

☐ Complete the **MANDATORY** Intent to Register Form - available to you at the following link [**CSPP INTENT TO REGISTER FORM- 2023-2024**](#) or by scanning the QR Code below:



☐ **Schedule a Family Intake Appointment with Ms. Christina Lopez,**
[**clopez@ljsd.org**](mailto:clopez@ljsd.org) to review your CSPP documentation on or after June 5, 2023.
Your appointment will take place at the Lowell Joint District office. (address listed below)

☐ **Bring Required Checklist Items to Your CSPP Family Intake Appointment**

☐ **Optional: Prior to Intake Appointment Begin Completing Registration Packet -**
Can be found on the LJSD Preschool website ([**www.preschool.ljsd.org**](http://www.preschool.ljsd.org)) under the "[**Registration Packet**](#)" link and or pick up a printed copy at the District Office located at 11019 Valley Home Ave. Whittier, CA 90603-3042

***ONLY PARENTS OR LEGAL GUARDIANS CAN FINALIZE THE ENROLLMENT.**

**ONLY COMPLETED PACKETS ALONG WITH THE REQUIRED DOCUMENTS WILL BE ACCEPTED. IF
ADDITIONAL ASSISTANCE IS NEEDED, CONTACT Ms. Christina Lopez, [**clopez@ljsd.org**](mailto:clopez@ljsd.org)**

REQUIRED DOCUMENTS FOR CSPP FAMILY INTAKE APPOINTMENT



**Lowell Joint
School District**

A Tradition of Excellence Since 1906

**Lowell Joint School District
Child Development Services**

11019 Valley Home Ave. Whittier, CA 90603-3042

Phone: 562) 943-0211 Fax: 562) 947-7874



LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

REQUIRED DOCUMENTS FOR CSPP FAMILY INTAKE APPOINTMENT

- ☐ **Complete Confidential Application & Certification of Eligibility Form (CD 9600)**
- ☐ **Current Income** - Proof of family income from the last 30 days: Paystubs, CalWORKs notice of action (Cash aid), Child support documentation, self declaration etc. *Self Employed or Cash Income - Requires additional forms and verification
- ☐ **Employment Verification (if needed or requested)**
- ☐ **Certification of Unemployment (only if unemployed)**
- ☐ **Original Birth Certificate for ALL children living at home and under the age of 18** - Proof of family size
- ☐ **Picture ID of Parents/Guardians**
- ☐ **Individualized Educational Plan** - (IEP) A copy of the IEP must be submitted if applicable,

**Lowell Joint Preschool Program reserves the right to ask for additional information to verify eligibility.*

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LOWELL JOINT SCHOOL DISTRICT
STATE FUNDED PART DAY & FULL DAY PRESCHOOL PROGRAM
2023-2024

STATE FUNDED PRESCHOOL PROGRAM INCOME ELIGIBILITY GUIDELINES

The following schedule of income ceilings is used to determine income eligibility for families that qualify for free or reduced preschool. This chart is developed by the California Department of Education, Early Education Division. Please see [Management Bulletin 22-05](#) for more information effective through June 30, 2023.

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$7,068	\$84,818
3	\$8,049	\$96,590
4	\$9,342	\$112,105
5	\$10,837	\$130,042
6	\$12,332	\$147,979
7	\$12,612	\$151,342
8	\$12,892	\$154,705
9	\$13,172	\$158,068
10	\$13,453	\$161,431

FEE BASED PRESCHOOL PROGRAM

PART DAY Preschool Program (3 hours)	JORDAN	\$550
FULL DAY Preschool Program (8am-3:15pm)	MACY	\$850
FULL DAY Preschool Program (8am-3:15pm)	OLITA	\$850

FINANCIAL ASSISTANCE

Financial Assistance is provided by the following agencies:

ORANGE COUNTY: Children's Home Society of California (OLITA & MACY PRESCHOOLS) [Children's Home Society of California | Child Care Eligibility List Questionnaire](#)

LOS ANGELES: Options for Learning (JORDAN PRESCHOOL)
[Help paying for child care - Parents - Options For Learning](#)

**CONFIDENTIAL APPLICATION FOR
CHILD DEVELOPMENT SERVICES AND
CERTIFICATION OF ELIGIBILITY
CD 9600 Page 1 (REV. 12/99)**

Agency Name: Lowell Joint School District - Child Development Services
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check one) Initial ☐ Recertification ☐

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. Eligibility is determined on the basis of need for child development services and either CalWORKs status or adjusted gross monthly income in relation to family size. This form must be completed by an agency representative in consultation with the family. Refer to the Instructions for the completion of this form.

SECTION I. FAMILY IDENTIFICATION: If you are a single parent/caretaker, check this box ☐ See Instructions, Section I

Name of Parent/Caretaker: Full name including middle initial A	SSN - parent A * See instructions, Sec I, A.	Sex	Phone No. (Home)	Phone No. (Work/School)
Name of Parent/Caretaker: Full name including middle initial B		Sex	Phone No. (Home)	Phone No. (Work/School)
Street Address	City	State	Zip	FIPS Code

SECTION II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status (Check as many as apply - Section II A does not need to be completed for School-Age Parenting and Infant Development (GSAP) applicants or for children served in Severely Handicapped programs-GHAN).

