



ENTERPRISE ELEMENTARY SCHOOL DISTRICT PRESCHOOL PROGRAM

www.eesd.net/our-schools/preschool

Enterprise Preschools are funded through the California State Preschool Program (CSPP) and serve eligible families with children ages 32 months to 5 years. Children must turn 3 years old on or before Dec 1 of the fiscal year they are being served. Children who turn 3 years old on or after December 2 may enroll after their 3rd birthday if space is available. **Child must be able to use the toilet independently.**

Walk-in or drop-off applications will not be accepted.

Enrollment cannot be finalized until all required documentation is received

- **Proof of Income: 1 month of current pay stubs for all working parents in the household (must be within the last 30 days)**
- **Proof of any other form of Income you are receiving (Cash Aid, SSI, child support, etc.)**
- **Proof of Residency**
- **Evidence of any absent birth parent not living in the home**
- **Any court or important documents affecting the life of the child**
- **Birth Certificates or record for ALL children living in the home**
- **Updated Immunization records for the child you are enrolling**
- **Physician's Report (LIC 701), signed and dated by the Physician within the past year**
- ***Need for Services (if applicable): proof of school enrollment, training or other need basis**

Empowering Every Child, Every Day, To Create a Better World.

Preschool Locations:

Alta Mesa

2301 Saturn Skyway
am: 8:00-11:00
pm: 11:30-2:30

Boulder Creek

505 Springer Dr.
am: 7:30-10:30
pm: 11:00-2:00

Rother*

795 Hartnell Ave.
7:30am -4:30pm
Nap/Rest 11:30am-1:30pm
*Families must demonstrate
need for full day preschool.

Preschool Office 2925 June St., Redding, CA 96002 **Program Director:** Tina Croes

Preschool Clerk: Amanda Haas **PHONE:** (530)224-4178 **EMAIL:** ahaas@eesd.net

Preschool Office: 2925 June St., Redding, CA 96002



ENTERPRISE ELEMENTARY SCHOOL DISTRICT

1155 Mistletoe Lane, Redding, CA 96002 • Phone: (530) 224-4100 • FAX: (530) 224-4101 • www.eesd.net

Empowering every child, every day to create a better world

Dear Parents,

We are EXCITED that you are interested in the Enterprise Elementary School District's preschool program! We look forward to working with you as parents to meet the needs of your child so that your child has an awesome start in school.

As an introduction to our program, we want you to know the California State Preschool Program (CSPP) at Enterprise is a curriculum based preschool program for children ages 3 to 4 years old.

The objective of Enterprise Preschool Program

Our goal is to successfully establish an educational environment that will enable all children to learn. We accomplish this in part by utilizing *Little Treasures Pre-K Program* and *California Preschool Curriculum Frameworks*. These programs are age appropriate curriculum that addresses the cognitive, language, social-emotional, and physical development of each child. Additionally, your child's growth and development are assessed twice a year using the Desired Results Developmental Profile and the READY! for Kindergarten assessment. Our teachers also regularly adjust the curriculum, based on their observations and assessments of the children, to engage the children's interest in learning.

How can you help ensure your child's success in preschool?

- Make sure your child is well rested each day and ready to learn.
- Arrive at school on time to maximize learning and minimize disruptions to the class.
- Encourage problem solving.
- Read together every day, be interactive, and engage your child so he or she will actively listen to a story.
- Encourage your child to discuss their day at school
- Resist doing for him or her, what they can do themselves.



It is our goal at Enterprise to work in partnership with you to ensure your child is prepared for success in school. If you have any questions, call our preschool office at 530-224-4178.

Sincerely,

Tina Croes

Tina Croes
Preschool Program Director
530-224-4178



Enterprise Elementary School District Preschool Registration

795 Hartnell Ave, Redding, CA 96002 Phone: 530-224-4178

☐ Alta Mesa ☐ Boulder Creek ☐ Rother

Student's LEGAL Name _____ Date of Birth _____ Gender: M F (circle one)
(from birth certificate) Last Name First Name Middle Name Month/Day/Year

Home Phone: _____ Cell Phone(1) _____ Cell Phone(2) _____

Residence Address _____
Address City State Zip

Mailing Address _____
(If different from above) Address City State Zip

Mother/Guardian _____ Father/Guardian _____
Last Name First Name Last Name First Name

Student's Birthplace: _____ If not born in the U.S., what month/year did your child enter U.S. _____
City/State/County Month/Year

ETHNICITY: Mark the ethnicity with which the student most closely identifies: Please check one:

- ☐ Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
☐ Not Hispanic or Latino

RACE: (Please check up to five racial categories) The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | | |
|--|--|---|---|
| ☐ American Indian of Alaskan Native (100)
(Person having origins in any of the original people of North and South America (including Central America) | ☐ Korean (203)
☐ Vietnamese (204)
☐ Asian Indian (205)
☐ Laotian (206)
☐ Cambodian (207)
☐ Hmong (208)
☐ Other Asian (299) | ☐ Hawaiian (301)
☐ Guamanian (302)
☐ Samoan (303)
☐ Tahitian (304)
☐ Other Pacific Islander (399) | ☐ African American or Black (600)
☐ White (700)
(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--|--|---|---|

PARENT EDUCATION LEVEL: Check the response that describes the highest education level of the parent/guardian(s):

- | | | |
|--|--|--|
| ☐ Not a High School Graduate | ☐ Some College (includes AA) | ☐ Graduate School/Post Grad Training |
| ☐ High School Graduate | ☐ College Graduate | ☐ Declined to State |

LEGAL ALERT: Do you have a restraining order which prevents someone from picking up your child? ☐ Yes ☐ No

If YES, please provide a copy of the restraining order & list the name _____
Name Relationship Legal Document

Parent/Guardian Signature

Date

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

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

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

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

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

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ 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/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

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

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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

Community Care Licensing

ADDRESS

520 Cohasset Rd. Suit 6

CITY

Chico

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

530-895-5033

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)

Alta Mesa / Boulder Creek / Rother

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

**CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS****PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services Community Care Licensing

Licensing Office Address: 520 Cohasset Road, Suite 6 Chico, CA 95926

Licensing Office Telephone #: (530)895-5033

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.

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

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

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

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

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

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner