



**Jurupa Unified School District  
Head Start/State Preschool/Title I  
Eligibility Certification Requirements**

Dear Parent/Guardian,

Thank you for your interest in the Head Start/Preschool Program. Attached you will find the required registration forms. Please complete the attached forms and bring them with you to your enrollment appointment. When completing the forms, please be sure to complete all areas. **Incomplete forms will delay your appointment and may delay your child's enrollment.**

To ensure you are prepared to complete the registration process, please collect the required documentation as noted below and have it available to be submitted to the School Readiness Center along with the required registration forms. If you have questions regarding any of the required documentation and/or forms, please give us a call at (951) 222-7850 or via contact us via email at [src@jUSD.k12.ca.us](mailto:src@jUSD.k12.ca.us).

Families are enrolled into the program based on eligibility as follows:

**Income Eligibility:**

Family gross annual income must be at or below the mandated Federal Poverty Guidelines. Children with a current Individualized Education Plan (IEP) may be eligible for an over-income waiver (limited to 10% of the program total enrollment).

**Categorical Eligibility:**

A family may be eligible in any of the following categories, regardless of total gross income:

- Applicant is placed in 24-hour Out-of-Home or Foster Care
- Family is receiving ongoing CalWORKs Cash Aid
- A family member living with and supported by the child's head of household income is receiving Supplemental Security Income (SSI)
- A family is experiencing homelessness as defined by the McKinney-Vento Homeless Assistance Act

**Head Start:** Priority is given to four-year-old children residing within the boundaries of Jurupa Unified School District

**State Preschool:** First priority is given to three or four-year-old children who are under child protective services or at risk. Second priority is given to income eligible four-year-old's with the lowest ranking income based upon the most recent income ranking schedule. Children must be three or four years old by December 1st of the enrolling school year.

**Title 1:** Priority is given to four-year-old children residing within the boundaries of Jurupa Unified School District with the lowest ranking income. Children must be four years of age by September 1st of the enrolling school year.

Transportation is NOT provided.

**Verification of Residency**

- Any piece of mail that shows evidence of a street address or post office box address in California will be accepted.
- If homeless, verification of homelessness (if available).

### **Verification of Immunizations**

Any one of the following is acceptable. Child must be up-to-date on immunization requirements based on their age

- Doctor's Immunization Record
- Yellow Card

### **Verification of Current Physical Examination**

Physical examination must have been completed within the last year. Documentation of a current physical examination is required on an annual basis.

- Completed Physician's Report that includes
  - o Completed TB Risk Assessment Screening
  - o Results of blood test for anemia and lead levels

### **Verification of Parent/Guardian Identity**

Any one of the following items (with picture):

- Current Driver's License
- Passport
- Current ID Card

### **Age and Legal Custody Verification – child must turn 3 years old by September 1<sup>st</sup> and not be eligible for Kindergarten**

Any one of the following is acceptable. Verification must be submitted for each child in the family size under 18 years of age.

- Birth Certificate (original)
- Court orders regarding child custody
- Adoption documents
- Records of Foster Care Placement
- School, Medical or County Welfare Records (must show relationship of the child to the parent)
- Passport (must show relationship of the child to the parent)
- Other reliable documentation that shows relationship of the child to the parent

### **Income Verification – must be for the prior 12 months and provided for all adults included in the family size.**

Bring in all items that apply:

- Most recently signed W2 or Federal Tax Return
- Most recent paystubs (last 4) with a year-to-date amount
  - o If you receive overtime pay, you must provide last 3 months of paystubs
  - o If you receive commission or bonuses, you must provide last 12 months of paystubs
- Passport to Services document from Department of Public Social Services (if receiving CalWORKs Cash Aid [TANF])
- Disability, Unemployment, or Worker's Compensation verification
- Proof of Alimony or Child Support – can be obtained online ([www.childsup.ca.gov](http://www.childsup.ca.gov)) or from Child Support Services, 2041 Iowa Ave., Riverside, CA (proof required at registration)
- Documentation of Commissions, Bonuses, Dividends, Interest, or Pensions
- Social Security payments verification (SSI)
- Verification of Self-Employment including letter from the source of income, Profit and Loss statements for last 3 months, business card and/or flyer
- For Full-Day Program ONLY** – verification of full-time employment or full-time school/training (must be provided to receive full-day prioritization).

### **Special Education Services**

- Current IEP (if applicable)



Jurupa Unified School District  
 5960 Mustang Lane  
 Jurupa Valley, CA 92509  
 951-222-7850

**Elementary Sites Offering Head Start/State Preschool Classes**  
 Escuelas primarias que ofrecen Head Start/Preescolar

**Effective January 13, 2021**

<b>Head Start Schools</b> Escuelas con Head Start
Ina Arbuckle Elementary 3600 Packard Street Jurupa Valley, CA 92509
Pacific Avenue Elementary 6110 45 <sup>th</sup> Street Jurupa Valley, CA 92509
School Readiness Center 5960 Mustang Lane Jurupa Valley, CA 92509
Troth Street Elementary 5565 Troth Street Jurupa Valley, CA 91752
West Riverside Elementary 3972 Riverview Drive Jurupa Valley, CA 92509