<input type="checkbox"/> Protective Services (Attach Documentation)	<input type="checkbox"/> Income Eligible (Attach Documentation)	<input type="checkbox"/> Homeless (Attach parent's statement)
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B. Reason for Needing Service. Indicate all reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above or "C" for the child. Attach documentation. (This section does not apply to State Preschool Programs - GPPE)

Parent/ Caretaker Child	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages I, II, and III Set-Aside CalWORKs recipients only
	Child referred for protective services because of neglect, abuse, or exploitation, or risk thereof		Education or training		CalWORKs Activities
	Parent/Caretaker or child incapacitated due to medical (or) psychiatric special needs		Actively seeking employment		Diversion
	Working		Seeking permanent housing		Date family became ineligible for aid: Date: _____
				Record date of entry into each stage: Stage 1 _____ Stage 2 _____ Stage 3 _____	

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

Parent/ Caretaker	Employer/School	Street Address	City	Zip				
A								
A								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Parent/ Caretaker	Employer/School	Street Address	City	Zip				
B								
B								
Days and Working/ Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE

A. Family Monthly Income – Family's adjusted monthly income from all sources (Attach verification and documentation) \$ _____
C. Family size (Refer to "Funding Terms and Conditions" for instructions on calculating family size.) _____
B. Family Income Sources (Check all that apply - Do not count the grey shaded areas in Section III. A. above) **Black shaded boxes for CalWORKs recipients only.**

<input type="checkbox"/> Employment including self-employment	<input type="checkbox"/> Other federal cash income programs (such as SSI)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Housing voucher or cash assistance
<input type="checkbox"/> Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/> Assistance under the Food Stamps Act of 1977
<input type="checkbox"/> State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/> Other

Section III B. is for federal data collection purposes only and does not need to be completed prior to the provision of child care services.

CONFIDENTIAL APPLICATION FOR CHILD DEVELOPMENT SERVICES AND CERTIFICATION OF ELIGIBILITY

CD 9600 Page 2 (REV. 12/99)

SECTION IV. DATA ON CHILDREN - List all children residing in the home and counted in the family size

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed										
(1) FULL NAME OF CHILD INCLUDING MIDDLE INITIAL	(2) SEX		(3) BIRTH DATE MM/DD/YYYY	(4) SPECIAL NEEDS CODE	(5) ETHNICITY	(6) RACE	(7) NATIVE LANGUAGE		(8) PROGRAM CODE	(9) TYPE OF CARE CODE	(10) HOURS OF CARE PER DAY						
	M	F					Language Code	Is child limited English proficient?			M	T	W	TH	F	SAT	SUN
											S						
										Provider/Site Name:	V						
											S						
										Provider/Site Name:	V						
											S						
										Provider/Site Name:	V						
											S						
										Provider/Site Name:	V						
											S						
										Provider/Site Name:	V						
											S						
										Provider/Site Name:	V						

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

<p>1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.</p> <p>2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.</p> <p>3. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the Federal Government, independent auditors, or others as necessary for the administration of the program.</p> <p>4. I understand that if the agency denies this application for services, I have the right to appeal.</p>	<p>5. I understand that I must renew my eligibility at least once per year (at least once every six months for protective services children). I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</p> <p>6. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</p> <p>7. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by an agency representative and signed and dated by me.</p>
<p>SIGNATURE _____ DATE _____</p>	<p>RELATIONSHIP TO CHILD: <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: PLEASE DESCRIBE _____</p>

SECTION VI. FAMILY FEE (See fee schedule)

Type of Fee	Full Time	Part Time
A. Daily fee (if any)		
B. Hourly fee (if any)		

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

ELIGIBILITY STATUS <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of enrollment	Last date of enrollment
SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE		TITLE	Telephone Number	Date
SIGNATURE OF SUPERVISOR (Optional)		TITLE	Telephone Number	Date

**Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility**

A CD 9600 (or documentation containing the same information) must be completed and signed by the parent and an agency representative before the child enters the child development program. The certification must be renewed at least once per year (at least once every six months for protective service's children). Families must notify the agency immediately if there are changes in their family status, family size, income, residence, or need for child care. If such changes occur, agency staff must update the certification. Notification of changes, except residence, are not required for Preschool (GPPE), School-Age Parenting and Infant Development (GSAP) or Severely Handicapped (GHAN) programs. All certification forms and documentation must be maintained in the family file.

AGENCY NAME: Insert the name of the agency providing/funding child care services in this space.

FAMILY IDENTIFICATION/CASE NO.: This is an optional field and can be used if the agency assigns an identification or case number to each family.

INITIAL SUBSIDIZED SERVICE DATE: This is the earliest month and year that the child(ren), as listed on this CD 9600, first started receiving subsidized child care services from your agency. **Every CD 9600 must have a month and year entered in this field.** This information is for data reporting purposes. If there is a break of three or more months, enter the month child care resumed. If there is a break of less than three months (vacation, for example), enter the original date assistance began, not the date it resumed.

TYPE OF APPLICATION: Check the box after the word "Initial" if this is the first application taken by the agency named on this CD 9600. Check the box after the word "Recertification" if this is the second or later application taken by the agency listed on this CD 9600.

SECTION I. FAMILY IDENTIFICATION

Note: If family size includes more than two adults, complete Sections I, II and III of a second CD 9600 and attach it to the complete CD 9600. You may also use a second CD 9600 to record additional employers or training institutions for the parents listed under A and B in Section I.

If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to **SECTION I.**

A. Information on Parent/Caretaker A. For the first adult living in the same household as the child(ren), complete all items in Section I. A. including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal guardian.

* **The social security number is to be listed only for heads of households who have given consent on form CD 9600A. In all cases, a CD 9600A must be completed and signed by the head of household and attached to the CD 9600. In "family of one" situations, no SSN is required and no CD 9600A will be completed.**

FIPS Code. See the "FIPS Codes" section in these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

B. Information on Parent/Caretaker B. If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I. B.

SECTION II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status. Check all eligibility categories for which the family qualifies. This section does not need to be completed for School-Age Parenting and Infant Development programs (GSAP) or for Severely Handicapped programs (GHAN).

