



Jurupa Unified School District Head Start/State Preschool/Title I Preschool 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 contact us via email at hpssoffice@jusd.k12.ca.us.

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

Eligibility for Enrollment	
Head Start	State Preschool
<ul style="list-style-type: none"> • Income Eligible – income must be below the income threshold based on your family size. • Child must be 3 years of age. • Member of the family is CalWORKS Cash Aid or SNAP Recipient • Member of the family receives Supplemental Security Income (SSI) • Family is experiencing homelessness. • Child has a disability and current/active IFSP/IEP • Child is placed in foster care 	<ul style="list-style-type: none"> • Income Eligible – income must be below the income threshold based on your family size. • Child must be 3 or 4 years of age by December 1st of the enrolling year. • Family is a current aid recipient. • Child is a recipient of CPS or is At-Risk • Child has a disability and current/active IFSP/IEP • Experiencing Homelessness • Member of household receives government benefits from means-tested programs.

Enrollment Priorities	
Head Start	State Preschool
<ul style="list-style-type: none"> • 4-year-old children residing in the attendance boundaries of Jurupa Unified School District • Selection for enrollment is based on multiple factors once children have been certified and waitlisted. 	<ol style="list-style-type: none"> 1. 3- or 4-year-old children who are recipients of CPS or At-Risk 2. 3- or 4-year-old children with exceptional needs (current/active IFSP/IEP). 3. 4-year-old children not enrolled in TK that are returning to the program 4. 4-year-old children in income ranking order (lowest to highest) 5. 3-year-old children in income ranking order (lowest to highest)

The following items must be provided to determine your eligibility for the Head Start/Preschool Program:

Verification of Residency (must be uploaded into Hubbe prior to your appointment)

- Any piece of mail dated within 30 days that shows evidence of a street address or post office box address in California will be accepted.
- If homeless, verification of homelessness (if available).

Special Education Services (if the enrolling child is receiving special education services through the Regional Center or School District)

- Current IEP with signature page

Verification of Immunizations

Child must be up to date on immunization requirements which includes (3) Polio; (4) dTap; (1) MMR; (1) Hib – must be on or after child's 1st birthday; (3) HepB; (1) Varicella. Any one of the following records are acceptable. Records must be stamped by physician office and legible. Printouts from physician's office are acceptable.

- 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. Must include:
 - o Completed TB Test or TB Risk Assessment Screening
 - o Results of blood test for anemia and lead levels (Lead results on or after 24 months of age; Anemia results on or after 12 months of age)

Verification of Parent/Guardian Identity (must be provided for each parent included in the certification)

Any one of the following items (with picture):

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

Age Verification

Any one of the following is acceptable.

For Head Start, verification must be submitted for each child enrolling into the program.

For State/Title 1 Preschool, verification must be submitted for each child in the family size under 18 years of age.

- Birth Certificate (original)
- Court orders regarding child custody/placement
- 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 provided for all parent in the home.

Bring in ALL items that apply if applying for Head Start (must be provided for each parent in the home):

- Most recently signed W2 or Federal Tax Return
- Most recent paystub to application date with a year-to-date amount
- Passport to Services document from Department of Public Social Services (if receiving CalWORKs Cash Aid, CalFresh/SNAP/EBT)
- Disability, Unemployment, or Worker's Compensation verification
- Proof of Alimony or Child Support if receiving for self or enrolling child
- 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).

Bring in ALL items that apply if applying for State/Title 1 Preschool (must be provided for each parent in the home):

- Past 2 months of paystubs
 - o If you receive overtime pay, commission, or bonuses, you must provide the last 12 months of paystubs
- Passport to Services document from Department of Public Social Services (if receiving CalWORKs or Cash Aid)
- Disability, Unemployment, or Worker's Compensation verification
- Proof of Alimony or Child Support – received or paid.
- Social Security payments verification (SSI)
- Verification of Self-Employment (federal tax return from current or previous tax year, letter from the source of income, Profit and Loss statements for last 3 months, business card and/or flyer, business license, etc.)



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Release of Information

Please read and keep for your reference:

Jurupa Unified School District's Head Start/Preschool Program works in collaboration with the Riverside County Office of Education's Early Education Services Division, the California Department of Education's Early Learning and Care Division, and the Office of Head Start to provide subsidized services to children and families enrolled in the Head Start and State Preschool Programs. To determine initial and ongoing eligibility, the sharing of information between these agencies is necessary to ensure the proper use of state and federal funds and resources and ensure that services are being provided within the scope of each program's requirements. I understand that if the information I provided to determine my eligibility for the Head Start/Preschool Program is found to be fraudulent and/or deceitful, my services may be terminated, and it may impact my ability to receive future services.

In addition to establishing initial and ongoing eligibility for enrollment, the Head Start/Preschool Program also works in collaboration with other community agencies to secure additional services and resources for families. To ensure that families receive support efficiently, the sharing of information between the Head Start/Preschool Program and these community agencies is necessary. Agencies that may be contacted to support family needs include, but are not limited to, the Department of Public Social Services, First 5 Riverside County, Riverside County Child Care Consortium, Referring/Primary Physicians, Emergency Shelters, Regional Center and other Social Service agencies whose services are relevant to the family's needs.

