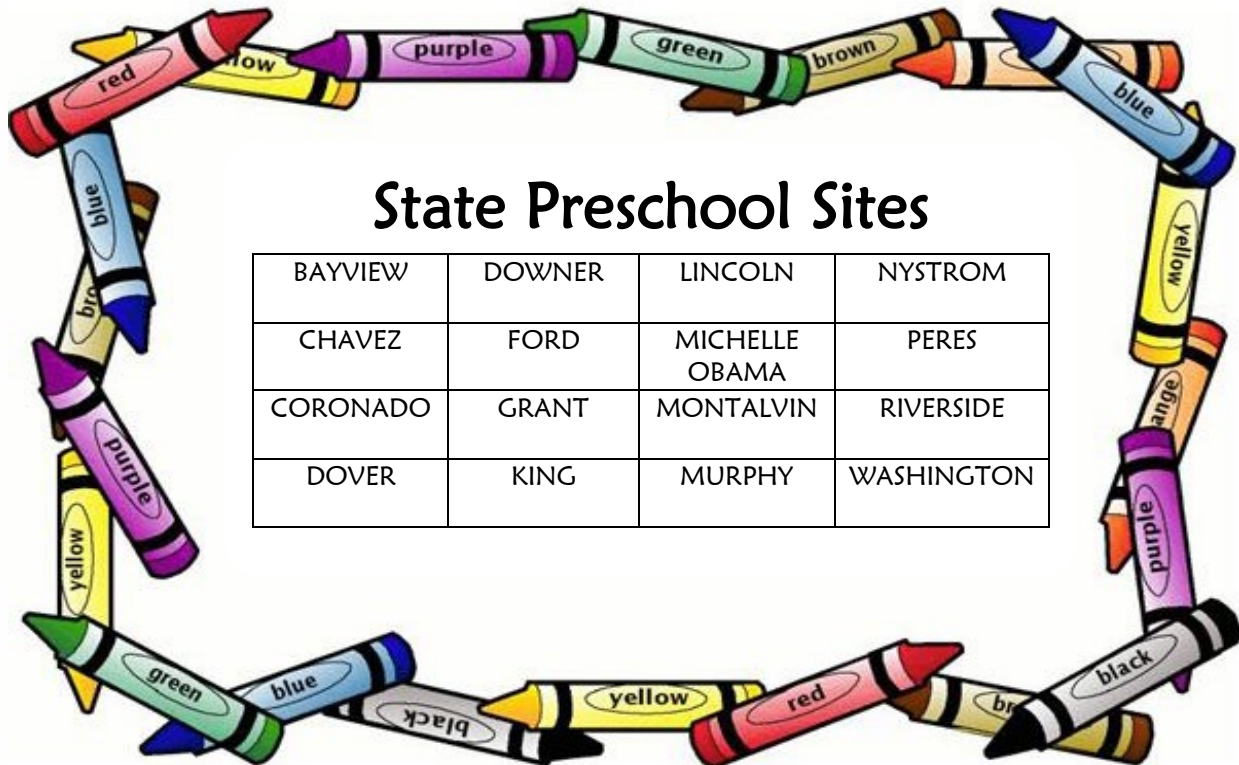




West Contra Costa Unified School District
Early Learning Department
State Preschool Program

PRESCHOOL CERTIFICATION PACKET

2021-2022 School Year



State Preschool Sites

BAYVIEW	DOWNER	LINCOLN	NYSTROM
CHAVEZ	FORD	MICHELLE OBAMA	PERES
CORONADO	GRANT	MONTALVIN	RIVERSIDE
DOVER	KING	MURPHY	WASHINGTON

