



Chatom State Preschool

welcomes your family to our Center-Based program.



This **application contains all** the required forms to participate in a State funded Center-Based program. We look forward to serving you!

We are a private, non-profit organization funded by federal, state & local governments.

Program Design

Mission: Here at Chatom State Preschool we feel it is important to provide children with an environment that makes them feel safe, loved and offer endless opportunities to explore and learn. **We create a love for learning.**

Chatom State Preschool

Open Monday-Friday 7:30-4:00

(209) 664-8003

Fax (209)664-5565

7221 Clayton Rd.
Turlock, CA 95380



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**Center Location, Ages of Children Served,
Days & Hours of Operation, Contact
Information:**

Chatom State Preschool

Serving Children Ages 2.9 years – 4 years

Part-Day Site Operating 7:30am – 4:00pm

AM Class 8:00-11:00

PM Class 11:45-2:45

Director/Teacher- Mrs. Sandra Nunes snunes@chatom.k12.ca.us

Para-educator- Mrs. Kathy King

Para-educator- Ms. Anhai Rodriguez

Preschool Secretary- Mrs. Yareli Gonzalez-Pimentel ygonzalez@chatom.k12.ca.us



Overview

Parent & Child Information

- Parent Information
- Child Information
- Emergency Contact & Authorization Pickup
- Child's Preadmission Health History-Parents Report
- Language Instrument

Income Portion

- Proof of Income (30 days worth)
- Release of Authorization
- Self-Certification of Income

Required Authorization

- Consent For Emergency Medical Treatment
- Child Care Center Notification of Parents' Rights
- Personal Rights
- Staff and Parent Responsibilities
- Parent Permission Page
- State Preschool Admission Agreement
- Family Needs Request & Referral Form
- Library Book Check out permission Form
- Parent Square

Documents To Return

- Physician's Report (To be returned within 30 days of enrollment)



CHATOM STATE PRESCHOOL REGISTRATION FORM

| PARENT 1 FILL OUT BELOW ↓ | PARENT 2 FILL OUT BELOW ↓ |
|--|--|
| Parent 1: <input type="checkbox"/> Married <input type="checkbox"/> Single | Parent 2: <input type="checkbox"/> Married <input type="checkbox"/> Single |
| Last Name, First Name: | Last Name, First Name: |
| Date of Birth: | Date of Birth: |
| Street Address: | Street Address: |
| City, State, Zip: | City, State, Zip: |
| Mailing Address: | Mailing Address: |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Email Address: | Email Address: |
| Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ |
| Language Spoken: _____ | Language Spoken: _____ |
| <input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Unemployed/Seeking Emp. <input type="checkbox"/> Caucasian <input type="checkbox"/> Training/Student <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/ Other Pacific Isl. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Parent Incapacitated <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Homeless <input type="checkbox"/> Asian <input type="checkbox"/> Employed <input type="checkbox"/> Black or African American <input type="checkbox"/> Unemployed/Seeking Emp. <input type="checkbox"/> Caucasian <input type="checkbox"/> Training/Student <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/ Other Pacific Isl. <input type="checkbox"/> Other _____ |

Income Information ***MUST BE COMPLETE***

| | |
|--|--|
| Employer/ Source of Income: | Employer/ Source of Income: |
| City: _____ Zip: _____ | City: _____ Zip: _____ |
| Phone: _____ | Phone: _____ |
| Gross Monthly Income (before taxes): \$ _____ | Gross Monthly Income (before taxes): \$ _____ |
| Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No | Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no longer receiving CalWORKs cash aid, list date last received _____ | If no longer receiving CalWORKs cash aid, list date last received _____ |
| Child Support \$ _____ Disability \$ _____ | Child Support \$ _____ Disability \$ _____ |
| Workers Comp \$ _____ Foster Care \$ _____ | Workers Comp \$ _____ Foster Care \$ _____ |
| Food Stamps \$ _____ Unemployment \$ _____ | Food Stamps \$ _____ Unemployment \$ _____ |
| Housing \$ _____ WIC <input type="checkbox"/> Yes <input type="checkbox"/> No | Housing \$ _____ WIC <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spousal Support \$ _____ TANF/Cash Aid (child only) _____ | Spousal Support \$ _____ TANF/Cash Aid (child only) _____ |
| Adoption Asst. \$ _____ TANF/Cash Aid (Family) _____ | Adoption Asst. \$ _____ TANF/Cash Aid (Family) _____ |
| Other _____ \$ _____ | Other _____ \$ _____ |

