



HEAD START AND STATE PRESCHOOL 2025-2026 Eligibility/Certification Requirements

Early Childhood Programs
7675 Magnolia Ave. Riverside CA 92504

BEHIND RAMONA HIGH, ENTER OFF JEFFERSON AVE. (portables next to Don Jones Park)

Office Hours are Monday-Friday between 8:00 AM and 4:00 PM. Phone: (951) 352-8290 Fax: (951) 328-2538

Dear Parents/Guardians:

The Riverside Unified School District offers a half day State Preschool program. Full and Part day Head Start

- The programs are **FREE** to qualifying families
- Children with exceptional needs (current IEP) qualify for free
- Partial Payment Option for over income families available \$300 Monthly Fee
- *Spanish* Preschool Program offered at Mt. View Elementary
- Full Day Head Start Program at Jefferson, Longfellow and Part Day at Fremont
- No transportation is provided / Information regarding transportation is available upon request

PRESCHOOL SITE LOCATIONS by ZIP CODE

92501	92503	92504	92506	92507
Fremont Elementary Part Day Head Start	Hawthorne Elementary State Preschool	Adams Elementary State Preschool	Education Options Center (EOC) State Preschool	Emerson Elementary State Preschool
Beatty Elementary State Preschool	Liberty Elementary State Preschool	Jefferson Elementary Full Day Head Start	Magnolia Elementary State Preschool	Highgrove Elementary State Preschool
	Jackson Elementary State Preschool	Monroe Elementary State Preschool	Pachappa Elementary State Preschool	Highland Elementary State Preschool
	Sunshine Center CD State Preschool	Mt. View Elementary State Preschool <i>Spanish</i>		Longfellow Elementary Full Day Head Start
	Harrison State Preschool			

Eligibility Documentation Checklist

- | | |
|---|---|
| <input type="checkbox"/> Child must be 3 or 4 years old

<input type="checkbox"/> Birth Certificate or baptismal certificate FOR ALL CHILDREN IN THE FAMILY

<input type="checkbox"/> Check stubs (1 CURRENT month) and/or other proof of income (TANF, etc.)
If you are paid : Monthly 1 check stub
Bi-monthly 2 check stubs
Bi-weekly 2 check stubs
Weekly 4 check stubs

<input type="checkbox"/> Federal Income Tax returns with W2 forms (last year)

<input type="checkbox"/> Medical statement required for food allergies
<input type="checkbox"/> Address verification (2) (Gas bill, electric bill, state issued ID, governmental mail. NO CELL PHONE OR CABLE BILLS)
<input type="checkbox"/> For Full-Day Program ONLY – verification of full-time employment or full-time school/training (must be provided to receive full-day prioritization) | <input type="checkbox"/> Child support documentation

<input type="checkbox"/> Immunization Record <input type="checkbox"/> TB test
<input type="checkbox"/> Physical with hemoglobin and blood lead (Form attached, Dr. to complete form)

<input type="checkbox"/> Parents/Guardians ID
<input type="checkbox"/> Medical/Dental card
<input type="checkbox"/> Doctor/Dentist information

<input type="checkbox"/> Current IEP (Individual Education Plan) if applicable
<input type="checkbox"/> Joint custody paperwork (if applicable) |
|---|---|

BOARD OF EDUCATION

Mr. Brent Lee, *President* | Dr. Noemi Hernandez Alexander, *Vice President*
Dr. Jesse Tweed, *Clerk* | Mr. Dale Kinnear, *Member*
Ms. Amanda Viskers, *Member* | Ms. Renee Hill, *Superintendent*



RUSD

RIVERSIDE UNIFIED
SCHOOL DISTRICT

Mr. Timothy R. Walker, Deputy Superintendent, Pupil Services/SELPA
Mr. Raúl Ayala, Director of Pupil Services

2025-2026 School Year - Establishing Proof of Residency

In accordance with California Education Code 48204.1, proof of residency must be established prior to enrollment in school. To establish residency, parents/guardians need to produce at least two documents from the list below including the name of parent/guardian, and current Riverside address. **Documents shall be dated within the previous thirty (30) days of their presentation to school site staff.**

Acceptable Documents Used to Establish Residency:

- Escrow Papers, with closing date not more than 30 days from the current date
(*Note: Schools may ask for the final closing docs after the 30-day date to assure residence)
- Rental property contract, lease/rental agreement **with** payment receipt from property owner
- Mortgage statement
- Property tax payment receipts
- Utility service contract, statement, or payment receipt, (Gas, Electric, Water providers)
- Employer's verification of address (i.e. pay stubs)
- Voter registration
- Correspondence from a government agency (i.e. Medi-Cal, food stamps, court ordered child support payments, DMV registration, jury summons, housing authority document, County DPSS, Medical, Cal Works, Child support statements, taxes)
- Court documents regarding foster care, guardianship, and/or custody orders