PART DAY PRESCHOOL

SERVING CHILDREN AGES 3-5 WHO RESIDE IN THE WCCUSD AREA

Eligible Children

DATE OF BIRTH FALLS BETWEEN

DECEMBER 3, 2016 – DECEMBER 1, 2018

REQUIREMENTS CHECKLIST

<input type="checkbox"/>	Income	<p><i>An employment release authorizing to contact the employer must be completed by each working parent (the form is included in your packet).</i></p> <p><u>Paystubs for each working parent (within 30 days)</u></p> <ul style="list-style-type: none"> - twice a month or bi-weekly bring the last 2 paystubs - weekly bring the last 4 paystubs - monthly bring your last paystub <p><u>If both parents live at home and one is not working</u></p> <p>He /She must declare that they have no income on the Parental Income Declaration.</p> <p><u>Award Letter for benefits (Verification must be dated within 30 days of your appointment)</u></p> <ul style="list-style-type: none"> - Unemployment - Disability / Workers Comp - SSI / SSA / SSP - TANF/Cash Aid <p><u>Paid in cash</u></p> <p>We need a letter from your employer that includes your salary/wages, hours and days of work, pay periods and start date, potential for overtime and tips or additional compensation.</p> <p><u>Self Employed</u> - (You must provide a combination of documentation to determine income).</p> <ul style="list-style-type: none"> - Complete a self-employment declaration form (included in your packet). - A letter from the source of income - A copy of the most recently signed and completed tax returns with a statement of <u>current estimated income</u> or client list - Other business records, such as ledgers, receipts or business log <p>We may request additional documentation to verify your income to determine your income eligibility.</p>
<input type="checkbox"/>	Student age Verification	Original Birth Certificate or Birth Record of student who will enroll in State Preschool Program.
<input type="checkbox"/>	Family size Verification	<p>You must present for all children in household one of the following documents:</p> <ul style="list-style-type: none"> - Original birth certificate or Birth Record - Court orders regarding child custody - Adoption documents - Records of foster care placements - School or medical records - County welfare department records <p>or other reliable documentation indicating the relationship of the child to the parent</p>
<input type="checkbox"/>	Address Verification	A utility bill (PG&E, Water or Garbage) or rental agreement under parent's name is required. If parent does not have a utility bill under their name, they must provide a current utility bill from the person they are living with and a copy of that person's ID in addition to completing a "Declaration of Residence" (included in your packet). The top portion of the Declaration form should be completed by the parent and the bottom portion should be completed by the person you are living with.
<input type="checkbox"/>	Health Requirements	<p>-Physical exam within 11 months of your certification appointment or Doctor's appointment card indicating upcoming appointment.</p> <p>-Immunization record (must include 3 Polio, 4 DTAP, 1MMR, 1 Hib, 3 Hep-B and 1 Varicella)</p> <p>-TB test (must have given date, read date and results) or screening within 11 months</p> <ul style="list-style-type: none"> - Food Allergy Form must be completed by a physician if applicable. - Asthma Plan must be completed by a physician if child has asthma & needs medication at school. -IEP If child is receiving speech/occupational therapy or any other services from Cameron. <p>-Attach documentation of any chronic disease or medical condition</p>
<input type="checkbox"/>	Emergency Form	You must add four adults other than the parent(s)/Guardian(S). Please write their complete name, address and working phone number. They must be over 18 years old and live in West Contra Costa School District area.

NOTE: BLACK OR BLUE INK ONLY. YOU MUST BRING ORIGINAL DOCUMENTS. COPIES WILL NOT BE ACCEPTED.



West Contra Costa Unified School District
Early Learning Programs

**STATE PRESCHOOL
ENROLLMENT PRIORITIES 2021-22**

West Contra Costa Unified School District offers State Preschool for families who are certified eligible based on income, family size and admission priorities.

Limited placement may be available for families who are over income on first come first serve basis.

CDE Policy (Effective July 1, 2014):

“Four-year-old children” are children who will have their fourth birthday **on or before September 1st** of the fiscal year they are being served.

“Three-year-old children” are children who will have their third birthday **on or before December 1st** of the fiscal year they are being served.

Note: It is at the Early Learning Departments discretion to approve or deny any application. Any application that has been found to be falsely represented will be denied.

The Journey to Academic Excellence



“Leaders Start Little”



WCCUSD State Preschool / 2021-22

Special Needs/Services List

My child _____ has the following special needs/services:

Special Needs/Services (please check all that apply)	YES √	NO √	Parent/Guardian Comments	√ DOC. Attached
CPS under protective services				
CPS at risk				
Homeless				
IEP (Individual Education Plan)				
Foster Child or Adopted				
Restraining Orders				
Court Documents for custody				
Asthma				
Food allergies				
Allergies to medication				
Needs EPI Pen				
Vegetarian / Food restrictions				
Is your child toilet trained?				
Are you a single parent?				
Any other needs/service of which our office and teachers should be aware of, specify:				

