrato infantil o de menores: el abuso físico, la negligencia (abandono o descuido), el abuso sexual y el abuso emocional. Aunque estos tipos de maltrato pueden ocurrir por separado, por lo común ocurren en combinación y no aisladamente. En muchos estados, el abandono y el abuso de sustancia por parte de los padres también son considerados como un tipo de abuso. Los ejemplos que aparecen a continuación son solamente para el Estado de California. No todos los estados definen el maltrato de esta manera, y es posible que en las definiciones de los estados se contemplen situaciones que no se mencionan aquí.

### Abuso físico (Clasificación: Código Penal §§11165.6, 11165.3)

Abuso o negligencia de menores incluye:

- Una lesión no accidental hacia un menor por otra persona.
- Un daño o lesión intencional hacia un menor o el poner en peligro la persona o salud del menor.
- Castigo o lesión corporal ilegal

### Negligencia (Clasificación: Código Penal §11165.2)

Negligencia es el trato o maltrato negligente de un menor por la persona responsable del bienestar del menor, bajo las circunstancias de dafnar o amenazar de dafnar la salud o el bienestar del menor. Los términos incluyen ambos, el comportamiento y descuido por parte de la persona responsable.

- Negligencia grave significa la falta negligente de la persona que tiene el cuidado o custodia del menor para proteger al menor de malnutrición o tener un diagnóstico médico de un retraso en el desarrollo del menor no debido a una falla del organismo. Negligencia grave también significa esas situaciones de negligencia donde cualquier persona que tiene el cuidado o la custodia del menor intencionalmente causa o permite que la persona o salud del menor sea puesto en peligro, incluyendo el fallo intencional de proveer adecuadamente comida, ropa, albergue, o cuidado médico.
- Negligencia general significa el fallo negligente de la persona que tiene el cuidado o custodia del menor, para proveer adecuadamente comida, ropa, albergue, cuidado médico, o supervisión donde no le ocurren daños físicos al menor.

### Abuso Sexual (Clasificación: Código Penal §11165.01)

Abuso sexual significa asalto sexual o explotación sexual como se define enseguida:

- Asalto sexual incluye violación, explotación establecida por la ley, violación en acuerdo, incesto, sodomía, actos lascivos o lujuriosos hacia un menor, copula oral, penetración sexual, molestia del menor.
- Explotación sexual significa cualquiera de los siguientes:
  - Describir a un menor envuelto en actos obscenos; prepararlo, vendiendo, o distribuir material obsceno representando menores.
  - Permitir deliberadamente o animar a un menor a comprometerse en, o asistir a otros a comprometerse en, prostitución o representación en vivo de conducta obscena sexual, o de poseer o modelar solo o con otras personas con el propósito de preparar una cinta, fotografía, negativo, diapositiva, dibujos, pinturas, o cualquier otra descripción fotográfica, involucrando la conducta obscena sexual.
  - Describir al menor en, o deliberadamente revelar, duplicar, imprimir, o intercambiar cualquier cinta, fotografía, video cinta, negativo, o diapositiva en el cual el menor este involucrado en una conducta obscena sexual.

### Abuso Emocional (Clasificación: Código Penal §11166.03)

Daño emocional grave es evidente por la condición del menor o comportamiento incluyendo, pero no limitado a, ansiedad severa, depresión, abandono, o comportamiento agresivo inusado hacia sí mismo o los demás.

### Abandono

Este tema no fue dirigido en la revisión de estatutos.

- **Estándares para Reportar (Clasificación: Código Penal §§ 11165.2; 11165.6)** Se requiere un reporte cuando el padre:
  - Intencionalmente causa o permite daño al menor
  - Ha causado daños al menor por medios no accidentales

- **Personas Responsables por el Menor (Clasificación: Código Penal §§11165.1)** Persona responsable por el bienestar del menor se definen como padre/madre, encargado, padre adoptivo, o administrador con licencia o un empleado de un hogar residencial privado o público, escuela residencial, u otro instituto residencial.

- **Excepciones (Clasificación: Código Penal §§11165.2; 11165.6)** Un menor que no recibe tratamiento médico específico por motivos religiosos no es considerado negligencia. Mantenerse informado y tomar decisiones médicas apropiadas hechas por un padre después de consultar con un médico, no constituye negligencia. Abuso de menores o negligencia no incluye disputa mutua entre menores.