Continue filling out the form in the back:

Information of Child(ren) Being Enrolled

NAME: Last, First, Middle

Gender Male Female Birth Date: _____ Special Needs? IEP _____ CPS Referral

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Race: _____ Amer. Indian or Alaskan Native _____ Asian _____ African Amer. Or Black _____ Hispanic _____ Caucasian _____ Other _____

Language Spoken: _____ English _____ Philipino (Tagalog) _____ Spanish _____ Vietnamese _____ Other _____

NAME: Last, First, Middle

Gender Male Female Birth Date: _____ Special Needs? IEP _____ CPS Referral

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Race: _____ Amer. Indian or Alaskan Native _____ Asian _____ African Amer. Or Black _____ Hispanic _____ Caucasian _____ Other _____

Language Spoken: _____ English _____ Philipino (Tagalog) _____ Spanish _____ Vietnamese _____ Other _____

Certification

The information provided on this application will be placed in a State database. I understand the information provided is needed to start my eligibility for a subsidized child care program. I affirm that this information is correct.

Parent/Guardian Signature: _____

Date: _____

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

To Be Completed by Parent or Authorized Representative

| | | | | | |
|---|--------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| BIRTHDATE | | | | | |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| PARENT / AUTHORIZED REPRESENTATIVE NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| PERSON RESPONSIBLE FOR CHILD | LAST | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| Name | Relationship | Phone Number | Signature | Staff Only ID Verified/Initials |
|------|--------------|--------------|-----------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

| | | |
|--|--|------------|
| CHILD'S NAME | SEX | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? | |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME | DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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 |
|------------|--------|-------------------|--------|-----------------------------|--------|

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

| | DATES | | DATES | | DATES |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox | | <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Poliomyelitis | |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Epilepsy | | <input type="checkbox"/> Ten-Day Measles (Rubeola) | |
| <input type="checkbox"/> Rheumatic Fever | | <input type="checkbox"/> Whooping cough | | <input type="checkbox"/> Three-Day Measles (Rubella) | |
| <input type="checkbox"/> Hay Fever | | <input type="checkbox"/> Mumps | | | |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

| | | |
|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> 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?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---------------------------------|--------------------------|
| WORD USED FOR "BOWEL MOVEMENT"* | WORD USED FOR URINATION* |
|---------------------------------|--------------------------|

PARENT'S EVALUATION OF CHILD'S HEALTH

| | | | |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)? | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DOES CHILD USE ANY SPECIAL DEVICE(S): | IF YES, WHAT KIND: | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? | IF YES, WHAT KIND: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE | DATE |
|--------------------|------|

Family Language Instrument

1. What language(s) does your child hear at home?

This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home.

2. Which language(s) does your child hear in their neighborhood and community?

For example, with friends and neighbors, at church, or at after school programs or activities. This is to demonstrate language exposure not to measure language proficiency.

3. Which language(s) does your child understand?

4. Which language(s) does your child speak?

Selection & Enrollment Process

Waiting List

The program has limited openings for eligible families. The first step to access center-based program services is to be placed on our waiting list. Children with disabilities are encouraged to apply.



Selecting Participants

When an opening is available, we access the waiting list and contact families based on the following program admission priorities:

- **First:** Child protective services, or at-risk of abuse, neglect or exploitation
- **Second:** Admission priority based on adjusted gross monthly income & family size.

