UPK Universal PreKindergarten

California's Great Start

OVSD CHILD DEVELOPMENT PROGRAMS
COLLEGE VIEW PRESCHOOL
OAK VIEW PRESCHOOL
WESTMONT PRESCHOOL
20 YEARS

Ocean View School District

EARLY LEARNING PRESCHOOL PROGRAMS

making connections for a bright future

State Preschool Application

Please return the following:

- **THIS COMPLETED APPLICATION &**
- **PROOF OF INCOME FOR THE MOST RECENT MONTH for both parents**
- **2 PROOF OF ADDRESS** rental contract/receipt, utilities, letter from government agency
- **BIRTH CERTIFICATES FOR ALL MINOR CHILDREN**
- **COMPLETED PHYSICAL FORM, IMMUNIZATIONS & PROOF OF TB CLEARANCE**

PLEASE MAKE AN APPOINTMENT TO RETURN THIS APPLICATION

SCAN ME

To make an appointment please scan the QR code, visit www.ovsd.org/preschool or contact us at 714-843-6938

State Preschool Sites

Oak View Preschool, Westmont and College View

FIRST 5 ORANGE COUNTY

Welcoming children 3 or 4 years old by December 1

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

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

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:

NAME

State Department of Social Services-Community Care Licensing

ADDRESS

750 The City Drive, Suite 250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange, CA	92868	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)	(PRINT THE ADDRESS OF THE FACILITY)
Oak View Preschool, College View, Westmont Pre	17131 Emerald Ln/6582 Lennox Dr/8251 Heil Ave

(PRINT THE NAME OF THE CHILD)

HB, CA 92647

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
( ) Father ( ) Mother ( ) Guardian ( ) Other	

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: State Dept Social Services-Comm Care Licen.

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

   Licensing Office Telephone #: 714-703-2800

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.

Oak View Preschool, College View, Westmont Pre
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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is **http://ccld.ca.gov/contact.htm**.

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

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

Oak View Preschool, College View/Westmont Preschool 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
( )	( )

STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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* MONTHS | BEGAN TALKING AT* MONTHS | TOILET TRAINING STARTED AT* 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
preschool

PARENT'S SIGNATURE | DATE

UPK Universal PreKindergarten California's Great Start

Ocean View School District

Early Learning Preschool Programs

Oak View Preschool	College View Preschool	Westmont Preschool
ovsdpreschools	714-843-6938	www.ovsd.org/programs/preschool-programs

Admissions Agreement

State Funded Preschools

Child's Name:_____

1. Preschool agrees to assist with the following services for your preschool child:
   a. Early Childhood Education, Developmental Assessments, and Individualized Plan.
   b. Medical, Dental, and Mental Health Services, Social Services, Nutrition Services.
   c. Parent Involvement and Parent Education Services.
   d. Individualized Education Plan and Special Services for children with disabilities.

2. The Department of Licensing Agency shall have the authority:
   a. To interview children, or staff, and to inspect and audit child or facility records without prior consent.
   b. To observe the physical condition of the child/children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child/children.

3. The Preschool parent/guardian agreed as follows:
   a. To make sure the child attends one session on a daily basis and arrives on time each day. There is no before or after school care available.
   b. Understands that only parents or other adult (18 or older) designated by the parent on the student emergency card may sign the child in and out of the preschool. Signatures must be legible.
   c. Understand that if the parent or authorized person does not pick up a child within a reasonable amount of time and no effort by the parent has been made to contact the Preschool Program, the child will be placed in the care of the Police Department. I understand that incidences of pick up beyond the contracted hours will result in termination in State Preschool services.
   d. To report absences of the child to the preschool office when the absences occur. (Excessive unexcused absences may result in the child being dropped from the preschool program.)
   e. To inform the preschool office if planning to withdraw from the program.
   f. To comply with all district requirements.
   g. To abide with the rules of the preschool program.
   h. To provide evidence of up to date immunizations from doctor or clinic upon enrollment.
   i. To accompany child for dental and medical appointments.
   j. To provide evidence of a complete physical exam for each child.
   k. To provide transportation for child to necessary appointments, ex. Medical, dental, and social services.
   l. To observe the Parent Involvement objectives by participating in parent trainings, literacy activities and volunteering in the classroom a minimum of 6 hours per month.

4. Part day state preschool is a program funded by the State of California and does not require fees for services rendered. The state preschool is also funded by grants from First 5 Orange County Children & Families Commission and pre-kindergarten and family literacy (ab172).