Documents NOT Acceptable:

- Cable, Trash, Telephone/Cellphone bills
- Credit card statements
- Junk Mailers, (Advertisements)
- Driver's License
- Restraining Orders
- Bank Statements
- Proof of Insurance – car or home
- Electronic payment receipt of monthly payments or security deposit or cancelled checks
- Statements from medical providers (Example Kaiser Permanente)
- Mail from old address with forwarding address label with new address

RIVERSIDE UNIFIED SCHOOL DISTRICT

3380 14th Street
Riverside, CA 92501
951-788-7135

BUSINESS SERVICES

6050 Industrial Avenue
Riverside, CA 92504
951-352-6729

CENTRAL REGISTRATION CENTER

5700 Arlington Avenue
Riverside, CA 92504
951-352-1200

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2–3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4–5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6–14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15–17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months–5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = [diphtheria toxoid](#), [tetanus toxoid](#),
and acellular [pertussis](#) vaccine

Hep B = [hepatitis B](#) vaccine

Varicella = [chickenpox](#) vaccine

Hib = [Haemophilus influenzae, type B](#) vaccine

MMR = [measles](#), [mumps](#), and [rubella](#) vaccine



RUSD | RIVERSIDE UNIFIED
EARLY CHILDHOOD

RELEASE OF INFORMATION FOR ELIGIBILITY

Parents or Guardians Name: _____

Student's Name: _____

I give my permission for RUSD (Riverside Unified School District) to verify any information utilized to determine my family eligibility during the time that I am enrolled in the subsidized Preschool program.

I authorize the sharing of information between agencies to verify my income, eligibility and need for Preschool and/or support services. Agencies that may be contacted include but are not limited to, the Department of Public Social Services, training sites/schools, social services agencies, referring physicians, emergency shelter, and employers.

I give my permission for RUSD program personnel to request from and/or provide to other publicly funded agencies and eligibility information needed to ensure proper use of State/Federal funds.

I understand that if my family is found to be ineligible for Preschool services or if the information provided to Riverside Unified School District, during the time my family is enrolled is found to be inaccurate, I will be responsible for repayment to RUSD, for Preschool payments paid to my provider(s).

Signature

Date



**Income Verification Form for Employed Parents
Release of Authorization**

To be completed by the parent

I hereby authorize my employer to release information regarding my employment. I also give permission to RUSD authorized representative to contact my employer for any clarification regarding my information on this form.

Child's Name: _____ **DOB:** _____ **School:** _____

Name of Employee: _____

Employer: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Hours of Employment: **Start** _____ **End** _____

Parent/Guardian Signature

Date

To be completed by the employer only if needed

Date of Hire: _____ **Minimum hours per week:** _____ **Maximum hours per week:** _____

Days of Employment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Salary Information: Gross monthly salary: \$ _____

Hourly rate: \$ _____

Weekly rate: \$ _____

Bi-weekly rate (every other week) \$ _____

Semi-monthly (twice a month) \$ _____

Does the employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc.? Yes ___ No ___ If yes, what type? _____ How much? \$ _____ How often _____

I affirm that, to the best of my knowledge, the information is true and correct.

Employer Signature

Date

Office use only

The above information was verified via phone by _____

Authorized Employer Representative

Date

Parent A _____

Parent B _____

REV 4/25



**Income Verification Form for Employed Parents
Release of Authorization**

To be completed by the parent

I hereby authorize my employer to release information regarding my employment. I also give permission to RUSD authorized representative to contact my employer for any clarification regarding my information on this form.

Child's Name: _____ DOB: _____ School: _____

Name of Employee: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Hours of Employment: Start _____ End _____

Parent/Guardian Signature _____

Date _____

To be completed by the employer only if needed

Date of Hire: _____ Minimum hours per week: _____ Maximum hours per week: _____

Days of Employment: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Salary Information: Gross monthly salary: \$ _____

Hourly rate: \$ _____

Weekly rate: \$ _____

Bi-weekly rate (every other week) \$ _____

Semi-monthly (twice a month) \$ _____

Does the employee receive any other form of payment (overtime, bonus, commission, incentive, tips, etc.? Yes ___ No ___ If yes, what type? _____ How much? \$ _____ How often _____

I affirm that, to the best of my knowledge, the information is true and correct.