When multiple families are within the same ranking:

1. Child with exceptional needs within the same ranking is admitted first
2. Entry with the oldest application date is admitted second

Note: For preschool programs, age eligible 4-year old children are enrolled prior to age-eligible 3-year old's. In addition, for part-day preschool an over-income family whose child has exceptional needs may be served.

| Rank | Family Size | | | | | | | | | | | |
|------|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| | 1-2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 1 | \$ 58 | \$ 62 | \$ 70 | \$ 81 | \$ 92 | \$ 94 | \$ 96 | \$ 98 | \$ 100 | \$ 102 | \$ 105 | |
| 2 | \$ 115 | \$ 124 | \$ 139 | \$ 162 | \$ 184 | \$ 188 | \$ 192 | \$ 196 | \$ 201 | \$ 205 | \$ 209 | |
| 3 | \$ 173 | \$ 186 | \$ 209 | \$ 242 | \$ 276 | \$ 282 | \$ 288 | \$ 295 | \$ 301 | \$ 307 | \$ 314 | |
| 4 | \$ 230 | \$ 248 | \$ 279 | \$ 323 | \$ 368 | \$ 376 | \$ 385 | \$ 393 | \$ 401 | \$ 410 | \$ 418 | |
| 5 | \$ 288 | \$ 310 | \$ 348 | \$ 404 | \$ 460 | \$ 470 | \$ 481 | \$ 491 | \$ 502 | \$ 512 | \$ 523 | |
| 6 | \$ 345 | \$ 372 | \$ 418 | \$ 485 | \$ 552 | \$ 564 | \$ 577 | \$ 589 | \$ 602 | \$ 615 | \$ 627 | |
| 7 | \$ 403 | \$ 434 | \$ 488 | \$ 566 | \$ 644 | \$ 658 | \$ 671 | \$ 688 | \$ 702 | \$ 717 | \$ 732 | |
| 8 | \$ 461 | \$ 496 | \$ 557 | \$ 647 | \$ 736 | \$ 752 | \$ 769 | \$ 786 | \$ 803 | \$ 819 | \$ 836 | |
| 9 | \$ 518 | \$ 558 | \$ 627 | \$ 727 | \$ 818 | \$ 847 | \$ 865 | \$ 884 | \$ 903 | \$ 922 | \$ 941 | |
| 10 | \$ 576 | \$ 620 | \$ 697 | \$ 808 | \$ 920 | \$ 951 | \$ 981 | \$ 982 | \$ 1,003 | \$ 1,024 | \$ 1,045 | |
| 11 | \$ 633 | \$ 682 | \$ 770 | \$ 889 | \$ 1,012 | \$ 1,043 | \$ 1,058 | \$ 1,081 | \$ 1,104 | \$ 1,127 | \$ 1,150 | |
| 12 | \$ 691 | \$ 744 | \$ 836 | \$ 970 | \$ 1,104 | \$ 1,129 | \$ 1,154 | \$ 1,179 | \$ 1,204 | \$ 1,229 | \$ 1,254 | |
| 13 | \$ 748 | \$ 806 | \$ 906 | \$ 1,045 | \$ 1,196 | \$ 1,223 | \$ 1,250 | \$ 1,277 | \$ 1,304 | \$ 1,331 | \$ 1,359 | |
| 14 | \$ 806 | \$ 868 | \$ 970 | \$ 1,131 | \$ 1,288 | \$ 1,317 | \$ 1,346 | \$ 1,375 | \$ 1,405 | \$ 1,434 | \$ 1,463 | |
| 15 | \$ 864 | \$ 930 | \$ 1,045 | \$ 1,212 | \$ 1,379 | \$ 1,411 | \$ 1,442 | \$ 1,474 | \$ 1,505 | \$ 1,536 | \$ 1,568 | |
| 16 | \$ 921 | \$ 992 | \$ 1,115 | \$ 1,293 | \$ 1,471 | \$ 1,505 | \$ 1,538 | \$ 1,572 | \$ 1,605 | \$ 1,639 | \$ 1,672 | |
| 17 | \$ 979 | \$ 1,054 | \$ 1,184 | \$ 1,374 | \$ 1,563 | \$ 1,599 | \$ 1,634 | \$ 1,670 | \$ 1,706 | \$ 1,741 | \$ 1,777 | |
| 18 | \$ 1,036 | \$ 1,116 | \$ 1,254 | \$ 1,455 | \$ 1,655 | \$ 1,693 | \$ 1,731 | \$ 1,768 | \$ 1,806 | \$ 1,844 | \$ 1,881 | |
| 19 | \$ 1,094 | \$ 1,178 | \$ 1,324 | \$ 1,536 | \$ 1,747 | \$ 1,787 | \$ 1,827 | \$ 1,867 | \$ 1,906 | \$ 1,946 | \$ 1,986 | |
| 20 | \$ 1,151 | \$ 1,240 | \$ 1,393 | \$ 1,616 | \$ 1,839 | \$ 1,881 | \$ 1,923 | \$ 1,965 | \$ 2,007 | \$ 2,048 | \$ 2,090 | |

SAMPLE - This is not the entire Admission Priority Chart



Income Portion

Proof of Income:

Documentation must be provided for the past 30 days of income received, to receive services.