<b>Head Start Family Income Guidelines</b> Pautas de ingresos familiar para Head Start	
Family Size	Annual Income
1	\$12,880
2	17,420
3	21,960
4	26,500
5	31,040
6	35,580
7	40,120
8	44,660
For families/households with more than 8 persons add \$4,540 for each additional person Para familias con más de 8 personas, agréguele \$4,540 por cada persona adicional	

<b>State Preschools</b> Preescolar Estatal
Mission Bell Elementary 4020 Conning Street Jurupa Valley, CA 92509
Rustic Lane Elementary 6420 Rustic Lane Jurupa Valley, CA 92509
Sky Country Elementary 5520 Lucretia Avenue Jurupa Valley, CA 91752
Sunnyslope Elementary 7050 38 <sup>th</sup> Street Jurupa Valley, CA 92509
Van Buren Elementary 9501 Jurupa Road Jurupa Valley, CA 92509

<b>State Preschool Family Income Guidelines</b> Pautas de ingresos familiar para Preescolar		
Family Size Miembros en la familia	Monthly Income Ingresos mensuales	Annual Income Ingresos anuales
1,2	5,540	66,479
3	6,157	73,885
4	7,069	84,822
5	8,199	98,393
6	9,330	111,965
7	9,542	114,509
8	9,755	117,054
9	9,967	119,598
10	10,179	122,143
11	10,391	124,687
12 or more/o mas	10,603	127,232

Local ID:

JURUPA UNIFIED SCHOOL DISTRICT

Grade:

State ID:

Annual Emergency Information Form

School:

PARENT/GUARDIAN NOTE: Please review the information on this form, update changes, sign and return to school

Name of Student (Last, First Middle) Gender (M/F) Birthdate Home Language

Student's Home Address City Zip Code Home Phone Phone Unlisted?

Mailing Address (If different) City Zip Code

In the event of illness or an emergency at school, my child may be released to the following adults:

Grade: Parent 1, Parent 2, Emergency Contact. Includes fields for Name, Relationship, Address, Phone, and Authorization to Pick-Up.

Student's Health Information

My child has special health needs as follows:

Medical Conditions, Medications, Allergies, Name of Student's Doctor, Doctor's Address, Doctor's Phone Number

I, the undersigned parent/guardian of the student (shown on this form), a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist under provisions of the Medicine Practice Act, or Dentist practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Sections 6900 through 6910 of the Family Code of California. Signature certifies that the foregoing information is correct and acknowledges the responsibility of the parent/guardian to immediately notify the school in writing of any changes in the information on this form.

I understand that Jurupa Unified School District DOES NOT provide accident medical insurance for my child for school related injuries but does offer student accident insurance for voluntary purchase. I certify that I have received an application for Student Accident Insurance as offered.

I AM taking student accident insurance as offered.

I am NOT taking student accident insurance as offered.

Special Information or instructions (Physical problems, Medical case number (Kaiser), Parental Restrictions, etc):

Parent/Guardian Certification and Authorization:

Name of person completing this form (Please print)

Relationship to Student

Signature of parent/guardian certifying information is accurate

Date

First Name:

Last Name:

# 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

Centralized Complaint and Information Bureau

ADDRESS

744 P Street

CITY

Sacramento

ZIP CODE

95814

AREA CODE/TELEPHONE NUMBER

(844) 538-8766

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)

**Jurupa Unified School District**

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

**4850 Pedley Road, Jurupa Valley, CA 92509**

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## 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: Centralized Complaint and Information Bureau

Licensing Office Address: 744 P Street, Sacramento, CA 95814

Licensing Office Telephone #: (844) 538-8766

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](http://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.

**Jurupa Unified School District**

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](http://www.meganslaw.ca.gov)*



## ***Jurupa Unified School District***

SCHOOL READINESS CENTER

5960 Mustang Lane, Jurupa Valley, CA 92509  
Telephone (951) 222-7850 Fax (951) 222-7853

### **Release of Information**

I, \_\_\_\_\_, hereby authorize the Jurupa Unified School District, Head Start/State Preschool/Title I Program, Riverside County Office of Education (RCOE), Children's Services Unit (CSU); to verify any information utilized to determine my family's eligibility and/or need during the time that I am enrolled in the subsidized child care program.

I understand that the means of verification may include:

- The sharing of information between agencies to verify my income, eligibility, and need for child care and/or support services. Agencies that may be contacted include, but are not limited to, the Department of Public Social Services, Department of Child Support Services, Housing Authority, First 5 Riverside, Riverside County Child Care Consortium, training sites/schools, social service agencies, referring physicians, emergency shelters, and employers/clients.
- Review of information via other resources to include, but not limited to: online employment verification sites, social networking sites, searches through online search engines, address verifications through online mapping, and review of court or law enforcement databases.

I give my permission to the JUSD Preschool Program and CSU to request from and/or provide to other publicly-funded agencies any eligibility and/or need information required to ensure proper use of State/Federal funds.

I understand that if the information provided to the JUSD Preschool Program and CSU to establish initial and on-going eligibility is found to be fraudulent and/or deceitful, my child care services will be terminated and I will be responsible for repayment to the JUSD Preschool Program and CSU for any child care benefits paid on my behalf to which I was not entitled to. I further understand that providing fraudulent and/or deceitful information may forfeit my rights to any future child care services and will be forwarded to the appropriate state or federal agency.

