ENROLL NOW!! Prekindergarten/Preschool 2019 - 2020

PLEASE CALL FOR APPOINTMENT
ACCEPTING APPLICATIONS AT THIS LOCATION BEGINNING APRIL 1, 2019
MCLANE HIGH SCHOOL
2727 N. CEDAR AVE.
FRESNO, CA 93703
(559) 457-3416
APPLICATIONS ARE AVAILABLE AT ALL ELEMENTARY SCHOOL SITES

2727 N. Cedar Ave., Fresno, CA 93703
(Entrance to the building on Clinton Ave.)

PARENTS:
In order to enroll your child in a prekindergarten or preschool program, please provide the following documentation:

☐ Birth Certificate Verification for the prekindergarten and preschool student.
  - Prekindergarten birthdate must be between December 3, 2014 – December 2, 2015.
  - Preschool birthdate must be between December 3, 2015 – September 1, 2016

☐ Birth Certificate Verification for all brothers and sisters under the age of 18 still living at home.

☐ Current Proof of Income dated within 30 days of placing application.
  - Weekly: last four consecutive paystubs.
  - Twice a month: last two consecutive paystubs.
  - Monthly: last one paystub.

☐ Current Proof of Address dated within 30 days of placing application. One of the following: (PG&E, Telephone-landline, Utility or Rental Agreement with current rent receipt).

☐ Immunization Record for the enrolling student. The California School Immunization Law requires that children be up-to-date on their immunizations (shots).
  - 3 Polio
  - 4 DTaP
  - 1 HIB
  - 3 Hepatitis B
  - 1 MMR (on or after 1st birthday)
  - 1 Varicella – VZV (or documentation from MD that child had chicken pox)

☐ Medical Assessment & TB Risk Factor (given within a year of entry into school). If medical assessment and TB risk factor documentation is not available, parent must sign a 30 Days Agreement.

Completing this application is not a guarantee of enrollment at the school/class of your choice. You will receive notification by telephone of your child’s enrollment/placement.

FOR APPOINTMENT AND ADDITIONAL QUESTIONS PLEASE CALL (559) 457-3684 OR (559) 457-3643
CHECK LIST 2019-2020

STUDENT NAME ____________________________

STUDENT ID# ____________ CLASS: □ AM □ PM

SCHOOL OF CHOICE (1st) __________________

SCHOOL OF CHOICE (2nd) __________________

PHONE NUMBER ____________________________ EAZ

OFFICE USE ONLY

☐ Birth Documentation (Pre-K Student)
☐ Birth Documentation (Sibling)
☐ Proof of Income (Within 30 days – 1 month income)
☐ Proof of Address (Within 30 days)
☐ Court Papers (If Needed)
☐ IEP (If Needed)
☐ Immunization Record for Pre-K Student
☐ Pre-K Application (CD 9600)
☐ District Enrollment
☐ Notice of Action (CD7617 Approval)
☐ Home Language Survey
☐ 30 Days Agreement & Transfer Letter
☐ Declaration of Residency (If Needed)
☐ CAIR (California Immunization Registry - Optional)
☐ Health History
☐ Admission Agreement & Condition Termination
☐ Parent’s Rights & Personal Rights
☐ Self-Certification of Income (If Needed)
☐ Authorization to Release Employment Information (If Needed - 1 for each Employer)
☐ Fact Sheet
☐ Risk of Lead Exposure AB2370 (copy to Parent/Guardian)

COMMENT(S)

☐ APPLICATION / ☐ SCREENING ☐ INCOME ☐ ATLAS

PLACEMENT

Parent/Guardian or reason

Initial Date

PLACEMENT

Parent/Guardian or reason

Initial Date

☐ PRIORITY

☐ 3 YEAR OLD ☐ 4 YEAR OLD

☑ Check Each Box

Physical
(Given within One Year)

Tuberculosis (TB)

3 Polio

4 DTAP

1 HIB
(on or after 1st birthday)

1 MMR
(on or after 1st birthday)

1 Varicella (VZV)
or documentation from
MD had chickenpox

3 Hepatitis B
Confidential Application for Child Development
Services and Certification of Eligibility
Form EESD 9800, Page 1, (REV. 9/17)

Student Name

Last First Middle

DOB

Early Learning Office Use Only

Teacher_________________________ Start Date_________________________

Teacher_________________________ Start Date_________________________

Teacher_________________________ Start Date_________________________

Teacher_________________________ Start Date_________________________

Teacher_________________________ Start Date_________________________

Type of application: ☐ Initial Certified (CSPP) ☐ Non Certified (FUSD Preschool)

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. This form must be completed by an agency representative in consultation with the family. The agency must verify and certify family eligibility prior to beginning services. Refer to the attached instructions for the completion of this form.