Which includes:

-[See Countable/Non-Countable Income Reference Sheet \(Next Page\)](#)

Certification/Recertification of Eligibility:

24-month eligibility starts on the date a family is certified/approved to receive services.

Family Data File:

A family data file is maintained for each family receiving services. When a child's residence alternates between the homes of separated or divorced parents eligibility must be determined separately for each household in which the child is residing during the time services are needed.

Proof of Residency:

Determination of eligibility for services shall be **without regard** to the immigration status of the child or the child's parent.

- Must live in California
- Any evidence of a street address or post office address in California, including the 4 digit zip code extension
- Homeless may submit declaration

Health & Emergency Information:

Participants must provide child health & current emergency information, along with current immunization records for enrolled children

Court Order:

If there is a court order that impacts childcare services, include in the family data file

Exceptional Needs Child:

If your child has exceptional needs, the file must contain the following documentation in order for us to best serve your child:

- Individual Education Plan or Infant & Family Service Plan

COUNTABLE/NON-COUNTABLE INCOME REFERENCE SHEET

| <p>Countable Income is income of individuals counted in the family size that shall be included when calculating the adjusted monthly income for purposes of determining income eligibility and family fees.</p> | <p>Non-Countable Income is income of individuals counted in the family size that shall be excluded when calculating the adjusted monthly income for purposes of determining income eligibility and family fees.</p> |
|---|---|
| <ol style="list-style-type: none"> 1. Gross wages, salary, advances, commissions, overtime, tips, bonuses, gambling or lottery winnings 2. Wages for migrant, agricultural, or seasonal work 3. Public cash assistance (CalWORKs or TANF) 4. Gross income from self-employment less business expenses with the exception of wage draws 5. Disability or unemployment compensation 6. Worker's compensation 7. Foster grants, payments or clothing allowance for children placed through child welfare services 8. Spousal support and/or child support from the former spouse or absent parent, or (documented) financial assistance for housing costs, car payments paid as part of or in addition to spousal or child support 9. Survivor (i.e. SSA) and retirement benefits 10. Rent for room within the family's residence 11. Dividends, interest on bonds, income from estates or trusts, net rental income or royalties 12. Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent 13. Veteran's pension 14. Pension or annuities 15. Inheritance 16. Allowances for housing or automobiles provided as part of compensation 17. Portion of student grants or scholarships not identified for educational purposes as tuition, books, or supplies 18. Insurance or court settlements for lost wages and/or punitive damages 19. Net proceeds from the sale of real property, stocks or inherited property 20. Other enterprise for gain (Rent for room within family's residence) | <ol style="list-style-type: none"> 1. Earnings of child under eighteen (18) years 2. Loans 3. Grants or scholarships to students for educational purposes other than any portion used for living costs 4. Food stamps or other food assistance 5. Earned Income Tax Credit or tax refund 6. GI Bill entitlements, hardship or hazardous duty, hostile fire or immediate danger pay 7. Adoption assistance payments received pursuant to Welfare and Institution Code section 16115 et. seq. 8. Non-cash assistance or gifts 9. Insurance or court settlements for pain and suffering 10. Reimbursements for work-required expenses that include uniforms, mileage, or per diem expenses for food and lodging 11. Business expenses for self-employed family members 12. Non-cash or in-kind assistance 13. All income of any individual counted in the family size who is collecting federal supplemental security income benefits (SSI) or state supplemental program benefits (SSP) 14. Adoption assistance payments received pursuant to Welfare and Institutions Code section 16115et seq. 15. Disaster relief grants or payments, except any portion for rental assistance or unemployment 16. When there is no cash value to the employee, portion of medical and/or dental insurance documented as paid by the employer 17. Spousal support and/or child support paid to a former spouse or absent parent or documented financial assistance for housing costs, car payments, health insurance etc.... 18. Federal Government stimulus income |

Income Portion

Proof of Family Size:

Biological/Adoptive Parent: "Family" shall be considered the parents & the children for whom the parents are responsible, who comprise the household in which the child receiving services is living.

