

San Pasqual Education Department

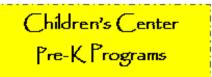
Children's Center
Pre-K Program

2025/2026 Registration & F mergency Information

Student Full Name (last, first, middle)				Dat	Date of Birth Age		
Mailing Address							
Physical Address							
Parent	Name	*Cell Phone #	*Hom Work Ph		Place of E	Employment	Email Address
San	Desguel Envelled	Family Member's N	ama			Dolatic	on to Student
Sail	Tasquai Elli olleu i	ranniy Wiember Siv	ailie			Kelatic	in to Student
Insurance (Company	Policy #			Doctor's Name D		Doctor's Phone #
IN CASE OF EMERGENCY The following persons have been notified that they will be my child's designated emergency contactinitial							
Name		Phone # Rela		Relation	ionship		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 2025-2026 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		



San Pasqual Education Department



Children's Center Requirements

Students Must

- Be potty trained AND 3 years of age by November 1, 2025 for summer program and 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		

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 1st, 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 procedures for after December 1st will be	students in the 4-5 year old class and the in place for both classes.
Parent/Guardian Signature	Date



San Pasqual Education Department

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

16152 Kumeyaay Way P.O. Box 365 Valley Center, CA 92082

Phone: 760-751-1474 Cell: 760-560-7198

spparentinfo@sanpasqualtribe.org



Release Form

Stu	dent's Name		
1. \$	Student Arriv	al and Depa	arture
<u>duri</u>		<u>imes only</u> . Pa	ter will provide supervision for registered, "signed-in" students arents are required to sign their child in upon arrival and sign out
	YES	NO	parent initial
2. (Computer Us	se	
purp		tand that my	udents to use computers under supervision for educational child may be limited to certain educational and instructional
	YES	NO	parent initial
3. \$	Screening Pe	ermission	
			nel to use the appropriate screening tests/surveys to evaluate mental progress.
	YES	NO	parent initial
4. F	Photograph a	nd Publicat	ion Consent
vio	deos and writin	gs, of myself	s Center to use, publish, circulate and distribute photographs, and/or my family in publications, presentations in order to on of the program.
	YES	NO	parent initial
Pare	ent signature	<u></u>	Date





Student's Name	
Pick Up Procedures	
authorize the following individ	e picked up after scheduled school hours. I wals to pick up my child. (Be advised that be asked to provide identification.)
Name	Phone
Parent Signature	

Student's Health Information



Child's Name Da	te of Bi	rth	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 medications 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 food allergies ?			
Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?			
Does your child have any physical limitations 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
understand that if my child becomes ill during the program by child. By signing this form I agree that my child is healthy erectivities. understand that if I do not have a working phone number, my child is healthy erectivities.	nough t	o part	icipate in classroom & outdoor physica
arent /Guardian Signature	Date		



Classroom Rules

- Be kind
- Be safe
- Be neat

<u>Disciplinary Procedures</u>

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.

Parent/Guardian Signature	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