El primer paso para ayudar a los niños que han sido abusados o descuidados es reconocer los indicios del maltrato de menores. La presencia de un solo indicio no es prueba suficiente de que haya ocurrido el abuso en una familia, pero vale la pena evaluar la situación si estos indicios aparecen con frecuencia o en combinación. Si usted sospecha que un niño es víctima del maltrato y lo denuncia puede proteger a este niño y obtener ayuda para su familia. Cualquier persona interesada puede denunciar sospechas de abuso y negligencia de menores. Algunas personas (por lo común ciertos tipos de profesionales) están obligadas por la ley a denunciar el maltrato de menores en ciertas circunstancias - a estas personas se les llama *denunciantes obligados*.

### Cómo reconocer el maltrato de menores

Estos pueden ser indicios de abuso o negligencia de menores:

#### El niño:

- Demuestra cambios repentinos en su comportamiento y en su desempeño escolar.
- Tiene problemas de aprendizaje que no pueden ser atribuidos a una causa física o psicológica; se concentra con dificultad
- Siempre está alerta, como si algo malo le pudiera ocurrir
- Carreco de supervisión adulta
- Es extremadamente retraído, pasivo o sumiso
- Llega temprano a la escuela y a otras actividades, se queda hasta tarde y no quiere regresar a su casa

#### El padre (ó la madre):

- Demuestra poco interés por el niño
  - Ha sido notificado de los problemas físicos ó médicos del niño, pero el niño no ha recibido tratamiento
  - Niega la existencia de los problemas del niño en casa ó la escuela, ó culpa al niño por estas dificultades
  - Pide a los maestros ó cuidadores que utilicen fuerza física severa como método de disciplina si el niño se porta mal
  - Exige resultados físicos ó académicos que el niño no puede alcanzar
  - Muestra cierta dependencia afectiva con el niño; lo necesita para satisfacer sus necesidades emocionales; exige toda su atención.
- #### El padre (ó madre) y el niño:
- Raramente se tocan ó se ven a la cara
  - Consideran que su relación es completamente negativa
  - Dicen no llevarse bien

### Tipos de abuso

Estos son algunos indicios comúnmente asociados a ciertos tipos de abuso y negligencia, como el abuso físico, la negligencia, el abuso sexual y el abuso emocional. Es importante subrayar que estos tipos de abuso por lo común se manifiestan en combinación y no aisladamente. Un niño que es abusado físicamente a menudo también es víctima de otros tipos de abuso, como el abuso emocional o psicológico. Un niño abusado sexualmente también puede ser víctima de la negligencia o el abandono.

## CONFIRMACION DE RECIBO DEL FOLLETO DE ABUSO Y NEGLIGENCIA AL MENOR

Yo el padre/representante autorizado de \_\_\_\_\_, he recibido un copia

Nombre del niño/a

del "Folleto del Abuso y Negligencia al Menor" proporcionado por el Programa del Preescolar Estatal.

Firma del Padre ó guardían

Fecha

# GENERAL RELEASE

For Community Access Cablevision,  
Photographs, Videotaping, Interview Comments, and Posting on the Internet

TO: Parents and Guardians  
FROM: Principal's Office

Occasionally, the School District and organizations/associations connected with the district would like to use the name, photograph(s), video recording, and/or interview comments of students for educational and promotional purposes, including district-generated news articles and brochures. On occasion the school also receives request from the news media to photograph, film or interview students while covering school events and activities. Such images and comments are used for news purposes only and not for commercial purposes.

As part of each school's parents/community information program, our school or the district may also wish to place students' pictures, schoolwork, and/or names on the district or school's website.

All photography, video recording, student comments, and posting on the Internet are done by legitimate new media personnel. In order to use such material, parental consent is necessary for any student under 18 years of age.