Divulgación de Información

Por favor lea y guarde para su referencia:

El programa Head Start/Preescolar del Distrito Escolar Unificado de Jurupa trabaja en colaboración con la División de Servicios de Educación Temprana de la Oficina de Educación del Condado de Riverside, la División de Cuidado y Aprendizaje Temprano del Departamento de Educación de California y la Oficina Nacional de Head Start para brindar servicios subsidiarios a niños y familias inscritas en los programas Head Start y Preescolar Estatal. Para determinar la elegibilidad inicial y continua, es necesario compartir información entre estas agencias para garantizar el uso adecuado de los fondos y recursos estatales y federales y garantizar que los servicios se brinden dentro del alcance de los requisitos de cada programa. Entiendo que, si se descubre que la información que proporcione para determinar mi elegibilidad para el Programa Head Start/Preescolar es fraudulenta y/o engañosa, mis servicios pueden ser terminados y esto puede afectar mi capacidad para recibir servicios futuros.

Además de establecer la elegibilidad inicial y continua para la inscripción, el Programa Head Start/Preescolar también trabaja en colaboración con otras agencias comunitarias para asegurar servicios y recursos adicionales para las familias. Para garantizar que las familias reciban apoyo de manera eficiente, es necesario compartir información entre el Programa Head Start/Preescolar y estas agencias comunitarias. Las agencias a las que se puede contactar para apoyar las necesidades de la familia incluyen, entre otras, el Departamento de Servicios Sociales Públicos, los Primeros 5 del Condado de Riverside, el Consorcio de Cuidado Infantil del Condado de Riverside, los Médicos de Referencia/Primarios, Refugios de Emergencia, Centro Regional y otras agencias de Servicios Sociales cuyos servicios son relevantes para las necesidades de las familias.



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Photo/Media Release

Please read and keep for your reference:

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.

As a part of the Head Start/Preschool Program, your child's image is also used in the classroom for documentation, art projects, classroom displays, the Jurupa Unified School Districts website, school promotional materials, and as a part of the electronic portfolio and development assessment process maintained through Learning Genie.

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.

Publicación de Fotografía

Por favor lea y guarde para su referencia:

El Departamento de Servicios Educativos de JUSD ocasionalmente tiene solicitudes de agencias de noticias para fotografiar y/o grabar en video a los estudiantes por cuestiones relacionadas con la educación. Los Servicios Educativos de JUSD también crean videos que pueden usar a los estudiantes para demostrar estrategias o practicas educativas. En algunos casos, puede ser necesario recopilar productos, fotos y/o videos ejemplares de los estudiantes en el salón de clases o la biblioteca que se publican en el sitio web JUSD o JUSD Teacher y/o se distribuyen a los maestros u otras instituciones educativas. Todas las imágenes y productos se utilizan únicamente con fines educativos y nunca se venderán o usarán para ninguna empresa comercial.

Como parte del Programa Head Start/Preescolar, la imagen de su hijo/a también se usa en el salón de clases para documentación, proyectos de arte, exhibiciones en el salón de clases, el sitio web del Distrito Escolar Unificado de Jurupa, materiales promocionales escolares y como parte del portafolio electrónico y el proceso de evaluación del desarrollo mantenido a través de Learning Genie.

Si por alguna razón no otorga permiso para usar la imagen de su hijo/a en publicaciones del distrito/escuela y/o publicaciones de terceros y publicar/distribuir el trabajo/producto de su hijo/a con fines educativos, por favor comuníquese con el Centro de Preparación Escolar para analizar si se pueden requerir ajustes razonables para las necesidades particulares de un estudiante.



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Parent/Guardian Agreement

Please read and keep for your reference:

The Head Start/Preschool Program provides comprehensive early learning services to meet the varying needs of children and families. Our program believes that the home provides the primary environment for learning and had the greatest influence on children. Because of this, we see parents/families as our partners in designing the most appropriate program for their children. Parents/guardians are encouraged to collaborate with staff in the delivery of the full range of program services available to families. Parents/guardians are required to provide the program with up-to-date contact information including phone numbers and email address to ensure that program and child related information can be delivered timely.

All Head Start/Preschool classrooms are licensed by the Department of Social Services, Community Care Licensing Division (CCLD). To ensure that our classrooms are operating in compliance with CCLD regulations, CCLD 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 at the Pre-K School Readiness Center and are available for public review for 3 years.

When you enroll your child in the Head Start/ Preschool Program you agree to accept the services that are offered as a part of enrollment. While enrolled in the Head Start/Preschool program, your responsibilities as a parent/guardian include:

- **Following program procedures** and have your child dropped off and picked up at assigned times.
- **Setting** a pattern of regular school attendance and bringing your child to school every day.
- **Working** with the teachers, staff and others in a cooperative way.
- **Guiding** my child with love and respect. Supporting classroom management techniques which do not include physical or verbal punishment.
- **Taking** advantage of programs designed to increase my knowledge about child development and supporting my child's learning at home.
- **Showing** respect and courtesy to staff members and other parents.
- **Participating** in parent meetings to stay informed about activities in the classroom and program.
- **Attending** volunteer training and following program guidelines if planning to volunteer in the classroom.
- **Obtaining** health requirements for my child in a timely manner when requested by the program.
- **Collaborating** with the program to secure appropriate services and supports based on identified needs of my child.
- **Maintaining** open lines of communication with the program and keeping contact numbers and email addresses up to date.