Employer Signature _____

Date _____

Office use only

The above information was verified via phone by _____

Authorized Employer Representative _____

Date _____

Parent A _____

Parent B _____

REV 4/25

Riverside Unified School District New Student Registration

2025-2026

1) STUDENT INFORMATION

Student Last Name		Student First Name		Middle Name	
Legal Name, if different			Family Email Address		
Current Street Address			City		Zip Code
Mailing Address, if different			City		Zip Code
Home phone ()	Parent/Guardian Cell ()		Parent/Guardian Cell ()		
Student Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary				

2) LAST SCHOOL ATTENDED

Name of School	Date Last Attended	Grade	City/County/State
Has student previously attended a RUSD school? <input type="checkbox"/> No <input type="checkbox"/> Yes* *School:			

3) FAMILY INFORMATION

<i>Please include first and last name</i>	Check if student lives with
Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent <input type="checkbox"/>	
<i>This information is for statistical/survey information only and will be kept confidential.</i>	
Please check the box that most closely pertains to <u>you</u> : <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate	
Parent/Father/Mother/Step-Parent/Caregiver/Guardian/Foster Parent <input type="checkbox"/>	
<i>This information is for statistical/survey information only and will be kept confidential.</i>	
Please check the box that most closely pertains to <u>you</u> : <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> College graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Graduate school/Post graduate training <input type="checkbox"/> Some college (2 or 4 yr College or University) <input type="checkbox"/> Declines to state or unknown graduate	
Is Either Parent/Guardian on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No (Active duty is defined as full-time duty in Air Force, Army, Coast Guard, Marines, or Navy) If Active, What Branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy	

4) OTHER CHILDREN LIVING AT HOME

Name (first and last)	Date of Birth	Grade	School

5) HEALTH INFORMATION

Check all that apply:

- ☐ No known health problems
- ☐ Allergies (please explain)
- ☐ Attention Deficit/Hyperactivity
- ☐ Asthma (☐ Inhaler dependent*)
- ☐ Diabetic (☐ Insulin dependent*)
- ☐ Seizures/Epilepsy (☐ Medication required*)
- ☐ Surgeries
- ☐ Serious Illness (please explain)
- ☐ Other Medical (please explain)
- ☐ Other Medications* (please explain)

Comments:

*** REQUIRES DOCTOR'S NOTE/COMPLETION
OF DOCTOR'S AUTHORIZATION FORM**
**** SEE PARENT HANDBOOK FOR MORE
HEALTH SERVICES INFORMATION**

6) SPECIAL PROGRAMS

- ☐ Yes, my child has a current Individualized Education Plan (IEP)
- ☐ Foster/Group Home
- ☐ Gifted and Talented Education (GATE)
- ☐ Special Day Class (SDC)
- ☐ Behavior Plan/Behavior Contract
- ☐ Homeless/McKinney-Vento
- ☐ Speech Therapy
- ☐ 504 Accommodation Plan
- ☐ Student Study Team
- ☐ Resource Specialist Program (RSP)
- ☐ Other _____
- ☐ My child has been tested for special education
- ☐ NONE

7) PAST BEHAVIOR HISTORY

SUSPENSION:

- ☐ My child has previously been suspended from a public/private school.*

EXPULSION:

- ☐ My child has been expelled from a public/private school or district. *
 - ☐ My child is currently being referred for expulsion from a public/private school or district. *
- * Parents are required by law to divulge this information (EC 48918)

8) STUDENT ETHNICITY

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino

9) STUDENT RACE (select one or more)

- ☐ American Indian or Alaska Native
- ☐ Filipino
- ☐ Korean
- ☐ Tahitian
- ☐ Asian Indian
- ☐ Guamanian
- ☐ Laotian
- ☐ Vietnamese
- ☐ Black or African American
- ☐ Hawaiian
- ☐ Other Asian
- ☐ White
- ☐ Cambodian
- ☐ Hmong
- ☐ Other Pacific Islander
- ☐ Chinese
- ☐ Japanese
- ☐ Samoan

*** PARENT/GUARDIAN SIGNATURE***

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my child.

Parent/Guardian Signature

Date:

The Riverside Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, gender, gender identity, gender expression, immigration status, nationality, race or ethnicity, religion, sex, sexual orientation, or association with a person or a group with one or more of these actual or perceived characteristics. For questions or complaints, contact Equity Compliance Officer: Raúl Ayala, Director of Pupil Services, 5700 Arlington Avenue Riverside, CA 92504, (951) 352-1200 ex. 83030, rayala@riversideunified.org and/or David Marshall, Resolution Officer, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80426, dmarshall@riversideunified.org, Title IX Coordinator: Bethany Scott, Coordinator of Title IX and Compliance, 3380 14th Street Riverside, CA 92501, (951)788-7135 ex. 80135, bscott@riversideunified.org, and Section 504 Coordinator: Gerardo Arenas, Administrator - Program Coordinator, Pupil Services, 5700 Arlington Ave. Riverside, CA, (951) 352-1200 ex. 83301, garenas@riversideunified.org.