Parent/Guardian Signature: _____ **Date:** _____

For office use only- Comments or additional instructions: _____ **Staff initials** _____ **Date:** _____



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Early Learning Programs
1108 Bissell Avenue, Room 128
Richmond, California 94801
Telephone: (510) 307-4585
Email: preschool@wccusd.net

Olanrewaju Ajayi
Coordinator, Early Learning Programs

**STATE PRESCHOOL PROGRAM
ADMISSION AGREEMENT**

The Admission Agreement between the West Contra Costa Unified District and the parent/guardian of the child/children attending the State Preschool Program is considered contractual and binding.

The West Contra Costa Unified School District State Preschool Department’s goal is to provide a safe, nurturing learning environment for students three to five years old. The program offered focuses on social emotional, physical and academic development to support students completing college.

State Preschool Department and the Adult Education Department assist parents with becoming their child’s first teacher by providing on-going parenting classes that focus on the social, emotional and academic aspects of the child’s development.

I, the parent of _____ who attends the
Child’s name

A.M. / P.M. session at _____ agrees to the following:
Name of school

Reasons for discontinuing service

1. Child was picked up late four (4) times.
2. Child’s behavior endangered him/herself or others.
3. Parent or guardian has not cooperated regarding the child’s discipline needs.
4. Parent has 30 days from time of enrollment to provide current physical exam.

Parent acknowledges the rights of California Care Licensing

1. To enter, inspect a child care facility with or without advance notice at any time.
2. To interview children or staff, and to inspect and audit child or facility records without prior consent.
3. To observe the physical condition of children, including conditions which could indicate abuse, neglect, or inappropriate placement and to have a licensed medical professional physically examine the children.

Additional information about these topics can be found in the State Preschool Parent Handbook

I have read, understood, and agree to follow the rules and regulations of the WCCUSD State Preschool Program.

Parent Signature

Date

I have given a copy of this admission agreement to the parent/guardian of the student.

WCCUSD Early Learning Programs Staff

Date



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Early Learning Programs
1108 Bissell Avenue, Room 128
Richmond, California 94801
Telephone: (510) 307-4585
Email: preschool@wccusd.net

STATEMENT OF RELEASE

I give permission for West Contra Costa Unified School District State Preschool Program, and its representatives to verify any and all information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

DECLARACION DE AUTORIZACION

Doy permiso para que la West Contra Unified School District State Preschool Program, y su representantes para verificar la información de todos y cada uno de mi empleador para determinar mi elegibilidad de la familia durante el proceso de certificación. Yo entiendo que toda información reunida es estrictamente confidencial.

Child's Name: _____
Nombre del Nino

Parent/Guardian Name: _____
Nombre del Padre/Tutor

Parent Signature: _____
Firma del Padre/Tutor

Date: _____
Fecha

Employer's Information/Información del empleador:

Name: _____
Nombre

Address: _____
Dirección

Phone Number: _____
Número de teléfono

Hours of Operation: _____
Horas de Operación

Office use only: _____

Client List and Record of Wages

La lista de clientes y registro de los salaries

Please provide this and other information that can help our staff verify your eligibility for our services.
Por favor de proporcionar esta y otra información que pueda ayudar verificar y determinar su elegibilidad para nuestro servicio.

Date Fecha	Type of work performed (within 30 days) clase de trabajo realizado (últimos 30 días)	Contact Information Información de contacto	Amount received (please write gross amount) Pago Recivido (escriba cantidad bruta)
			\$
Total Cantidad			\$

*Instruction: This form is to be used to secure a written self-certification under penalty of perjury from the parent.
Instrucción: Esta forma tiene el objeto de ser usada por los padres para hacer una auto-certificación escrita bajo pena de perjurio.*

I, _____ authorize State Preschool staff to contact my employer(s) to secure and verify information to support my eligibility for services.

Parent Signature: _____ **Date:** _____

Yo, _____ autorizo al personal del Pre-Escolar Estatal para que se comunice con mi empleador(es) con el propósito de confirma y verificar la información proporcionada, con el objeto de determinar mi elegibilidad para recibir servicios del programa pre-escolar.

Firma del Padre: _____ **Fecha:** _____

For office use only: Enter date, time, who you spoke to, and outcome of conversation. End all entries with your initial.