Section I. Family Identification. If you are a single parent/caretaker, check this box: ☐ See instructions, Section I.

Name of parent/caretaker (full name, including middle initial)

A. Phone no. (cell or home)

B. Phone no. (work/school)

Name of parent/caretaker (full name, including middle initial)

A. Phone no. (cell or home)

B. Phone no. (work/school)

Street address City State Zip FIPS code 08019

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply.)

Protective Services Income Eligible Homeless FUSD Preschool (Non Certified)

B. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/ Caretaker

Employer/School Street Address City Zip

Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation). $ __________________

B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III A above.) Black shaded boxes for CalWORKs recipients only.

NOTE: Section III B is for federal data collection purposes only.

Employment, including self-employment

Other federal cash income programs (such as SSI)

Child support

Housing voucher or cash assistance

Cash or other assistance under Title IV of the Social Security Act (TANF)

Assistance under the Food Stamps Act of 1977

State-only alien and two-parent programs for CalWORKs recipients

Other

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size): ____________________

D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? YES ___ NO ___

Parent(s) a current member of a National Guard or Military Reserve Unit? YES ___ NO ___
### Section IV. Data on Children, List ALL children residing in the home and counted in the family size.

<table>
<thead>
<tr>
<th>Complete for all children residing in the home</th>
<th>Complete only for children served by your agency</th>
<th>For children enrolled in more than one program or site, use additional lines as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Full Name of Child Including Middle Initial</td>
<td>(2) Gender</td>
<td>(3) Birth Date</td>
</tr>
<tr>
<td>Pre-K Student</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

### Section V. Certification and Signature of Parent/Caretaker.

1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent initials:

2. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.

3. I understand that if the agency denies this application for services, I have the right to appeal.

4. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Child: Parent</th>
<th>Grandparent</th>
<th>Guardian</th>
<th>Foster Parent</th>
<th>Other: Please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

5. I understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.

6. I certify that my family assets do not exceed $1,000,000; Child Care and Development Block Grant Act Section 950 p (4)(8).

7. I understand that my eligibility criteria must be renewed at least once a year. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.

**Notes:**

- M, T, W, T, F, S, S

### Section VI. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

<table>
<thead>
<tr>
<th>Eligibility Status:</th>
<th>Date Notice of Action Sent (Attach copy)</th>
<th>Date Notice of Action Given (Attach copy)</th>
<th>First date of subsidized service</th>
<th>Last date of enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title</td>
<td>Telephone number</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Signatures of Authorized Agency Representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature of Supervisor (Optional)</td>
<td>Title</td>
<td>Telephone number</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

(5) **Ethnicity.** Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".

(6) **Race.**

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. Caucasian
6. Others: Please describe ____________________________

(7) **Language Codes.**

- (00) English
- (01) Spanish
- (02) Vietnamese
- (03) Korean
- (04) Hmong
- (05) Filipino (Tagalog)
- (06) Arabic
- (07) Punjabi
- (08) Thai
- (09) Mixtec
- (10) Khmer (Cambodian)
- (11) Other non-English
# ENROLLMENT INFORMATION

Has your student ever attended school in Fresno Unified before? □Yes □No

## PLEASE PRINT – STUDENT’S LEGAL NAME

<table>
<thead>
<tr>
<th>FIRST Name:</th>
<th>MIDDLE Name:</th>
<th>LAST Name:</th>
<th>Suffix (i.e. JR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Name Preferred: ____________________________

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Non Binary</th>
</tr>
</thead>
</table>

Birth Date: _______ / _______ / _______  

Age: _______

STUDENT’S BIRTHPLACE:  City: _______________  State: ___________  Country: ___________

Residence Street Address (Verification Required)  Apt#  City  State  Zip

## PARENT/LEGAL GUARDIAN INFORMATION: (Who the student lives with)

**PRIMARY CONTACT:**

<table>
<thead>
<tr>
<th>□Father</th>
<th>□Mother</th>
<th>□Step-Father</th>
<th>□Step-Mother</th>
<th>□Guardian</th>
<th>□Foster</th>
<th>□Caregiver</th>
<th>□Self</th>
<th>□Other</th>
</tr>
</thead>
</table>