_____ Print Name (Parent/Guardian 1)	_____ Sign	_____ Date
_____ Print Name (Parent/Guardian 2)	_____ Sign	_____ Date

**Child's Name**

(Rev. 2/19/19 KB)



# Jurupa Unified School District Head Start/State Preschool/Title I

## PHOTO/MEDIA RELEASE

JUSD's Education Services Department occasionally has requests from news agencies to photograph and/or videotape students for education related issues. JUSD Education Services also creates videos that may use students to demonstrate education strategies or practices. In some instances, there may be a need to collect exemplary products, photos and/or videos of students in the classroom or library that are published on the JUSD or JUSD Teacher website and/or distributed to teachers or other educational institutions. All images and products are used solely for educational purposes and will never be sold or used for any commercial venture.

If for any reason you do not grant permission to use your child's image in district/school and/or third-party publications and publish/distribute your child's work/product for educational purposes, please contact the School Readiness Center to discuss whether reasonable adjustments may be required for a student's particular needs.

As a part of the Preschool Program, your child's image may be used for classroom documentation, art projects, displays, the Jurupa Unified School District website and school promotional materials.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
Print name Child's Name

have read and understand the photo/media release.

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

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_





**Jurupa Unified School District  
Head Start/State Preschool/Title I**

**Parent/Guardian Agreement**

The Head Start/State Preschool/Title 1 Preschool Program wants to welcome you. We provide comprehensive child development programs which not only meet the educational needs of preschool children but also meets their health, nutrition, mental health, and social service needs as well. Our staff believes that parents/guardians are the most important influence on their children and see the meeting of your child’s needs as a joint responsibility between parents/guardians and staff. Parents/guardians are encouraged to collaborate with staff in the delivery of the full range of program services available to families.

The Department of Social Services, Community Care Licensing Division shall have inspection authority as specified in the California Health and Safety Code Sections 1596.852 and 1596.853. The Health and Safety Code sections 1596.852 and 1596.853 provide the authority for Community Care Licensing representatives to access the Center to determine ongoing compliance with Community Care Licensing regulations, to conduct announced and unannounced visits to the Center to investigate all oral and written complaints, to review child and program records, to conduct inspection of the children, and to conduct private interviews with the children. All licensing reports are maintained on site and are available for public review.

When you enroll your child in a Head Start/State Preschool/Title 1 preschool program you agree to accept the basic services that are provided.

1. The law states that child care workers are mandated reporters. Withholding treatment and endangering the health or safety of the child is a violation of California law and must be reported to a Child Protection Agency.
2. The staff uses classroom management techniques which do not include physical or verbal punishment. Physical or verbal punishment of children while under our care is forbidden by both state and local policies. Also, while the child is under staff supervision, parents must not physically or verbally punish their own children or other children in the program.
3. You are encouraged to provide input in all areas of the program.
4. Children who are enrolled are expected to be in regular attendance at school. Excessive absences may result in your child being dropped from the program.
5. Mental health services may be offered to support your child’s well-being through collaboration with district and community partners.
6. The Preschool Program welcomes children with special needs and believes in providing an enriched preschool environment for all children. The program collaborates with parents and the appropriate local education agencies to both monitor and support the growth and development of children identified with disabilities or who are found eligible to receive specialized services.

I understand my responsibilities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Site



## Late Drop Off/Late Pick-Up Policy

One of the objectives of the Head Start/State Preschool/Title I Preschool Program is to provide an environment that is safe and conducive to the development of each child's growth and development.

There are specific rules and procedures regarding late drop off/late pick-up of children in the program.

The Late Drop Off and Late Pick-Up Policies are:

1. A parent or other designated adult over 18 years of age is expected to drop off and pick-up their children promptly at the beginning and end of class.
2. When a child is dropped off or picked-up late, a late drop off/late pick-up notice will be issued.
3. After three "Late Drop Off/Late Pick-Up" notices have been given, a conference will be scheduled with the teacher. The conference will include a review of the Late Drop Off/Late Pick-Up Policy and update the family's emergency card.
4. If three more "Late Drop Off/Late Pick-Up" notices are issued, a conference with a supervisor will be scheduled. Excessive tardiness will result in the re-evaluation of your family's need for continued program services and your child may be terminated from the program. If the child is dropped, the family will have the opportunity to reapply and may be placed on the waitlist.
5. In the event that a child is not picked up by 30 minutes after the end of class, and all attempts of contact have been made to reach the parent/guardian or other emergency designee, this will constitute an "emergency situation." The supervisor will take steps to assure the safety of the child which may include contact with the local police department and/or Child Protective Services (CPS). The incident will be documented and the parent will be required to meet with the supervisor.
6. Every effort will be made by the site to assure the fair and expedient implementation of this policy.

I, \_\_\_\_\_, have received, understand, and will comply with the Late Drop Off/Late Pick-Up Policies of the Head Start/State Preschool/Title I Preschool Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name



JURUPA UNIFIED SCHOOL DISTRICT  
HEAD START/STATE PRESCHOOL/TITLE I

## ILLNESS AND EXCLUSION POLICY – CHILD

The Head Start/State Preschool/Title I Child Illness and Exclusion Policy goals are that each child entering the classroom is able to comfortably participate in daily activities and to prevent the spread of communicable diseases among children. Staff will make the final decision about whether children who are ill may attend. The decision will be based on the program's inclusion/exclusion criteria and the staff's ability to care for the child who is ill without compromising the care of other children in the program. The parent, legal guardian, or other person authorized by the parent/guardian shall be notified immediately when a child has signs or symptoms requiring exclusion from the facility, as described below. Families should have emergency plans in place for children that have been excluded from classroom participation due to illness.

- A) The illness prevents the child from participating comfortably in facility activities.
- B) The illness results in greater care needs than the childcare staff can provide without compromising the health and safety of the other children.
- C) The child has any of the following conditions:
  - **Temperature:** Temperature is 101 degrees or greater accompanied by behavioral changes (irritability, sore throat, rash, lethargy).
  - **Symptoms and signs of possible severe illness:** Unusual lethargy, uncontrollable coughing, irritability, persistent crying related to ill feeling, difficulty breathing, wheezing, or other unusual signs.
  - **Uncontrolled Diarrhea:** Watery stool that cannot be contained in the diaper (leaking), or cause frequent "accidents" in toilet-trained children. Child may return to school when loose stool can be contained in a diaper or when child is no longer having "accidents" and frequency is no more than 2 stools above normal during the program day.
  - **Vomiting illness:** Vomiting more than two times in the previous 24 hours, unless the vomiting is determined to be caused by a non-infectious condition.
  - **Mouth sore with drooling that the child cannot control:** Unless the primary physician or public health authority states that the child is noninfectious.
  - **Rash with fever or behavioral changes:** Until primary care provider determines that the illness is not infectious
  - **Pink Eye (bacterial conjunctivitis):** Indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. NOT EXCLUDED UNLESS CHILD ALSO HAS EYE PAIN, FEVER, OR REDNESS AND SWELLING AROUND THE EYELIDS. For children with these symptoms, please consult primary care provider.
  - **Abdominal pain:** For pain that continues for more than two hours or intermittent pain associated with fever or other symptom of illness
  - **Tuberculosis:** Excluded until health provider or health official states that the child may return to class.
  - **Scabies, Head Lice, or other infestations:** Upon identification of lice, or other infestation, parent/guardian will be notified, in a confidential manner, at the end of the school day. The child may return to school after the first treatment has begun. Please contact preschool nurse at (951) 222-7850 for intervention assistance.

- **Impetigo:** Cover lesions. Child may return to school after first treatment. Treatment may be delayed until the end of the program day.
- **Strep Throat or other streptococcal:** Child may return to school 24 hours after beginning antibiotic treatment.
- **Chicken Pox:** Child may return when all lesions have dried or crusted (usually 6 days after onset or rash) and no new lesions have appeared for at least 24 hours.
- **Pertussis:** Excluded until after 5 days of appropriate antibiotic treatment.
- **Mumps:** Excluded until 5 days after onset of parotid gland swelling.
- **Hepatitis A virus:** Excluded until one week after onset of illness or jaundice if the child's symptoms are mild, or as directed by the health department.
- **Measles:** Excluded until 4 days after onset of rash.
- **Rubella:** Excluded until 7 days after onset of rash.

A child whose illness requires that the child be sent home from the facility shall be given appropriate attention to his/her needs, so long as the attention does not compromise the care of other children in the facility, until the ill child's parent/guardian/emergency contact person arrives to remove the child.

A child with uncontrolled vomiting or diarrhea shall be provided separate care apart from the other children, with extra attention given to hygiene and sanitation, until the child's parent/guardian/emergency contact person arrives to remove the child.

During the course of any identified outbreak of any communicable illness at the facility, a child shall be excluded if the local health official or health care provider determines that the child is contributing the transmission of the illness at the facility.

REFERENCES:

***Caring for Our Children, 3<sup>rd</sup> edition (CFOC3 electronic version)*** with the publication of *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 4<sup>th</sup> edition (MID4)* and *Red Book: 2015 Report to the Committee of Infectious Diseases. 30<sup>th</sup> Edition (Red Book)*

I have received, understand, and will comply with the Child Illness and Exclusion Policy

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name



Jurupa Unified School District  
Head Start/State Preschool/Title I

Date/Fecha: \_\_\_\_\_

- I am opting in for the Preschool Program to contact me via text and/or email. *Me apunto para que el programa de Head Start se contacte conmigo por mensaje de texto o correo electrónico.*

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

Alternative Number: \_\_\_\_\_  
*Número secundario*

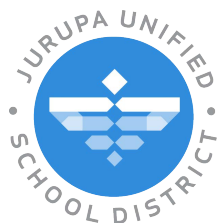
Email: \_\_\_\_\_

- I am opting out for the Preschool Program to contact me via text and/or email. *Opto no apuntarme para que el programa de preescolar se contacte conmigo por mensaje de texto o correo electrónico.*

