

Required Enrollment Documentation

Pare	nt's Name: Child's Name:
Pleas	e provide the following documentation:
	Income for one Month (Pay check stub, LES, Notice of Action or any sources of income)
	3 months of income are required when there is any over time anywhere on the pay stub.
	Copies of Birth certificate or vaccination record of All children (under 18 yrs) in household
	California Residency (A bill with name and address to prove CA residency)
	Foster Care Placement Records If applicable
	Written Declaration of Job search If applicable
	Declaration of Training towards Vocational Goal If applicable
	Class schedule Form If applicable
	Employer or Human Resources fax or e-mail address to send employer verification form
	Self Employment Verification Form If applicable
	Statement of Parental Incapacitation If applicable. Must be completed by a physician.
Pleas	e complete,return and /or sign:
	Application for services for Child Development Services Form 9600
	Notice of Action completed by Program Director signed by parent Form 7617
	Physical Form LIC 701 completed by physician
	Preadmission Health History LIC 702
	Children's Rights LIC 613
	Parent's Rights LIC 995
	Identification Emergency Information LIC 700
	Consent for Emergency Treatment LIC 627
	Meal benefit Form for Food Program CACFP
	Tuition Schedule and Registration Enrollment Agreement
	Emergency Card with authorized pick up
	Tuition Commitment Letter
	Consent for Photography
	Termination Policy

Documents are required by California Department of Education. Failure to provide the necessary documents will result in denial of services for your child.

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Confidential App	olication for	Child Devel	opme	ent	Agency			TANK O'CO STREET	W	. □ FRPM Site
Services and Ce Form ELCD 9600, Page 1	:runcation c I, (REV. 12/19)	r Eligibility				dentification/Ca ubsidized Servic				
					Type of	Application: (Ch	neck one)	Initial D		ertification
Note: State regulation	ns require a fo	rmal application	and co	ertification	for child developm	ent services. Yo	u will receive	written n	- 1: T	11 11 111.
than 30 days from the agency must verify a	e date of your;	signature on this	s iorm.	This form I	must be completed	i hv an andnev re	anrocontativo	in aanau	Itation with	Man Laurelle, The
Section I. Family I	dentification.	If you are a s	ingle	parent/ca	retaker, check	his box:			Section I	IIS TORM.
Name of parent/caretake A.	er (full name, includ	ling middle initial)	NAME OF THE OWNER, OWNE			Phone no. (cell or h	A CONTROL OF THE PROPERTY OF T	Andreas de la constante de la	ne no. (work/s	school)
Name of parent/caretake	er (full name, includ	ling middle initial)	*************************************			Phone no. (cell or h	nome)	Pho	ne no. (work/s	school)
Street address	······································			***************************************	City		State	Zip		FIPS code
Section II. Family										1 6 6666
A. Family Eligibili	ity Status (Cl	neck as many	as ap	oply.)				antinatilises especialismos	Marketonik sauto di seen	A CONTRACTOR OF A STATE OF THE
Protective Se	ervices	Current Aid	23/12/2015	■ WYDERSWIN	ncome	112	Program	Company of the Compan	C	SPP Only-Qualified
		Recipient		l E	ligible	Homeless	the Sev Handica			FRPM Resident
B. Reason for Nec	eding Servic	e. Indicate all th	ne reas	sons for ne	eding care for eac	h adult listed abo	ve. Enter "A"	or "B" re	eferring to p	parent/caretaker lister
Parent/	cumentation.(eason for Nee	This section doe	es not a	apply to pa	rt-day state presch	nool programs or	programs for	severely	/ handicapp	oed.)
	J45011101110C	ung serne		Caretaker		leeding Service	Caretaker	Stages 1	, 2, and 3 Cal	WORKs recipients only
Homeless					Education or training]		CalWORI	Ks activities	Date parent became ineligible for aid:
Working					Actively seeking em	ployment		Diversion		Date:
Child referred abuse, explo	d for protective ser itation, or At-Risk t	vices because of ne hereof	glect,		Seeking permanent	housing	Record date Stage 1:		nto each stage ge 2:	
Parent/careta	aker incapacitated	because of medical	or		CSPP Only - No No	eed Required	Otage 1	Olay	JG Z	Stage 3:
psychiatric si					CSPP Only - FRPN					
C. Employment/Tr training. (Attach d	aining intorr ocumentation.)	nation. Must be	e comp	pleted for e	ach adult listed in	Section I above to	o document n	eed on t	he basis of	employment or
Parent/ Caretaker	Attributer, Security and Control	oyer/School				Street Address			City	Zip
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Parent/ Caretaker	Emp	loyer/School				Street Address			City	Zip
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tuoinin u la access	0:	Mon.	1	ues.	Wed.	Thurs.	Fri.	.	Sat.	Sun.
Section III. Family A	ZAZANIO ZIWE SINY PROGRAM SINING SINI	s Monthly Inco	me an	d Size						
A. Family monthly inco	me. The family	's adjusted mon	thly inc	come from	all sources (Attack	verification and	documentatio	n \· \$	one transferred participal delegations	
B. Family income source	ces (Check all	that apply. Do n	ot cour	nt the gray					s for CalW(DRKs recipients only.
NOTE: Section III B is Employment, inclu	~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	urpos	es only.		Other fede	ral cash incom	e prontan	ae daus) an	SSM
Child support		, - , e		A	19+3 (pucher or cash		.,	