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
Early Learning Programs
State Preschool Program

Parental Income Declaration

Instruction: This form is to be used to secure a written declaration under penalty of perjury from the parent.

Explanation of Need for Declaration:

I, _____, hereby declare under penalty of
(Last Name, First)

perjury and the laws of the State of California that the above information is true and correct with the best of my knowledge.

Signature of Parent/Guardian

Date

Signature of Staff

Date



DISTRITO ESCOLAR UNIFICADO DE WEST CONTRA COSTA
Departamento de Aprendizaje Temprano
Programa Pre-escolar Estatal

Declaración de ingresos de los padres

Instrucción: Esta forma tiene el objeto de ser usada por los padres para hacer una declaración escrita bajo pena de perjurio.

Explicación de la necesidad de hacer esta declaración:

Yo, _____, con la presente declaro bajo pena
(Apellido, nombre)

de perjurio y bajo las leyes del estado de California que la información proporcionada anteriormente es verdadera y correcta de acuerdo a mi conocimiento.

Firma del padre o apoderado

Fecha

Firma de un miembro del personal

Fecha



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Early Learning Programs

1108 Bissell Avenue, Room 128

Richmond, CA 94801

Telephone: (510) 307-4585

Email: Preschool@wccusd.net

Olanrewaju Ajayi

Coordinator, Early Learning Programs

SELF-EMPLOYMENT DECLARATION FORM

I, _____ parent of _____ certify that
(PLS. PRINT)

I am self-employed and the following information pertaining to my work and income are provided below together with the attached supporting document(s) to verify my eligibility to utilize the services of the West Contra Costa Unified School District State Preschool Program. I understand that Early Learning Department may ask for additional documentation to be able to make a reasonable assessment of my income.

Job Title: _____ Start Date of Self-Employment: _____

Number of work hours per day: _____ Number of work days per week: _____

Type of Work Performed: *(Please give a brief explanation about the nature of your job and place of work/business:*

By signing this form, I declare under penalty of perjury under the laws of California that the foregoing is true and correct and of my own personal knowledge and if called upon to testify, I would be competent to testify.

Executed on _____ 20 ____ at, _____, California
(DATE)

Parent's Signature: _____

How is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for States by identifying a minimum set of acts or behaviors that defines child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

Most Federal and State child protection law primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers.

What are the Major Types of Child Abuse and Neglect?

With in the minimum standards set by CAPTA, each state is responsible for providing its own definitions of child abuse and neglect. Most State recognize four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Although any of the forms of child maltreatment may be found separately, they often occur in combination. In many states, abandonment and parental substance abuse are also defined as forms of child abuse or neglect. The definitions provided below are for the State of California only. Not all States' will include all of the listed definitions below, and individual States' definitions may cover additional situations not mentioned here.

Physical Abuse (Citation: Penal Code §§11165.6; 11165.3)

Child Abuse or neglect includes:

- Physical injury inflicted by other than accidental means upon a child by another person
- Willful harming or injury of the child or the endangering of the person or health of the child
- Unlawful corporal punishment or injury

Neglect (Citation: Penal Code §11165.2)

- *Neglect* means the negligent treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicting harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.
- *Severe neglect* means the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. *Severe neglect* also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, including the intentional failure to provide adequate food, clothing, shelter, or medical care.
- *General neglect* means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury to the child has occurred.

Sexual Abuse (Citation: Penal Code §11165.1)

Sexual abuse means sexual assault or sexual exploitation as defined below:

- *Sexual assault* includes rape, statutory rape, rape in concert, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, sexual penetration, child molestation.
- *Sexual exploitation* refers to any of the following:
 - Depicting a minor engaged in obscene acts; preparing, selling, or distributing obscene matter that depicts minors; employing a minor to perform obscene acts
 - Knowingly permitting or encouraging a child to engage in, or assisting others to engage in, prostitution or a live performance involving obscene sexual conduct, or to either pose or model alone or with others for purposes of preparing film, photograph, negative, slide, drawing, painting, or other pictorial depiction, involving obscene sexual conduct
 - Depicting a child in, or knowingly developing, duplicating, printing, or exchanging any film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct

Emotional Abuse (Citation: Penal Code §11166.05)

Serious emotional damage is evidence by state of being or behavior including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others.