Name: ____________________________  Date of Birth: _______  Phone: (_______)

Address: ____________________________________________________________  Occupation: ____________________________

**SECOND CONTACT:**

<table>
<thead>
<tr>
<th>□Father</th>
<th>□Mother</th>
<th>□Step-Father</th>
<th>□Step-Mother</th>
<th>□Guardian</th>
<th>□Foster</th>
<th>□Caregiver</th>
<th>□Self</th>
<th>□Other</th>
</tr>
</thead>
</table>

Name: ____________________________  Date of Birth: _______  Phone: (_______)

Address: ____________________________________________________________  Occupation: ____________________________

**THIRD CONTACT:**

<table>
<thead>
<tr>
<th>□Father</th>
<th>□Mother</th>
<th>□Step-Father</th>
<th>□Step-Mother</th>
<th>□Guardian</th>
<th>□Foster</th>
<th>□Caregiver</th>
<th>□Self</th>
<th>□Other</th>
</tr>
</thead>
</table>

Name: ____________________________  Date of Birth: _______  Phone: (_______)

Address: ____________________________________________________________  Occupation: ____________________________

Are any of the above Parents/legal guardians on Active Military Duty or serving on full-time National Guard duty? □Yes □No

Is the above (checked) person(s) the student’s LEGAL guardian? □Yes □No If NO, please complete a “Caregiver Affidavit”.

Is there a custody court order or restraining orders regarding this student? □Yes □No If YES, please provide copies.

## LAST SCHOOL ATTENDED:

<table>
<thead>
<tr>
<th>School</th>
<th>Address/City/State/Zip Code</th>
<th>Grade</th>
<th>Last Day Attended</th>
<th>FUSD School Use Only Date Records Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**FUSD provides communications in one of three languages:**

In which language do you prefer to receive communications from the school? □English □Spanish □Hmong

Please continue on Reverse Side ➔
**ETHNICITY AND RACE:** (Please answer both questions)

1. What is your child’s ethnicity?  
   - [ ] HISPANIC or LATINO (2)  
   - [ ] Not Hispanic or Latino

2. What is your child’s race? (Mark one or more)
   - [ ] WHITE (1): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East
   - [ ] AFRICAN AMERICAN / BLACK (3)
   - [ ] NATIVE AMERICAN / ALASKA NATIVE (5): Persons having origins in any of the original people of North, Central, or South America - including Mexico
   - [ ] Chinese (4.1)
   - [ ] Japanese (4.2)
   - [ ] Korean (4.3)
   - [ ] Vietnamese (4.4)
   - [ ] Other Asian (4.9)
   - [ ] Other Hawaiian/Other Pacific Islander (7)
   - [ ] Hawaiian (7.1)
   - [ ] Guamanian (7.2)
   - [ ] Samoan (7.3)
   - [ ] Tahitian (7.4)

**SPECIAL EDUCATION:**
Does your child receive Special Education services?  
[ ] Yes  [ ] No  
Does your child have an active 504 Plan?  
[ ] Yes  [ ] No
Please Explain:

My son/daughter has participated in the following special program(s):
- [ ] Gifted & Talented (GATE)
- [ ] English Language Development (ELD)
- [ ] Other:
  - Has your child ever repeated a grade?  
    - [ ] Yes  
    - [ ] No  
    - Which Grade:
  - Has the student been expelled, pending expulsion or on suspended expulsion from any school district?  
    - [ ] Yes  
    - [ ] No
  - Is your child presently on Probation?  
    - [ ] Yes  
    - [ ] No
  - Preschool (choose one):  
    - [ ] Fresno Unified  
    - [ ] State (e.g., Fresno City, Fresno State)  
    - [ ] Head Start  
    - [ ] Private  
    - [ ] None

**PARENT EDUCATION:**
Check the education level of the most educated parent/guardian that the child lives with,
- [ ] Graduate School/post training (10)
- [ ] College Graduate (11)
- [ ] Some college [includes AA] (12)
- [ ] High School Graduate (13)
- [ ] Not a high school graduate (14)
- [ ] Decline to state/unknown (15)

**LIST OF CHILDREN IN THE HOME:**
<table>
<thead>
<tr>
<th>Name</th>
<th>Year of Birth</th>
<th>Name</th>
<th>Year of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1.</td>
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<tr>
<td>3.</td>
<td></td>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