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Late Drop-Off / Pick-Up Policy

Please read and keep for your reference:

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 Head Start/Preschool Program, please make necessary arrangements to drop your child off promptly at the start of class and pick him/her up on time. Please notify the SRC office if you know you are going to be late in arriving or picking up your child. Children who 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 to discuss concerns related to late drop-off/pick-up and develop a plan to adhere to the drop-off/pick-up times in the future.

For children who are in attendance more than 10 minutes past class end time, attempts will be made to contact parents/guardians and emergency contacts. If you are late picking up your child, your child will be taken to the Main Office of the Elementary Campus to await your arrival.

Parents/guardians are expected to adhere to the following policies related to drop-off and pick-up:

- A parent/guardian or other authorized adult over 18 years of age is expected to drop off and pick-up children promptly at the beginning and end of class.
- When a child is picked-up late, a late drop off/pick-up notice will be issued. Children arriving late to school on a consistent basis will be issued a late drop-off notice.
- Three notices will require a conference with the teacher. The conference will include a review of the policy and an update to the family's emergency card and/or authorized pick-ups.
- If three more late pick-up notices are issued, a conference with the Early Childhood Specialists or Coordinator of Early Childhood Education will be scheduled. Excessive tardiness will result in the re-evaluation of your family's need for continued enrollment and your child may be terminated from the program.
- In the event that a child is not picked up by 30 minutes after the end of class, and attempts have been made to contact the parent/guardian and emergency contacts, this will constitute an emergency situation and the program will take steps to assure the safety of the child which may include contact with the local police department and/or Child Protective Services.

Política de Dejar / Levantar Tarde

Por favor lea y guarde para su referencia:

Los padres/guardianes deben observar los horarios de inicio y finalización de la clase para asegurarse de que puedan dejar y levantar a sus hijos a tiempo. Para que su hijo/a se beneficie plenamente del Programa Head Start/Preescolar, haga los arreglos necesarios para dejar a su hijo/a puntualmente al comienzo de la clase y levantarlo a tiempo. Por favor notifique a la oficina de SRC si sabe que llegara tarde para dejar o levantar a su hijo/a. Los niños que no sean levantados a la hora programada de finalización de clase recibirán un Aviso de Dejar/Levantar Tarde. Tres avisos tardíos requerirán que los padres/guardianes se reúnan con los Especialistas de Infancia Temprana o el Coordinador de Educación Infantil Temprana para hablar sobre las inquietudes relacionadas con dejar/levantar tarde y desarrollar un plan para cumplir con los horarios en el futuro.

Para los niños que asisten más de 10 minutos después de la hora de finalización de la clase, se intentara comunicarse con los padres/tutores y los contactos de emergencia. Si llega tarde a levantar a su hijo/a, su hijo/a será llevado a la Oficina Principal de la escuela para esperar su llegada.

Se espera que los padres/tutores cumplan con las siguientes políticas relacionadas con dejar y levantar:

- Se espera que un padre/tutor u otro adulto autorizado mayor de 18 años de edad deje y levante a los niños puntualmente al comienzo y al final de la clase.
- Cuando se levanta tarde a un niño, se emitirá un aviso de dejar/levantar tarde. Los niños que lleguen tarde a la escuela de manera constante recibirán un aviso de llegada tardía.
- Tres avisos requerirán una conferencia con el maestro. La conferencia incluirá una revisión de la política y una actualización de la tarjeta de emergencia de la familia y/o recogidas autorizadas.
- Si se emiten tres avisos más de recogida tardía, se programará una conferencia con los Especialistas de Infancia Temprana o el Coordinador de Educación Infantil Temprana. Las tardanzas excesivas darán lugar a la reevaluación de la necesidad de su familia de seguir inscrito y su hijo/a puede ser dado de baja del programa.
- En el caso de que no se levante a un niño 30 minutos después del final de la clase, y se hayan hecho intentos de comunicarse con el padre/tutor y los contactos de emergencia, esto constituirá una situación de emergencia y el programa tomara medidas para garantizar la seguridad del niño que puede incluir contacto con el departamento de policía local y/o los Servicios de Protección Infantil.



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Illness and Exclusion Policy

Please read and keep for your reference:

To ensure the health and safety of children and staff, children are expected to be free from illness and communicable diseases while attending Head Start/Preschool. If a child becomes ill while at school, the teacher will contact the parent/guardian immediately and isolate the child from the rest of the group until the child is picked up. The isolation area for children being sent home due to illness may be in the classroom or in the health office of the school site. If a parent/guardian cannot be reached, an adult listed as an emergency contact and/or authorized pick-up will be contacted to pick up the child.