Abandonment

This issue is not addressed in the statutes reviewed.

- **Standards for Reporting (Citation: Penal Code §§11165.2; 11165.6)** A report is required when a parent:
 - Willfully causes or permits harm to the child
 - Has inflicted by nonaccidental means injury on the child
- **Persons Responsible for the Child (Citation: Penal Code §11165.1)** *Person responsible for a child's welfare* means a parent, guardian, foster parent, or a licensed administrator or employee of a public or private residential home, residential school, or other residential institution.
- **Exceptions (Citation: Penal Code §§11165.2; 11165.6)** A child not receiving specific medical treatment for religious reasons is not considered neglected. Informed and appropriate medical decisions made by a parent, after consultation with a physician, do not constitute neglect. Child abuse or neglect does not include a mutual affray between minors.

The first step in helping abused or neglected children is learning to recognize the signs of child abuse or neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. If you suspect a child is being harmed, reporting your suspicions may protect the child and get help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances – these are called mandatory reporters.

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of – or blames the child for – the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after and absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

CHILD ABUSE AND NEGLECT PAMPHLET CONFIRMATION RECEIPT

I, parent, authorized representative of _____, have
Child's Name
received a copy of the "Child Abuse and Neglect Pamphlet" provided by the State Preschool Program.

Signature of Parent/Guardian

Date

Signs of Neglect

Consider the possibility of neglect when the *child*:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- State that there is no one at home to provide care

Consider the possibility of neglect when the *parent or other adult caregiver*:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the *child*:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the *parent or other adult caregiver*:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the *child*:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment of the parent

Consider the possibility of emotional maltreatment when the *parent or other adult caregiver*:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problem
- Overtly rejects the child

TOLL-FREE CRISIS HOTLINE NUMBER

Child Abuse

Childhelp

Phone: 800-4-A-CHILD (800-422-4453)

Who they help: Child abuse victims, parents, concerned individuals

Child Sexual Abuse

Stop It Now!

Phone: 888-PREVENT (888-773-8368)

Who they help: Adults, parents, offenders, concerned individuals

Crime Victims

National Center for Victims of Crime

Phone: 800-FYI-CALL (800-394-2255)

Who they help: Families, communities, and individuals harmed by crime

Family Violence

National Domestic Violence Hotline

Phone: 800-799-SAFE (800-799-7233)

Who they help: Children, parents, friends, offenders

TOLL-FREE CRISIS HOTLINE NUMBER

Mental Illness

National Alliance on Mental Illness

Phone: 800-950-NAMI (800-950-6264)

Who they help: Individuals, Families, professionals

Missing/Abducted Children

Child Find of America

Phone: 800-I-AM-LOST (800-426-5678)

Who they help: Parents reporting lost or abducted children

Child Find of America – Mediation

Phone: 800-A-WAY-OUT (800-292-9688)

Who they help: Parents (abduction, prevention, child custody issues)

National Center for Missing and Exploited Children

Phone: 800-THE-LOST (800-843-5678)

Who they help: Families and professionals (social services, law enforcement)

Rape/Incest

Rape, abuse & Incest National Network (RAINN)

Phone: 800-656-HOPE ext. 1 (800-656-4673 ext. 1)

Who they help: Rape and incest victims, media, policymakers, concerned individuals

Substance Abuse

National Alcohol and Substance Abuse Information Center

Phone: 800-784-6776

Who they help: Families, professionals, media, policymakers, concerned individuals

Suicide Prevention

National Suicide Hopeline

Phone: 800-784-2433

Who they help: Families, concerned individuals

National Suicide Prevention Lifeline

Phone: 800-273-8255

Who they help: Families, concerned individuals

Youth in Trouble/Runaways

National Runaway Switchboard

Phone: 800-RUNAWAY (800-786-2929)

Who they help: Runaway and homeless youth, families

The information on this pamphlet can be found at the following website:

Child Welfare Information Gateway

www.childwelfare.gov

Community Resources

- POISON CONTROL HOT LINE** 800-876-4766
INFORMATION ON TOXIC SUBSTANCES
- CHILD CARE SOLUTIONS** 510-412-9200
COUNSELING, REFERRALS, CLASSROOM ASSISTANCE FOR TEACHERS
- BATTERED WOMEN'S HOT LINE** 1-888-215-5555
REFERRALS FOR SHELTER COUNSELING
- RAPE CRISIS CENTER** 800-670-7273
REFERRALS FOR COUNSELING HELP
- RICHMOND FOOD PANTRY** 510-235-9732
FOOD - TUES & FRI. 12 – 3 P.M.
- SAN PABLO FOOD PANTRY** 510-232-0258
FOOD – MON & WED. 9:00 – 11 A.M.
- SALVATION ARMY** 510-262-0500
FOOD BANK, CLOTHING, - REQUIRES REFERRAL FROM SOCIAL WORKER – TUES. & FRI. 9 – 10:30 A.M.
- BAY AREA RESCUE MISSION** 215-4555, 215-4884, 215-4860, 215-4868
CLOTHING, HOUSING, MEALS
- RICHMOND SOUPER CENTER** 510-233-2141
165 22ND ST., RICHMOND, 10 A.M. – 2ND & 4TH TUES., & EVERY 3RD FRI., ALSO HAS DRUG & ALCOHOL PROGRAMS
- CHILDREN'S PROTECTIVE SERVICES SOCIAL SERVICES** 510-262-7700
INFORMATION & REFERRAL FOR FAMILIES IN CRISIS & NEED
- CRISIS CENTER, GRIEF COUNSELING** 800-837-1818
- CRISIS & SUICIDE INTERVENTION** 800-833-2900
- RUBICON** 510-235-1516
EMPLOYMENT & TRAINING SERVICE
- BAY AREA LEGAL AID** 510-233-9954
LOW INCOME RESIDENTS CAN GET SERVICE
- PARKS & RECREATION** 510-620-6793
AFTER SCHOOL PROGRAMS, SUMMER CAMPS
- BERKELEY HUMANE SOCIETY** 510-845-7735
PET ADOPTION, STRAY ANIMAL PICK-UP
- FIRE DEPARTMENT ADMINISTRATIVE OFFICE** 510-307-8031
EMERGENCY INFORMATION, CLASSROOM PRESENTATIONS
- POLICE DEPARTMENT ADMINISTRATIVE OFFICE** 510-620-6656
CLASSROOM PRESENTATION, EMERGENCY INFORMATION
- MAIN BRANCH LIBRARY** 510-620-6561
EDUCATIONAL, STORY HOUR, MOBILE LIBRARY
- EMPLOYMENT SERVICES/SOCIAL SERVICES** 510-262-7703
HELP/REFERRALS
- YOUTH CRISIS** 800-843-5200
HOT LINE REFERRAL SERVICE

Community Resources

- LAO FAMILY COMMUNITY DEVELOPMENT.....510-215-1220
REFERRALS/COUNSELING
- FAMILIAS UNIDAS COUNSELING CENTER.....510-412-5930
TRANSLATING, JOB REFERRALS, FOOD, COUNSELING
- CC CHILD CARE COUN.....510-758-5439
PARENTING CLASSES & CHILD CARE REFERRALS
- MENTAL HEALTH CENTER/WCOUNTY.....1-925-957-5126
COUNSELING, TRANSLATING SERVICES
- RICHMOND HEALTH CENTER.....510-231-1350
HEALTH CARE NEEDS, PHYSICALS, SHOTS, ETC.
- REGIONAL OCCUPATION PROGRAM.....925-942-3436
VOCATIONAL TRAINING – 16 YEARS OLD +
- OAKLAND CHILDREN’S HOSPITAL.....510-428-3000
MEDICAL NEEDS HEALTH
- RED CROSS.....(415) 427-8000
CLASSES, EMERGENCY HOUSING IN DISASTER
- AIR QUALITY CONTROL.....800-334-6367
REPORTS OF FOUL AIR
- BROOKSIDE COMMUNITY HEALTH CENTER, SAN PABLO.....510-215-9092
- BROOKSIDE COMMUNITY HEALTH CENTER, RICHMOND.....510-215-5001
- RICHMOND HEALTH CENTER.....877-905-4545
- NORTH RICHMOND CENTER FOR HEALTH.....877-905-4545
- HEALTH ON WHEELS.....925-313-6362
- HOUSE OF HOPE (ST. MARKS CHURCH).....510-234-5886

I WILL BE CONTACTING THE ABOVE CHECKED SERVICES FOR INFORMATION.