---

## 2016-17 SCHOOL YEAR

**Please fill out this form and return to your school**

Please indicate below if you give permission for your child's name, image, or comments to be used:

For School District publications and educational organizations connected to the district       YES       NO

By the news media, including newspapers, radio and television       YES       NO

On the district and/or school website       YES       NO

I understand that the school and the district have no control over further distribution of a photo or image once it appears in a school or district publication or web site. By signing below, I hereby release the West Contra Costa Unified School district from any damages or injuries claimed by the student or parent related to production or distribution of the photo image.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade:       PRESCHOOL            Teacher: \_\_\_\_\_

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

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

## Community Resources

- LAO FAMILY COMMUNITY DEVELOPMENT.....510-215-1220  
REFERRALS/COUNSELING
- FAMILIAS UNIDAS COUNSELING CENTER.....510-412-5930  
TRANSLATING, JOB REFERRALS, FOOD, COUNSELING
- CC CHILD CARE COUN.....510-758-5439  
PARENTING CLASSES & CHILD CARE REFERRALS
- MENTAL HEALTH CENTER/WCOUNTY.....1-925-957-5126  
COUNSELING, TRANSLATING SERVICES
- RICHMOND HEALTH CENTER.....510-231-1350  
HEALTH CARE NEEDS, PHYSICALS, SHOTS, ETC.
- REGIONAL OCCUPATION PROGRAM.....925-942-3436  
VOCATIONAL TRAINING – 16 YEARS OLD +
- OAKLAND CHILDREN’S HOSPITAL.....510-428-3000  
MEDICAL NEEDS HEALTH
- RED CROSS.....(415) 427-8000  
CLASSES, EMERGENCY HOUSING IN DISASTER
- AIR QUALITY CONTROL.....800-334-6367  
REPORTS OF FOUL AIR
- BROOKSIDE COMMUNITY HEALTH CENTER, SAN PABLO.....510-215-9092
- BROOKSIDE COMMUNITY HEALTH CENTER, RICHMOND.....510-215-5001
- RICHMOND HEALTH CENTER.....877-905-4545
- NORTH RICHMOND CENTER FOR HEALTH.....877-905-4545
- HEALTH ON WHEELS.....925-313-6362
- HOUSE OF HOPE (ST. MARKS CHURCH).....510-234-5886

I WILL BE CONTACTING THE ABOVE CHECKED SERVICES FOR INFORMATION.

I AM NOT INTERESTED IN ANY OF THE ABOVE SERVICES.

\_\_\_\_\_  
CHILD’S NAME

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I HAVE GIVEN A COPY TO STUDENT’S PARENT/GUARDIAN: \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
Staff Initials

**Servicios Comunitarios**  
(Continuación)

- DESAROLLO COMUNITARIO DE FAMILIAS LAOSIANAS ..... 510-215-1220  
*REFERENCIA Y CONSEJERIA*
- FAMILIAS UNIDAS CENTRO DE CONSEJO ..... 510-412-5930  
*TRADUCCIONES, REFERENCIAS A TRABAJO, COMIDA Y CONSEJERIA*
- CONSIGLIO DE CUIDADO DE NIÑOS DEL CONDADO DE CONTRA COSTA ..... 510-758-5439  
*CLASES PARA PADRES Y REFERENCIA A CUIDADO DE NIÑOS*
- SALUD MENTAL DEL CENTRO/OESTE DEL CONDADO ..... 925-957-5126  
*CONSEJERÍA Y SERVICIOS DE TRADUCCIONES*
- CENTRO DE SALUD DE RICHMOND ..... 510-231-1350  
*NECESIDADES DE SALUD, EXÁMENES MÉDICOS, VACUNAS, ETC.*
- PROGRAMA PROFESIONAL REGIONAL ..... 925-942-3436  
*ENTRENAMIENTO VOCACIONALES, 16 AÑOS DE EDAD +*
- HOSPITAL DE NIÑOS DE OAKLAND ..... 510-428-3000  
*NECESIDADES MÉDICAS DE SALUD*
- CRUZ ROJA ..... (415)427-8000  
*CLASES Y ALBERGUE DE EMERGENCIA EN UN DESASTRE*
- CONTROL DE LA CALIDAD DEL AIRE ..... 800-334-6367  
*REPORTES DE AIRE FÉTIDO*
- LA CLINICA DE LA COMUNIDAD DE BROOKSIDE, SAN PABLO ..... 510-215-9092
- LA CLINICA DE LA COMUNIDAD DE BROOKSIDE, RICHMOND ..... 510-215-5001
- CENTRO DE SALUD DE RICHMOND ..... 877-905-4545
- CENTRO DE SALUD DEL NORTE DE RICHMOND ..... 877-905-4545
- LA CLINICA MOVIL ..... 925-313-6362
- CASA DE ESPERANZA (IGLESIA DE SAN. MARCOS) ..... 510-234-5886