Assistance under the Food Stamps Act of 1977

Other:

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.):

D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? YES ___ NO ___ E. Parent(s) a current member of a National Guard or Military Reserve Unit? YES ___ NO ___

State-only alien and two-parent programs for CalWORKs recipients

Confidential Application for Child Development Services and Certification of Eligibility Form ELCD 9600 Page 2, (REV. 1/20)

Section IV. Data on Chil	drer	, 1. Li	st ALL child	en residi	ng in	the h	ome an	d counte	ed in t	he family size.	the second secon			haa shaq Walio					Sacr
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Initial Initial	M	F	MM/DD/YYYY	Code	Ethnicity	Race	Language Code	Child is E Learn (School	l age	Program Code	Type of Care Code		M	T	w	T	F	S	s
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										Provider/site name:		S							
Section V. Certification	anc	l Sig	gnature of I	 arent/Ca	retal	(er.			·			V							
perjury in Section 1 of this been checked. Parent Init 2. I understand that the inforepresentatives of the State auditors, or others as nece 3. I understand that if the at the right to appeal. 4. I understand that I will reapplication within 30 days in the section of the sec	ials: orma e of essar genc ceive	ation Cali ry fo cy de e a r	about my el fornia, the fea or the adminis enies this app notice of app date I sign th	igibility m deral gove stration of plication f roval or d nis form.	ay be ernme the p or se isapp	e revie ent, in progra rvices	ewed by idependent am. s, I have	e nt	me 6.1 and 7.1 furt be e	cumentation is and reviewed, and reviewed, a certify that my for the certify that my for the certify that the certify the certific that the certific t	signed, and dat amily assets d Block Grant Ac I must renew t that if I do not ildized child ca	ed by o not e t Section my elig renew re serv	an ag on 656 gibility my e rices f	ency 1 \$1,0 8 p (4) 7 at lea ligibil for my	repres 00,000)(B). ast or ity, I v / child	senta D; Chi Ice a Vill no L	tive. Id Ca year. Iong	re I er	Y
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Signature					Ī	Date				tionship to Child oster Parent				nt [] Gua	rdian		W. mouroreeren	***************************************
Section VI. Family Fee (I	₹efe	er to	the current (ODE Fam												2			Hammerger Hammerger
Type of Fee	ini (r) angkar dang pag	-	Flat Month	v Rate:		riat i	Specifi		tate ((See the insti	ructions for	Section	on V	l.)					
☐ Full-time 130 hours or more per mont	th		\$				·											***************************************	
☐ Part-time Under 130 hours per mont/	1		Flat Monthl \$	v Rate:		,	Specifi	cs:											
Section VII. For Office U	Agender to	000	The Company Constitution of	er Berlinde Weren und der	TERROR MEDITALISM	TOTAL PROPERTY.			a substitution in the same	NOT COMPANY OF STREET			periore a superiore a	antimorphism	Maria Nancasi wa		a de la companya de l	analas especie	varono.
Eligibility Status: 🔲 Denied 🔲 Name:	Acc	epte	d-FRPM Site	Date Noti (Attach cop		Action	Sent	Date No (Attach co		Action Given	First date of su	ıbsidize	d serv	rice	Last	date c	f enro	llmen	t
Signature of Authorized Agency	Rep	rese	ntative	***************************************	************			Title			Telephone nur	nber			Date				
Signature of Supervisor (Option	al)							Title		,444.0	Telephone nun	nber			Date				