B. Reason for Needing Service. For each parent/caretaker or other adult included in the family size, note with an "A" or "B" all of the reasons for needing services and attach the appropriate documentation. If the child is incapacitated or severely handicapped, note a "C" in the appropriate box. Sections B and C do not apply to State Preschool programs (GPPE). Identify the main reason for needing service with an asterisk if there is more than one reason.

CalWORKs recipients only:

This box is to be completed for all CalWORKs recipients receiving services in Stages I, II, or III Set-aside.

- If a parent/caretaker is completing CalWORKs activities, enter "A" and/or "B" in the box labeled "CalWORKs Activities".
- If a parent/caretaker has received a diversion payment, enter "A" and/or "B" in the box labeled "Diversion".
- In the box labeled "Record date of entry into each stage" enter the initial date of entry into each stage.
- **For Stage I or II families no longer eligible for CalWORKs aid, enter the date the family became ineligible for aid in the box labeled "Date family became ineligible for aid."**

C. Employment/Training Information. For each parent/caretaker, enter the name and address of the employer or the institution of training or education, as appropriate. This section does not apply to State Preschool (GPPE) or Severely Handicapped (GHAN) programs.

Days and Working/Training hours. Note the beginning and ending hours for each day that the parent is employed or in a training program.

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE

A. Family monthly income. Enter the family's total adjusted gross monthly income from all sources. All income must be verified.

B. Family Income Sources. Check each box to identify all sources of family income. These include sources of income that are not counted for eligibility determinations. Child support received should not be included in any category.

- The black shaded boxes are to be completed for CalWORKs recipients only. County Welfare Departments will identify whether a CalWORKs recipient is receiving CalWORKs benefits under the State-only alien program or the State-only two-parent program. These two programs count toward TANF MOE.
- The gray shaded boxes are not to be counted in the family's total adjusted monthly income.

Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE (Continued)

Section III. B. is for federal data collection purposes and does not need to be completed prior to the provision of child care services.

- C. **Family Size.** Enter the total family size, including (1) all parent(s)/caretaker(s) listed on the CD 9600, (2) all children named in Section V, (3) any adult listed on a second CD 9600, and (4) any children listed on a second CD 9600.

SECTION IV. DATA ON CHILDREN

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second CD 9600 to record more children.

1. **Name of Child.** List all children residing in the in the household, eighteen and under, related by blood, marriage or adoption to the parent(s)/caretaker(s) of the child(ren) being served.
2. **Sex.** Check the appropriate box in column 2 for each child receiving care through this certification.
3. **Birth date.** In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.
4. **Special Needs Code.** See the "Special Needs Codes" section in these instructions to determine the special needs code that should be entered in column 4.
5. **Ethnicity.** Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".
6. **Race:** See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6. At least one code must be entered, but you may enter all codes that apply for each child.
7. **Native Language.** See the "Native Language Codes" section in these instructions to determine the native language code that should be entered in column 7. Use only those native language codes provided. Report the child's primary language. Indicate whether or not the child is limited English proficient with a check mark in column 7. This column must be completed if you claim LEP reimbursement for this child.
8. **Program Code.** See the "Program Codes" section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.
9. **Type of Care and Relationship to Child.** See the "Type of Care Codes" section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.

SECTION IV. DATA ON CHILDREN (Continued)

10. **Hours of Care Per Day.** Enter the amount of child development services needed each day in column 9. Use the upper line (marked "S") to indicate the amount of care needed during the school session; use the lower line (marked "V") to indicate the amount of time needed during vacations. For preschool-age children, use only the upper line to record the amount of care needed.

Note: For families whose schedules vary, enter the average enrollment hours needed for child care services each day. Attach a detailed schedule to reflect this average enrollment over a one-month period.

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them before signing the application. Before the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child.

SECTION VI. FAMILY FEE

- A. **Daily Fee.** Consult the fee schedule issued by the Child Development Division and enter the correct fee for the family size (Section III. C.) family income (Section III. A.), and amount of care required (Section IV, Column 10).
- B. **Hourly Fee.** If you do not collect hourly fees, leave this area blank.

SECTION VII. For Office Use Only

The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.

The "Signature of Supervisor" is an optional field and is not required.

SSN COLLECTION CONSENT

Form CD 9600A, Child Care Data Collection/Privacy Notice and Consent Form must be completed and signed by all heads of households in all CDE funded programs. If the head of household gives consent to use their SSN, the SSN should be inserted on the CD 9600. If the head of household does not give consent, leave the SSN space blank on the CD 9600. In "family of one" situations the SSN will not be collected; therefore, completion of the CD 9600A is not required. When completed, attach the CD 9600A to the CD 9600.

COMPLETING THE FORM

Follow these procedures once you have completed the family's certification:

- A. File the completed form in the family file.
- B. If the family has a new or updated certification, add it to the family file. Do not remove the earlier applications.

Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility

SECTION I. FAMILY IDENTIFICATION

Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

California County Codes are as follows:

001 Alameda	041 Marin	081 San Mateo
003 Alpine	043 Mariposa	083 Santa Barbara
005 Amador	045 Mendocino	085 Santa Clara
007 Butte	047 Merced	087 Santa Cruz
009 Calaveras	049 Modoc	089 Shasta
011 Colusa	051 Mono	091 Sierra
013 Contra Costa	053 Monterey	093 Siskiyou
015 Del Norte	055 Napa	095 Solano
017 El Dorado	057 Nevada	097 Sonoma
019 Fresno	059 Orange	099 Stanislaus
021 Glenn	061 Placer	101 Sutter
023 Humboldt	063 Plumas	103 Tehama
025 Imperial	065 Riverside	105 Trinity
027 Inyo	067 Sacramento	107 Tulare
029 Kern	069 San Benito	109 Tuolumne
031 Kings	071 San Bernardino	111 Ventura
033 Lake	073 San Diego	113 Yolo
035 Lassen	075 San Francisco	115 Yuba
037 Los Angeles	077 San Joaquin	
039 Madera	079 San Luis Obispo	

If the family resides outside of California, list the state code only.

SECTION IV. DATA ON CHILDREN

Column 4: Special Needs Codes

21 Infant	24 Severely Handicapped
22 Exceptional Needs	25 Limited English Proficient (LEP)
23 Child Protective Svs.	26 No special needs
	27 Toddler

Column 6: Race Codes

1 American Indian or Alaskan Native	2 Asian
3 Black or African American	4 Native Hawaiian or Other Pacific Islander
5 Caucasian	

Column 7: Native Language Codes

11 Arabic	24 Hungarian	06 Portuguese
12 Armenian	25 Ilocano	28 Punjabi
42 Assyrian	26 Indonesian	29 Russian
13 Burmese	27 Italian	45 Rumanian
03 Cantonese	08 Japanese	30 Samoan
36 Cebuano	09 Khmer	31 Serbian
(Visayan)	(Cambodian)	52 Serbo-Croatian
54 Chaldean	50 Khmu	01 Spanish
20 Chamarro	04 Korean	46 Taiwanese
(Guamanian)	51 Kurdish	32 Thai
39 Chaozhou	47 Lahu	53 Toishanese
(Chaochow)	10 Lao	34 Tongan

Column 7: Native Language Codes (Continued)

14 Croatian	07 Mandarin	33 Turkish
15 Dutch	(Putonghua)	38 Ukrainian
00 English	48 Marshallese	35 Urdu
16 Farsi (Persian)	44 Mien	02 Vietnamese
17 French	49 Mixteco	55 Other
18 German	88 Native American Languages	Languages of China
19 Greek	40 Pashto	66 Other
43 Gujarati	05 Pilipino	Languages of the Philippines
21 Hebrew	(Tagalog)	99 Other non-English
22 Hindi	41 Polish	
23 Hmong		

Column 8: Program Codes (Contract Prefix)

GPPE:	State Preschool
GCTR:	General Child Care
GHUD:	HUD Child Care
GWAP:	Full Day Preschool Wrap Around
GFCC:	Family Child Care Home
GMIG:	Migrant Child Care
GCAM:	Campus Child Care (With Match)
GSAP:	School Age Parenting and Infant Development (SAPID)
GHAN:	Handicapped Child Care
GLTK:	Extended Day Care (Latchkey)
GAPP:	Alternative Payment
GCPS:	Child Protective Services
G2AP:	CalWORKs Stage II
G3TO:	CalWORKs Stage III Set-Aside, Timing Off
FAPP:	Child Care & Development Fund (CCDF) Alternative Payment
FCPS:	CCDF Child Protective Services
F2AP:	CCDF Alternative Payment Stage II
F2I3:	CCDF 3-Month Interim Stage II TANF
F2I6:	CCDF 6-Month Interim Stage II TANF
F3AP:	CCDF Alternative Payment Stage III
FCTR:	CCDF Center Based
FHUD:	CCDF HUD Child Care
FFCC:	CCDF Family Child Care Homes

Column 9: Type of Care Codes

02	Licensed family child care home
03	Licensed large family child care home
04	Licensed center-based care
05	License-exempt in-home (child's) care provided by a relative
06	License-exempt in-home (child's) care provided by a non-relative
07	License-exempt care provided outside child's home by a relative
08	License-exempt care provided outside child's home by a non-relative
11	License-exempt center-based care

EMPLOYMENT VERIFICATION

Parent / Guardian First and Last Name (Printed)

Child's Name

Business Name

Company Contact Name

Company Phone Number

Company Street Address

City

Zip Code

- ☐ LJSD and its representatives have my permission to contact my employer to verify my employment and income information to determine my family eligibility during the enrollment or certification process. I understand all information gathered is strictly confidential.
- ☐ My employer has refused or failed to provide a requested employment information. (Attach paystub and self-complete employer information) **(Option for part day CSPP ONLY)**

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date

EMPLOYER DECLARATION - COMPLETED BY EMPLOYER

This is to certify that _____ is employed by _____

Form & Frequency Paid (Please check all that apply)

- ☐ Check ☐ Cash ☐ Weekly ☐ Every other week ☐ Commission ☐ Monthly
- ☐ Twice per month ☐ Monthly bonus ☐ Annual bonus ☐ Overtime ☐ Other: _____

The above mentioned person works from:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

Days per week: ☐ Do vary

Daily Hours: ☐ Do vary

Start date of employment: _____ Today's Date: _____

Employer Name (Print): _____ Employers Signature _____

Employer Phone Number: _____ Employer Email Address: _____

FOR STAFF USE ONLY: STAFF INITIALS _____ STAFF NAME: _____
VERIFIED THE ABOVE WITH EMPLOYER ON: _____ SPOKE WITH (NAME / TITLE) : _____



**Lowell Joint
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A Tradition of Excellence Since 1906

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LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

CERTIFICATION OF UNEMPLOYMENT

Parent / Legal Guardian's Name: _____

Child's Name: _____

DECLARATION OF UNEMPLOYMENT (Receiving EDD Benefits)

I, _____

Certify under penalty of perjury that **I DO NOT** work but **DO** receive employment benefits. I have attached proof of the EDD benefits received in the last 30 days.

DECLARATION OF UNEMPLOYMENT (NOT Receiving EDD Benefits)

I, _____

Certify under penalty of perjury that I DO NOT WORK and DO NOT receive unemployment benefits.

_____ With my initial, I certify under penalty of perjury that the information I provided is accurate.

I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Lowell Joint Union School District's California State Preschool Program regarding status of income, family size, employment, unemployment, seeking employment, initial or ongoing eligibility for services may be grounds for termination of services.

Parent / Legal Guardian Signature

Date

REQUIRED DOCUMENTS FOR PRESCHOOL REGISTRATION

***Packet must be completed in blue or black ink**

- ☐ **Read 2023-2024 Parent/Guardian Preschool Handbook. Download and print acknowledgement page.**
- ☐ **Original Birth Certificate for ALL children living at home and under the age of 18**
- ☐ **Signed Admission Agreement**
- ☐ **Tuition/Fee-Based Contract**
- ☐ **Updated Immunization Record of the child enrolling for Preschool - (TB Exam results must be written on the Immunization card if the physician sees necessary.)**
- ☐ **Current Physical Exam - Signed, stamped and dated by a doctor on the provided state licensing form (**Form Lic701**)**
- ☐ **Attached consent forms need to be completely filled out, signed and dated**
- ☐ **Attached state licensing forms need to be completely filled out, signed and dated**
- ☐ **Emergency contacts with phone numbers - We must have at least three (3) Emergency contact phone numbers. (**Form Lic700**) The contact person will be given the right to pick up the child when the parent cannot. (**Emergency contacts must be 18 years or older and have valid identification.**)**
- ☐ **Individualized Educational Plan - (IEP) A copy of the IEP must be submitted if applicable.**
- ☐ **Optional: Parent Volunteering in the classroom with children interaction requires immunizations: (SB 792 requires all parents, guardians and volunteers to be vaccinated for Influenza, Pertussis, TB skin test results and / or clearance, and Measles)
*Subject to change due to public health guidelines. Volunteer form can be found on page 30 of Parent/Guardian Preschool Handbook.**

AFTER THE REGISTRATION IS COMPLETED:

- ☐ **Download the Learning Genie Parent App on your personal device.**
- ☐ **Attend the Preschool Orientation on August 16th, 2023.**

ONLY COMPLETED PACKETS ALONG WITH THE REQUIRED DOCUMENTS WILL BE ACCEPTED. IF ADDITIONAL ASSISTANCE IS NEEDED, CONTACT Ms. Christina Lopez, clopez@ljsd.org



**Lowell Joint
School District**

A Tradition of Excellence Since 1906

**Lowell Joint School District
Child Development Services**

11019 Valley Home Ave. Whittier, CA 90603-3042

Phone: 562) 943-0211 Fax: 562) 947-7874



LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

School Year: _____

Name: _____ ☐ Male ☐ Female Date of Birth: _____
School: _____ Grade: _____ Teacher: _____
Physician: _____ Physician Phone Number: _____
Health Insurance Plan: Private: _____ Medi-Cal: _____ None: _____

PLEASE CHECK ALL THAT APPLY

PAST MEDICAL HISTORY ☐ None

- | | | |
|--|---|--|
| <input type="checkbox"/> Premature Birth (35 weeks or earlier) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures / Epilepsy |
| <input type="checkbox"/> Heart Defect/Heart Disease | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Other: _____ | | |

ALLERGIES ☐ None ☐ Allergic to Bee/Wasp Stings

Food Allergies: ☐ Peanuts ☐ Milk ☐ Other: _____

Environmental Allergies: ☐ Latex ☐ Hay fever ☐ Household Animals ☐ Dust ☐ Grass ☐ Pollen ☐ Mold

Type of Allergic Reaction:

- ☐ Local Reaction - Pain, itching, minimal swelling and redness at site of contact
☐ Systemic Reaction - Difficulty breathing, flushing of skin, rash, faintness

Requires Epinephrine Pen at School? ☐ Yes ☐ No

☐ Medication to treat Allergies (list Medicines): _____

ASTHMA ☐ NONE

Triggered by: ☐ Sickness ☐ Seasonal ☐ Exercise ☐ Other

Requires Medication: ☐ Daily ☐ As Needed ☐ Only With Exercise

Medications Required At School: ☐ Inhaler ☐ Nebulizer ☐ Other: _____

ADDITIONAL MEDICAL INFORMATION ☐ NONE

☐ Surgeries/Hospitalization: _____

☐ Illness: _____

☐ Physical Handicaps: _____

☐ Other: _____

CURRENT DAILY MEDICATIONS ☐ NONE

WILL MEDICATIONS BE GIVEN AT SCHOOL?

- | | |
|----------|--|
| 1. _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please remember that **ALL** medications, including inhalers or over the counter substances have 3 requirements in order to be given at school. 1). Parent permission **AND** 2). Physician order **AND** 3). Matching pharmacy label on bottle. Children are **NOT** permitted to carry **ANY** medication at school without permission from the doctor **AND** school nurse.