REV. 3/24

OFFICE USE ONLY

GRADE:

Student ID:

☐ REGISTRATION COMPLETE

DOCUMENTS VERIFIED: ☐ Birth Verification ☐ Transcripts ☐ Photo ID ☐ Emergency Card ☐ Student Housing Questionnaire
☐ Caregiver ☐ Immunization record ☐ Home Language Survey ☐ Proof of Address ☐ Physical
☐ Mandatory Parent Notification Receipt Proof #1 Date: _____ ☐ Custody documents
☐ Parent Handbook Proof #2 Date: _____ ☐ Health History Form ☐ Lunch Application

SCHOOL OF RESIDENCE:

Riverside Unified School District

Department of Research, Assessment, and Evaluation

Preschool Family Language Instrument

Instructions for parents/guardians: The California Department of *Education* requires all California State Preschool Programs to use the Family Language Instrument to identify dual language learners. The purpose of this instrument is to identify and understand each child's language background in order to support and strengthen their language development. Identification of your child as a dual language learner in preschool means that your child will benefit from additional support from the program in order to develop their home language and English language skills. This identification will serve them only in preschool and is different from any identification process or program supports a child might receive as an English learner in Transitional Kindergarten (TK) or Kindergarten.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

Student : _____		_____		_____		Preschool _____		Birthdate _____	
Last Name		First Name		Middle		Grade		Birthdate	
Student's Address _____		Apt. # _____		City _____		State _____		Zip _____	
Home Phone _____									
1. _____		_____		2. _____		_____		_____	
Name of Previous School, District Attended		City State		Name of Previous School, District Attended		City State			

Please read and answer each question carefully to assist the school in planning the most appropriate educational program for your child:

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 and community?

For example, with friends and neighbors, at church, or at 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?

Would you like to have school correspondence sent home to you in English or translated into another language?

☐ English ☐ Other Language

X

/

Signature of Parent/Guardian

/ Date

Write in the language

Printed name of Parent/Guardian

2025-2026 RIVERSIDE UNIFIED SCHOOL DISTRICT

STUDENT EMERGENCY CARD

Date entered into Aeries _____
Completed by _____

Student ID # _____

Gender: M / F / Nonbinary
Genero

Grade: _____
Grado

Age: _____
Edad

Birthdate: _____
Fecha de Nacimiento

Name _____
Last / Apellido First / Nombre

Address _____
Domicilio

Zip Code _____
Código Postal

Home Phone _____
Teléfono

Parent/Guardian Name _____
Padre/Tutor

Work Phone _____
Num. del Trabajo

Cell _____

Email Address _____
Correo Electrónico

Lives with student _____ Yes _____ No
Vive con el estudiante

Parent/Guardian Name _____
Padre/Tutor

Work Phone _____
Num. del Trabajo

Cell _____

Email Address _____
Correo Electrónico

Lives with student _____ Yes _____ No
Vive con el estudiante

List medical conditions that may require special attention _____
Apunte cualquier condición médica crónica la cual pueda requerir atención especial

Name of prescribed medication _____
Nombre del medicamento recetado

Physician's Name _____
Nombre del doctor

Phone _____
Teléfono

Is there a court order restraining any person from this student? _____ Yes _____ No
¿Tiene una orden judicial de los tribunales para restringir a una persona que se acerque al estudiante?

If yes, please list the person's name and provide a copy of the court order: _____
Si marco que **si** anote el nombre de la persona y provee una copia de la orden judicial

Other than Parent/Guardian, please list at least two local contacts with phone numbers. To assure the safety and well-being of my child, only the following persons are authorized to sign for his/her release from school **with prior written notice from the parent/guardian**. If your student must be picked up as determined by the school site administration every attempt will be made to contact the parent/guardian prior to releasing the child to the following individuals. Parents are responsible for updating parent contact information. **Students may only be released to adults, 18 years of age or older.**
Además del Padre/Tutor, por favor anote 2 contactos locales con números de teléfono. Para asegurar el bienestar de mi estudiante, solamente las personas siguientes están autorizadas para firmar la salida de mi estudiante de la escuela con una **nota de previo aviso por escrito del Padre/Tutor**. Si su estudiante tiene que ser recogido por una decisión de la administración de la escuela, se va hacer todo lo posible de contactar a Padre/Tutor antes de dar permiso a los contactos locales. Los padres tienen la responsabilidad de actualizar la información de los contactos. **Alumnos solamente pueden ser entregados a adultos, mayores de 18 años de edad.**

Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell
Name / Nombre	Relationship to student / Parentesco con el estudiante	Home/Work/ Cell Telefono de casa/trabajo/ cell

In case of an emergency and I cannot be reached, I authorize the physician/hospital to administer medical care as deemed medically necessary.

En caso de una emergencia si no se puede comunicar conmigo, yo doy autorización al doctor/hospital para que le den cuidados médicos.