Tuition Schedule and Registration Enrollment Agreement

1,	have agreed to enroll		
Parent or Guardian		Child's Name	and the property of the life of a constitution of a property and the copy of a constitution of the constit
During Higher Learning Academy's school year, I	choose for my child to at	tend the following on	
. a., adv. rogram (blease circle days needed)	N/	T W TH F	ograms: AM and/or PM
Half Day Program (please circle days and times r	needed) N	TWTHF	AM or PM
School Day Program (please circle days and time	s needed)		AM or PM
Infant Center Program (please circle days and t		TWTHE	AM and/or PM
	Tuition/Fees:		AW and/or PW
Full Day Program (over 4 hours) 2-5 year olds	Half Day Progr	am (4 hours)	
2 Days Per Week: \$120.00/week		Week: \$90.00/week	
3 Days Per Week: \$180.00/week		Week: \$135.00/week	<i>c</i> .
4 Days Per Week: \$240.00/week		Week: \$180.00/week	
5 Days Per Week: \$300.00/week		Week: \$225.00/week	
School Age Program (Before & After School)	Infant Program	(Birth-24 months)	\
2 Days per Week: \$95.50/week		Week: \$153.90/week	,
3 Days per Week: \$143.25/week		Week: \$230.85/week	
4 Days per Week: \$191.00/week		Week: \$307.80/week	
5 Days per Week: \$238.75/week		Week: \$384.78/week	
School Age Program (Full days vacation time)	•	The state of the s	
2 Days Per Week: \$120.00/week			
3 Days Per Week: \$180.00/week			
4 Days Per Week: \$240.00/week			
5 Days Per Week: \$300.00/week			
Annual Registration	on: \$100.00 due upon reg	istration.	(4)
All fultion and fees are due according to enrollm	ent agreement. Payment	t must be received in	advance for the 1st
week child is enrolled. A \$25.00 late ree is assess	ed it payment is received.	lator than agreement	A felt or or during a second
or dispaid tuition a child's enrollment is discontinu	ied. I further understand t	the first ten (10) dave	ara probationen
To righer Learning Academy, parent and child. T	his agreement may be ter	minated at any time	during that paried
merearter a two (2) week notice, or equivalent pa	ayment, is required when	the child is terminate	d from care
 understand that the registration fee hol 	ds a spot in the above clas	s for my child and is	non-refundable
 As a courtesy, please notify Higher Learni 	ng Academy of your inten	tion to withdraw you	r child at least
two weeks in advance so that families on	the waiting list can be no	tified on a timely hasi	c
ir a parent or guardian is late picking up a	child after the 6:00 p.m.	closing time, a \$25.00	late fee will be
charged in 15 minute increments.		C) The system of	TOTAL TOTAL WITH DE
Payment obligation is based on the hours	you agree to use childcar	e. not on actual hour	s of attendance
 If your child becomes ill endangering the 	health of other children it	will be necessary for	the
parent/caretaker to make other arrangen	nents for alternate child ca	are.	iii c
I understand the above policies and procedures for	or enrollment and payme	nt of tuition and fees	agree to comply
with the terms of this agreement.	, , , , , , , , , , , , , , , , , , , ,	4414	ag. cc to compry
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Parent or Guardian	*	Date	
Program Director/Executive Director	Symmetrical action and have	Date	***************************************





9467 Jamacha Blvd Spring Valley, Ca. 91977 Phone: 619.300.6964 Fax: 619.259.2879

	The second second of the second secon
CHILD'S FULL NAME	
BIRTHDAY	
Mother's name	Father's name
Home #	
Work #	Home #
och w	Cell#
Email:	Cell #Email:
name	up child: Must be over the age of 16 and show valid I.D. Phone number
Allergies / Special Notes:	
Parent or Guardian Signa	ature Date