Children will be sent home for any of the following reasons, signs, and/or symptoms:

- Symptoms prevent the child from participating comfortably in classroom activities.
- Signs/symptoms require greater care for the child than the Head Start/Preschool staff can provide without compromising the health and safety of the other children.
- The child has any of the following signs/symptoms/conditions:
 - a. **Temperature:** Temperature is 101 degrees or greater accompanied by behavioral changes (irritability, sore throat, rash, lethargy).
 - b. **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.
 - c. **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.
 - d. **Vomiting:** Vomiting more than two times in the previous 24 hours unless the vomiting is determined to be caused by a non-infectious condition.
 - e. **Mouth sore with drooling that the child cannot control:** Unless the primary physician or public health authority states that the child is noninfectious.
 - f. **Rash with fever or behavioral changes:** Until primary care provider determines that the illness is not infectious.
 - g. **Pink Eye (bacterial conjunctivitis):** child will be excluded if the child is experiencing eye pain, fever, or redness and swelling around the eyelids and have not begun prescription for treatment.
 - h. **Abdominal pain:** For pain that continues for more than two hours or intermittent pain associated with fever or other symptom of illness
 - i. **Tuberculosis:** Excluded until health provider or health official states that the child may return to class.
 - j. **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.
 - k. **Impetigo:** Cover lesions. Child may return to school after first treatment. Treatment may be delayed until the end of the program day.
 - l. **Strep Throat or other streptococcal:** Child may return to school 24 hours after beginning antibiotic treatment.
 - m. **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.
 - n. **Pertussis:** Excluded until after 5 days of appropriate antibiotic treatment.
 - o. **Mumps:** Excluded until 5 days after onset of parotid gland swelling.
 - p. **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.
 - q. **Measles:** Excluded until 4 days after onset of rash.
 - r. **Rubella:** Excluded until 7 days after onset of rash.

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 to the transmission of the illness at the facility.



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

Please read and keep for your reference:

Congratulations on being selected for enrollment in the Head Start Programs We are excited to offer you this opportunity as it will be a significant part of your child’s future success. **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:

- 49% of Head Start/Early Head Start children in Riverside County were chronically absent the 2018-19 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) and/or Case Management 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/guardian/sibling (must be requested in writing, in advance with proper documentation and approved by program administration)	
All other absences are considered Unexcused	



Jurupa Unified School District Head Start/State Preschool/Title I Preschool State Preschool/Title 1 Attendance Policy

Please read and keep for your reference:

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 can impact your child's ability to get the most out of the program and could affect your child's enrollment in the 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. Reasons for absence must be entered into the attendance system (Hubbe or Learning Genie) for each day the child is absent.

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.
 - **Absence due to time spent with a parent or other relative:** if the absence of the child is due to time spent with a parent or other relative as required by a court of law, a copy of the Court Order must be provided to the program to be kept in the child's file.
 - **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.
- **Abandonment of Care:** When the family has not been in communication with the program for seven consecutive calendar days and has not notified the program of the reason the family is not in attendance, the program will use the contact information on file to contact the family through a variety of communication methods with at least one communication attempt being in writing, including electronic methods. Within the communications, the family shall be informed that failure to communicate with the program may result in termination of their early learning and care services.



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Acknowledgement of Waiver to Comingle

Please read and keep for your reference:

An inclusive preschool program is one in which students with special needs can attend school with their typically developing peers. A preschool program that is inclusive is designed to promote success in language, school-readiness skills and social development for both typically developing children as well as students with special needs. As a parent of a child enrolled in the Head Start/Preschool Program, I acknowledge that I have read and understand that my child will be attending an inclusive preschool program if they are enrolled at one of the following sites:

- JUSD/Sunnyslope Elementary State Preschool
- JUSD/Pacific Avenue Elementary

Reconocimiento de renuncia a mezclarse

Por favor lea y guarde para su referencia:

Un programa preescolar inclusivo es aquel en el que los estudiantes con necesidades especiales pueden asistir a la escuela con sus compañeros de desarrollo típico. Un programa preescolar que es inclusivo está diseñado para promover el éxito en el lenguaje, las habilidades de preparación para la escuela y el desarrollo social tanto para los niños con desarrollo típico como para los estudiantes con necesidades especiales. Como padre de un niño inscrito en el Programa Head Start / Preescolar, reconozco que he leído y entendido que mi hijo/a asistirá a un programa preescolar inclusivo si está inscrito en uno de los siguientes sitios:

- JUSD/Preescolar Estatal Primaria Sunnyslope
- JUSD/Primaria Pacific Avenue



Jurupa Unified School District Head Start/State Preschool/Title I Preschool
Parent Receipts of Program Information
Recibo de Padre de la Información del Programa

Child's Name: _____

Date of Birth: _____

Please review the program information contained in your registration packet and via the links below.

Jurupa Unified School District Head Start/Preschool Family Handbook and RCOE Participant Handbook
Manual Familiar de Head Start/Preescolar y Manual del Participante de RCOE del Distrito Escolar Unificado de Jurupa
<https://jurupausd.org/schools/PreSchool/Pages/Web%20Resources.aspx>

I have received the link to the Family Handbook for the Head Start, State Preschool or Title I Preschool Program my child is enrolled in. I understand it is my responsibility to review the Family Handbook and abide by the program's policies and procedures during my child's enrollment. *He recibido el enlace al Manual Familiar para el Programa Head Start, Preescolar Estatal o Preescolar Titulo I en el que está inscrito mi hijo. Entiendo que es mi responsabilidad revisar el Manual Familiar y cumplir con las políticas y procedimientos del programa durante la inscripción de mi hijo.*

Parent Initials/ Iniciales del Padre: _____

Lead Exposure Brochure

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Effects%20of%20Lead%20Exposure.pdf>

I have received, reviewed, and understand the Effects of Lead Exposure. *He recibido, revisado y entiendo los Efectos de la Exposición al Plomo.*

Parent Initials/ Iniciales del Padre: _____

JUSD Uniform Complaint Procedure

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/UCP.pdf>

I have reviewed, reviewed, and understand the Uniform Complaint Procedure. *He recibido, revisado y entiendo el Procedimiento Uniforme de Quejas.*

Parent Initials/ Iniciales del Padre: _____

Open Door Policy

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

I have reviewed and understand the Open-Door Policy. *He revisado y entiendo la Política de Puerta Abierta.*

Parent Initials/ Iniciales del Padre: _____

Illness and Exclusion Policy

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Illness%20and%20Exclusion%20Policy%20-%20Pol%C3%ADtica%20de%20Enfermedad%20y%20Exclusi%C3%B3n.pdf>

I have received and reviewed a copy of the Illness and Exclusion Policy. I understand that I will be required to pick my child up immediately if s/he becomes ill while at school. I also understand that I cannot be reached, an adult listed as an emergency contact and/or authorized pick-up will be contacted to pick up my child. *He recibido y revisado la copia de la Política de Enfermedad y Exclusión. Entiendo que tendré que recoger a mi hijo inmediatamente si se enferma mientras está en la escuela. También entiendo que si no se me puede localizar, se contactara a un adulto que figura como contacto de emergencia y/o autorizado para recoger a mi hijo.*

Parent Initials/ Iniciales del Padre: _____

Release of Information

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Release%20of%20Information%20-%20Divulgaci%C3%B3n%20de%20Informaci%C3%B3n.pdf>

I have received, reviewed, and understand the Release of Information. *He recibido, revisado y entiendo la Divulgación de Información.*

Parent Initials/ Iniciales del Padre: _____

Photo/Media Release

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Photo%20Media%20Release%20-%20Publicaci%C3%B3n%20de%20Fotograf%C3%ADa.pdf>

I have received, reviewed, and understand the Photo/Media Release. I understand that I must contact the School Readiness Center directly if I choose to not grant permission to use my child's image at anytime while my child is enrolled in the program. *He recibido, revisado y entiendo la Publicación de Fotografía. Entiendo que debo comunicarme con el Centro de Preparación Escolar directamente si decido no dar permiso para usar la imagen de mi hijo en cualquier momento mientras mi hijo esté inscrito.*

Parent Initials/ Iniciales del Padre: _____

Attendance Policy

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Attendance%20Policies-All.pdf>

I have received, reviewed, and understand the Attendance Policy for the program my child is enrolled in. I agree to comply with the expectations for attendance and absences while my child is enrolled in the program. *He recibido, revisado y entiendo la Política de Asistencia del programa en el que está inscrito mi hijo. Acepto cumplir con las expectativas de asistencia y ausencias mientras mi hijo esté inscrito en el programa.*

Parent Initials/ Iniciales del Padre: _____

Parent/Guardian Agreement

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Parent%20Guardian%20Agreement%20-%20Acuerdo%20de%20Padre%20Guardi%C3%A1n.pdf>

I have received, reviewed, and understand the Parent/Guardian Agreement. I agree to comply with the expectations outlined in the Parent/Guardian Agreement while my child is enrolled in the program. *He recibido, revisado y entiendo el Acuerdo de Padre/Guardian. Acepto cumplir con las expectativas descritas en el Acuerdo de Padre/Guardian mientras mi hijo esté inscrito en el programa.*

Parent Initials/ Iniciales del Padre: _____

Acknowledgement of Waiver to Comingle

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Acknowledgement%20of%20Waiver%20to%20Comingle%20-%20Reconocimiento%20de%20renuncia%20a%20mezclarse.pdf>

I have received, reviewed, and understand the Acknowledgement of Waiver to Comingle. I understand that the Head Start/Preschool program is inclusive and provides services to typically developing children as well as children with special needs. *He recibido, revisado y entiendo el Reconocimiento de Renuncia para Socializarse. Entiendo que el programa de Head Start/Preescolar es inclusivo y brinda servicios a niños con un desarrollo típico, así como a niños con necesidades especiales.*

Parent Initials/ Iniciales del Padre: _____

Late Drop-Off/Pick-Up Policy

<https://jurupausd.org/schools/PreSchool/Documents/Enrollment/Late%20Drop-Off%20Pick-Up%20Policy%20-%20Pol%C3%ADtica%20de%20Dejar%20Levantar%20Tarde.pdf>

I have received, reviewed, and understand the Late Drop-Off/Pick-Up Policy and agree to comply with the policy while my child is enrolled in the program. *He recibido, revisado y entiendo la Política de Dejar/Levantar Tarde y acepto cumplir con la política mientras mi hijo esté inscrito en el programa.*