*ME PONDRÉ EN CONTACTO CON LOS SERVICIOS MARCADOS ARRIBA.*

*NO TENGO INTERES EN NINGUNO DE LOS SERVICIOS MENCIONADOS*

\_\_\_\_\_  
NOMBRE DEL ALUMNO

\_\_\_\_\_  
ESCUELA

\_\_\_\_\_  
FIRMA

\_\_\_\_\_  
FECHA

HE DADO UNA COPIA AL PADRE/TUTOR DEL ESTUDIANTE: \_\_\_\_\_

FECHA \_\_\_\_\_

INICIALES DE PERSONAL

West Contra Costa Unified School District

Date \_\_\_\_\_

**HOME LANGUAGE SURVEY**

School \_\_\_\_\_

Room # \_\_\_\_\_

Teacher \_\_\_\_\_

The California Education Code requires schools to determine the language(s) spoken at home by all students. This information is essential in order for schools to provide meaningful instruction. Please answer questions 1-5 to help us meet this important requirement. In addition, please assist us in the assessment of your child by answering questions A-E. Thank you for your help.

Name of Student: \_\_\_\_\_

Last

First

Middle

Grade

Age

Sex

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

Signature of Parent or Guardian \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Please write student's date and country of birth. Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
month/day/year

(School Office: If the country of birth is not the US, send copy of HLS to RAP Center even if English is the only language listed.)

[State of California, Department of Education OPER - LS 77 R-6/70]

**PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW TO ASSIST US IN THE ASSESSMENT OF YOUR CHILD:**

- A. Did your son or daughter attend school in another country?  yes  no If yes, how long \_\_\_\_\_
- B. Has he or she attended school in the United States?  yes  no If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Where? \_\_\_\_\_  
month / year city state school name
- C. Has he or she attended school in WCCUSD schools before?  yes  no If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year

**[EL Services -- WCCUSD -- NS -- Revised 3/11/10]**

**Attention school office: Retain original in cum folder --- Send copy to ELS, RAP Center, ONLY if it lists a language other than English OR the country of birth is not the U.S. (or both). 3/10 NS**

**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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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
-----------------------------------------------------------	------

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	DATE LEFT
-------------------	-----------



## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT 2016-2017 Preschool Student and Parent Information Form

### 1) STUDENT INFORMATION

School		Date of certification appt.		Enrollment Date		1st time enrollment ___ 2nd time enrollment ___	
Student Last Name		First Name		Middle Name		Age	Grade
						Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Ethnicity (please check only <u>one</u> )							
<input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White (Not Hispanic) <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pac Islander							
Street Address, City, State, Zip						Home Phone	
Date of Birth (mm/dd/yy)		Place of Birth (City/State/Country)		Verification of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ Checked by: _____			
Country of Citizenship		Primary Language		Any allergies (food/medicine) or Other medical limitations YES/NO. Please specify:			
Number in Family		Is family receiving foods stamps?		Is subject to Asthma attacks?			

### 2) PARENT/GUARDIAN INFORMATION

Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Last Name		First Name	
	Home address:			
	Living with Student? <input type="checkbox"/> No <input type="checkbox"/> Yes		Language Spoken at Home	
Highest Level of Education: <input type="checkbox"/> Not High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> High School Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State	Home Phone		Cell Phone	
	Email		D.O.B	
	Parent Ethnicity		Employer	
Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Last Name		First Name	
	Home address: <span style="float: right;"><input type="checkbox"/> same as above</span>			
	Living with Student? <input type="checkbox"/> No <input type="checkbox"/> Yes		Language Spoken at Home	
Highest Level of Education: <input type="checkbox"/> Not High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> High School Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State	Home Phone		Cell Phone	
	Email		D.O.B	
	Parent Ethnicity		Employer	