Tuition Commitment Letter

/signature /Parent or Committee	ed to enroll	ctartingon				
(Signature (Parent or Guardian)	Contraction of the Call of the	(Child's Name)				
	(Child's Nam	9)	(Date)			
 Annual registration fee is \$100.00 refundable. 	0 per child and is due upon registr	ation. This registration	fee is non-			
 Late Fee for Pick Up after 6 pm: \$ 	25.00 amount will increase in incr	comando of 45				
Parket Control of the		ements of 13 minutes.				
Enrollment Schedule:	O Full Day (Over 4 Hours)	○ Half Day (Less that	n & houre)			
School Day (8:30-11:30 am / 3-6 pm)	Extend Care	O Infant Center	11 110/01/2)			
Circle the Four Care			***************************************			
Circle Time of Attendance:	M Tu	W Th F	and a second decimal and the second decimal and a s			
Circle Time of Attendance if Applicable:	AM	or PM	***************************************			
Discounts:	O BOTTLE					
	Military - 10%	O Sibling- 10%				
Program NACCRRA	O VAGCA O CONTRACTOR					
l agree to pay	O YMCA O CDA	Onth. ()	○ CSPP			
I agree to pay		. ,	,			
l agree to pay do	ollars the last week of each mo	nth. ()				
agree to pay the co-payment	dollars the first of	day of each month.	()			
, THE UNDERSIGNED DO UNDERSTAND wition. After two weeks of unpaid tuition	THAT A \$ 25.00 dollar late fee i on a child's enrollment is discor	s assessed after nonp tinued.	ayment of			
SIGNATURE PARENT/AUTHORIZED REPRESENTATIVE): CXECUTIVE DIRECTOR/PROGRAM DIRECTOR: Date:		Date:	Production for each wide control of the second of the seco			



Consent Form for Photography and Images of Children

Dear Parent,

During your child's life at Higher Learning Academy we may wish to take photographs of activities that involve your child. The photographs may be used for school displays, or presentations. The result is that we are unable to celebrate children's work and activities in the way that we would like. As you know, photography can be a powerful tool for children's learning and forms an interesting and exciting visual record of work and events. We are actively encouraged to take photographs for assessment purposes, and pupils should also be encouraged to take digital images for their ICT work.

When we display photographs in school, we will only photography and no names. Should we wish to use an image of your child on our website or in a school publication, we will contact you to receive your express permission. The photographs we take will be archived periodically, but may be used for presentations or special occasions. We will soon be publishing a leaflet to give guidance to children and parents who wish to photograph school events and activities.

Photography will only take place with the permission of the Director / Lead Teacher, and under appropriate supervision. Images that might cause embarrassment or distress will not be used nor will images associated with material on issues that are sensitive.

Before taking any photographs of your child, we need your permission. Please answer the questions below, sign and date the form and return it to school as soon as possible. You can ask to see images of your child held by the school. You may withdraw your consent at any time by informing the school in writing.

Name of child (Block Capitals):	
Name of person responsible for the child:	
I understand that: staff, pupil or professional photographers acting on use in displays and presentations the school will contact me if they wish to use my charter website; the local media may take images of activities that slight e.g. Reception Year pictures of new starters, cand prize giving; embarrassing or distressing images will not be used the images will not be associated with distressing of the school will regularly review and delete unwante	nild's image in a school publication or on how the school and children in a positive frama and musical performances, sports d; r sensitive issues; and
Having read the above statement, do you give your consent for photographs and other images to be taken and used?	YES, I give my consent for pictures to be taken and used
(please tick the appropriate box)	NO, I do not give my permission for pictures to be taken and used
Signature of person responsible for the child:	
Relationship to the child:	
Date (Date/Month/Year):	



9467 Jamacha Blvd Spring Valley, Ca. 91977 Phone: 619.300.6964 Fax: 619.259.2879 **Termination Policies:**

We reserve the right to terminate a child for the following reasons (but not limited to):

Failure to pay

- Routinely late picking up your child
- Failure to complete the required forms
- Lack of parental cooperation
- Failure of child to adjust to the center after a reasonable amount of time
- Physical or verbal abuse of any person or property
- Our inability to meet the child's needs
- Lack of compliance with handbook regulations
- Serious illness of child
- Behavior issues that threaten his/her or others safety.

We appreciate as much advance notice as possible when terminating, and we will give the same courtesy in return. Parents are required to give two weeks written notice when they decide to terminate child care. The two weeks will be paid in full regardless of whether or not the child is in attendance.

The provider reserves the right to give written notice of immediate termination where there are extreme circumstances that affect the well-being of the provider of other children in attendance.