**RESPONSIBLE ADULT:**
- Signature of Parent/Guardian: ___________________________  Date: __________

**BELOW FOR SCHOOL USE ONLY**
<table>
<thead>
<tr>
<th>Proof of Birth Type:</th>
<th>Proof of Residence Type:</th>
<th>Proof of Immunization Type:</th>
<th>Room/Advisory:</th>
<th>Student ID:</th>
<th>Date Entered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified by:</td>
<td>Verified by:</td>
<td>Verified by:</td>
<td>Teacher Name:</td>
<td>Verified by:</td>
<td></td>
</tr>
</tbody>
</table>
NOTICE OF ACTION-APPROVAL

URGENT INFORMATION FOR PARENTS
If you do not agree with the decision below, you may file an appeal. Instructions for filing an appeal are provided on the reverse side of this Notice of Action (NOA). Your appeal request must be received by the agency on or before the deadline: ___________. If you do NOT appeal by the deadline, the agency will proceed with the action as described below.

Please keep a copy of this notice for your records.

1. PARENT INFORMATION

Parent A Name
Parent B Name
Address
City, State, Zip
Phone Number

2. AGENCY INFORMATION

Katy Madden/Stephanie Vang
Agency Authorized Representative Name
Agency Authorized Representative Signature
Agency Phone Number
Fresno Unified School District
Agency Name
Agency Address

(559) 457-3803
2348 Mariposa
City, State, Zip
CA
93721

3. ACTION:
Your application dated ___________ for child care services has been approved. Your program services will begin on the following date(s):

☑ California State Preschool (CSPP) Date
☐ General Child Care (CCTR) Date

Approved Child Care Schedule (Complete all information for each child approved for services.)

<table>
<thead>
<tr>
<th>Name(s) of Child(ren) Receiving Services</th>
<th>Mon.</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs.</th>
<th>Fri.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Vacation</td>
<td></td>
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</tr>
<tr>
<td>School</td>
<td></td>
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<td>Vacation</td>
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<td>School</td>
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<tr>
<td>Vacation</td>
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</tbody>
</table>

RECERTIFICATION DATE:

You have a monthly family fee of $________ based on a family size of _______ and family income of $________.

Your first family fee payment in the amount of $________ is due on the first of _______. Thereafter, your fees are due according to the agency’s policy for collection of fees:

4. REASON FOR APPROVAL:

Family Eligibility EC 8263(a)(1):
☐ Current CalWORKs Cash Aid Recipient
☑ Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs)
☐ Homeless
☐ Recipient of Child Protective Services
☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
☐ Other

Family Need EC 8263(a)(2): (Does not apply to part-day CSPP)
☐ Recipient of Child Protective Services
☐ Child(ren) Identified as At Risk of Being Abused, Neglected, or Exploited
☐ Engaged in Vocational Training/Education
☐ Employed or Seeking Employment
☐ Seeking Permanent Housing
☐ Incapacitated Parent(s)
☐ Other

5. ADDITIONAL INFORMATION, REASONS FOR TIME FRAME/LIMITATIONS:

6. ISSUANCE:

☐ Given to Parent: ___________ Date Parent Initials Agency Initials
☐ Mailed to Parent: ___________ Date Tracking No. (If Applicable) Agency Initials
INSTRUCTIONS FOR FILING AN APPEAL

If you disagree with the action set forth on the reverse side of this NOA, you may appeal it to a hearing officer, who shall be higher in authority than the person issuing this NOA. Your request for a local appeal hearing must be received by the agency on or before the **DEADLINE: _____________.** If you file an appeal, the intended action will be suspended and any services you currently receive will continue until the review process has been completed. **If you do not submit an appeal request before the deadline listed above, you will lose your appeal rights and the action will become effective on the date listed on the reverse side of this NOA.**

**STEP 1:** To request a local appeal hearing, please fill in the boxes:

<table>
<thead>
<tr>
<th>Parents Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City/State</td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

Optional: Explain why you believe the action indicated on the reverse of this NOA is incorrect (you may attach additional pages if necessary):

- [ ] Check box if you have an authorized representative (another person who will attend the hearing on your behalf).
- [ ] Check box if you need an interpreter at the hearing. Language needed:

Name of authorized representative: ____________________________
Parent Signature: ________________ Date: ____________