Parent/Guardian Signature _____

Date _____
Fecha

Firma de Padre/

Tutor Rev. 03/2024

RIVERSIDE UNIFIED SCHOOL DISTRICT
Health Services
5700 Arlington Avenue, Riverside, CA 92504

CONFIDENTIAL HEALTH HISTORY FORM

School _____ Grade _____

Student Name _____ Birthdate _____ Age _____ ☐ Male ☐ Female

List all health issues your child has: _____

Does your child take medication on a routine basis? ☐ Yes ☐ No ☐ During school hours? ☐ Yes ☐ No If yes,

Please list the name of the medication and the condition it is used for below:

Medication/Condition _____ Medication/Condition _____

Medication/Condition _____ Medication/Condition _____

If your child must take medication during the school day, complete the Medication Administration parent/physician authorization form and return to the school office (one form for each medication).

*******Medication must be brought to the school by a parent*******

Check ☒ the box and explain if your child has a history of or now has the following conditions or concerns.

☐ **Asthma (Additional medication forms needed for inhaler on campus)**

- Inhaler needed on campus? ☐ Yes ☐ No

☐ **Diabetes ☐ Type I ☐ Type II**

- If Diabetes checked, speak to Health Assistant or District Nurse about additional forms needed and policy and procedures.

☐ **Heart/Cardiac Condition** (please request the cardiac/heart history form) _____

☐ **Seizure (please request the seizure history form)**

- ☐ Date of last seizure _____
- ☐ Type _____
- ☐ Currently takes medication for seizures _____

☐ **Allergies/list reaction**

- ☐ Bees
- ☐ Foods- Please request the allergy history form and the meals accommodation form (must be filled out by medical provider)

☐ Medication _____
☐ Other _____

☐ **Lactose Intolerance** (please complete milk substitution or meals accommodation form)

☐ **Physical Limitations** _____

- ☐ **Special Equipment needed at home**
- ☐ **Special Equipment needed at school**

Describe equipment? _____

Is your child **currently** under a doctor's care for any of the above? ☐ Yes ☐ No

If yes: Doctor's name _____ Phone _____ Fax _____

Address _____

☐ My child **does not** have any health issues at this time.

☐ I hereby give permission to share information pertaining to the health of my child with school staff who need to know.

Parent/Guardian Signature _____ Date _____

For Office Use Only:

☐ Original to Cum ☐ Sent to District Nurse ☐ Health Assistant ☐ Teacher

Health History

Child's Name: _____ DOB: _____

Health History (conditions listed may require a Care Plan)	Yes	No	If yes, please explain
1. Does your child have any allergies? a. When eating any foods? b. When near animals, furs, insects, dust, etc.?..... c. When taking any medications?.....	_____ _____ _____	_____ _____ _____	Describe allergy: Child's reaction: Is medication required? If yes, medication name?
2. Within the past year, has your child ever had a convulsion or seizure?	_____	_____	If yes, when did it last happen? What medication was given?
3. Is your child being treated by a physician for any condition (asthma, diabetes, heart condition, etc.)?	_____	_____	If yes, for what condition? Physician Name: How often?
4. Is your child taking any other medications now?	_____	_____	If yes, what medication is taken? Will any medication need to be given by staff?
Developmental Milestones	Yes	No	If No, please explain or describe
5. Did your child start walking independently between 9 months and 14 months of age? () Not applicable, child is less than 9 months of age.	_____	_____	
6. Did your child say his or her first words between 12 months and 26 months of age? () Not applicable, child is less than 12 months of age.	_____	_____	
7. Can your child independently use the toilet? () Not applicable, child is less than 36 months of age.	_____	_____	
8. Does your child independently dress them self? () Not applicable, child is less than 36 months of age.	_____	_____	
9. Do you have any concern with your child's developing? If yes, please explain.	_____	_____	
Social and Emotional Characteristics	Yes	No	If yes, please explain or describe
10. Do you consider your child to be shy, timid, aggressive or overly loud?	_____	_____	
11. Has your child ever hurt a pet on purpose?	_____	_____	
12. Does your child have any fears?	_____	_____	
13. Is your child overly sensitive to light, loud noises (cry easily, or gets upset easily)?	_____	_____	
14. Does your child hit, kick, bite, or throw things when upset?	_____	_____	
15. Has the child's family experienced a crisis or traumatic events?	_____	_____	
16. Does your child show interest in playing with other children? () Not applicable, child is less than 18 months of age.	_____	_____	
17. Is there anything else you would like to tell us about your child?	_____	_____	
18. Does your child have difficulty interacting with others?	_____	_____	

☐ A concern form was completed. ☐ Spoke with parent, no concern or follow-up needed at this time.

Parent/Guardian/Caregiver Signature: _____ Date: _____

Staff Signature: _____ Date: _____



RUSD

RIVERSIDE UNIFIED
EARLY CHILDHOOD

State Preschool Screenings/Treatments Consent

School: _____ Session: _____

Child's Name: _____ Date of Birth: _____

Welcome to State Preschool:

To ensure all enrolled children are ready to learn in State Preschool, the program offers all children the following health and developmental screenings. The results will be shared with you. If follow-up is needed, you are responsible for ensuring that treatment is completed. The program requires written documentation by the provider upon the completion of treatment.

