

# San Pasqual Education Department

Children's Center  
Pre-K Program

2022/2023 Registration & Emergency Information

Student Full Name (last, first, middle)	Date of Birth	Age

Mailing Address	
Physical Address	

Parent Name	*Cell Phone #	*Home / Work Phone #	Place of Employment	Email Address

San Pasqual Enrolled Family Member's Name	Relation to Student

Insurance Company	Policy #	Doctor's Name	Doctor's Phone #

**IN CASE OF EMERGENCY**

The following persons have been notified that they will be my child's designated emergency contact \_\_\_\_ initial

Name	Phone #	Relationship	Address

\*I understand that if I do not have a working contact phone number, my child may not be able to participate in SPED programs.

My son/daughter has my permission to participate in on-going events sponsored by the San Pasqual Education Department for the 2022-2023 school year or until I withdraw my permission.

**In case of injury, I release the San Pasqual Education Department of all liability.**

**In case of emergency, when a parent or emergency contact is unavailable, the staff of the San Pasqual Education Department is authorized to obtain emergency medical care for my child or send my child to the nearest hospital by ambulance at my expense.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



## Children's Center Requirements

### Students Must

- Be potty trained **AND** 3 years of age by July 11, 2022 for summer program and September 7, 2022 for preschool
- Attend regularly - continual absences may result in dismissal from the program
- Have a complete set of clothing & shoes at school with their name on them

### Parents Must

- Have a working phone number

### Potty Training

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#### ***3-year old classroom***

#### Prior to December 1st these are the procedures

- If a student has a urine accident, they will be changed and the parent will be notified at the end of the school day
- If a student has a bowel movement accident, the parent will be called immediately to pick up their child. If the parent is unreachable, the next emergency contact will be called.
- More than five accidents in 1 month will not be considered "potty trained" and the student must stay home until they have mastered potty training

#### After December 1<sup>st</sup>, these are the procedures

- If a student has 2 accidents within a given month, the student will need to stay home for 2 weeks without any accidents
- If a student has another accident after he/she returns, the student will need to stay home until he/she has mastered the skill

#### ***4-5 year old classroom***

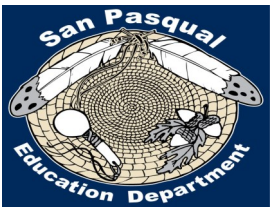
There will be no transition time offered for students in the 4-5 year old class and the procedures for after December 1st will be in place for both classes.

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Parent/Guardian Signature

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Date



Student Name

**Conduct Agreement**

**SPED Rules**

- Respect self, others, property, center and program rules
- Keep all body parts and objects to yourself
- Use appropriate language
- Stay in assigned areas
- Maintain a healthy mind, body, and spirit

**Disciplinary Procedures**

Disciplinary procedures may include the following and are determined by staff & director, depending on severity and number of incidents.

Verbal warning, call parent / guardian, notify parent to pick-up student, suspension from program and facilities, parent conference.

**Zero Tolerance**

The following offenses are zero tolerance offenses and may result in immediate suspension, expulsion, or calling law enforcement. Students will be required to meet with the Youth Prevention Program Manager for an initial student assessment.

- Inappropriate or disrespectful language
- Fighting or endangering others
- Possessing or being under the influence of drug or alcohol (including tobacco)
- Possession of weapons
- Bullying and/or participating and/or instigate or as a spectator

**Vehicle Rules**

- Respect driver at all times
- Seatbelts are to be worn & stay in seat at all times while vehicle is moving
- Use low voices
- Keep all body parts to yourself
- No eating or drinking
- No gum or candy permitted
- Zero tolerance policies apply

**If a student has on-going misbehavior in a SPED vehicle, for example during ITS or on fieldtrips, the student may be suspended from the following game or future fieldtrip.**

I understand the above rules and disciplinary procedures. I have also read the parent / student handbook and understand and agree to adhere to the procedures of the San Pasqual Education Department.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

# Children's Center



## Release Form

Student's Name \_\_\_\_\_

### 1. Student Arrival and Departure

I understand the Children's Center will provide supervision for registered, "signed-in" students during scheduled times only. Parents are required to sign their child in upon arrival and sign out at the end of the school day.

YES                      NO                      \_\_\_\_\_ **parent initial**

### 2. Computer Use

The Children's Center allows students to use computers under supervision for educational purposes. I understand that my child may be limited to certain educational and instructional programs provided by staff.

YES                      NO                      \_\_\_\_\_ **parent initial**

### 3. Screening Permission

I give my permission for personnel to use the appropriate screening tests/surveys to evaluate my child's learning and developmental progress.

YES                      NO                      \_\_\_\_\_ **parent initial**

### 4. Photograph and Publication Consent

I give consent to the Children's Center to use, publish, circulate and distribute photographs, videos and writings, of myself and/or my family in publications, presentations in order to further the goals and evaluation of the program.

YES                      NO                      \_\_\_\_\_ **parent initial**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

# Children's Center

## Pick Up Authorization



Student's Name \_\_\_\_\_

### Pick Up Procedures

I understand my child must be picked up after scheduled school hours. I authorize the following individuals to pick up my child. (Be advised that these authorized persons may be asked to provide identification.)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Children's Center  
**Student's Health Information**



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender F \_\_\_ M \_\_\_

Health History	Yes	No	Please Explain "Yes" Answers
Has your child ever had a serious injury or illness?			
Is your child wearing or supposed to wear glasses? Date of Last Exam _____			
Does your child have problems with ears/hearing?			
Has your child ever had convulsions or seizures?			Date of Last Incident:
Is your child taking any <b>medications</b> now?			List Medications:
Is your child being treated by a physician, dentist or specialist?			Describe:
Has your child been diagnosed with any of the following: asthma, diabetes, epilepsy, heart/blood vessel disease, liver disease or ADHD?			
Is your child allergic to any medications?			
Is your child on a special diet or prohibited from eating certain foods?			
Does your child have any other Allergies (insect bites, animals, plants, dust, pollen)?			
Does your child have any <b>food allergies</b> ?			
Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?			
Does your child have any <b>physical limitations</b> that may affect his/her everyday activities?			
Does your child have any other conditions that have not been mentioned on this form?			
Can your child swim?			
Does your child have a current IEP (Individual Education Plan)?			Under what disability do they qualify? Example: SLI, SLD, OHI, etc...

**I understand that if my child becomes ill during the program, I will be notified & will be responsible to pick up my child.** By signing this form I agree that my child is healthy enough to participate in classroom & outdoor physical activities.

**\*I understand that if I do not have a working phone number, my child may not be able to participate in SPED programs.**

\_\_\_\_\_  
**Parent /Guardian Signature**

\_\_\_\_\_  
**Date**

# Children's Center



## Classroom Rules

- Be kind
- Be safe
- Be neat

## Disciplinary Procedures

Disciplinary procedures may include the following and are determined by staff and director, depending on severity and number of incidents

- Verbal warning
- Call parent/guardian
- Notify parent to pick up student
- Parent conference

The following behaviors may be grounds for sending a student home:

- Inappropriate or disrespectful language
- Fighting or hitting others

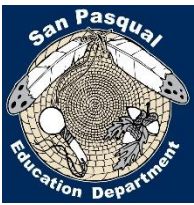
***I have read and understand the above rules and disciplinary procedures. I have also read the CC handbook and agree to adhere to the procedures of the Children's Center.***

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Parent/Guardian Signature

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Date



# San Pasqual Children's Center



## Checklist for Preschool Application

- Registration Packet filled out completely
- Copy of Immunization Records
- Copy of Birth Certificate for age verification
- Student & Parent Handbook acknowledgement form