Child's Name/ Nombre del niño/a: \_\_\_\_\_

Parent's Name/Nombre del padre/tutor: \_\_\_\_\_

Parent's Signature/Firma del padre/tutor: \_\_\_\_\_



# Jurupa Unified School District

## Health & Developmental History

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Health History (conditions listed may require a Care Plan)	Yes	No	If yes, please explain
1. Does your child have any allergies? a. When eating any foods? ..... b. When near animals, furs, insects, dust, etc.?..... c. When taking any medications?.....	_____ _____ _____	_____ _____ _____	Describe allergy: _____ Child's reaction: _____ Is medication required? Yes No (circle one) Medication name? _____
2. Within the past year, has your child ever had a convulsion or seizure?	_____	_____	If yes, when did it last happen? _____ What medication was given? _____
3. Is your child being treated by a physician for any condition (asthma, diabetes, heart condition, etc.)?	_____	_____	If yes, for what condition? _____ Physician Name: _____
4. Is your child taking any prescribed medications now? a. Will any medication need to be given by staff? (If yes, care plan required)	_____ _____	_____	If yes, what medication is taken?
Developmental Milestones	Yes	No	If NO, please explain or describe
5. Did your child start walking independently between 9 months and 14 months of age? ( ) Not applicable, child is less than 9 months of age.	_____	_____	
6. Did your child say his or her first words between 12 months and 26 months of age? ( ) Not applicable, child is less than 12 months of age.	_____	_____	
7. Does your child show interest in playing with other children? ( ) Not applicable, child is less than 18 months of age.	_____	_____	
8. With supervision, can your child successfully use the restroom? ( ) Not applicable, child is less than 36 months of age.	_____	_____	
9. With minimal adult assistance, can your child dress him or herself? ( ) Not applicable, child is less than 36 months of age.	_____	_____	
10. Do you think your child is developing at approximately the same rate as other children his or her age?	_____	_____	
Social & Emotional Characteristics	Yes	No	If yes, please explain or describe
11. Do you consider your child to be shy or timid?	_____	_____	
12. Has your child ever hurt a pet on purpose?	_____	_____	
13. Does your child have any fears?	_____	_____	
14. Is your child overly sensitive (cry easily, or gets upset easily)?	_____	_____	
15. Does your child hit, kick, or throw things when upset?	_____	_____	
16. Is there anything else you would like to tell us about your child?	_____	_____	

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

**FOR OFFICE USE ONLY**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

CHILD’S NAME	SEX	M	F	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME				DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD? YES                      NO
PARENT / AUTHORIZED REPRESENTATIVE NAME				DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD? YES                      NO
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?				DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION
YES		NO		

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

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

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

	DATES		DATES		DATES
<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?*	
YES NO			
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 HEAD START / PRESCHOOL

---

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
--	------



**JURUPA UNIFIED SCHOOL DISTRICT**  
**Head Start/State Preschool/Title I**  
**Food History**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  M  F

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

Nutrition is a very important part of our program. In order for us to meet your child's nutritional needs, please answer the following questions regarding your child's eating pattern. You might need additional documentation such as medical statement and/or care plan from your doctor prior to your child's first day of school. These forms can be obtained by site staff.

1. Is your child allergic or intolerant of any food or milk?  Yes  No *If yes, medical statement required.*

*What foods should be eliminated?*

\_\_\_\_\_

2. Is your child now on a special diet?  Yes  No *If yes, medical statement is required.*

*What foods should be eliminated?*

\_\_\_\_\_

3. Are medications required at school?  Yes  No *If yes, care plan is required.*

4. Does your child have trouble chewing or swallowing?  Yes  No

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_

5. Is your child currently on the Women, Infant, and Children (WIC) Program?  Yes  No

6. Is your family currently receiving Supplemental Nutrition Assistance Program (SNAP)?  Yes  No

7. At what times does your child eat the following meals and snacks?

Meal	How many days per week	Time	Meal	How many days per week	Time
Breakfast			A.M. Snack		
Lunch			P.M. Snack		
Dinner			Bedtime Snack		

8. What foods does your child like? \_\_\_\_\_

9. What foods does your child dislike? \_\_\_\_\_

\_\_\_\_\_

10. How many cups of water does your child drink each day?    1    2    3    4    5    6    7    8

11. Does your child take vitamin or mineral supplements?  Yes  No *If yes, what kind?* \_\_\_\_\_

12. Does your child now eat dirt, clay or other non-food items?  Yes  No *If yes, explain:* \_\_\_\_\_

13. Does your child take a bottle?  Yes  No

14. Do you have any additional concerns about your child's growth, nutrition, or eating?  Yes  No

*If yes, explain:* \_\_\_\_\_

\_\_\_\_\_



**Jurupa Unified School District  
Head Start/State Preschool/Title 1**

**Screenings/Treatments Consent**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Welcome to the Jurupa Unified School District Preschool Program:

To ensure all enrolled children are healthy and ready to learn, we are required to conduct the following health and developmental screenings within the first 45 days. The results of each screening will be shared with parents/guardians and if follow-up is needed, parents/guardians are responsible for ensuring that treatment is completed. Parents/Guardians will be provided with the necessary form for each screening, which is **required** to be completed by the provider, upon the completion of treatment.

**Screenings/Treatments**

- Auditory screening (Hearing)
- Vision screening (Eyes)
- Height/Weight and Measurements (Growth)
- Developmental screening (Learning)

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

\_\_\_\_\_  
Date

**Declined Screenings Statement**

Please do not screen my child for the following: \_\_\_\_\_

I understand that if I choose to decline a screening, *I must provide documentation that it has been done.*

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

\_\_\_\_\_  
Date

Screening documentation received?    Yes    No



### AUTHORIZATION FOR EXCHANGE OF HEALTH & EDUCATION INFORMATION

Student/Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby authorize my child's Healthcare Providers and School Healthcare Professionals to exchange health and education Information/records for the purpose listed in the box below.