I AM NOT INTERESTED IN ANY OF THE ABOVE SERVICES.

CHILD’S NAME

SCHOOL

SIGNATURE

DATE

I HAVE GIVEN A COPY TO STUDENT’S PARENT/GUARDIAN: _____

DATE _____

Staff Initials

West Contra Costa Unified School District

Date _____

HOME LANGUAGE SURVEY

School _____

Room # _____

Teacher _____

The California Education Code requires schools to determine the language(s) spoken at home by all students. This information is essential in order for schools to provide meaningful instruction. Please answer questions 1-4 to help us meet this important requirement. In addition, please assist us in the assessment of your child by answering questions A-C. Thank you for your help.

Name of Student: _____
Last First Middle Grade Age Sex

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son/daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language most often spoken by the adults at home: _____

Signature of Parent or Guardian _____

Home Phone Number _____

Please write student's date and country of birth. Date of Birth: _____ Country of Birth: _____
month/day/year

(School Office: If the country of birth is not the US, send copy of HLS to RAP Center even if English is the only language listed.)

[State of California, Department of Education OPER - LS 77 R-6/70]

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW TO ASSIST US IN THE ASSESSMENT OF YOUR CHILD:

- A. Did your son or daughter attend school in another country? _____ If yes, how long _____
yes no
- B. Has he or she attended school in the United States? _____ If yes, when? ____/____ Where? _____, _____, _____
yes no month / year city state school name
- C. Has he or she attended school in WCCUSD schools before? _____ If yes, when? ____/____
yes no month year

[EL Services -- WCCUSD -- NS -- Revised 3/11/10]

Attention school office: Retain original in cum folder --- Send copy to ELS, RAP Center, ONLY if it lists a language other than English OR the country of birth is not the U.S. (or both).

GENERAL RELEASE

For Community Access Cablevision,
Photographs, Videotaping, Interview Comments, and Posting on the Internet

TO: Parents and Guardians
FROM: Principal's Office

Occasionally, the School District and organizations/associations connected with the district would like to use the name, photograph(s), video recording, and/or interview comments of students for educational and promotional purposes, including district-generated news articles and brochures. On occasion the school also receives request from the news media to photograph, film or interview students while covering school events and activities. Such images and comments are used for news purposes only and not for commercial purposes.

As part of each school's parents/community information program, our school or the district may also wish to place students' pictures, schoolwork, and/or names on the district or school's website.

All photography, video recording, student comments, and posting on the Internet are done by legitimate new media personnel. In order to use such material, parental consent is necessary for any student under 18 years of age.

2021-22 SCHOOL YEAR

Please fill out this form and return to your school

Please indicate below if you give permission for your child's name, image, or comments to be used:

For School District publications and educational organizations connected to the district YES NO

By the news media, including newspapers, radio and television YES NO

On the district and/or school website YES NO

I understand that the school and the district have no control over further distribution of a photo or image once it appears in a school or district publication or web site. By signing below, I hereby release the West Contra Costa Unified School district from any damages or injuries claimed by the student or parent related to production or distribution of the photo image.

Student Name: _____

School: _____

Grade: PRESCHOOL Teacher: _____

Parent/Guardian Signature: _____

Date: _____



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT 2021-2022 NEW STUDENT ENROLLMENT FORM

1) STUDENT INFORMATION

School		Registration Date	Enrollment Date	SSID#
Student Last Name	First Name	Middle Name	Age	Grade
				Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Street Address, City, State, Zip			Home Phone	
Date of Birth (mm/dd/yy)	Place of Birth (City/State/Country)	Verification of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other: _____ Checked by: _____		
Country of Citizenship	Last School Attended	Last School Attended Address		
Last Date Enrolled (mm/dd/yy)	Length of Time at School	Proof of Grade <input type="checkbox"/> Transfer Slip <input type="checkbox"/> Report Card <input type="checkbox"/> None		
Previously Enrolled in West Contra Costa Unified School District? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list school: _____			Month and Year Left WCCUSD School	
Does the student live with their legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No, if you responded no, please complete the Caregiver Affidavit.				

