PRESCHOOL/CDC REGISTRATION INSTRUCTIONS

AGE VERIFICATION (i.e. Birth Certificate, Birth Record, Baptism Certificate, Passport, or Parent Guardian Affidavit) & IMMUNIZATION RECORD	**BRING DOCUMENTS WITH YOU** Please present copies of both to the preschool office
CONTRACT	**DOWNLOAD FROM WEBSITE** Please initial & sign designated sections.
PHYSICIAN'S REPORT	**DOWNLOAD FROM WEBSITE** Must be filled out and signed by physician.
CHILD'S PREADMISSION HEALTH HISTORY	**DOWNLOAD FROM WEBSITE** Fill out completely.
CONSENT FOR EMERGENCY MEDICAL TREATMENT	**DOWNLOAD FROM WEBSITE** Fill out completely
NOTIFICATION OF PARENTS' RIGHTS	**DOWNLOAD FROM WEBSITE** Sign and date.
PERSONAL RIGHTS	**DOWNLOAD FROM WEBSITE** Sign and date.
PERMISSION SHEET	**DOWNLOAD FROM WEBSITE** Fill out designated areas.
ENROLLMENT SURVEY FOR NEW STUDENTS	**DOWNLOAD FROM WEBSITE** Complete this form entirely.
IDENTIFICATION & EMERGENCY INFO	**DOWNLOAD FROM WEBSITE** Complete this form entirely.
TEACHER INFORMATION SHEET	**DOWNLOAD FROM WEBSITE** Complete this form entirely.
RESOURCE SURVEY	**DOWNLOAD FROM WEBSITE** Complete this form entirely.
PARENT TB VOLUNTEER HEALTH STATEMENT	**PROVIDED AT PRESCHOOL OFFICE**
PARENT TB TEST FORM	**PROVIDED AT PRESCHOOL OFFICE**
OUTSIDE CUM FOLDER	**PROVIDED AT PRESCHOOL OFFICE**
PERMANENT PUPIL RECORD	**PROVIDED AT PRESCHOOL OFFICE**
SCHOOL HEALTH RECORDS FOLDER	**PROVIDED AT PRESCHOOL OFFICE**
ENVELOPE TO SELF-ADDRESS	**PROVIDED AT PRESCHOOL OFFICE**

LOS ALAMITOS CHILD DEVELOPMENT CENTER CONTRACT
2018/2019 (school year)

Child's Name _____

Parent's/Guardian's Name(s) _____

I understand and agree to the following:

1. I agree to pay monthly tuition fee of $_____ per month. Tuition is due on the 1st of the month, starting August 1, and is considered late if it is received on the 10th of the month. I understand that I have an option of an 8, 9, or 10 month payment plan. Tuition is based upon the number of days school is in session per school year and that payment is divided into 8, 9 or 10 equal payments. I understand that if the tuition is not received before the 10th of the month a 10% late fee of the tuition amount will be assessed. If tuition is late 15 or more days, my child (ren) will be dropped from the program until all fees are paid.

2. I agree to pay a non refundable annual registration fee of $**140.00**.

3. I understand that checks returned for insufficient funds will be assessed a $30.00 fee and all future payments must be made to the CDC in the form of cash or postal money order. If the amount is not paid in full, the CDC will turn over the dishonored check and all other available information relating to this to the District Attorney's Office for potential criminal prosecution.

4. I understand that refunds of tuition will not be made for illness or absence. I understand that if I withdraw my child or request a change of program, written notice must be given to the director two weeks prior to the withdrawal or change. Upon withdrawal from the program, I am responsible for the tuition amount for the two week period.

5. I agree to maintain the sign in/sign out sheet on a daily basis with a legible signature each day my child is in attendance at the CDC.

6. The preschool closes daily at 11:30AM for the morning half day program; 3:30 PM for the afternoon half day program; 6:00pm for the full day programs.
   Any child not picked up on time will be charged a late fee of $5.00 for the first minutes or portion thereof and an additional $1.00 per minute for any additional time over 5 minutes. I understand that if my child is left at the center for a half hour beyond closing with no parent contact, my child will be placed in the care of the local police or sheriff. I understand that after three late pickups, my child could be terminated from the CDC program.