*I have read these requirements and agree to uphold them. Furthermore, I understand that my child may not attend the program if I fail to follow this agreement or the policies specified in the Parent Handbook. In addition, I/We agree to abide by any new policies when I am/We are given written notice of them.

Parent/Legal Guardian's Signature:_____ Date:_____

EMPLOYER CONTACT RELEASE FORM

Child's Name _____ DOB _____

PARENT PERMISSION

I, _____ (Father) _____ (Mother) understand that I have applied to enroll my child in the California State Preschool Program. I understand that the eligibility of my family for this program will be determined by my family size and monthly income of the adults in my family.

I acknowledge that, as part of verifying my family income, I must provide documentation of my family size and income and hereby give my permission for the Ocean View School District to contact my employer to verify my current employment status.

Father's Employer	Mother's Employer
Name of Employer:	Name of Employer:
Address:	Address:
Phone Number:	Phone Number:
Usual Business Hours:	Usual Business Hours:

I certify under penalty of perjury that the information I have provided is true and correct to the best of my knowledge.

_____ _____

Father's/Guardian Signature Date

_____ _____

Mother's/Guardian Signature Date

_____

OFFICE USE ONLY

VERIFIED BY:_____ DATE:_____

UPK Universal PreKindergarten
California's Great Start

Ocean View School District

Early Learning Preschool Programs

Oak View Preschool	College View Preschool	Westmont Preschool
ovsdpreschools	714-843-6938	www.ovsd.org/programs/preschool-programs

Family Language Survey (4 questions)

Identification of your child as a dual language learner in California State Preschool (CSPP) 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 or Kindergarten. Please answer the following 4 questions.

This information will be used to inform and plan program curriculum, develop strategies used in the learning setting, create professional development opportunities, and to strengthen family partnerships to improve support for dual language learner (DLL) children.

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.

_____

_____

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.

_____

_____

Which language(s) does your child understand?_____

Which language(s) does your child speak? _____

Student Name: _____

Parent name:_____ Phone number: _____

Would you like someone from the office of Early Learning Preschool Programs to contact you with more information on preschool dual language learner status? ____ Yes ____ No

AUTHORIZATION FOR USE OR DISCLOSURE OF STUDENT INFORMATION TO AND FROM PRESCHOOL AGENCIES

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child's preschool, Oak View Preschool, College View, Westmont Presch and the Orange County Department of Education's QualityStart OC QRIS for program evaluation and service planning purposes.

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____
Last First MI Date of Birth

I, the undersigned, do hereby authorize Oak View Preschool, College View, Westmont Preschool, and the Orange County Department of Education's, QualityStart OC QRIS to exchange information regarding the above named Student.

Requested information shall be limited to the following: your child's ethnicity, primary language and results from Screening Tools: ASQ-3 and ASQ-SE/Developmental Assessment: DRDP-2015/Special Needs (IFSP/IEP)

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

This authorization shall be for one year. However, 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.

Approval: _____
Printed Name Signature Date

_____
Relationship to Student Area Code and Telephone Number

Ocean View School District

Early Learning Preschool Programs

Oak View Preschool | College View Preschool | Westmont Preschool

ovsdpreschools | 714-843-6938 | www.ovsd.org/programs/preschool-programs

Family Needs and Assessment Form

Dear Parent/Guardian,

As a way to ensure your needs are being met within our program and outside our program, we want to ensure we are able to connect you to community services or organizations at no cost or at a reduced cost. Please feel free to add if services are not listed.

Child	Name:	DOB:
Parent/Guardian A	Name:	DOB:
Parent/Guardian B	Name:	DOB:

Please indicate below if there are any services or information about certain services which you feel would be helpful to you or your family: ___ **NO Services Needed at This Time**

- o Emergency Assistance
- o WIC/Nutrition/Food
- o Housing Assistance
- o Dental/Medical Health Services
- o Clothing Referral
- o Transportation
- o Child Support
- o Legal Services/Custody
- o Education/Careers
- o Special Abilities-Needs
- o Child Development
- o School Districts
- o CPR/First Aid
- o Parent Support Groups
- o Parenting Classes
- o Counseling
- o Immigration Services
- o Alcohol/Drug Abuse Prevention, Education and Treatment
- o Other: _____
- o Other: _____

Please indicate your most needed resources:

1._____

2._____

3._____

Parent/Guardian Signature_____ Date: _____

Ocean View School District

Early Learning Preschool Programs

Oak View Preschool	College View Preschool	Westmont Preschool
ovsdpreschools	714-843-6938	www.ovsd.org/programs/preschool-programs

2025-2026 Preschool Parent Permission Slip
Monthly On-Campus Assemblies and School-Sponsored Events

Dear Parent/Guardian,

We are excited to provide our preschool students with monthly opportunities to participate in enriching activities, including on-campus assemblies and other school-sponsored events. These activities are designed to support your child's learning and social development. To ensure compliance with licensing regulations and your child's safety, we request your permission for their participation.