Parent Signature: _____ Date: _____



CHILDS HEALTH AND DEVELOPMENT SCREENING

Medical Health

1. Do you have medical insurance for your child?

If yes: ☐ Medi-Cal ☐ Covered CA ☐ Kaiser ☐ Other:

2. Does your child have any chronic health issues such as asthma, diabetes, epilepsy?

Please explain:

☐ Yes ☐ No

3. Does your child have any allergies?

☐ Yes ☐ No

If yes, please indicate here: _____

4. Does your child take any medication?

☐ Yes ☐ No

If yes, please indicate here: _____

Dental Health

1. Do you have dental insurance for your child?

☐ Yes ☐ No

If yes: ☐ Medi-Cal ☐ Covered CA ☐ Kaiser ☐ Other:

2. Has your child been seen by a dentist for a dental check-up within the last year? ☐ Yes ☐ No

Dental Clinic: _____ Date of last visit: _____

3. Does your child brush his/her teeth two or more times a day? ☐ Yes ☐ No

Hearing and Vision

1. Does your preschooler hear and understand most of what is said at home? ☐ Yes ☐ No

2. Does your preschooler speak so that he or she can be understood most of the time? ☐ Yes ☐ No

3. Does your preschooler currently wear corrective lenses / glasses? ☐ Yes ☐ No

Growth and Nutrition

1. Does your child eat five or more servings of fruits and vegetables each day? ☐ Yes ☐ No

2. Does your child watch TV more than two hours a day? ☐ Yes ☐ No

3. Is your child physically active for a total of 60 minutes or more each day? ☐ Yes ☐ No

Developmental

1. Is your child's growth and development within schedule? ☐ Yes ☐ No

2. Does your preschooler use 3 or 4-word sentences? ☐ Yes ☐ No

3. Have you observed your child having difficulty doing things expected for his/her age? ☐ Yes ☐ No

If yes, please explain: _____

4. Has your child ever received services such as speech, physical, occupational therapy? ☐ Yes ☐ No

If yes, please explain: _____

PARENT CONSENT FOR HEALTH SCREENING

Lowell School District is providing evaluations through the California State Preschool Program. The screenings will assist the School Readiness Nurses in identifying children who may need referrals for medical intervention. Your written consent is required for the nurses to conduct any of these screenings with your child. The School Readiness Nurses are also available to assist you if you are in need of health insurance and/or other community resource services. This screening is not intended to replace any medical evaluation. It has a limited scope and is not designed to uncover all problems. Lowell School District is not responsible for treatment or therapy for conditions uncovered by this screening.

The following screenings and services will be provided throughout the school year:
(circle yes or no)

- Hearing Yes No
- Vision Yes No

Health information may be shared with appropriate school personnel Yes No

Health information concerning my child may be released to the appropriate agencies assisting in the care of my child and the school my child will be attending after preschool. Yes No

With my signature below, I give my consent for screenings listed above. I understand that I will be provided with a written report.

Student's Name: _____ DOB: _____

Parent / Guardian Signature: _____ Date: _____

For further information about mental health screenings, please contact the school readiness nurse.

The School Readiness Nurse Program is funded by a grant provided by The Children & Families Commission of Orange County

ETHNICITY, RACE & LANGUAGE SURVEY

The Federal Government requires a **two-part question** to collect race and ethnicity data on all students. Such data is summarized, AND TOTAL FIGURES ARE USED FOR SCHOOL AND DISTRICT REPORTING PURPOSES. The California Department of Education requests your input on home language. **COMPLETE ALL SECTIONS.**

ETHNICITY Mark the ethnicity with which the student most closely identifies.

☐ Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race)

☐ Not Hispanic / Latino

RACE Please check ONE OR MORE of the selections indicating which race(s) the student most closely identifies.

<input type="checkbox"/> American Indian or Alaskan Native (Person having origins in any of the original peoples of North and South America, including Central America)	Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian	Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Tahitian <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
---	---	--	---	--

LANGUAGE: Complete the following 4 questions

- 1) Which language(s) does your child hear at home? *This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home _____
- 2) Which language(s) does your child hear in their neighborhood / community? *For example, with friends and neighbors, at church or after school programs or activities. This is to demonstrate language exposure, not to measure language proficiency. _____
- 3) Which language(s) does your child understand? _____
- 4) Which language(s) does your child speak? _____

Name of Student: _____
Parent / Guardian Signature: _____ Date: _____



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LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

SURVEY FOR FAMILY INTERESTS AND NEEDS

Student Name: _____

INFORMATION ABOUT	YES	NO	NOTES
Healthy food and nutrition classes			
Low cost clinics			
Disease prevention			
Health insurance for children			
Family dental insurance			
Places that provide legal assistance			
Places that provide emergency food			
Classes on Positive Parenting Strategies			
How to support your child to be successful in school			
School Readiness			
Domestic Violence			
Social Services. WIC. etc.			
Mental Health			
Dual Language Academy in the Fullerton School District			
Gifted and Talented Education Program (GATE)			
Other Programs in the Fullerton School District			
Community programs for children			
Do you need information on any other topic?			

Are you interested in participating in the P.A.C. (Parent Advisory Committee?)	YES	NO
--	-----	----

Please circle the position of your interest:			
President	Vice President	Secretary	Classroom Representative

Parent / Guardian Signature: _____ Date: _____

PHOTO/PUBLICITY PERMISSION

2023/2024

The Lowell Joint School District (LJSD) is known for its outstanding and talented students. From time to time, the district would like to publicize their achievements for the purpose of positive public relations. Because these events and interviews are almost always needed at the last moment, we are requesting parental permission for the 2023/2024 school year, rather than on a case-by-case basis.

Please note that when the media is on campus, we cannot prohibit them from interviewing students or including them in photographs or news stories. This permission form is for the district to issue publicity.

- ☐ **I give** my permission for my child to be featured in district-issued publicity, including district publications, the district website and announcements.
- ☐ **I do not give** my permission for my child to be featured in district-issued publicity, including district publications, the district website and announcements. However, **I do give** permission for my child to be included in the yearbook, honor roll and other school-issued publicity.

If you do not give permission for your child to be photographed, please make sure that your child is aware of this decision.

Parent/Guardian Signature

Student Name (please print)

School Site

Date

AUTHORIZATION OF THE ADMINISTRATION OF SUNSCREEN

2023/2024

Name of Child _____

Date of Birth _____

In order for LJSD Preschool Staff to apply sunscreen to your child, you will need to provide the sunscreen you prefer, as well as this completed form, to your child's Teacher. **PLEASE, CLEARLY MARK YOUR CHILD'S NAME IN PERMANENT MARKER ON THE BOTTLE/TUBE.**

We will keep the sunscreen on site and will assist your child in applying sunscreen. Please replenish sunscreen as needed.

I hereby give permission for LJSD Preschool Staff to assist my child in applying sunscreen as needed.

Parent/Guardian Signature

School Site

Print Name

Date



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LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

On Campus Field Trip Parent Permission Form

2023/2024

Dear Parent or Guardian,

The preschool programs that are part of the Lowell-Joint School District are licensed preschool programs. There are specific areas and buildings on campus that are licensed. Because of our unique position on the elementary school campuses, we have access to many opportunities outside of the licensed facilities.

In order for our children to participate in these programs and go into the unlicensed facilities on our campus, we are asking for parent permission to go to facilities on the campus that are not licensed. For the purpose of this, we are calling these "**off-site**" field trips. This means that your child will be **off of the licensed site**.

When children go "**off-site**", they will remain in the care of their regular preschool teachers. While away from the licensed facility on campus, children will remain in the appropriate safety ratios. This paperwork will accompany the staff that is supervising your child.

Some of the "**off-site**" field trips may include school pictures, assemblies, preschool activities, rewards for school fundraisers, preschool health and developmental screenings, kindergarten readiness screenings, or other whole school activities.

Some areas of the school campus that may be visited include the cafeteria, the multi-purpose room, the main school office, shared outdoor spaces such as the field, the school library, or other school facilities.

Child's Name

My child has permission to leave the licensed facilities of the Jordan/Olita/Macy Elementary School campus.

I understand that my child will be out of the licensed preschool facilities. I understand that my child will remain in the appropriate teacher to student ratio while out of the licensed facilities on the school campus. My emergency contact information in my child's preschool file will accompany the teacher for the duration of the activity.

Parent/Guardian Signature

School Site

Print Name

Date

**Lowell Joint School District
Preschool Admission Agreement**

As the parent or legal guardian of the below named student, my initial and signature signifies that I understand, agree to, and/or acknowledge the following:

A. I have reviewed a copy of the Parent Handbook and will comply with the policies set forth (Parent Handbook is available on the LJSD website.) _____

B. I have reviewed, signed, and understand the On-Campus Field Trip Permission Slip. _____

C. LJSD staff and volunteers are not allowed to babysit or transport children at any time outside of the LJSD Preschool Program. _____

D. I am not to leave my child at the LJSD preschool classroom unless a LJSD teacher is there to receive and supervise my child. _____

E. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.) _____

F. LJSD is mandated by state law to report any child abuse or neglect to the appropriate authorities for investigation. _____

G. LJSD may terminate my child's enrollment for any of the following reasons. _____

- Emergency contact names and phone numbers are incorrect,
- Parent/Guardian is continually late picking up the child after the LJSD session ends.
- Non/Late/NSF payment of tuition fees.
- Failure to adhere to the sign in/out procedures.
- Failure to notify LJSD school site that the child will be absent.
- Child leaving the LJSD school site without authorized written permission.
- Behavior that is continually disruptive or dangerous to others and/or self.
- Behavior that is destructive to property and/or refusal to replace said property.
- Any single incident that is deemed by the Program Coordinator to be dangerous, harmful, or disruptive.
- Harassment, violent behavior or treatment of such behaviors against a staff person or other members by parent/guardian or persons associated with the child (family member, family friend, etc.)

H. Program participation requires a LJSD in good standing. Non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand that there is an administrative processing fee for any payment returned by my bank or credit account. Refunds and/or credits are not given for any day in which a child does not attend the program including school closures or seasonal breaks. _____

I. LJSD and the staff employed by the LJSD will not become involved in any custodial disputes between parent/guardian. If LJSD documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children. _____

J. I understand that I am required to give a 30-day written notice when terminating from the JLSD Preschool Program. **If 30-day written notice is not given, I will not receive a refund or credit.** _____

K. Children and staff have the option to wear a mask during the preschool program. _____

L. 48 hour fever free clearance will be required prior to children returning to program participation. _____

M. **All children must be 100% potty trained and able to use the restroom unassisted.** This includes independently removing clothing, wiping independently, refastening clothing and hand washing. Please be reasonably sure that your child has demonstrated that they are physically ready. In extreme cases, parents will be contacted to assist their child. _____

N. **The Community Care Licensing Division of California Department of Social Services (Section 101200)** has the authority to interview children or staff to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren) or any staff member and for the examination of all records relating to the operation of the facility. The licensing agency has the opportunity to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement. _____

Child's Name: _____

DOB: _____

Parent/Guardian Signature: _____

Date: _____



**Lowell Joint
School District**

A Tradition of Excellence Since 1906

"Home of Scholars and Champions"



LOWELL JOINT SCHOOL DISTRICT
CHILD DEVELOPMENT SERVICES
"Come Grow With Us"

Preschool Uses Learning Genie!

Dear Preschool Families,

The Preschool Program uses the **Learning Genie's Digital Sign In/Out Attendance Reporting and Daily Health Card Screening.**

*The Daily Health Card feature will be implemented if recommended by CDC's health guidelines.

Parents or guardians **must** submit a digital Daily Health Card **BEFORE** entering the classroom. The Daily Health Card may be completed from home on your mobile device or other electronic device using the Learning Genie application. If you are unable to complete the Daily Health Card from home, an iPad will be available outside of the classroom for your use.

Upon arrival at the classroom, staff will review the Digital Daily Health Card information and check your healthy child in.

The Learning Genie application is designed to protect your children, keep you informed, and adhere to health screening and social distancing regulations. The Daily Health Card screening will build trust, help provide peace of mind, and instill confidence within our school community. Learning Genie improves communications between teachers and student's families. Through this application, we will be able to update you on your child's learning progress, send photos and reports, and provide ways for you to continue enhancing your child's early learning at home. Preschool staff will only share photos of your child in group photos with your child's class. **Your child will be excluded from shared class photos if you have a signed non-consent form in your child's file.**

Please become part of this experience! All you need to do is download the free mobile application on your iPhone or Android device. It is also available for your home computers and iPads. The application is labeled "**Learning Genie For Parents**" Preschool Staff will provide you with an access code to log in into your account.

**Preschool Personnel
Lowell Joint School District
www.preschool.ljbsd.org**





Learning Genie: The Basics

Sign in/Sign out Remotely. This is the main tool to be used by our parents for the child's drop off and pick up process and the reporting of absences.

Get updates on your child's day. Receive real-time updates and photos on our devices. Summary reports are sent to your email regularly.

Continue the learning at home. Learning activities and video books shared through the application allow families to expand on the child's learning from home.

Two-way messaging. Teachers and families can chat instantly, with translations of multiple languages, so no one gets left out.

Safe for Everyone. All of your child's information is kept secure and confidential on the Learning Genie platform. Learning Genie's software is protected through secure-socket layering via Amazon Web Services, is compliant with HIPAA and FERPA regulations, and has obtained the iKeepSafe California Student Privacy Badge.

*** Daily Health Card Screening.**

Answer the screening questions as accurately as possible. Your information will be handled confidentially. Additionally, please have **alternate plans for emergencies** in the event your child is not permitted to stay for class. Together we are working to protect our children, school environment, and community to be as safe as possible.

*This feature will be implemented if recommended by CDC's health guidelines.

Frequently Asked Questions by Families

How do I sign up for a Learning Genie Parent Account?

- You will receive a code from the Preschool Staff
- Download the Learning Genie Parent Application on your device
- Sign in with your parent code.

How long is my child's data saved in the system?

- Your data will be retained in the system up to three years after children leave preschool.
- The data will be removed if preschool chooses to permanently delete children's information.

What if I have more than one child using Learning Genie in separate classrooms?

- Learning Genie assigns each child a separate parent code. Each parent application can have multiple children attached.

What are the best practices for using Learning Genie for social media?

- Learning Genie recommends that families approach public social media with caution.
- Posting photos of other children in any public space compromises those children's privacy.
- If you decide to share a picture, please share those of your child only.

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:

Community Care Licensing Division

NAME

Orange County Child Care Regional Office

ADDRESS

750 The City Drive South, Suite 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

(714) 703-2800

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)

Lowell Joint School District - Olita Preschool

(PRINT THE ADDRESS OF THE FACILITY)

950 Briercliff Dr, La Habra, CA 90631

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

Lowell Joint School District - Olita Preschool

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE _____

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE _____

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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: Orange County Child Care Regional Office

Licensing Office Address: 750 The City Drive South, Suite 250, Orange, CA 92868

Licensing Office Telephone #: (714) 703-2800 8:00am - 5:00pm

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Lowell Joint School Dist. - Olita or Macy Preschool
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

Residency Verification 2023/2024

☐ Homeowner ☐ Renter ☐ Co-Residency ☐ Other: _____

Parent(s) / Guardian(s) Name: _____
Last Name First Name Middle Name

Address: _____
Number Street Apt. # City Zip Code

*Please provide the following documents **under your name** to establish residency.*

One (1) of the following

Or

Two (2) of the following

<input type="checkbox"/> Correspondence from government Agency. (E.g. Social Security, DMV, Cal Works Letter, Cal Fresh Letter, Medical Letter, EDD, WIC Letter, etc.) <input type="checkbox"/> Deed to Home <input type="checkbox"/> Mortgage Escrow Paperwork <input type="checkbox"/> Rental Lease Agreement <input type="checkbox"/> Property Tax Bill o Tax Return	<input type="checkbox"/> Drivers' License / California Identification Card <input type="checkbox"/> Current Automobile Insurance Policy <input type="checkbox"/> Current Payroll Stub <input type="checkbox"/> Current Electric Bill <input type="checkbox"/> Current Gas Bill <input type="checkbox"/> Current Water Bill <input type="checkbox"/> Current Waste Management Bill <input type="checkbox"/> Current Cable Bill
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*If you cannot provide proof of residency **under your name**, please have the primary resident/owner of the shared home provide the documents listed above in addition to completing the section below.*

Co-Resident

I, _____ declare that I am the primary resident/Owner of
Full Name of Primary Resident /Owner

the address listed above and that the person(s) claiming the address reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parents)/ guardian(s), is true and correct. I will submit the required documents to verify my residency. I agree to notify Lowell Joint School District if there are any changes in the status of the residency of the person(s) claiming the address or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident / Owner

Date