**STEP 2:** Make a copy of this page and fax, mail or hand deliver to the agency as follows:

FOR AGENCY USE ONLY

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Fresno Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>2348 Mariposa Street</td>
</tr>
<tr>
<td>City/State</td>
<td>Fresno, CA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>93721</td>
</tr>
<tr>
<td>Agency Contact (name)</td>
<td>Katy Madden</td>
</tr>
<tr>
<td>Contact E-mail</td>
<td><a href="mailto:Katy.Madden@fresnounified.org">Katy.Madden@fresnounified.org</a></td>
</tr>
<tr>
<td>Contact Telephone #</td>
<td>(559) 457-3803</td>
</tr>
<tr>
<td>Fax</td>
<td>(559) 457-3622</td>
</tr>
</tbody>
</table>

If you prefer, you may provide the appeal information to the agency in a separate document or by telephone. You may also request that your hearing be recorded. **Please keep a copy of both sides of this form for your records.**

**STEP 3:** The agency will notify you of the time, and location of your hearing within 10 days of your request. If the time and place of the hearing are not convenient for you, please contact the agency immediately to reschedule. **If you do not get written notification of the date, time and location of your appeal hearing within 10 calendar days of submitting your request, please contact the local agency listed above immediately.**

**STEP 4:** Arrive at the scheduled hearing at least 10 minutes in advance. You shall have an opportunity to explain the reason(s) you believe the NOA was incorrect. **If neither you nor your authorized representative appear at the time and location of the scheduled hearing, you will be deemed to have abandoned your appeal, the intended action on the NOA will no longer be suspended and the action will become effective.**

**STEP 5:** Within 10 calendar days after your local appeal hearing, you will be issued a local hearing decision letter. **If you do not receive the decision letter, please contact the local agency listed above immediately.**

**STEP 6:** If, after your local hearing, you disagree with the local hearing decision letter, you may ask for a review by the Early Education and Support Division (EESD). To request a review, write a letter explaining why you believe the local agency’s decision letter is incorrect. Your request must include: 1) your letter, 2) a copy of this NOA, and 3) a copy of the agency’s decision letter. The EESD must receive the request within 14 calendar days from the date on the written decision letter. Mail or fax your appeal to:

California Department of Education
Early Education and Support Division
1430 N Street, Suite 3410
Sacramento, CA 95814
Attn: Appeals Coordinator
FAX 916-323-6853

You may contact the EESD at 916-322-6233 for additional assistance.
The California Education Code requires that schools determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your son/daughter.

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

NAME OF STUDENT: ________________________________

FIRST MIDDLE LAST

GRADE: ___________ AGE: ___________

Which language did your son or daughter learn when he or she first began to speak? ___________

What language does your son or daughter most frequently use at home? ___________

What language do you use most frequently to speak to your son or daughter? ___________

Name the language most often spoken by the adults at home. ___________

Parent telephone number ___________ SIGNATURE OF PARENT OR GUARDIAN
30 Days Agreement for Medical Assessment & TB Risk Factor/Results

STUDENT NAME ___________________________ SCHOOL ___________________________

PARENT/GUARDIAN NAME ___________________________

ENROLLMENT DATE ___________________________ DUE DATE ___________________________

Community Care Licensing - Title 22, Division 12, Chapter 1, Section 101220: Prior to, or within 30 calendar days following the enrollment of a child, the licensee shall obtain a written medical assessment of the child....Such assessment shall be performed by, or under the supervision of a licensed physician, and shall not be more than one year old when obtained.

I understand that I have 30 calendar days from the enrollment date of my child to provide a written medical assessment/TB risk results signed by a physician for my child. I also understand that my child may be terminated from the Early Learning/Pre-kindergarten program if I do not provide the medical/TB assessment.

_____________________________                          ___________________________
Parent/Guardian Signature                          Date

Transfer Letter

I understand that if my child is enrolled in a pre-k class at a school other than my school of residence, my student will need a transfer to remain at this school for kindergarten or transitional kindergarten.

A transfer request will need to be submitted to the Transfers Office before December 1st of the pre-k school year to be considered for any available space.

If you have any questions, please call the Transfers Office at (559) 248-7538.

_____________________________
Child’s Name

_____________________________
Date

_____________________________
Parent/Guardian Signature
# Declaration of Residency

To be completed by parent/guardian wishing to enroll child/children

Name of Parent/Guardian: ____________________________

Present Address: ____________________________ City: ___________ Zip Code: _______ Phone: ____________

Previous Address: ____________________________ City: ___________ Zip Code: _______ Phone: ____________

<table>
<thead>
<tr>
<th>Student Name</th>
<th>ID #</th>
<th>D.O.B.</th>
<th>Grade</th>
<th>Sp. Ed.</th>
<th>Previous School</th>
<th>School of Residency</th>
</tr>
</thead>
<tbody>
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I hereby declare or affirm under penalty of perjury that all the above information is true and correct. I understand that false or inaccurate information will result in my child/children being dropped from school.