### 3) CHILDREN IN FAMILY INFORMATION (List all children, including this student, in order of birth)

Name	Birth Date	Current School	Name	Birth Date	Current School

### 4) LICENSED CHILDREN'S INSTITUTION/FAMILY FOSTER HOME

Facility Name		Contact Person		LCI/FFH#	
Facility Address		Facility Phone		Alternate Phone	

### 5) COURT ORDER

Are there any court orders restricting the legal rights of either parent? If you answered YES, please attach a copy of the court order to this registration form.		<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------

### FOR OFFICE USE ONLY

CPS	IEP	Homeless	Asthma	Allergies	EPI Pen
Adopted	Foster	Food Stamps	15%	Single Parent	



# WCCUSD STATE PRESCHOOL HEALTH REQUIREMENTS

NEW STUDENTS

Current Physical Exam <i>(within the last 11 months)</i>	Immunization Record	Current TB Test <i>(within the last 11 months)</i>	Medical Statement Form for Food Allergies	Consent for Emergency Medical Treatment, and Asthma & EPI Pen Questionnaire
<ul style="list-style-type: none"><li>• Physician's report is included in the packet and must be completed by your doctor</li><li>• If you have a physical exam appointment after your certification, an appointment verification is required</li><li>• If you bring a physical appointment verification, you must still provide the rest of the health requirements</li></ul>	<p>Must include:</p> <ul style="list-style-type: none"><li>• 3 Polio</li><li>• 4 DTP/DTaP</li><li>• 1 MMR</li><li>• 1 Hib</li><li>• 3 Hep-B</li><li>• 1 Varicella</li><li>• If you are still in process of completing these immunizations, you must provide verification of the next schedule appointment</li></ul>	<p>Must have:</p> <ul style="list-style-type: none"><li>• Results</li><li>• Performed and read dates</li><li>• Or screening test</li><li>• If TB test is positive, please provide x-ray results</li></ul>	<ul style="list-style-type: none"><li>• If child has NO allergies, please sign and date form</li><li>• If child has allergies, form must be completed by the physician</li></ul>	<ul style="list-style-type: none"><li>• Read</li><li>• Complete</li><li>• Sign</li><li>• Date form</li></ul>



## **WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT**

Food Services Department  
Barbara Jellison, Director  
750 Bissell Avenue  
Richmond, CA 94801  
Phone (510) 307-4580 Fax (510) 233-1805

### **Food Allergies or Special Dietary Needs**

**Students in the West Contra Costa Unified School District with a medical need for special dietary restrictions will be served alternate meals or meal items if a medical statement statement these restrictions and signed by recognized medical authority has been submitted.**

If your child needs a food substitute or texture modification because of a disability or allergy, please obtain a signed Medical Statement from the child's physician stating the child's food allergy or chronic disease or disability. **A form for this purpose is available from Food Services or from your school office.** The completed form must be turned in to the Food Service Department. The District Nutritionist will call you to discuss and clarify the issue.

A disabled/allergic child with a note from his/her doctor indicating the limitation is entitled to a special meal at no extra charge if the disability prevents the child from eating the regular school. For example, a child with an allergy to milk may be served a milk alternative instead, and a child allergic to peanuts may be served an alternative to meal items containing peanut products.

It is important to note that neither the school, the School District, nor Food Services assumes responsibility for allergic reactions caused by meals or food items eaten by a child at school, unless a Medical Statement for the child is on file with Food Services. We will make every effort to accommodate special dietary needs for a student with a Medical Statement on file. It is advised that the parent or guardian update the medical Statement on a yearly basis. **Please discuss your concern with Barbara Jellison at (510) 307-4581 or email to [Bjellison@wccusd.net](mailto:Bjellison@wccusd.net)**



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Food Services Department

750 Bissell Ave, Richmond, CA 94801

Tel: (510) 307-4580

Fax: (510) 233-1805

2016-17 MEDICAL STATEMENT - REPORTE MEDICO

For CHILDREN REQUIRING DIETARY RESTRICTIONS or MODIFICATIONS due TO ALLERGIES or CHRONIC DISEASES
Para Niños quienes requieren Restricciones o Modificaciones Dietéticas a causa de Alergias o Enfermedades Crónicas

Form with fields for NAME OF STUDENT, BIRTHDATE, NAME OF PARENT, PHONE NUMBER, and checkboxes for allergies. Includes instructions in English and Spanish.