Event Details:

- **Frequency:** Monthly
- **Activities:** On-campus assemblies and other school-sponsored events
- **Locations:**
  - **On-campus:** Assemblies and events held at your child's assigned school site
- **Supervision:** All activities will be supervised by qualified staff members, adhering to state-mandated staff-to-child ratios

Parent/Guardian Agreement

By signing below, I indicate my agreement with the following:

1. I give permission for my child to participate in **on-campus assemblies** and activities as part of school-sponsored events at my child's assigned school site.
2. I understand that these activities are planned with my child's safety and well-being in mind, and all reasonable precautions will be taken to ensure their safety.
3. I will receive notification of each specific event in advance and will have the opportunity to decline participation for any specific event.
4. I agree to release and hold harmless College View, Oak View and Westmont, its employees, and agents from any claims or liability arising out of my child's participation in these activities, provided that they exercise reasonable care.

Parent/Guardian Contact Information

- Name: _____ Phone Number: _____
- Email: _____

Parent/Guardian Signature: _____ Date: _____

Child's Information

- Name: _____Teacher: _____

If you have any questions or need additional information, please contact us at preschools@ovsd.org

PHOTOGRAPHY/VIDEO OPT-OUT FORM

Complete and return this form. Please mark the circle below ***ONLY IF YOU DO NOT GIVE PERMISSION*** *for your student to appear in school publicity images, yearbooks or videos, including postings on the school or district websites and social media.*

Many activities and accomplishments take place in our schools, which the Ocean View School District feels are positive, newsworthy, and of interest to the community. District representatives and program partners will use, from time to time, still photography or videography for the purpose of highlighting student achievements or chronicling classroom/school activities. Those images may be used in informational newsletters, school brochures, class pictures, yearbooks and other printed material published by the Ocean View School District and those acting under its permission. It is possible that those images might be used on school and/or district web sites and may be submitted to the news media for possible publication.

If, for any reason, **you do not want** your child's likeness used by the Ocean View School District or by the news media for the purpose of positive publicity about school activities or student achievement, **please mark the circle below**. A separate form is required for each child.

This form only applies to the current school year and to classroom activities or school events that are not already open to the public.

◯ I do **NOT** wish to have my child photographed/videotaped for news media or school publicity purposes.

Student Name: _____

School: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Please return signed form to your school office

OCEAN VIEW SCHOOL DISTRICT
EARLY LEARNING PROGRAMS
Main Office: 17200 Pinehurst Lane, Building C
Huntington Beach, CA 92647
Phone: 714-843-6938

EMAIL ADDRESS CONFIRMATION FORM

Dear Parents/Guardians:

Please provide an email address to help us to contact you with any information regarding school policies, events, procedures, or any other pertinent information regarding your child's school. Emails are in addition to or in conjunction with other district communication.

With my signature below, I confirm my email address is correct below:

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

Child's Name:_____

Email 1:_____

Email 2:_____

I consent to receive emails from the Early Learning Office regarding the preschool program: ☐**No** ☐**Yes**

Estimados padres/tutores:

Por favor, proporcione una dirección de correo electrónico para ayudarnos a comunicarnos con usted con cualquier información sobre las políticas escolares, eventos, procedimientos, o cualquier otra información pertinente con respecto a la escuela de su hijo. Los correos electrónicos son adicionales o en conjunto con otros modos de comunicación del distrito.

Con mi firma abajo, confirmo que mi dirección de correo electrónico es correcta abajo:

Firma:_____ **Fecha:**_____

Nombre del Niño/a:_____

Correos Electrónico:

1:_____

2:_____

Doy mi consentimiento para recibir correos electrónicos sobre el programa preescolar ☐**No** ☐**Si**

COLLEGE VIEW PRESCHOOL OAK VIEW PRESCHOOL WESTMONT PRESCHOOL

OCEAN VIEW SCHOOL DISTRICT
EARLY LEARNING PROGRAMS
Main Office: 17200 Pinehurst Lane, Building C
Huntington Beach, CA 92647
Phone: 714-843-6938

PARENTAL CONSENT FOR HEALTH SCREENING

Dear Parents/Guardians:

Ocean View School District is providing the following free services funded by First 5 Orange County, Children and Families Commission. The health screenings provided enable District staff to identify children who are in need of special medical intervention. Your written consent is required for these available screening services.