Signature of Parent/Guardian ____________________________ Date ____________

---

# To be completed by homeowner or person renting house or apartment

I declare or affirm under penalty of perjury that the individuals listed above are residing in my home/apartment. I further declare under penalty of perjury that the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths. I am also aware that the school district has the legal authority to make unannounced home visits to verify the residency of this family.

Signature of homeowner or person renting house or apartment ____________________________ Phone ____________ Date ____________

**PLEASE NOTE:** "Perjury is punishable by imprisonment in the state prison for two, three, or four years." -PC Section 126

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**For School Use Only**

Residency Approved: ____________________________ Residency Denied: ____________________________

Signature of School Official ____________________________ Date ____________
Permission to Share Your Child’s School Immunization/Tuberculosis (TB) Screening Test Information with the California Immunization Registry (CAIR)

Immunizations or ‘shots’ prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you have may have TB infection and can be required for school entry. Keeping track of your child’s shots/TB tests can be hard, especially if more than one doctor gave them. The California Immunization Registry (CAIR) is a secure computer system that doctors and authorized health care providers use to keep track of your child’s shots and TB tests. If you change doctors, your new doctor can use the registry to see your child’s shot/TB test record. CAIR is supported by the California Department of Public Health.

How does CAIR help you?
- Keeps track of all your child’s shots and TB tests (skin tests/chest x-rays), so he/she doesn’t miss any or get too many
- Gives you a copy of your child’s most up-to-date shot/TB test record (from the doctor)
- Helps child care or school officials confirm that your child got shots/TB tests needed to start child care or school
- Helps your doctor send you reminders when your child needs shots

How does CAIR help your school?
Under California law, schools, child care, and other agencies may use CAIR only to:
- See which shots/TB tests children in their programs have received or need
- Make sure children have all shots/TB tests needed to start child care or school

What information can be shared in CAIR?
- Your child’s name, sex, birth date, and birthplace
- Parents’ or guardians’ names
- Details about your child’s shots/TB tests, such as type of vaccine/TB test and date given
- Limited non-medical information to correctly identify your child

Your child’s information is safe! What’s entered in CAIR is treated like private medical information. Under California law, only your doctor’s office, health plan, or public health department may see your address and phone number. Misuse of the registry can be punished by law.

Parent and Guardian Rights
It’s your legal right to:
- Say no, if you don’t want to share shot/TB test information from your child’s school record with CAIR
- Change your mind later if you want to stop or start sharing your child’s shot/TB test information with CAIR
- Look at a copy of your child’s shot/TB test record in CAIR and ask your doctor to correct any possible mistakes
- Know who has looked at your child’s CAIR record

If you want to allow your school to share information from your child’s school record with the California Immunization Registry, please SIGN and DATE below. Your child’s school will do the rest!

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Full Name (please print)</td>
<td>Child’s Birth Date (MM/DD/YYYY)</td>
</tr>
<tr>
<td>Mother’s First and Last Names (please print)</td>
<td>Child sex: M F (circle)</td>
</tr>
</tbody>
</table>

If you DO NOT want your child’s shot/TB test records shared with CAIR, do nothing. You’re all done. For more information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov

California Department of Public Health 10/12
# Child's Preadmission Health History—Parent's Report

## Child's Name

<table>
<thead>
<tr>
<th>Father/Father's Domestic Partner's Name</th>
<th>Sex</th>
<th>Birth Date</th>
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<table>
<thead>
<tr>
<th>Mother/Mother's Domestic Partner's Name</th>
<th>Does Father/Father's Domestic Partner Live in Home with Child?</th>
<th>Does Mother/Mother's Domestic Partner Live in Home with Child?</th>
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<thead>
<tr>
<th>Is Child Been Under Regular Supervision of Physician?</th>
<th>Date of Last Physical/Medical Examination</th>
</tr>
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</table>

## Developmental History

(For infants and preschool-age children only)

<table>
<thead>
<tr>
<th>Walked at*</th>
<th>Began Talking at*</th>
<th>Months</th>
<th>Toilets Training Started at*</th>
<th>Months</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

## Past Illnesses

- Check illnesses that child has had and specify approximate dates of illnesses:
  - Chicken Pox
  - Asthma
  - Rheumatic Fever
  - Hay Fever
  - Diarrhea
  - Cold
  - Diabetes
  - Epilepsy
  - Whooping cough
  - Mumps
  - Poliomyelitis
  - Ten-Day Measles (Rubella)
  - Three-Day Measles (Rubella)

### Specify Any Other Serious or Severe Illnesses or Accidents

- Does Child Have Frequent Cold? Yes No
- How Many in Last Year?
- List Any Allergies Staff Should Be Aware Of

## Daily Routines

(For infants and preschool-age children only)

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</tbody>
</table>

**Does Child Sleep During the Day?**

**Breakfast**

**Lunch**

**Dinner**

### Diet Pattern:

(What does child usually eat for these meals?)

### 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)?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If Yes, What Kind:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## Does Child Use Any Special Devices?*

- Yes
- No

**If Yes, What Kind:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Does Child Use Any Special Devices at Home?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

## 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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
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</table>

LIC 702 (808) (Confidential)
ADMISSION AGREEMENT

Child’s Name: ________________________________

1. Basic Services:
   A. Preschool (3 hours per day. Minimum required by State law.)
   B. Food Service (1 meal per day offered)
   C. Parent Education

2. Available optional services: None

3. Licensing:
   A. The department or licensing agency shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior consent.
   B. The department or licensing agency shall have the authority to observe the physical condition of the child/children, including conditions which could indicate abuse, neglect, or inappropriate placement.

4. This agreement may be terminated with a 14 day written notice. See Termination Agreement for conditions under which services may be terminated.

5. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form. This Admission Agreement, part 2 is an extension of the Preschool Application procedure. Part 1 complies with Title 5 requirements for the CSPP preschool program. Part 2 permits Fresno Unified School District administrative staff to review and certify the eligibility, birth records, absent parent and family size qualifications. In addition administrative staff verifies attendance area and age eligibility. Administrative staff will verify proof of medical exam for child, assign the child to a classroom and issue a Notice of Action. (A part-day California state preschool program contracting agency has 120 calendar days prior to the first day of the beginning of the new preschool year to certify eligibility and enroll families into their program. CA Education Code 8237).

6. I grant permission for my child to be photographed or video taped in the classroom. □ YES □ NO

Parent/Guardian ____________________________
Initial ____________________________

CONDITION UNDER WHICH SERVICES MAY BE TERMINATED

1. Each child must be signed in and out daily by the parent, guardian or parent designee, the parent designee must be 18 years of age or older. Failure to comply with this may lead to termination.

2. Children who are dropped off or picked up late (by 15 minutes or more) four times may be terminated.

3. Children absent 14 consecutive days of illness must have a doctor’s note.

4. In rare instances, it may be necessary to terminate a child from the program due to behavior that poses a threat to themselves or others and/or impedes the learning process.

5. Your child must be able to take care of toilet needs independently. Classroom personnel are not allow to assist.

Parent/Guardian Signature ____________________________ Date ____________
CHILD CARE CENTER – NOTIFICATION OF RIGHTS AND PERSONAL RIGHTS

PARENTS’ RIGHTS LIC 995 (9/08) – 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: *COMMUNITY CARE LICENSING - FRESNO
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

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS’ RIGHTS

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.

[Signature]

Parent/Guardian

[Date]

PERSONAL RIGHTS LIC 613A (8/08), See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Center. 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, three, mental abuse, or other actions of a punitive nature including, but not limited to: interference with daily living functions including eating, sleeping, or toilet; 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:

*COMMUNITY CARE LICENSING
1310 EAST SHAW AVE.
FRESNO, CA 93710
(559) 243-4588

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgement:

ACKNOWLEDGEMENT: I/we have been personally advised of, and have received a copy of the parents’ rights and personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

Pre-Kindergarten School Name ____________________________ Date

Print the Name of the Child ____________________________ Signature (Parent/Guardian/Authorized Representative) and Title

NOTE: This Acknowledgement must be kept in child’s file and a copy of the Notification given to the parent/authorizes representative.
Self-Certification of Income

Student's Name______________________________

A. Self-certification of employment income for the following reason:
   1. ☐ The agency has requested that I complete this form because my employer has refused or failed to provide requested employment information.
   2. ☐ I have asked that my employer not be contacted to verify my employment because that contact could put my employment at risk.
   3. ☐ I have no paystubs, receipts, or other documentation of employment.