**Child's Healthcare Providers**

- Doctor's Office
- Dental Office
- Mental Health
- Nutritionist

**JUSD School/ Healthcare Providers**

- Program Nurse
- Disabilities Consultant
- Mental Health Consultant
- Nutritionist
- Dentist
- JUSD Special Education Department

**Description: Records Information to be Released**

School professionals may share protected health and education information with appropriate members of the educational team for use in meeting the student's health and educational needs. This will be done on a "need to know" basis, in a confidential manner, and may also include communication between healthcare providers and school healthcare professionals to facilitate this process.

**Purpose: This information will be used for the following purpose (s):**

1. Educational evaluation and program planning and monitoring
2. Obtaining required health care documents (physicals, lab results, immunizations)
3. Health assessment and planning for health care services and treatment in school
4. Medical evaluation and treatment

**Authorization**

I hereby consent to the exchange or release of my child's health and education information for the purposes described above. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care or education.

\_\_\_\_\_  
Signature of Person Giving Consent

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date



# Head Start Attendance Policy

**We want to impress the significance of daily attendance and the negative consequences of Chronic Absenteeism (missing 10% or more school days, equivalent to less than 2 days per month) for your child.**

**Research findings include:**

- 43.9% of Head Start children in Riverside County were chronically absent the 2016-17 program year
- Students who are chronically absent make two months less progress in math and three months less progress in literacy
- Students who are chronically absent in preschool are five times more likely to be chronically absent in second grade
- Children from low-income households are four times more likely to be chronically absent
- Absenteeism in the early grades is a strong predictor of later absenteeism and school failure
- Parents are unaware of the negative effects of absenteeism and how quickly it leads to trouble in the early grades
- Parents who believe that regular preschool attendance is important have children with better attendance

**For the reasons cited above, daily attendance, All Day, Every Day is a requirement for enrollment in the program. With this in mind:**

- Each student is expected to attend at least 90 percent of the time (that means an average of less than 2 absences per month)
- When a student must be absent, parent(s)/guardian(s) are required to call the school office to report the absence no later than one hour after the school start time
- The program must contact a family anytime a student has two or more consecutive unexplained/ unexcused absences

**Chronic absenteeism/Attendance follow-up**

Chronic absenteeism is defined as overall absences of 10 percent or more school days (in other words, when a student attends less than 90 percent of the time). The program will issue written notices for chronic absenteeism and may require participation in establishing a Family Partnership Agreement (FPA) in its effort to assist families for improved student attendance. As part of its outreach efforts, the program will also conduct home visits in association with written notices and other forms of direct contact.

**Failure to improve student attendance despite the program’s best efforts to assist the family may result in a program transfer or may otherwise jeopardize continued enrollment in the program.**

Absences that are considered Excused (verification may be requested)	
Student or parent illness	Family emergency
Death in immediate family	Court hearing or court ordered visitation
Medical/dental appointments for child	CalWORKS, WIC, Social Security, Medical
Extended absences due to medical emergencies for child or parent (must be requested in writing, in advance with Proper documentation and approved by program administration)	
All other absences are considered Unexcused	

I, \_\_\_\_\_ have received, understand, and will comply with the basic attendance policy of the Head Start Program.

**Parent Name**

\_\_\_\_\_

Child's Name

Parent/Guardian/Caregiver Signature

Date



## State Preschool / Title 1 Attendance Policy

Daily attendance is essential to the growth and development of your child and their success in the Preschool Program. A child should be in school every day in order to provide continuity of learning and to receive the most benefit from the program.

Tardiness, irregular attendance and/or excessive absenteeism may result in your child being terminated for the Preschool Program. No transportation is provided to or from our Preschool Programs. Parents/guardians in need of transportation will be provided with information on public transportation options upon request.

### **Absence Procedures:**

If a child will be absent, the parent/guardian must call the School Readiness Center on the FIRST day of the absence and every day thereafter that the child will not return. Upon return, the parent/guardian must indicate the reason for the absence on the Sign-In/Sign-Out Sheet and sign each reason with your full legal signature. Excessive absenteeism (10 or more unexcused absences in a program year) or irregular attendance (5 consecutive unexcused absences) may result in termination from the Preschool Program.

### **Types of absences:**

- **Excused Absence:** is any illness or quarantine of the child or parent, family emergency, or to spend time with a parent or other relative as required by a court of law or that is clearly in the best interest of the child.
  - Family Emergency: is a death in the family, illness of immediate family member, household crisis, weather conditions, required court appearance, no transportation, change of residence, public agency appointment.
  - Best Interest Day: is a visit with a family member, need to be with parent for a day, religious activities or a vacation. There is a limit of ten (10) best interest days per school year.
- **Unexcused Absence:** is any absence not defined under excused absence. Enrollment in the program may be terminated if your child's unexcused absences exceed ten (10) days per school year.

### **Late Drop Off and Pick-Up Policy:**

Parents/guardians must observe beginning and ending times for the class to ensure they are able to drop off and pick up their child on time. For your child to fully benefit from the Preschool Program, please drop your child off promptly at the start of class and pick him/her up on time. Please notify the teacher/classroom if you know you are going to be late in arriving or picking up your child. Children who arrive late to class or are not picked up at the scheduled end time of class will receive a Late Drop Off/Pick Up Notice. Three late notices will require parents/guardians to meet with the Early Childhood Specialists or Coordinator of Early Childhood Education. Excessive late pick-ups may result in termination from the Preschool Program. For children who are in attendance more than 15 minutes past class end time, attempts will be made to contact parents/guardians and other persons listed on the Emergency Information Form.

