



Dear Parent (s),

Thank you for your interest in the Laguna Beach Unified School District's Learning Link. The Learning Link provides parents/caregivers and their children ages 2 ½ to 5 years old an interactive experience that features activities which support and encourage healthy growth and development. The Learning Link also provides parent-child education, referrals to community resources and offers free health and developmental screenings. Please review and return the attached documents to our department via email. Once your paperwork is received, I will send you an email to identify available Learning Link class dates.

**To register, please fill out the following documents and then email them back to Sandee Bandettini at [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org):**

- Registration Form
- Admission Agreement
- Parent Consent Form
- Health History Form

**Additional Information:**

- Siblings are welcome to attend the Learning Link if they are between the ages of 2 1/2 and 5 years old. If your child is not between the ages of 2 1/2 and 5 years old, then they are not eligible to participate. Please complete one registration per child attending the Learning Link.
- The Learning Link is not a "drop off" or preschool environment, but a place for parents and children to enjoy some quality 1:1 time together in a structured learning environment. No cell phones, please.
- The Learning Link is located at El Morro Elementary School at 8681 North Coast Highway, Laguna Beach, CA 92651.

In closing, thank you again for your interest in the Laguna Beach Unified School District's Learning Link. If you have any additional questions or concerns, please do not hesitate to contact me. I look forward to meeting you soon!

Sincerely,

Sandee Bandettini, MS, MFT  
Early Learning Specialist

**LAGUNA BEACH UNIFIED SCHOOL DISTRICT**  
**Learning Link Registration Form**

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

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Check this box if both parents share same address:**

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Will your child be attending the Learning Link with you?  Yes  No

If not, what is the name and relationship of the adult bringing your child to the Learning Link?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did your child attend the Learning Link last year?  Yes  No

Is your child currently in preschool?  Yes  No

If yes, which preschool?  Laguna Presbyterian Preschool  LB Montessori School

Anneliese School  Boys and Girls Club Preschool Other: \_\_\_\_\_

Are you planning on registering your child for Kindergarten next year?  Yes  No

If yes, which school would they attend?  Top of the World Elementary  El Morro Elementary

Other: \_\_\_\_\_

Have you filled out a developmental screening with us before?  Yes  No

May LBUSD have permission to take photographs of your child for our website, social media accounts, publications and for newspaper and/or television?  Yes  No

Does your child have any medical issues our staff would need to be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is there any additional information you'd like to share with us before your family attends the Learning Link? \_\_\_\_\_

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



## LAGUNA BEACH UNIFIED SCHOOL DISTRICT

### Learning Link Admission Agreement

As the parent or legal guardian of the below-named child, I understand, agree to and acknowledge the following:

- A. I, or the adult in attendance with my child, is fully responsible for the supervision of my child at the Learning Link.
- B. I, or the adult in attendance with my child, will actively participate in activities with my child. I will also ensure that my child will use the materials appropriately and will treat others with respect.
- C. Cell phone use will be limited in the Learning Link to taking photos. If I need to take a call or text, I will step outside. I will ensure that my child is with me or supervised during this time. I also understand that I will only post pictures of my child or children on social media (unless given specific permission from another parent).
- D. I will complete all requested registration information before participating in the Learning Link. I also understand that I must get approval from the Learning Link before bringing any extra children.
- E. I understand that LBUSD staff are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- F. I will not bring my child to the Learning Link if they have had a fever in the last 24 hours or have vomited in the past 24 hours. I will do my best to ensure my child is healthy when attending the Learning Link.
- G. I will change my child's diapers in the designated restroom area outside of the Learning Link classroom and/or supervise my child using the restroom.
- H. I understand that LBUSD may terminate my child's enrollment for either of the following reasons:
  - a. My child harms another child, intentionally damages supplies, or is not being supervised.
  - b. If my child and I miss more than three classes without notifying the Learning Link staff.
- I. I understand that LBUSD staff will not become involved in any custodial disputes between parents/guardians.

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

**LAGUNA BEACH UNIFIED SCHOOL DISTRICT**  
**Parental Consent for School Readiness Health & Developmental**  
**Screenings & Release of Information**

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. The overall goal of our program is to ensure that our children are healthy and ready to learn upon entering Transitional Kindergarten or Kindergarten. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's Early Learning Specialist can provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. These are screenings only and are not intended to substitute for your child's regular check-ups with a Healthcare Provider. All screening results will be shared with you in writing.

Your written consent is required for the screenings listed below. All screenings will take place at the Learning Link site.

Please check "Yes" or "No" for each area below:

- Yes     No    Hearing Screening
- Yes     No    Vision Screening
- Yes     No    Dental Screening
- Yes     No    Height, Weight, Body Mass Index
- Yes     No    Developmental Screening(s)
- Yes     No    Permission to share the screening results with my child's Preschool Director/Staff.

With my signature below, I give my consent for each of the screenings checked "Yes" above to be administered. I understand that I will be given written results of all the screenings.

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

Preschool: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns regarding this form, please contact the Laguna Beach Unified School District's School Readiness Program. Sandee Bandettini, Early Learning Specialist via email: [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org).

# LAGUNA BEACH UNIFIED SCHOOL DISTRICT

## Learning Link Health History Form

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

Date of Birth (dd/mm/yy): \_\_\_\_\_

Gender:  Male  Female  Non-binary

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Other Children:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Home:** How many other families live in your home? \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Health Insurance:** Do you have health insurance for your child?  Yes  No

If yes, which one:  Medi-Cal  Kaiser Kids

California Kids  Private  Other

Pediatrician's Name? \_\_\_\_\_

Date of your child's last physical? \_\_\_\_\_

**Dental Insurance:** Do you have dental insurance for your child?  Yes  No

Which one:  Denti-Cal  Private

Date of last dental check up: \_\_\_\_\_

Does your child have any dental problems?

Yes  No

If yes, do they have:  Stained Teeth

Broken Teeth  Tooth Decay

**Child's Health:** (check all that apply)

Born premature (36 weeks or before)

Asthma

Diabetes

Seizures/Epilepsy

Heart Problems

Ear Infections/Tubes

Developmental Delays

Hearing Problems

Wears Glasses

Anemia

Surgeries \_\_\_\_\_

Other: \_\_\_\_\_

**Allergies:** (please list)

Food \_\_\_\_\_

Drugs \_\_\_\_\_

Animals \_\_\_\_\_

Other: \_\_\_\_\_

Requires an Epinephrine Pen?  Yes  No

**Current Medications:** (including asthma medications)  Yes  No

If yes, please list: \_\_\_\_\_

Are your child's immunizations current?

Yes  No

**Nutrition/Exercise:** Do you think your child is overweight?  Yes  No

Do you think your child is underweight?

Yes  No

**General:** Do you have any concerns with your child's...

- Speech?  Yes  No
- Hearing?  Yes  No
- Vision?  Yes  No
- Behavior/Temper?  Yes  No
- Mental Health?  Yes  No
- Any other concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

**Family Health:** Are both parents in good health?  Yes  No

If no, please explain: \_\_\_\_\_

Do any of your other children have health and/or learning problems?  Yes  No

If yes please explain: \_\_\_\_\_

Any recent changes in your family?

Yes  No

If yes please explain: \_\_\_\_\_