7. I give consent for my child to receive free health screening (ages/stages, hearing, vision, dental, height, weight) by the School Readiness Nurse during the school year. _____
   Parent initial
   The information from the screening may be shared with your child's lead teacher if needed. _____
   Parent initial

8. If a medical need arises, the program staff will contact me first and I will arrange to have my child picked up within 30 minutes. If I cannot be reached, I agree that the staff will contact an authorized adult on my child's emergency card to pick up my child. If the medical need is such that immediate and/or emergency medical attention is needed, I agree that program staff may contact the local paramedics and I will be responsible for any medical expenses incurred.

9. I have been provided with a copy of the Los Alamitos Child Development Center Parent Handbook online. I have read the handbook and agree to abide by the policies and procedures as stated. I fully realize that failure to comply with this agreement or the stated policies within the handbook may result in termination from the CDC program.

10. I understand that when the behavior of my child is disruptive to the program and prevents the program from being beneficial to him/her or to others, the child may be asked to be picked up within 30 minutes. If the behavior continues to disrupt the program, there will be a mandatory conference and possible termination from the program.

11. I understand that all enrollment forms must be completed in full prior to my child can be enrolled in the CDC program.

Date_____ **Signature**_____
(Parent signature)

Revised 1/18/18

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (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: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ 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'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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
( )	( )

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: California Department of Social Services Community Care Licensing Division/Orange County Child Care

   Licensing Office Address: 750 The City Dr, Orange, CA 92688

   Licensing Office Telephone #: (714) 703-2808

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.

Los Alamitos Child Development Center
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

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:

California Department of Social Services

NAME

Community Care Licensing Division/Orange County Child Care

ADDRESS

750 The City Drive, Suite 250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange	92868	(714) 703-2808

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)	(PRINT THE ADDRESS OF THE FACILITY)
Los Alamitos Child Development Center	

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

Los Alamitos Child Development Center & State Preschool

Permission Sheet

Field Trip

I give permission for my child _____ to participate in the Los Alamitos Child Development Center/State Preschool field trips during his/her enrollment in the program.

_____ _____
Signature of Parent/Guardian Date

Bus Transportation for Field Trips

I give permission for my child _____ to ride the district school bus on field trips to and from the Los Alamitos Child Development Center/State Preschool during his/her enrollment in the program.

_____ _____
Signature of Parent/Guardian Date

Photo Release

I give permission for media use of photographs of my child in connection with the Los Alamitos Child Development Center/State Preschool activities.

YES _____ NO _____

_____ _____
Signature of Parent/Guardian Date

Parent Directory

I would like to be included in the Los Alamitos Child Development Center/State Preschool Parent Directory with the following information.

Name	Yes	No
Address	Yes	No
Telephone #	Yes	No
Email	Yes	No

_____ _____
Signature of Parent/Guardian Date

LOS ALAMITOS UNIFIED SCHOOL DISTRICT
Enrollment Survey for New Students

Legal Name of Student _____ _____ _____
Last First Middle Birth Date Age

_____ _____ _____
School Grade Previous School, City, State, and District (if known)

Several reports to state, federal, and local governments require information regarding home language (ED Code 62002), parent education and primary ethnicity. Please assist us by providing the information requested below.

HOME LANGUAGE

1. Which language did your child learn when he/she began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language is most often spoken by the adults at home? _____

PARENT/GUARDIAN EDUCATION

In order to provide the California Department of Education (CDE) with accurate "similar school characteristics," please **circle** the highest level of education achieved in your immediate family:

not a high school graduate high school graduate some college/AA degree college graduate graduate school/post graduate training

MILITARY CONNECTED FAMILIES

In an effort to provide resources and support to military connected students and their families, please complete the following information:

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____

Military Branch: _____ Military Branch:_____

Current Status		**Current Status**	
□ ACTIVE DUTY-DEPLOYED	□ RESERVE	□ ACTIVE DUTY-DEPLOYED	□ RESERVE
□ ACTIVE DUTY-FULLTIME	□ RETIRED	□ ACTIVE DUTY-FULLTIME	□ RETIRED
□ NATIONAL GUARD	□VETERAN	□ NATIONAL GUARD	□VETERAN

PRIMARY ETHNICITY – please complete both sections of ethnicity and race

Ethnicity: Is this student Hispanic or Latino? (Select only one)

□ No, not Hispanic or Latino □ Yes, Hispanic or Latino

Race: **Please continue to answer the following** by marking one or more of the boxes to indicate your student's race.