Anyone who terminates daycare and has a balance that is outstanding will need to have the account settled within 30 days. All accounts not settled within 30 days will be turned over to a collections agency regardless of amount owed. All accounts turned over to collections will have a \$25.00 per week late fee plus 45% collections fee added to amount due.

Revisions to Handbook and Contract

We reserve the right to make changes in rates and policies as we deem necessary. You will be notified in writing of any changes that may occur. Every attempt will be made to give at least two weeks notice of changes.

Plant a book in the first of th	MB ACCOUNT BETWEEN A PERSON AND PROPERTY AND A SECURITY AND A SECURITY ASSESSMENT ASSESS	
Parents/Guardian's Signature (indicating receipt)	Date	
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Signature of Administrator		Date

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are
 - To be accorded dignity in his/her personal relationships with staff and other persons.
 - To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her (2)
 - 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.
 - 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.
 - Not to be locked in any room, building, or facility premises by day or night.
 - Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing

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 7575 Metropolitan Dr., suite 110, MS 29-20 ZIP CODE AREA CODE/TELEPHONE NUMBER San Diego 92108-4421 (619) 767-2300 **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) Higher Learning Academy 9467 Jamacha Blvd. Spring Valley, 91977 (PRINT THE NAME OF THE CHILD) (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

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I-ligher Learning Academy	SENTATIVE, I HEREBY GIVE CONSENT TO
FACILITY NAME	TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
PRESCRIBED BY A DULY LICENSED PHYSIC	CIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR
NAME	. THIS CARE MAY BE GIVEN UNDER
WHATEVER CONDITIONS ARE NECESSARY	
NAMED A DOUG	TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.	
HILD HAS THE FOLLOWING MEDICATION ALLERGIE	IES:
DATE	
ADDRESS	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE
NOTION DE LA CONTRACTION DEL CONTRACTION DE LA C	WORK PHONE

LJC 627 (9/08) (CONFIDENTIAL)

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

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PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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## RISK FACTORS FOR TB IN CHILDREN:

- Have a family member or contacts with a history of confirmed or suspected TB.
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America). Live in out-of-home placements.
- Have, or are suspected to have, HIV infection.
- Live with an adult with HIV seropositivity.
- Live with an adult who has been incarcerated in the last five years.
- Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in Have abnormalities on chest X-ray suggestive of TB.
- Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

LJC 701 (8/08) (Confidential) PAGE 2 of 2

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

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### CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

- Enter and inspect the child care center without advance notice whenever children are in care. 1.
- File a complaint against the licensee with the licensing office and review the licensee's public file 2. kept by the licensing office.
- Review, at the child care center, reports of licensing visits and substantiated complaints against the 3. licensee made during the last three years.
- Complain to the licensing office and inspect the child care center without discrimination or retaliation 4.
- Request in writing that a parent not be allowed to visit your child or take your child from the child 5. 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: 7575 Metropolitan Drive, 109 Licensing Office Address: San Diego, CA 92108 Licensing Office Telephone #:
- 619-767-2300 Be informed by the licensee, upon request, of the name and type of association to the child care 7. 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.
- Receive, from the licensee, the Caregiver Background Check Process form. 8.
- 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

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

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received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.
Higher Learning Academy
Name of Child Care Center
Name of Grid Care Center
Signature (Parent/Authorized Representative)

This Acknowledgement must be kept in child's file and a copy of the Notification given to NOTE: parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

Date



#### Dear Parent:

Did you know that your child is enrolled in a preschool that is participating in the First 5 San Diego Quality Preschool Initiative? Yes, your child is enrolled in a preschool that is committed to continually improving its quality according to state and national experts in the field of early childhood education.

The Quality Preschool Initiative is managed by the San Diego County Office of Education and funded by First 5 San Diego. This partnership is committed to eliminating the achievement gap by providing high-quality early education experiences to children.

The purpose of the Quality Preschool Initiative is to build an effective system for delivering high quality preschool experiences to children and families that:

- Utilizes well-qualified teachers and staff with specialized training in early childhood education.
- Provides eager young learners with academic and social skills that prepare them to be successful learners in kindergarten.
- Utilizes a research-based curriculum that is developmentally appropriate and sets goals specific to pre-k.
- Builds trusting relationships with families by respecting and supporting home language, exchanging information about the child, and engaging families in classrooms.
- Includes children with special needs.

