

San Pasqual Education Department

Children's Center
Estik
0-3 years old

2025/2026 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.**

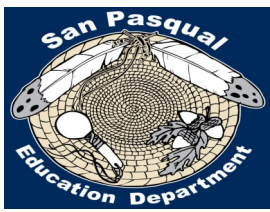
My son/daughter has my permission to participate in on-going events sponsored by the San Pasqual Education Department for the 2024-2025 school year or until I withdraw my permission.

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



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



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
- Student will be dismissed for the day
- Parent conference
- An Adjusted ESTIK start date may be given

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

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 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...

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