Guardian/Foster Parent: "Family" shall be considered the child & related siblings.

Participants must provide the names of the adults & the names, gender & birthdates of the children identified in the family.

At least one document for **ALL** children counted in the family size must be on file & indicate the relationship of the child to the parent.

- Birth Certificate
- Child Custody Court order
- Adoption documents
- Foster Care placement records
- School or Medical records
- County welfare department records
- Other reliable documentation indicating the relationship of the child to the parent



Eligibility Criteria:

Eligibility is based on either child or family eligibility. Participants must provide documentation of eligibility in 1 or more of these categories:

Child Eligibility

- Child protective services (Referral letter from CPS unit)
- At-risk of abuse, neglect or exploitation (Referral letter from legally qualified professional)

Family Eligibility

- Homeless (Referral Letter or Self-Declaration)
- Current aid recipient (Proof of current aid)
- Income eligible (Documentation of all income)
 - **Predictable Income:** Full month of current & ongoing gross income
 - **Unpredictable Income:** Gross income for the preceding 3 to 12 consecutive months
 - **Guardian/Foster:** Full month of current income received for the child

Maximum income threshold at initial enrollment:

| Family Size | Gross Monthly Income |
|-------------|----------------------|
| 1-2 | \$7,209 |
| 3 | \$8,154 |
| 4 | \$9,441 |
| 5 | \$10,952 |
| 6 | \$12,462 |
| 7 | \$12,745 |
| 8 | \$13,029 |

Release of Authorization

If you are employed, please fill out the Release of Authorization Form (next page) and provide us with your most recent paycheck stubs for the prior full month.

Chatom State Preschool

Release of Authorization (PART-DAY) If Employed Fill this Form.

EMPLOYEE STATEMENT OF RELEASE:

Chatom State Preschool and its representatives have permission to contact my employer to verify my income information to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

EMPLOYER INFORMATION:

Company Name _____

Telephone Number _____

Fax Number _____

Company Street Address _____

City _____

Zip Code _____

Company Usual Business Hours _____

WAGE INFORMATION:

Paid By : Paycheck Cash Personal Check

Pay Period: Daily Weekly Every Two Weeks Twice Per Month Monthly

FOR OFFICE PURPOSES ONLY

Verification Notes: _____

| Date Verified | Verified With | Staff Initials |
|---------------|---------------|----------------|
| | | |

Self-Certification of Income Document

Section A-

- If you do not have paycheck stubs

Section B-

- If you are receiving non-employment income

Section C-

- If you are not working



Chatom State Preschool

SELF-CERTIFICATION OF INCOME

A. The agency has requested I complete this self-certification of employment income because:

1. My employer has refused or failed to provide requested employment information.
2. I have asked that my employer not be contacted to verify my employment information because it would adversely affect my employment.
3. I have no paystubs, receipts, or other documentation of employment.

| | |
|--|--|
| Employer | |
| Type of work | |
| Date of hire | |
| Rate of pay | |
| How often paid | |
| Workday hours | |
| Days worked | |
| Description of work and pay for the past month | |

For Office Purposes Only

I, _____, attest that the reported income and employment is reasonable or consistent with community practice.

Agency Representative Signature

Date

B. Self-certification of non-employment income when no documentation is possible:

| | |
|-----------|--|
| What type | |
| How much | |
| How often | |
| Why | |

C. Self-certification of \$0 income

For the period of _____ to _____, my income was \$0 for the following reason(s):

I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct.

Parent Name _____

Parent Signature _____ Date _____

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

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Chatom State Preschool _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

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: California Department of Social Services
Community Care Licensing Division
 Licensing Office Address: 1314 E. Shaw Ave. Fresno CA, 93710
 Licensing Office Telephone #: (559) 243-8080
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.

Chatom State Preschool
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

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 Division | | |
| ADDRESS 1314 E. Shaw Ave. | | |
| CITY Fresno, CA | ZIP CODE 93710 | AREA CODE/TELEPHONE NUMBER (559) 243-8080 |

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) Chatom State Preschool | (PRINT THE ADDRESS OF THE FACILITY) 7221 Clayton Rd. Turlock, CA 95380 |
|---|--|

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

| | |
|---|--------|
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) | (DATE) |
|---|--------|

Staff and Parent Responsibilities

Staff Responsibilities

In each partnership with the parent, we are responsible for meeting the goals and needs of each family through services and training provided by the program or other agencies within the community.

As a teacher in this program, I will:

1. Accept you and your family
2. Provide information or assist in services when needed
3. Support and encourage you when needed
4. Respect you as a person, your ideas, opinions and beliefs
5. Be a good listener
6. Provide opportunities for you and your child to explore, experiments, create, problem solves, make choices and grow to the limits of your potential

Parent Responsibilities and Involvement

As a parent I will:

1. Pick up my child on time or notify you if I cannot
2. Provide the necessary information when it is needed
3. Attend parent meetings and training
4. Assist in making decisions
5. Give my ideas, opinions and beliefs
6. Help in planning and carrying out activities for my child in the areas of health, nutrition and education
7. Learn and teach activities to my child by using my own ideas and other's
8. You have the opportunity to volunteer in the classroom once requirements are met

I understand my responsibilities stated:

Parent Signature



CHATOM STATE PRESCHOOL
7221 Clayton Road
Turlock, CA 95380
Phone: (209) 664-8003
Fax: (209) 664-5565

State Preschool Admissions Agreement

Parent involvement is a very important part of our program. We are designed to serve the entire family. The following information is of importance to you.

1. Classes are Monday through Friday from 8:00a.m.-11:00a.m. or 11:45a.m.-2:45p.m. It is important that your child arrive on time and is picked up on time. **Children who are constantly tardy or picked up late may be dismissed from the program.**
2. An authorized adult must sign your child in and out everyday. Daily Attendance Log **MUST SHOW A FULL ADULT SIGNATURE.**
3. Your child is to attend class daily unless ill or receiving medical attention. Children with excessive absences may be dismissed from the program (See Handbook).
4. Notify the school when your child is going to be absent or sign a written excuse when your child returns to school in the absence binder located by the sign in sheet.
5. Always provide the teacher with a current phone number and address where the current or other authorized adult can be reached in case of emergencies.
6. Keep all appointments required by the program including medical and dental. Call the staff if there is any kind of a problem regarding the appointment.
7. Attend scheduled parents meetings.
8. Parent participation can occur by volunteering in the classroom (with requirements met) or by arrangement activities outside the classroom. There is a parent volunteer calendar by the sign in sheet.
9. A child whose behavior poses a threat to him (her) self, other children or staff may be removed from the classroom at anytime.
10. Department of Social Services, Community Care Licensing has the authority to interview children or staff, and to inspect and audit child or childcare center records, with or without consent; and the department has the authority to observe the physical condition of the children including conditions that could indicate child abuse, neglect and inappropriate placement.

This Agreement is valid until revoked or revised in writing.

Agreement Signature: _____

Date: _____



Chatom State Preschool

FAMILY NEEDS REQUEST & REFERRAL

Parent(s)/Guardian(s): _____

In an effort to assist you in meeting your unique family needs, we ask your cooperation in completing this form. This information will allow program staff to provide you with information about resources available. Indicate your top three (3) referral needs by ranking them in order of 1-3 (1 being of greatest priority). If you do not need referrals, check here and sign below.

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Employment Opportunities |
| <input type="checkbox"/> Dental | <input type="checkbox"/> SSI / Social Security | <input type="checkbox"/> TANF / Cash Aid | <input type="checkbox"/> Vocational Training |
| <input type="checkbox"/> CPR – First Aid | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> College (Specify Type): _____ |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Child Care Referrals | <input type="checkbox"/> ESL | <input type="checkbox"/> GED / Diploma |
| <input type="checkbox"/> Children's Special Needs | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Immigration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency Food & Clothing | <input type="checkbox"/> Renter's Rights | <input type="checkbox"/> Unemployment | |

| Referrals | | Referrals | | Referrals | |
|-----------|--|-----------|--|-----------|--|
| Agency: | | Agency: | | Agency: | |
| Address: | | Address: | | Address: | |
| Phone: | | Phone: | | Phone: | |
| Website: | | Website: | | Website: | |