I, \_\_\_\_\_ have read, understand and will comply with the  
Parent Name attendance policy of the State and Title 1 Preschool program.

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Date



Jurupa Unified School District
Pre-K School Readiness Program

CONSENT TO PARTICIPATE IN THE EVALUATION OF QUALITY START – RIVERSIDE COUNTY AND AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child’s Quality Start – Riverside County (QS-RC) participating site, Riverside County Office of Education and First Five 5 Riverside, as set forth below, consistent with California and Federal laws concerning the privacy of such information. If you consent to disclosure of information as described herein, please fill out, sign and return this form to:

JUSD Pre-K School Readiness Center, 5960 Mustang Lane, Jurupa Valley, CA 92509

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: Last First MI Date of Birth

I, the undersigned, do hereby authorize the above-named student’s QS-RC participating site, JUSD Pre-K School Readiness Center, Riverside County Office of Education, and First Five 5 Riverside, to exchange information regarding the above-named student with the California Department of Education, First 5 California, and the County of Riverside. The information is exchanged for program evaluation purposes and for QS-RC participating site, programming and service planning. The exchange of information is a condition on which funding for the QS-RC program is provided to Riverside County Office of Education and First Five 5 Riverside. The information will be exchanged between your child’s QS-RC participating site, Riverside County Office of Education and First Five 5 Riverside for providing safe, appropriate, and least restrictive education settings and quality preschool health services and programs.

Requested information shall be limited to the following: your child’s name, date of birth, gender, birth place, ethnicity, race, primary language, household income and size, results from child developmental assessment/observation tools, and health/developmental screening tools, and Special Needs/IEP/IFSP.

DURATIONS

This authorization shall become effective immediately and shall remain in effect until ten (10) years from the date on this form.

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

You have the following rights with respect to this authorization, and affirm you understand them in signing this release form. You may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Signing this authorization may be required for this student to obtain appropriate/additional specialized support services in the educational setting.

Approval: Printed Name Signature Date

Relationship to Student Area Code and Telephone Number



# Interest, Volunteer and Training Survey

**Child's Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_

Please let us know what volunteer opportunities and trainings you are interested in.

### Site/Classroom Volunteer:

I can help volunteer with the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Storytelling            | <input type="checkbox"/> Reading to Children                           | <input type="checkbox"/> Small Group Activities                      |
| <input type="checkbox"/> Art Projects            | <input type="checkbox"/> Music (signing, dancing, musical instruments) | <input type="checkbox"/> Cooking Projects                            |
| <input type="checkbox"/> Gardening               | <input type="checkbox"/> Lending Library                               | <input type="checkbox"/> Preparing Materials                         |
| <input type="checkbox"/> Helping at Mealtimes    | <input type="checkbox"/> Special Projects                              | <input type="checkbox"/> Playground Helper                           |
| <input type="checkbox"/> Indoor/Outdoor Cleaning | <input type="checkbox"/> Meeting Note-taker                            | <input type="checkbox"/> Sharing Family Tradition/Culture/Language   |
| <input type="checkbox"/> Translation/Interpreter | <input type="checkbox"/> Other: _____                                  | <input type="checkbox"/> Parent Engagement Activity From Lesson Plan |
| <input type="checkbox"/> Policy Council          |  |  |

### Home Volunteer Activities:

I can help at home with school activities by:

- Preparing Materials (sorting, cutting, and/or drawing items for lesson plans)
- Collecting Items for Art Projects (i.e., cereal boxes, cartons)
- Other: \_\_\_\_\_

### Trainings:

Please indicate which of the following topics you would be interested in receiving training on:

#### Family Engagement & Education

- Parenting Skills
- Parents as Teachers
- Financial Literacy/Budget Management
- Job Skills & Training
- Stress & Time Management
- Volunteering
- Supporting Children with Disabilities
- Immigration/Legal Services
- Adult Education
- Community Activities/Resources
- Father/Male Engagement
- Marriage/Family Counseling
- Other: \_\_\_\_\_

#### Child Growth & Development

- Brain Development
- Developmental Milestones
- Language & Literacy
- Social-Emotional Development
- School Readiness
- Kindergarten Transition
- Managing Challenging Behaviors
- Positive Discipline
- Understanding Child & Parent Temperament

#### Health & Safety

- Health Education
- Nutrition & Physical Activities
- Child & Pedestrian Safety
- Disaster/Emergency Preparedness
- Child Abuse Prevention
- Health Care Access/Health Insurance
- Dental/Oral Care Education

I, \_\_\_\_\_ acknowledge that a variety of opportunities are offered by the program for my family and I intend to participate and be involved in my child's learning and development.

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





**Jurupa Unified School District  
Head Start / State Preschool / Title 1**

**Parent Receipts of Program Information**

**Child's Name:** \_\_\_\_\_

**Parent Handbook**

<https://jurupausd.org/schools/PreSchool/Pages/Web%20Resources.aspx>

I have reviewed online the Jurupa Unified School District Family Handbook for the Head Start, State Preschool or Title 1 Preschool Program my child is enrolled.