The screenings (***the findings are not diagnostic***) and services will be provided throughout the school year:

***Hearing**
***Vision**
***Height, Weight and Body Mass Index (BMI)**
***Dental/Oral Health**
***Health**
***Developmental**

With my signature below, I give my consent for the screenings listed above.

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

Child's Name:_____ **Child's Date of Birth:**_____

Phone Number:_____

Does your child have health insurance? ☐**No** ☐**Yes** ☐ **Private** ☐ **Medi-cal**

Does your child have a medical doctor? ☐**No** ☐**Yes** **Name of Doctor:**_____

Does your child have dental insurance? ☐**No** ☐**Yes** ☐ **Private** ☐ **Denti-cal**

Does your child have regular dental check-ups? ☐**No** ☐**Yes** **Name of Dentist:**_____

Does your child have any medical or special needs that you are concerned about? ☐**No** ☐**Yes**

If yes, please indicate_____

Please check this box only if you **do not** want your child screened. ☐
District staff is also available to assist you in obtaining health/dental insurance and/or community services. For further information, our contact number is (714) 843-6938.

FIRST 5 ORANGE COUNTY

COLLEGE VIEW PRESCHOOL OAK VIEW PRESCHOOL WESTMONT PRESCHOOL

PARENT HANDBOOK ACCESS FORM

A parent handbook is available to each family with children in the Ocean View School District (OVSD). This handbook contains information required by law, as well as district and California Department of Education (CDE) procedures.

Please choose the format you prefer to access the handbook for future reference:

◯ I consent to access the Parent Handbook on the district and school website.

◯ I would like a printed copy of the Parent Handbook, and understand I can obtain a copy of the current handbook in the school office.

_____ _____

Parent/Guardian Name Printed | Parent/Guardian Phone Number

_____ _____

Parent/Guardian Signature | Date

_____

Student Name Printed

My Teacher Wants to Know

Child's Name: **Date:**

How well do I:	Not so well				Very Well
do in the morning?	1	2	3	4	5
do in the afternoon?	1	2	3	4	5
do in the evening?	1	2	3	4	5
sleep?	1	2	3	4	5
nap?	1	2	3	4	5
eat lunch?	1	2	3	4	5
eat dinner?	1	2	3	4	5
play with adults?	1	2	3	4	5
play by myself?	1	2	3	4	5
play with another child?	1	2	3	4	5
play in a small group?	1	2	3	4	5
play in a large group?	1	2	3	4	5
play inside?	1	2	3	4	5
play outside?	1	2	3	4	5
play with younger children?	1	2	3	4	5
play with older children?	1	2	3	4	5
do when children sit near me?	1	2	3	4	5
do when children sit further away?	1	2	3	4	5

How do I let people know:
I am happy (example: laughing, hopping, etc.)?
I am angry or upset (example: crying, screaming, etc.)?
I want something (example: reaching, talking, etc.)?
I don't want something (example: push away, say NO, etc)?
I like something (example: smiling, talking, laughing, etc)?
I don't like something (example: crying, throwing, talking, etc.)?
What helps me when I am: sad? angry? scared?
What makes me angry/upset?
What makes me happy/excited?

MY PREFERENCES:

1. My teacher wants to know about toys/activities:

My Favorite	My Least Favorite
_____	_____
_____	_____
_____	_____
_____	_____

2. My teacher wants to know about foods:

My Favorite	My Least Favorite
_____	_____
_____	_____
_____	_____
_____	_____

3. My teacher wants to know about people in my life with whom I:

Behave well	Have behavior problems
_____	_____
_____	_____
_____	_____
_____	_____

4. My teacher wants to know what activities I like:

blocks/legos	dress up	pretend cooking
computer	coloring	paints
sand table	water table	books
cutting	pasting	play doh
baby dolls	cars/trains	outside play
action figures	real cooking	riding toys

Other: _____

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)

Oak View Preschool. 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.

PPD-MANTOUX TB SKIN TEST			
DATE GIVEN	DATE READ	MM INDUR	RESULTS

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