MEDICAL AUTHORITY PLEASE COMPLETE IN FULL:
ESTA PORCION TIENE QUE SER COMPLETAD POR EL MEDICO O PERSONA AUTORIZADA:

FOOD ALLERGY, CHRONIC DISEASE OR RELIGIOUS BELIEFS:

Horizontal line for writing food allergy, chronic disease or religious beliefs.

DIET PRESCRIPTION and TEXTURE MODIFICATION:
(Please describe in detail to assure proper implementation)

Horizontal line for writing diet prescription and texture modification details.

REGULAR CHOPPED GROUND PUREED

FOOD OMITTED AND SUBSTITUTIONS:

(Please list specific foods to be omitted and suggest substitution. You may use the back of this form or attach additional information.)

FOODS TO BE OMITTED

SUGGESTED SUBSTITUTIONS

Horizontal lines for listing foods to be omitted.

Horizontal lines for listing suggested substitutions.

A PHYSICIAN OR OTHER RECOGNIZED MEDICAL AUTHORITY MUST SIGN THIS FORM.

In this case, "Recognized Medical Authority" includes a Nurse Practitioner or a physician's assistant.
Un Medico o alguna autoridad medica reconocida necesita firmar este formulario. En este caso, "Autoridad Medica Reconocido" incluye a enfermeras con licencia para practicar medicina o el/la asistente médico.

Signature box for physician or other recognized medical authority with fields for name, title, phone number, and date.

SCHOOL FOOD SERVICES OFFICE ONLY/Únicamente para la Oficina de Servicios de Comida

Signature box for school food services office with fields for signature and date.

# WCCUSD STATE PRESCHOOL



## CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to **WCCUSD State Preschool** 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 \_\_\_\_\_ . This care may be given under whatever conditions are necessary to preserve the life, limb, or well being the child named above.

My Child has the following medication allergies: \_\_\_\_\_

My Child **does not have** any medication allergies

\_\_\_\_\_ Date

X \_\_\_\_\_  
Parent or Authorized Representative Signature

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### ASTHMA Questionnaire

My child **does not have** asthma

My child has asthma and needs medication at school

\* Please request an "Administration of Medication" for Asthma form in the preschool office.

My Child has asthma, but **does not need** asthma medication at school

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EPI PEN – Food Allergies questionnaire

My child **does not have** any food allergies

My child has allergies and needs to have the EPI-PEN at school

\* Please request a Administration of Prescribed Medication (EPI-PEN) form at the preschool office.

My Child has food allergies, but **does not need** EPI pen at school

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**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

# 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: \_\_\_\_\_

other: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

#### 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

# REPORTE DEL MEDICO — GUARDERIAS INFANTILES

(EVALUACION MEDICA QUE SE REQUIERE ANTES DE QUE SE LE ADMITA A UN NIÑO A UNA GUARDERIA INFANTIL)

## PARTE A – CONSENTIMIENTO DEL PADRE/MADRE (PARA SER COMPLETADO POR EL PADRE/MADRE)

A \_\_\_\_\_, nacido en \_\_\_\_\_, se le está evaluando con respecto a su preparación para entrar  
(NOMBRE DEL NIÑO(A)) (FECHA DE NACIMIENTO)  
en la \_\_\_\_\_ Esta guardería infantil/escuela proporciona un programa de las \_\_\_\_\_ a.m./p.m.  
(NOMBRE DE LA GUARDERIA INFANTIL/ESCUELA)  
a las \_\_\_\_\_ a.m./p.m., \_\_\_\_\_ días a la semana.

Por favor, proporcione un reporte sobre el niño mencionado arriba usando el formulario que se encuentra a continuación. Por medio de este documento, autorizo que se comparta la información médica contenida en este reporte con la guardería infantil mencionada arriba.

\_\_\_\_\_  
(FIRMA DEL PADRE/MADRE, TUTOR LEGAL, O REPRESENTANTE AUTORIZADO DEL NIÑO)

\_\_\_\_\_  
(FECHA DE HOY)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN) (PARA SER COMPLETADO POR EL MEDICO)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ asthma: \_\_\_\_\_  
other: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

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

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /			
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)</small>	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /			

#### 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