Parent Signature _____

Date _____

Staff Signature _____

Date _____

FOR OFFICE PURPOSES ONLY

Follow-up:

| Date | Staff Initials | Notes |
|------|----------------|-------|
| | | |
| | | |



Chatom State Preschool

FAMILY NEEDS REQUEST & REFERRAL (Additional)

| Referrals | | Referrals | | Referrals | |
|-----------|--|-----------|--|-----------|--|
| Agency: | | Agency: | | Agency: | |
| Address: | | Address: | | Address: | |
| Phone: | | Phone: | | Phone: | |
| Website: | | Website: | | Website: | |

| Referrals | | Referrals | | Referrals | |
|-----------|--|-----------|--|-----------|--|
| Agency: | | Agency: | | Agency: | |
| Address: | | Address: | | Address: | |
| Phone: | | Phone: | | Phone: | |
| Website: | | Website: | | Website: | |

Dear Preschool Parents and Guardians:

As a part of our preschool, our class will be taking a weekly trip to the library. Our library program gives children an opportunity to share and enjoy books as well as learning rules of the library. With your permission, your child will have the opportunity to check out a book of his/her choice. Each book will be sent home in a book bag. It is the responsibility of both parent and child to bring their book in its original bag back to school on time. If a book or bag is lost or damages while in your care a bill will be sent to the parent for the replacement of the item damaged.

Discussing the importance and proper care of books with your child while choosing a safe place for books at home would be a great help. As soon as the bottom portion of this letter is signed and returned your child may borrow library books to take home. Thank you for your cooperation.

Sincerely,

Sandra Nunes

Preschool Director



Yes, my child may check out a library book

No, my child may not check out a library book

Parent/Guardian: _____ Date: _____



Our school is using ParentSquare!

Dear Parents,

We are excited to let you know that this year we'll be using ParentSquare to communicate with you at the school, and in your classrooms and groups.

ParentSquare provides a simple and safe way for everyone at school to connect.

With ParentSquare you'll be able to

- Receive all school and classroom communication via email, text or app
- View and download photos
- View the school and classroom calendar and RSVP for events
- Easily sign up to volunteer and/or bring items
 - It is important that you communicate with staff when you have a change of phone number

Please fill out the information below to add you to the account:*

Student First Name: _____ Student Last Name: _____

Parent First Name: _____ Parent Last Name: _____

Phone Number: _____

Email Address: _____

ParentSquare Tips for Parents

1 Activate Account

Click the link in your invitation email/text or sign up on ParentSquare.com or via the ParentSquare app.

3 Set Preferences

Click your name in the top right to visit your account page and set your notification and language preferences.

5 Appreciate Posts

Click 'Appreciate' in your email/ app or website to thank a teacher or staff for a post. Teachers love the appreciation.

7 Participate

Click 'Sign Ups & RSVPs' in the sidebar to see available opportunities. Click bell on top to check your commitments.

9 Find People

Click 'Directory' in the sidebar to find contact information for teachers and parents (not available at all schools).

2 Download App

It's easy to stay in the loop with the ParentSquare app. Download it now from the App store or Google Play.

4 Get Photos & Files

Click 'Photos & Files' in sidebar to easily access pictures, forms and documents that have been shared with you.

6 Comment or Reply

Click 'Comment' in app or website to privately ask a question about the post that your teacher or school sent.

8 Join a Group

Click 'Groups' in the sidebar to join a group or committee at your school to participate or to stay up-to-date.

10 Get in Touch

Click 'Messages' in the sidebar to privately get in touch with staff, teachers and parent leaders.



**Program Forms
& Handbooks**

Available online at chatom.k12.ca.us or at our
office located at 7221 Clayton Rd., Turlock, CA
95380

United Way

2-1-1 provides referrals to hundreds
of resources
Call 2-1-1 or go online at 211.org

Child Care Resource & Referral Program

Links parents to licensed child care providers
Call (209) 238-6400 or go online at
www.findchildcaresanislous.org

We look forward to serving you!