The Quality Preschool Initiative is also working to help connect children and families with other available services in the community to promote the health and well-being of families in San Diego County. Please ask your preschool provider about any services that may be available to you.

If you have any questions about the Quality Preschool Initiative, please call us at (858) 292-3700. Enjoy a wonderful year with your child.

Sincerely,

Lucia Garay Executive Director

Early Education Programs and Services

San Diego County Office of Education







## SAN DIEGO COUNTY OFFICE OF EDUCATION

6401 Linda Vista Road, San Diego, CA 92111 • 858-292-3500 • www.sdcoe.net Interim San Diego County Superintendent of Schools Edward Velasquez

Dear Parent(s):

Your preschool receives grant funds from local and state resources in order to operate. As a condition of funding, we are required to participate in research and evaluations, and provide information regarding operations to the agency providing the funding, so they may evaluate program effectiveness. By signing the "Consent to Participate" forms (attached), you are authorizing your Quality Preschool Initiative Preschool Provider to share certain evaluation data regarding your child with the San Diego County Office of Education ("SDCOE"), First 5 San Diego, and First 5 California for up to ten (10) years.

The evaluation data that your Quality Preschool Initiative Preschool Provided may share includes the following:

- Assessment results from the Desired Results Developmental Profile, which is completed by your child's teacher and measures your child's development.
- Screening results from the Ages and Stages Questionnaire, which is completed by you and staff at our agency to screen for developmental delays.
- Whether or not your child receives specialized services through an Individualized Education Program (IEP).
- Your child's ethnicity and primary language.
- Information regarding referrals concerning supports for your child's development.

Your child's name and personal information will never be release to the public or made available for public viewing. The agencies that fund your child's preschool comply with strict laws requiring them to keep your child's information private, similar to SDCOE. If you sign the attached forms, your preschool may also share directory information including your child's name, gender, date of birth and dates of attendance. Your preschool does not need parent consent in order to share this information, unless you have opted out of release of directory information.

Even if you provide consent by signing and returning the enclosed forms, you may withdraw your consent at any time thereafter. Providing your consent at this time does not limit your ability to withdraw your consent to participate in the research evaluation in the future. If at any time after providing your consent, you choose to withdraw your consent to share evaluation data with the funders, please contact your Quality Preschool Initiative Preschool Provider for the requisite forms.

If you agree to participate in the evaluation process, please sign the attached form(s) and return them to your Quality Preschool Initiative Preschool Provider. If you do not agree, please draw a line through the attached form(s) and write "no" in the signature line and return to your Quality Preschool Initiative Preschool Provider. If you should have any questions or concerns, please contact me.

Sincerely.

Lucia Garay
Executive Director

Early Education Programs and Services San Diego County Office of Education



# 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, San Diego County Office of Education and First Five 5 San Diego, as set forth below, consistent with California and Federal laws concerning the privacy of such information and use of non-identifiable student information between First 5 San Diego and First 5 California for the purposes of program study and funding. If you consent to disclosure of information as described herein, please fill out, sign and return this form to: **USE AND DISCLOSURE INFORMATION RELATED TO:** Student Name: Last MI Date of Birth I, the undersigned, do hereby authorize the above named Student's preschool, Diego County Office of Education, 6401 Linda Vista Road, San Diego, CA 92111, to exchange information regarding the above , and San named Student with First 5 San Diego and First 5 California. The information is exchanged for program evaluation purposes and for preschool, programming and service planning. The exchange of information is a condition on which funding for the preschool program is provided to San Diego County Office of Education. The information will be exchanged between your child's preschool, San Diego County Office of Education and First 5 San Diego for the purpose of providing safe, appropriate, and least restrictive education settings and quality preschool health services and programs. Aggregate non-identifiable student information between First 5 San Diego, and First 5 California for the purpose of program study and funding. 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-PS/Special Needs (IEP/IFSP), Referrals for support services. **DURATIONS** This authorization shall become effective immediately and shall remain in effect until or one year from today. Date **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 You have the following rights with respect to this authorization, and affirm you understand them in signing this release form. 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. Signing this authorization may be required in order for this student to obtain appropriate/additional specialized support services in the educational setting. Approval: Printed Name Signature Date Relationship to Student Area Code and Telephone Number