Parent Initials/ Iniciales del Padre: _____

Parent/Guardian Name (Printed)
Nombre del Padre/Guardian (Impreso)

Parent/Guardian Signature
Firma del Padre/Guardian

Date
Fecha



**Jurupa Unified School District Head Start/State Preschool/Title I Preschool
Health & Developmental History**

Child's Name: _____

Date of Birth: _____

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 foods? b. When near animals, furs, insects, dust, etc.? c. When taking medications?	<input type="checkbox"/>	<input type="checkbox"/>	Describe allergy: _____ Child's Reaction: _____ In medication required (circle one): YES NO Medication Name: _____
2. Within the past year, has your child had any convulsions or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	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.)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, for what condition: _____ Physician Name: _____
4. Is your child taking any prescribed medications now? a. Does the child require medication during school hours? <i>(If yes, care plan required)</i>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the medication name: _____
Developmental Milestones	Yes	No	If no, please explain or describe
5. Did your child start walking independently between 9-14 months of age?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did your child say his or her first words between 12-26 months of age?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does your child show interest in playing with other children?	<input type="checkbox"/>	<input type="checkbox"/>	
8. With supervision can your child successfully use the restroom?	<input type="checkbox"/>	<input type="checkbox"/>	
9. With minimal adult assistance, can your child dress him or herself?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you think your child is developing at approximately the same rate as other children his or her age?	<input type="checkbox"/>	<input type="checkbox"/>	
Social & Emotional Characteristics	Yes	No	If yes, please explain or describe
11. Do you consider your child to be shy or timid?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has your child ever hurt a pet on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Does your child have any fears that are extreme or past the normal age, causes physical symptoms, or keeps them from doing things?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is your child highly sensitive (sensitive to pain, lights, sounds, easily upset/agitated)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does your child hit, kick, or throw things when upset?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is there anything else you would like to tell us about your child?	<input type="checkbox"/>	<input type="checkbox"/>	

Parent Signature: _____

Date: _____

FOR OFFICE USE ONLY (notes/discussions with parent/guardian)



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Food/Nutrition History

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

In order for us to meet your child's nutritional needs and provide nutritional support/resources, please answer the following questions regarding your child's eating patterns. If your child has food allergies or requires a special diet while at school, you will need to obtain additional documentation from your child's physician. A program staff will let you know of any additional documentation that is needed after reviewing the information you provide below.

1. Is your child allergic or intolerant to any food or milk? No Yes (*If yes, a medical statement is required*)
What types of food or milk should be eliminated? _____
2. Is your child on a special diet that will be required while at school? No Yes (*If yes, a medical statement is required*)
What food should be eliminated? _____
3. Is your child taking medications that will be required at school? No Yes (*If yes, a Care Plan is required*)
4. Does your child have trouble chewing or swallowing? No Yes - *If yes, please explain:* _____

5. Is your child currently participating in the Women, Infant, and Children (WIC) Program? No Yes
6. Is your family currently receiving Supplemental Nutrition Assistance Program (SNAP) benefits? No Yes
7. Are there any foods your child dislikes? No Yes - *If yes, please explain* _____
8. What foods does your child like? _____
9. Does your child take vitamin or mineral supplements? No Yes - *If yes, what kind?* _____
10. Does your child eat dirt, clay, or other non-food items? No Yes - *If yes, please explain:* _____
11. Does your child drink from a bottle? No Yes
12. How many cups of water does your child drink each day? 1 2 3 4 5 6 7 8
13. At what times does your child eat the following meals and snacks?
14. Do you have any concerns about your child's growth, nutrition, or eating habits? No Yes
If yes, please explain: _____

Meal	Time	How many days per week	Meal	Time	How many days per week
Breakfast			AM Snack		
Lunch			PM Snack		
Dinner			Bedtime Snack		

FOR OFFICE USE ONLY (*notes/discussions with parent/guardian*)



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Screenings and Assessments Consent

Child's Name/Nombre del niño/a: _____ Date of Birth/Fecha de Nacimiento: _____

To ensure children are healthy and ready to learn, we are required to conduct health and developmental screenings within the first 45 days of enrollment. These screening allow us to identify health and developmental concerns early and support families with getting access to resources and supports. 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, and the results of the treatment are provided to the program. 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.

The following screenings/assessments will be conducted on children while enrolled in the program:

- Auditory (Hearing) Screening– within 45 days of enrollment
- Vision (Eyes) Screening - within 45 days of enrollment
- Height/Weight – twice per year
- Developmental Screenings (ASQ-3; ASQ: SE) – completed by parent within 45 days of enrollment.
- Developmental Assessment (DRDP) - ongoing throughout the year

I have read and understand the screenings and assessments consent and understand that I can decline having my child screened for any of the screenings listed below. If I decline having my child screened by the program, I further understand that I will be responsible for providing documentation that it has been done by a physician.