____ African American (not Hispanic)	____ Asian (Asian Indian)	____ Pacific Islander (Hawaiian)
____ American Indian/Alaskan Native	____ Asian (Laotian)	____ Pacific Islander (Guamanian)
____ Asian (Chinese)	____ Asian (Cambodian)	____ Pacific Islander (Samoan)
____ Asian (Japanese)	____ Asian (Other)	____ Pacific Islander (Tahitian)
____ Asian (Korean)	____ Filipino	____ Pacific Islander (Other)
____ Asian (Vietnamese)	____ Hmong	____ Caucasian/White

_____ _____
Date Parent/Guardian Signature

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
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER STREET	CITY	STATE ZIP		HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER STREET	CITY	STATE ZIP		HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	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 CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

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

DATE OF ADMISSION	DATE LEFT

Los Alamitos Unified School District
TEACHER INFORMATION SHEET
PRESCHOOL/CDC

Child's Name_____

Language spoken in home: _____

Does your child have any allergies? Yes No Please list _____
_____

Does your child prefer using right hand _____ left hand_____ or both _____?

What are your child's interests? _____
_____
_____

Has your child attended preschool previously? Yes No How many months? _____

Which home activities does your child enjoy the most?
_____
_____

What disciplinary actions are used with your child at home?
_____
_____

Please let us know important values and traditions your family holds so that we can respect your perspective and cultural background.
_____
_____
_____

Is there any other information you would like to share with your child's teacher to help us better understand your child?
_____
_____
_____

Los Alamitos Unified School District
Child Development Center
School Readiness Program
10293 Bloomfield Street
Los Alamitos, CA 90720
(562)799-4585

Children & Families Commission of Orange County

School Readiness Program Resource Survey

Dear Parents/Guardians,

The School Readiness Program sponsored by the Children and Families Commission of Orange County would like to provide this opportunity for families of our Child Development Center and State Preschool Program support in any of the areas below. This is a free service as part of our program. Please fill out the survey and return it to the office with your registration packet. If you have any additional questions or needs please contact the CDC office at (562)799-4585 and ask to speak with the School Readiness Nurse.

Child's Name:_____ Date of Birth:_____ School site:_____

Parent's Name:_____ Phone number:_____ Email:_____

Please circle your response to these questions:

Are your child's **Immunizations up-to-date?** Yes No Not Sure

Does your child have a **Primary Care Doctor/Pediatrician?** Yes No

Name of Pediatrician: _____ Date of last doctor visit: _____

Does your child have an **Oral Health Provider/Dentist?** Yes No

Name of dentist: _____ Date of last dental visit: _____

What type of **Medical Insurance** does your child have? Private Insurance Medi-Cal No Insurance

What type of **Dental Insurance** does your child have? Private Insurance Medi-Cal No Insurance

What type of **Vision Insurance** does your child have? Private Insurance Medi-Cal No Insurance

Please check any of the following areas of support you would like more information on:

[ ] Parenting Classes	[ ] Medical Insurance	[ ] Food
[ ] Parent Support Groups	[ ] Dental Insurance	[ ] Clothing
[ ] Mental Health Concerns	[ ] Proper nutrition for my child	[ ] Housing
[ ] Legal Services	[ ] Concern for your child's weight	[ ] Energy assistance
[ ] Transportation	[ ] Immunizations	[ ] Health Care
[ ] Developmental Concerns (please specify)_____		[ ] Other_____

School Readiness Program is funded by a grant from
The Children & Families Commission of Orange County
www.occhildrenandfamilies.com