Screenings/Treatments

- Dental screening (teeth)
- Auditory screening (hearing)
- Vision screening (eyes)
- Developmental screening (learning)

Signature of Parent/Guardian/Caregiver

Date

I do not want my child to have the following screening: _____

Signature of Parent/Guardian/Caregiver

Date

Fluoride Consent

Under a dentist's supervision, participants will receive a fluoride varnish treatment that will provide a protective coating to prevent tooth decay. There are no known adverse effects associated with the fluoride varnish procedure.

- ☐ I want my child to receive in one-time fluoride varnish application.
- ☐ I do not want my child receive fluoride varnish application.

Signature of Parent/Guardian/Caregiver

Date



GeriSmiles Dental Hygiene Practice

Phone: (951) 428-1714

Please return
Consent Treatment Form by: _____

Patient's Name: _____ Sex: _____

Patient's Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthdate: _____ Telephone: _____

Please provide Medi-Cal and IEHP Card information. You will not receive a bill for services.

Insurance: Yes ☐ No ☐

Other Insurance (Name & ID#): _____

Medi-Cal ID #: _____

Medi-Cal Card Issue Date: _____

IEHP ID #: _____

IEHP Card Issue Date: _____

List Medical Condition: _____

List Known Allergies: _____

"I authorize IEHP to disclose my Medi-Cal ID# or IEHP ID# to GeriSmiles Dental Hygiene Practice, if needed, for purposes of treatment and/or payment." Medi-Cal Benefit Identification Card (BIC) Number is Very Important.

Permission Granted for Review of Medical Records. An associate Registered Dental Hygienist in Alternative Practice may be the provider of mobile dental hygiene services. Permission Granted to take pictures of patient for chart identification and educational purposes.

SIGNATURE OF RESPONSIBLE PARTY: _____ **Date:** _____

**ATTENTION
PARENTS**

**Sign-Up Your
Kids Today!**

Preventative Services

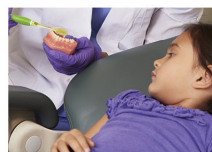
- **Oral Health Screening**
- **Teeth Cleaning** - The prevention of disease or control of its possible spread
- **Fluoride Treatment** - A preventive measure against tooth decay
- **Sealants** - Applied to the chewing surfaces of molars and premolars in young children and teenagers as a preventive measure against tooth decay in the occlusal pits and fissures. For ages 6+.



**Dental Education and Treatment
Program Coming To Your Organization**

**Parents / Guardians:
Did You Know?**

Gingivitis is common in children. It's an infection that usually causes gum tissue to swell, turn red and bleed easily.



Gingivitis is both preventable and treatable with a regular routine of brushing, flossing and professional dental care. However, left untreated, it can eventually advance to more serious forms of periodontal disease.

1.

**ALL PREVENTATIVE SERVICES ARE
FREE OF CHARGE.**

2.

COMPLETE CONSENT FORM

3.

**PLEASE RETURN CONSENT FORM
TO YOUR SCHOOL TEACHER
Please return by:**



rdhap@gerismilesmobile.com

(951) 428-1714

www.gerismilesmobile.com

**Child's Medical & Dental Provider/
Nombre de proveedor médico y dental de su niño/a**

Child's name/Nombre del niño(a): _____

School/Escuela: _____ **Date/Fecha:** _____

Physician/Medico: _____

Address/ Domicilio: _____

Telephone/ Teléfono: _____

Dentist/Dentista: _____

Address/ Domicilio: _____

Telephone/ Teléfono: _____

Please provide a copy of your child's insurance card/Proporcione la tarjeta médica del niño/a

Comments: _____



Student Housing Questionnaire

Student Last Name	First	Middle	Date of Birth	ID Number

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate school district and site staff.

Presently, are you and/or your family living in any of the following situations? **Select one box below.**

- ☐ Living in a single-home residence that is permanent
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer
- ☐ Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat)
- ☐ Temporarily living in a motel/hotel due to loss of housing, economic hardship, natural disaster, etc.
- ☐ I am a student under the age of 18 and living apart from parent(s) or guardian

The undersigned parent/guardian certifies that the information provided above is correct and accurate.

Print Parent/Guardian Name	Signature	Date

Phone number	Street Address	City	State	Zip Code

Please list all of your children of all ages currently living with you:

Name	M/F/Nonbinary	Birthdate	Grade (if applicable)	School (if applicable)

Your child or children may have the right to:

- Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment.
- Continue to attend their school of origin, if requested by you and it is in the best interest.
- Receive transportation to and from their school of origin, the same special programs and services, if needed, as provided to all other children, including free meals and Title I.
- Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families.