- Auditory Screening – I would like to decline this screening and will provide results within 45 days - Yes No
- Vision (Eyes) Screening – I would like to decline this screening and will provide results within 45 days - Yes No
- Height/Weight – I would like to decline this screening and will provide results by the requested due date - Yes No

Consentimiento para Exámenes y Evaluaciones

Para garantizar que los niños estén saludables y listos para aprender, debemos realizar exámenes de salud y desarrollo dentro de los primeros 45 días de inscripción. Estas evaluaciones nos permiten identificar problemas de salud y desarrollo temprano y ayudar a las familias a obtener acceso a recursos y apoyos. Los resultados de cada evaluación se compartirán con los padres/guardianes y, si se necesita seguimiento, los padres/guardianes son responsables de garantizar que se complete el tratamiento y que los resultados del tratamiento se proporcionen al programa. Los padres/guardianes recibirán el formulario necesario para cada evaluación, que es **requerido** que se complete por el proveedor, al finalizar el tratamiento.

Los siguientes exámenes/evaluaciones se llevarán a cabo en los niños mientras estén inscritos en el programa:

- Evaluación Auditiva (Audición) – dentro de 45 días de inscripción
- Evaluación de la Vista (Ojos) – dentro de 45 días de inscripción
- Altura/Peso – dos veces al año
- Evaluaciones de Desarrollo (ASQ-3; ASQ: SE) – completadas por los padres dentro de 45 días de inscripción.
- Evaluación del Desarrollo (DRDP) – en curso durante todo el año

He leído y entiendo el consentimiento de exámenes y evaluaciones y entiendo que puedo negarme a que mi hijo sea examinado para cualquiera de los exámenes que se enumeran a continuación. Si me niego a que el programa evalúe a mi hijo, entiendo además que seré responsable de proporcionar la documentación de que ha sido realizada por un médico.

- Evaluación Auditiva – Me gustaría rechazar la evaluación y proporcionare los resultados dentro de los 45 días - Si No
- Evaluación de la Visión (Ojos) – Me gustaría rechazar la evaluación y proporcionare los resultados dentro de los 45 días - Si No
- Altura/Peso – Me gustaría rechazar la evaluación y proporcionare los resultados para la fecha de vencimiento solicitada - Si No

Parent/Guardian Name (Printed)
Nombre del Padre/Guardian (Impreso)

Parent/Guardian Signature
Firma del Padre/Guardian

Date
Fecha



**Jurupa Unified School District Head Start/State Preschool/Title I Preschool
Authorization for Exchange of Health & Education Information**

Child's Name: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____ Name of Person Giving Consent: _____

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 and collaboration between healthcare providers and school healthcare professionals to facilitate this process.

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

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

Authorization:

I hereby authorize my Child's Healthcare Providers and School Healthcare Professionals (listed below) to exchange health and education information/records for the purpose(s) listed above.

Child's Healthcare Providers

Physician's Office
Dental Office
Mental/Behavioral Health Providers
Nutritionist

JUSD Staff/Departments

District/Program Nurse
Disabilities and Mental Health Consultants
Behavioral Health Providers
Nutritionist
Dentist/Dental Providers
Special Education Department

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 the Child

Date



**Jurupa Unified School District Head Start/State Preschool/Title I Preschool
Consent to Participate in the Evaluation of Quality Start**

**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, birthplace, 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



Jurupa Unified School District Head Start/State Preschool/Title I Preschool Volunteer and Training Survey

Child's Name: _____

Parent/Guardian Name: _____

Site: _____

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

Volunteer Activities: I can help volunteer with the following:

- Storytelling
- Art Projects
- Gardening
- Helping at Mealtimes
- Indoor/Outdoor Cleaning
- Meeting Note-taker
- Reading to Children
- Music (singing, dancing, musical instruments)
- Lending Library
- Special Classroom Projects
- Policy Council
- Small Group Activities
- Cooking Projects
- Preparing Materials
- Playground Helper
- Sharing Family Tradition/Culture/Language
- Parent Engagement Activity from Lesson Plan
- Sorting, cutting, and/or preparing items for lesson plans.
- Collecting Items for Art and Special 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
- Relationship/Family Counseling
- Assistance to Families of Incarcerated
- 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
- Child's Screening/Assessment
- Other: _____

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
- Postpartum Education
- Substance Abuse Prevention/Treatment
- Education on Tobacco Products
- Other: _____

I acknowledge that a variety of opportunities are offered by the program for my family.

(Please select one):

- I intend to participate and be involved in my child's learning and development.
- I am not interested in volunteering or participating in any trainings offered by the program at this time.

Parent/Guardian Signature: _____

Date: _____



Jurupa Unified School District
Head Start Program

Family Partnership Agreement Introduction

Child's Name: _____ **Site:** _____

The Head Start Programs highly encourage parents' participation and involvement in our program because we believe you are the first and most important teachers of your children. Parent and family engagement in the Head Start Program is about building relationships and supporting family well-being.

Research has found a child's success in school is related to the family's stability. Our goal is to partner and collaborate with you to support your family to obtain the necessary tools to strengthen family relationships, family safety, health, economic stability to be self-sufficient, and be your child's lifelong educators.

We will work with each family in creating a family goal to meet your family's individual needs and interests by establishing a Family Partnership Agreement (FPA). It is never too late to develop a plan to work on your own goals and dreams, either for yourself or for your family.