\_\_\_\_\_ (Parent Initials)

**Riverside County Office of Education Parent Handbook (Van Buren PM and Sky Country Only)**

<https://jurupausd.org/schools/PreSchool/Pages/Web%20Resources.aspx>

I have reviewed online the Riverside County Office of Education Parent Handbook for the State Preschool Program my child is enrolled in at Van Buren (PM Only) or Sky Country.

\_\_\_\_\_ (Parent Initials)

**Lead Exposure Brochure**

<https://www.cdss.ca.gov/Portals/9/CCLD/CCP%20Documents/AB%202370%20Lead%20Bill%20Flyer%20-CCLPO2.pdf?ver=2019-01-03-162722-500p://>

I have received a copy of (or reviewed online) the Effects of Lead Exposure.

\_\_\_\_\_ (Parent Initials)

**JUSD Uniform Complaint Procedure**

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/JUSD%20Uniform%20Complaint%20Procedure.pdf>

I have reviewed the Uniform Complaint Procedure located in the Parent Handbook.

\_\_\_\_\_ (Parent Initials)

**Open Door Policy**

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/JUSD%20Open%20Door%20Policy.pdf>

I have reviewed the Open-Door Policy located in the Parent Handbook.

\_\_\_\_\_ (Parent Initials)

**\*At least one parent/guardian signature required**

_____ <b>Parent/Guardian Name*</b>	_____ <b>Parent/Guardian Signature*</b>	_____ <b>Date</b>
_____ <b>Parent/Guardian Name*</b>	_____ <b>Parent/Guardian Signature*</b>	_____ <b>Date</b>



**JURUPA UNIFIED SCHOOL DISTRICT  
Head Start/State Preschool**

**RELEASE OF EMPLOYMENT INFORMATION**

**This form must be completed by each parent that is currently employed**

Jurupa Unified School District Head Start/State Preschool program may provide services to the child of the parent listed below. In order to document eligibility, we are required to obtain the following information from the employer:

**TO BE COMPLETED BY PARENT:**

I, \_\_\_\_\_, hereby give authorization for the below listed employer to provide Jurupa Unified School District with the employment information.

\_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date

Employer's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

This is to certify that \_\_\_\_\_ is employed by \_\_\_\_\_.

Starting date of employment: \_\_\_\_\_.

Employee is:  A salaried employee: \$ \_\_\_\_\_ Paid:  weekly  bi-weekly  twice a month  monthly

Employee is:  An hourly employee: Hourly rate: \$ \_\_\_\_\_

Paid:  weekly  bi-weekly  semi-weekly  monthly

Employee is: Paid cash – Amount \$ \_\_\_\_\_ Paid:  weekly  bi-weekly  twice a month  monthly

Employee is:  Part Time Hours per Week \_\_\_\_\_  Full Time Hours per Week \_\_\_\_\_

Does employee receive:  Tips \$ \_\_\_\_\_  Commission \$ \_\_\_\_\_  Overtime Pay \$ \_\_\_\_\_

Paid:  weekly  bi-weekly  twice a month  monthly

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_



# Jurupa Unified School District Head Start/Title 1/State Preschool Program

## Physical Examination \*To be completed by child's physician

**A TB skin test or risk factor assessment must be documented on this form in addition to Hemoglobin and Lead Test results.**

Child's Name: \_\_\_\_\_ Date of Physical Examination: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Head Start requires a complete CHDP equivalent health examination for entrance into the program.*

<b>CHDP Periodicity visit for:</b>	24	30	3	4	5
	Mos	Mos	Yrs	Yrs	Yrs

TB Risk Factor Assessment:  
 Risk factors not present; TB skin test not required

<b>Hematocrit /Hemoglobin</b>	Date:	Results:	<b>Anemia:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Iron Supplements:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Blood Lead Test: 24Month</b> If no record, perform	Date:	Results:	Blood Pressure:	Date:	Results: ___/___
<b>Tuberculin Skin Test</b>	Date Given:	Date Read:	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Chest X-ray Date:	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive

**Height:** \_\_\_\_\_ ( % )      **Weight:** \_\_\_\_\_ ( % )      **BMI:** \_\_\_\_\_      **Head Circumference:** \_\_\_\_\_

**Vision:** Left-20/\_\_\_\_Right-20/\_\_\_\_      **Strabismus:**  Pass  Fail      **Hearing:**  Pass  Fail

Examination Results	Normal for age	Abnormal (Describe Findings)	Not Tested	Examination Results	Normal for age	Abnormal (Describe Findings)	Not Tested
Anticipatory Guidance				Eyes/Vision Observation			
Posture, Gait				Ears/Clinic Assessment			
Birth Defects				Developmental Screening			
Ears/Nose/Throat				Autism Spectrum Disorder Screening			
Seizures				Developmental Surveillance			
Mouth/Teeth Dental/Nutrition				Psychosocial/Behavior Assessment			
Heart/Lungs				Communication Skills/Speech			
Asthma				Cognitive Skills			
Abdomen (Hernia)				Maternal Depression Screening			

Is the child cleared to enter preschool?  Yes  No

List any allergies, chronic conditions or special accommodations: \_\_\_\_\_

List medications required at school (include medication name and dosage): \_\_\_\_\_

Provider (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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