If you have any questions about these rights, please contact the Pupil Services Coordinator, **Chris Sewell**, by phone at (951) 352-1200 or by email at csewell@riversideunified.org

FOR OFFICE USE ONLY

If student qualifies for homeless program scan and upload this form to "Student Documents" and open a 191 Homeless Program.

Name of school site personnel receiving this form: _____

RIVERSIDE UNIFIED SCHOOL DISTRICT
SCHOOL INFORMATION FOR STUDENTS and PARENTS HANDBOOK 2025-2026
MANDATORY PARENT NOTIFICATION RECEIPT
(A form must be on file at each school/for each student)

Dear Parent/Guardian:

Please read and discuss the **Riverside Unified School District SCHOOL INFORMATION FOR STUDENTS AND PARENTS HANDBOOK** on the RUSD website with your child, for clarification of rules before you and your child sign below to acknowledge your understanding and agreement to abide by RUSD rules and policies.

The handbook can be located at RUSD website:

<https://www.riversideunified.org/departments/pupil-services/parent-handbook>

School Attendance Information – Please read and review with your student the Attendance Information section of this handbook. It is important for parents and students to know and understand the legal requirements for students to attend school each day the schools are open and in session. This section also very clearly defines what constitutes an excused absence from school.

Discipline Information – Please review the Discipline section of this handbook with your student. Your signature below indicates you have reviewed the Discipline information and discussed school rules with your student.

Media Release - The district occasionally receives requests from the news media and other agencies to photograph or videotape/record students. These requests are often received on a spur of-the-moment basis, which makes it difficult to obtain immediate parental consent. Parental consent is requested for your student to be photographed/videotaped/recorded during the school year. This may include District promotional news clips for social media websites (including but not limited to Facebook, Instagram, YouTube, blogs etc.).

Acceptable Use Agreement - Rules and Regulations #6163.4(g) (Ref. Policy #6163.4)

As the parent or guardian, I hereby consent to my student's use of the Internet at school. I also agree not to hold the district responsible for materials acquired by the student on the system, for violations of copyright restrictions, users' mistakes, negligence, or any costs incurred by users.

Publishing Student Work/Photo/Name – Student work and photos may be published on the Internet for a world-wide audience via www.riversideunified.org or other District affiliated social media websites (including but not limited to Facebook, Instagram, YouTube, blogs, etc) with the consent of the student and (if the student under 18) parent/guardian.

CUT ALONG DOTTED LINE, SIGN IMMEDIATELY AND RETURN TO SCHOOL OFFICE

Student's Name _____ DOB _____

School _____ Grade _____

Please respond by checking the appropriate box:

Media Release

- ☐ **Yes, I give** permission for my student to be photographed or videotaped. **(as outlined above)**
☐ **No, I do not give** permission for my student to be photographed or videotaped. **(unless I have been reached to give special permission)**

Acceptable Use Agreement

- ☐ **Yes, I/We hereby agree** to comply with the Acceptable Use Policy.
☐ **No, I do not agree** to comply with the Acceptable Use Policy.

Publishing Student Work/Photo/Name

- ☐ **Yes, I give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify any background photos).
☐ **No, I do not give** permission for the publication of my student's work, photo and name on the RUSD web site and other District affiliated social media sites (including but not limited to Facebook, Instagram, YouTube, blogs, etc). (Note: Names of students shall not be used to identify photos).

By signing I acknowledge that I have read, discussed and understand the *School Information for Students and Parents Handbook 2025-2026*, and I have reviewed the school discipline information in this booklet.

Parent/Guardian Signature

Student Signature

Date



Family Consent to Learning Genie Program

Dear Families,

We are excited to announce that we will be implementing the Learning Genie program in our class for the school year. Learning Genie is an application that will help us better connect with families through digital daily reports. Through this program, we will be able to better document and track your child's progress in all areas of development in school.

We assure you that you and your child's information are completely safe and kept private through the secure application software.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), Riverside Unified School District (RUSD) does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize the RUSD to release my confidential student information to Learning Genie.

Therefore I, _____, hereby authorize RUSD and
(print name)

I understand that:

1. Under the above mentioned Federal and State of California laws, I have the right not to consent to the release of my educational records.
2. I have the right to receive a copy of such records upon my request to RUSD.
3. That this consent shall remain in effect until revoked by me, in writing, and delivered to RUSD, but that any such revocation shall not affect disclosures previously made by RUSD prior to the receipt of my written revocation.
4. A photocopy of this Form will be treated as an original signature by Riverside Unified School District.