We will help you identify the action steps to achieve your family goal, as well as provide community resources to attain successful outcomes. Together, we will review your FPA goal progress, revise and adjust strategies or goals as necessary. If you have an existing plan or goal with another agency, please share with our staff. The FPA is an ongoing process, as long as your child continues to be in our program.

As your child's primary teacher and nurturer, your success is vital to your child's success. We look forward to the collaboration and embark on this journey of learning for all.

I, _____ have received the Introduction to the Family Partnership Agreement. I understand a staff member will be contacting me to support me in the development and progress of my Family Partnership Agreement (FPA) as required by program's regulations (HSPPS 1302.52).

Parent/Guardian/Caregiver Signature: _____ **Date:** _____



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

Toileting Support Plan

Dear Parents/Caregivers/Guardians,

Toilet learning is an important milestone and opportunity for meaningful interactions. We want this to be a successful time in your child’s life. We know that in order for this to be successful, collaboration between home and school is important.

Here are a few signs to watch for to know if your child is ready for begin using the toilet:

- Shows an interest in the toilet.
- Can recognize when their diaper is wet or soiled.
- Stays dry for a long period of time.
- Can undress and pull up their own pants.
- Can use consistent words or gestures to communicate,
- Can try to wipe themselves.

Once your child stays dry for several hours or uses the toilet on their request, it’s time to start!

Instructional Staff will:

- Encourage, support and praise all success that your child achieves during their potty-training experience.
- Expect accidents and treat them as teachable moments.
- Watch for and identify signals that may help us make it on time next time as well as encourage children to be independent in changing their own clothes.
- Take children to the bathroom at regularly scheduled times during each day and on demand as necessary.
- Communicate to parents daily regarding our bathroom experiences. This communication will come in the form of a personal conversation or written note.
- Commit up to 1 month to the process of potty training unless parents inform us that the experience is not able to be a positive one at this time.
- After a child uses 2 changes of clothing, child will be placed in pull ups that will be provided by the site.
- If soiled clothes do not get replaced by parents/caregivers/guardians upon request, staff will use pull ups provided by the site for potty training that day.
- Always save one set of clothing for the child to go home in.
- Soiled clothing will be stored in a designated area out of children’s reach.

Parents agree to:

- Provide at least 3 changes of clothes, including pants, underwear, socks and shoes daily.
- Have their child wear clothing that can easily be taken off and put on.
- Not send children in one-piece clothing; leggings, sweatpants and elastic pants are best. The children should be able to easily pull their clothing up and down on their own.
- Potty training should begin at home the weekend before we start at school so the child is familiar with the process.
- Soiled clothing must be replaced the next day with a new set for every set that was sent home soiled.

We will communicate with the family as to how potty-training progresses. We will potty train for a period of 3-4 weeks and then assess the progress of how your child is doing. If we feel that the child is not ready staff and family will meet to discuss other strategies.

Teacher Expectations	Parent Expectations
<ul style="list-style-type: none"> • Verbally ask the child if they need to use the restroom. <ul style="list-style-type: none"> ○ Every 30 minutes ○ Before and after returning from the playground ○ Before and after rest time (FD only) • Use praise. Do not shame the child. • Make a visual schedule. • Use same language used at home. 	<ul style="list-style-type: none"> • Use comfortable clothing that the child is able to take off and put on easily. • Be consistent. • Ask child to use the restroom: <ul style="list-style-type: none"> ○ When waking up ○ Before and after nap time ○ Before and after a new play activity ○ Before leaving the house ○ Before and after a meal ○ Before bedtime

Based on the information on the previous page, I believe that my child is ready to begin the toileting process
(please check one): Yes No

Child's Name: _____ Age: _____ Today's Date: _____

What are the words used at home when your child has to use the restroom?

Does your child have any fears of the toilet or being assisted with his/her clothing? If so, please explain.

Is there any additional/helpful information staff should be aware of?

Updates (please include the Date next to each update):

I acknowledge that my child is ready to begin the toilet training process and agree to do the following:

- Provide at least 3 changes of clothes, including pants, underwear, socks and shoes daily.
- Have my child wear clothing that can easily be taken off and put on.
- Not send my child to school in one-piece clothing that requires my child to completely undressed to use the restroom; leggings, sweatpants and elastic pants are best.
- Begin toilet training at home the week before my child starts at school so the child is familiar with the process.
- Replace each soiled clothing item on my child's next day of attendance when clothing is sent home soiled.

Parent/Guardian Name (Printed): _____ Parent/Guardian Signature: _____

To be completed by classroom teacher:

I have reviewed the toileting plan with the Parent/Guardian, and it will go into effect on _____
Date



**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.

CHDP Periodicity visit for:	24	30	3	4	5
	Mos	Mos	Yrs	Yrs	Yrs

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

Hematocrit /Hemoglobin	Date:	Results:	Anemia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Iron Supplements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Lead Test: 24Month If no record, perform	Date:	Results:	Blood Pressure:	Date:	Results: ___/___
Tuberculin Skin Test	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: _____

Form must be stamped by Physician's office. Forms without the physician's or physician's office stamp will not be accepted.