<table>
<thead>
<tr>
<th>Employer</th>
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</thead>
<tbody>
<tr>
<td>Type of work</td>
<td></td>
</tr>
<tr>
<td>Rate of pay</td>
<td></td>
</tr>
<tr>
<td>How often paid</td>
<td></td>
</tr>
<tr>
<td>Description of work and pay for the past month</td>
<td></td>
</tr>
</tbody>
</table>

B. Self-certification of non-employment income when no documentation is possible:

<table>
<thead>
<tr>
<th>What type</th>
<th></th>
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<tbody>
<tr>
<td>How much</td>
<td></td>
</tr>
<tr>
<td>How often</td>
<td></td>
</tr>
<tr>
<td>Why</td>
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</tbody>
</table>

C. Self-certification of $0 income
   For the period of _______________ to _______________, my income was $0 for the following reason(s):
   __________________________________________
   __________________________________________
   __________________________________________

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

Parent/Guardian Name______________________________

Parent/Guardian Signature_________________________ Date_________________________

For Agency Use Only

I, ____________________________, attest that the reported income and employment is reasonable or consistent with community practice.

Agency Representative Signature____________________ Date_________________________
AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

COMPLETE 1 FOR EACH EMPLOYER — JOB 1

Student’s Name: ________________________________

I, ___________________________________________, hereby authorize Fresno Unified School District, Early Learning Education Program to contact my employer if needed.

Employer:

(Company/Business Name) ____________________________ (Telephone Number) ____________________________

(Address) ____________________________ (City, State and Zip) ____________________________

I hereby declare or affirm under penalty of perjury that all the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths.

PLEASE NOTE: “Perjury is punishable by imprisonment in the state prison for two, three, or four years”—PC Section 126

(Parent/Guardian’s Signature) ____________________________ (Date) ____________________________

COMPLETE 1 FOR EACH EMPLOYER — JOB 2

I, ___________________________________________, hereby authorize Fresno Unified School District, Early Learning Education Program to contact my employer if needed.

Employer:

(Company/Business Name) ____________________________ (Telephone Number) ____________________________

(Address) ____________________________ (City, State and Zip) ____________________________

I hereby declare or affirm under penalty of perjury that all the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths.

PLEASE NOTE: “Perjury is punishable by imprisonment in the state prison for two, three, or four years”—PC Section 126

(Parent/Guardian’s Signature) ____________________________ (Date) ____________________________
Fact Sheet

Fresno Unified School District offers no cost pre-kindergarten available to children and families who reside in Fresno Unified School District (FUSD). If you do not reside in FUSD, exceptions will be made on a case by case basis. To ensure children of highest need are served, verification of income will be requested of all families. Below are facts about the enrollment, priority and child’s placement.

**Enrollment**
- Registration begins April 1, 2019.
- Prekindergarten children must be 4 years old on or before 12/2/19 (born between 12/3/14 – 12/2/15).
- Preschool children must be 3 on or before 9/1/19 (born between 12/3/15 - 9/1/16).
- Spanish Dual Immersion is available at the following schools.
  - Ewing, Sunset, Leavenworth (AM only) and Wawona is based on lottery completed by Transfers Office.
  - Calwa, Centennial, and Lane offer AM classes. Priority given to families in the EAZ.
  - Burroughs, Roeding, and Rowell offer both AM & PM class. Priority given to families in the EAZ.
- Hmong Dual Immersion is available at Vang Pao - AM class only. Priority given to families in the EAZ.

**Priority Enrollment**
- Children from the lowest gross monthly income have enrollment priority and are enrolled first.
- Income guidelines are determined by the California Department of Education.
- Families who are over income will be placed after eligible families have been placed.
- If you live out of Fresno Unified School District, possible placement will be made two weeks after school begins.
- When two or more families have the same income, the family that has a child with exceptional needs will be admitted first.
- Completing the application process does not guarantee enrollment at the school/class of your choice.
- The Transfers office will hold a lottery for the Dual Immersion programs listed above. At this time, parents will be notified.

**Child Placement**
- We will begin calling families for school site placement in July 2019.
- Please make sure we have all your current contact information.
- If we are unable to reach you after multiple attempts, your spot may become unavailable.
- For the Dual Immersion program, the Early Learning Department will call parents to follow up on placement for their child.

**Transitional Kindergarten (TK)**
- I understand that a child with a birthdate that falls between 9/2/15 to 12/2/15 will be enrolled in Transitional Kindergarten in next school year.

Parent/Guardian Signature __________________________ Date ___________