Child's Name: _____ Date: _____

Parent/Guardian/Caregiver Signature: _____ Date: _____





RUSD | RIVERSIDE UNIFIED EARLY CHILDHOOD

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

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

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____
Last First MI Date of Birth

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

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

DURATIONS

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

RESTRICTIONS ON RE-DISCLOSURE

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

YOUR RIGHTS

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

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

Approval: _____
Printed Name Signature Date

Relationship to Student

Area Code and Telephone Number



State Preschool/ Title 1 Attendance Policy

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

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

Absence Procedures:

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

Types of absences:

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

Late Drop Off and Pick-Up Policy:

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

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

Parent Signature

Date

Child's Name

Volunteer and Training Survey

Child's Name: _____ Site: _____

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

Volunteer Activities: I can help volunteer with the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Reading to Children | <input type="checkbox"/> Small Group Activities |
| <input type="checkbox"/> Art Projects | <input type="checkbox"/> Music (singing, dancing, musical instruments) | <input type="checkbox"/> Cooking Projects |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Lending Library | <input type="checkbox"/> Preparing Materials |
| <input type="checkbox"/> Helping at Mealtimes | <input type="checkbox"/> Special Classroom Projects | <input type="checkbox"/> Playground Helper |
| <input type="checkbox"/> Indoor/Outdoor Cleaning | <input type="checkbox"/> Policy Council | <input type="checkbox"/> Sharing Family Tradition/Culture/Language |
| <input type="checkbox"/> Meeting Note-taker | | <input type="checkbox"/> Parent Engagement Activity From Lesson Plan |
- ☐ Sorting, cutting, and/or drawing items for lesson plans
- ☐ Collecting Items for Art Projects (i.e., cereal boxes, cartons)
- ☐ Other: _____

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

Family Engagement & Education

- ☐ Parenting Skills
- ☐ Parents as Teachers
- ☐ Financial Literacy/Budget Management
- ☐ Job Skills & Training
- ☐ Stress & Time Management
- ☐ Volunteering
- ☐ Supporting Children with Disabilities
- ☐ Immigration/Legal Services
- ☐ Adult Education
- ☐ Community Activities/Resources
- ☐ Father/Male Engagement
- ☐ Relationship/Family Counseling
- ☐ Assistance to Families of Incarcerated
- ☐ Other: _____

Child Growth & Development

- ☐ Brain Development
- ☐ Developmental Milestones
- ☐ Language & Literacy
- ☐ Social-Emotional Development
- ☐ School Readiness
- ☐ Kindergarten Transition
- ☐ Managing Challenging Behaviors
- ☐ Positive Discipline
- ☐ Understanding Child & Parent Temperament
- ☐ Child's Screening/Assessment
- ☐ Other: _____

Health & Safety

- ☐ Health Education
- ☐ Nutrition & Physical Activities
- ☐ Child & Pedestrian Safety
- ☐ Disaster/Emergency Preparedness
- ☐ Child Abuse Prevention
- ☐ Health Care Access/Health Insurance
- ☐ Dental/Oral Care Education
- ☐ Postpartum Education
- ☐ Substance Abuse Prevention/Treatment
- ☐ Education on Tobacco Products
- ☐ Other: _____

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

Parent/Guardian/Caregiver Signature: _____ Date: _____



EARLY CHILDHOOD AND FAMILY EDUCATION
Phone: 951-352-8290 Fax: 951-328-2538

SCHOOL:

received

PHYSICAL EXAMINATION
ALL SECTIONS COMPLETED BY DOCTOR

A CHDP equivalent health examination is required for entrance into the program

Date of exam: _____

Child's name _____

Date of birth _____

Please list significant health history regarding child i.e. allergies, asthma, heart disease, etc.

SCREENINGS:

Hearing: ☐ Pass ☐ Fail Height _____ Weight _____
Vision: Right 20/ _____ Left 20/ _____ Both 20/ _____ Strabismus: ☐ Pass ☐ Fail

REQUIRED FOR PROGRAM ENTRY

TB CLEARANCE

☐ No TB Risk factors identified, ***NO Test required.***
☐ TB Risk Factors Identified (*see back of this form*) ***TB Test Required***
Date TB skin test given: _____ Date Read: _____ Results: ☐ Negative ☐ Positive
Chest X-ray Date: _____ ☐ Negative ☐ Positive

LABORATORY VALUES

Hemoglobin _____ Date _____ Anemia: Yes ___ No ___ Iron Supplements: Yes ___ No ___

Blood Lead Test _____ Date _____

Lead test needs to be done at 24 months of age or older, if no record perform

EXAMINATION RESULTS

Eyes	Skin	Endocrine
Ears	Lungs	Muscular Condition
Nose	Heart	Urine
Throat	Reflexes	Other:

Explanation and recommendations of any findings noted above _____

Is child cleared to enter Head Start/State Preschool? ☐ Yes ☐ No

List medications required at school (include medication name and dosage) _____

Provider (please Print): _____ Signature: _____ Date: _____

Practice/Clinic Name, telephone number & address: _____

EARLY CHILDHOOD AND FAMILY EDUCATION

Phone: 951-352-8290 Fax: 951-328-2538

RISK FACTORS FOR TB IN CHILDREN

- Have a family member or contacts with a history of continued 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.