

Date _____

PUSD Early Childhood Education-Eligibility List
351 School Street Pittsburg, CA 94565

NOTE: State regulations require a formal application and certification process for child development services.
Eligibility is determined on the basis of current aid status or gross monthly income in relation to family size.

Parent 1 Name _____

Parent 2 Name _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Mother Cell _____

Father Cell _____ Email address _____

Home School _____ School of Preference if Home school is full _____

AM or PM class _____ Does your child have an IEP? Yes No

Childs Ethnicity _____ Childs Race _____

Child's Name Under age 18	Birthdate

Please indicate the highest Parent Education Level: For Parent 1 & Parent 2

Not High School Graduate	High School Graduate
Some College	College Graduate
Grad School/Post Grad Training	Decline to State/Unknown

For Office Use Only:

Family Size for purposes of determining eligibility: _____

Gross Monthly Income from all sources: _____ Ranking # _____ Initials: _____

Childs Name _____

Parents Name _____ Parent Signature _____

School Site _____ Date _____

- Identification of your child as a dual language learner in CSPP means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might receive as an English learner in Transitional Kindergarten (TK) or kindergarten.

Family Language Instrument

1) Which language(s) does your child hear at home?

This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.

2) Which language(s) does your child hear in their neighborhood and community?

For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.

3) Which language(s) does your child understand?

4) Which language(s) does your child speak?



PITTSBURG UNIFIED SCHOOL DISTRICT

Office of STUDENT SERVICES

2000 Railroad Ave Pittsburg CA 94565 (925) 473-2347

STUDENT HOUSING QUESTIONNAIRE

The goal of the office of Student Services is to effectively serve students and families in transition, the information provided below will help us determine what services you and/or your child may be eligible to receive. This could include providing advocacy and referral services that provide a sense of empowerment and stability. To determine if your child is eligible for these services, please complete this form and return it to the **Main Office at your child's school**. For additional information, please contact the Office of Student Services.

Student's First Name:		Student's Last Name:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Address:			Apt:	City:	Zip Code:
Parent/Guardian Name:				Contact Number:	
School:	Grade:	Special Education: <input type="checkbox"/> Yes <input type="checkbox"/> No Section 504: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Programs (i.e. Adult Ed.) _____		
Do you have preschool or children 0-5 living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please check one.

The student lives with:	<input type="checkbox"/> 1 parent <input type="checkbox"/> 2 parents <input type="checkbox"/> 1 parent & another adult <input type="checkbox"/> a relative <input type="checkbox"/> an adult that is not the parent or legal guardian <input type="checkbox"/> alone with no adults
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Presently are you and/or your family living in any of the following situations? Check (✓) all that apply.

<input type="checkbox"/>	Staying in a shelter (family shelter, domestic violence shelter, youth shelter) Name: _____
<input type="checkbox"/>	Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason Name: _____
<input type="checkbox"/>	Sharing housing with others due to loss of housing, economic hardship, natural disaster, or similar reason (Doubled-up)
<input type="checkbox"/>	In a transitional housing program (i.e. Family Solutions, Genesis House, etc.)
<input type="checkbox"/>	Living in a car, park, RV, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
<input type="checkbox"/>	In a garage (unconverted)
<input type="checkbox"/>	None of the above apply

Note: If your housing situation changes throughout the academic year, please notify your child's school. The information provided on this form will be kept confidential and only shared with appropriate district and site staff. This form will not be included in your child's student records.

Please list ALL siblings between the ages of birth and 25 years old. Complete an additional SHQ for each sibling currently enrolled in a Pittsburg Unified School District school.

Name	Birthdate	Age	Grade	School

AFFIDAVIT - By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct. In addition, I understand that the District reserves the right to verify the above listed residence information.

Signature of Parent/Legal Guardian/Caregiver: _____ Date: _____

FOR DISTRICT PERSONNEL ONLY

For data collection purposes and student information system coding.

Student covered by McKinney-Vento Act Student(s) not covered by McKinney-Vento Act.

**PLEASE READ THOROUGHLY BEFORE COMPLETING
REGISTRATION FORMS**

- 1. Do not date any pages**
- 2. Do not use white out**
- 3. Do not use quotation marks**
- 4. Do not write "same as above"**
- 5. Use black or blue ink only**
- 6. Complete every page thoroughly**
- 7. Fill child's complete name as it appears on birth certificate**
- 8. Parent 1 on the eligibility list should be the working parent or parent with the income**

***LEA ATENTAMENTE ANTES DE RELLENAR LOS
FORMULARIOS DE INSCRIPCIÓN***

- 1. No ponga la fecha en ninguna página***
- 2. No utilice corrector***
- 3. No utilice comillas***
- 4. No escriba "lo mismo que arriba"***
- 5. Utilice sólo tinta negra o azul***
- 6. Completar todas las páginas***
- 7. Escriba el nombre completo del niño tal como aparece en el certificado de nacimiento***
- 8. El padre o tutor 1 de la lista de elegibilidad debe ser el progenitor que trabaja o el progenitor con los ingresos***

**Thank you- Gracias!
Early Childhood Education team**

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

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

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Pittsburg Unified School District ECE TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

CHILD’S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD’S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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PITTSBURG UNIFIED SCHOOL DISTRICT

Office of Student Services
Dr. ReJois Frazier-Myers, Director
2000 Railroad Ave, Suite D • Pittsburg, CA 94565
(925) 473-2347 • Fax (925) 439-1650



Internet/Media Permission Form

Student pictures/names used in various forms of media.

For your protection and privacy, we ask your permission to use your child's picture within our district's web site and other media should we desire. Pictures used on our web site or other media will include students when they are involved in projects, when they are in large groups(classrooms, assemblies, sports, clubs), when their student group receives recognition at the state level or other school related activities.

Media includes, but is not limited to, newspapers, magazines, internet, video and television.

Please check all that apply, sign, and return to the school office.

- I give my permission to use my child's picture on the internet with his/her first name.
- I give my permission to use my child's picture in the media.
- I give my permission to use my child's selected school materials(art work, written paper, class projects, computer projects) on the internet.
- I understand that the media images may be used for advertising or marketing purposes.

- Do Not use my child's picture on the internet/media.
- Do Not use my child's schoolwork on the internet/media.
- Do Not include my child's first name on the internet/media.

Any other restrictions: _____

I acknowledge that I have legal authority to sign this form on behalf of the minor named below:

Name of Student _____ Date of Birth _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

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 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.

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.

PUSD Early Childhood Education
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

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

- (a) Each child receiving services from a Child Care Center shall have rights which include the following:
- (1) To be accorded dignity in their personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.
 - (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) PUSD Early Childhood Education	(PRINT THE ADDRESS OF THE FACILITY) 351 School Street Pittsburg, CA 94565
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(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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