2) PARENT/GUARDIAN INFORMATION

Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Last Name	First Name
	Street Address, City, State, Zip Code (if different from Student)	
	Living with Student? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken at Home
Highest Level of Education: <input type="checkbox"/> Not High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> High School Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State	Business Phone	Cell Phone
	Home Phone	Email
	Employer	Occupation
Please check one: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Last Name	First Name
	Street Address, City, State, Zip Code (if different from Student)	
	Living with Student? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language Spoken at Home
Highest Level of Education: <input type="checkbox"/> Not High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> High School Grad <input type="checkbox"/> Grad School <input type="checkbox"/> Some College <input type="checkbox"/> Decline to State	Business Phone	Cell Phone
	Home Phone	Email
	Employer	Occupation

3) CHILDREN IN FAMILY INFORMATION (List all children, including this student, in order of birth)

Name	Birth Date	Current School	Name	Birth Date	Current School

4) LICENSED CHILDREN'S INSTITUTION/FAMILY FOSTER HOME

Facility Name	Contact Person	LCI/FFH#
Facility Address	Facility Phone	Alternate Phone

5) COURT ORDER

Are there any court orders restricting the legal rights of either parent? If you answered YES, please attach a copy of the court order to this registration forms.	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

Does your child have an IEP? No Yes (If Yes, please attach the most recent IEP completed for your child)

Is the student now on a 504 Disability Accommodation Plan? No Yes (If Yes, please attach a copy)

Has your child been identified as GATE? No Yes

Student Lives with: Both Parents Joint/Shared Custody Father Mother
 Step Parent Only Guardian Caregiver Other Relative Other Adult

Is the above (checked) Person (s) the student's LEGAL guardian? Yes No - *If No, please complete a "Caregiver Affidavit"*

Is there a legal custody agreement or other court order regarding this student? *If so, please indicate type and attach a copy.*
 Joint Custody Sole Custody Guardianship Other :

In which language do you wish to receive communications from the school? English Spanish

ETHNICITY AND RACE - (Required by federal NCLB regulations)
Please answer BOTH of the following questions regarding your child's ethnicity and race

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? The above question is about ethnicity, not race. No matter what you selected above, please indicate what you consider your child's race to be. **(Please select 1 or more of the following racial categories, up to a maximum of 5)**

<input type="checkbox"/> Native Indian, American Indian or Alaskan Native (100) - A person having origins in any of the original peoples of North and South America (Including Central America).	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Island, Thailand, and Vietnam	
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Filipino (400)	<input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian(207)	<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Black or African American (600) - A person having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> White (700) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Students Birth City: _____ **Birth State (US, Canada, Mexico):** _____

Birth Country (Required) _____

If your child was born in a country other than the U.S., please indicate date student first entered U.S.: _____

Parent Education Level — Check the response that describes the education level of the most highly educated parent or guardian:

<input type="checkbox"/> Graduate Degree or Higher (5) - An individual received a Master's or Doctorate Degree.	<input type="checkbox"/> High School Graduate (2) - An individual graduated from high school, met all state and local graduation requirements, and received a standard high school diploma.
<input type="checkbox"/> College Graduate (4) - An individual attended a postsecondary education institution and graduated with a Bachelor's Degree.	<input type="checkbox"/> Not a High School Graduate (1) - An individual did not meet all state and local graduation requirements and did not receive a standard high school diploma.
<input type="checkbox"/> Some College or Associate's Degree (3) - An individual attended or is attending a postsecondary education institution but did not or has not yet graduated with a Bachelor's Degree. This includes an individual who received an Associate's Degree.	<input type="checkbox"/> Decline to State (6) - An individual declined to state his or her highest educational level.

Primary Residence Category - Please describe the location where the student lives most often, whether or not it is considered "permanent."

<input type="checkbox"/> Permanent Housing (20) - Any fixed and regular residence that is owned, rented, or sublet (i.e. house, condo, apartment, mobile home, etc.).	<input type="checkbox"/> Licensed Children's Institution (22) - A residential facility that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide non-medical care to children, including, but not limited to, individuals with exceptional needs.
<input type="checkbox"/> Foster Family Home or Foster Kinship Placement (21) - A family residence that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 14-hour non-medical care and supervision for not more than six Foster children, including, but not limited to, individuals with exceptional needs.	<input type="checkbox"/> Residential School/Dormitory (23) - A nonsectarian school where a student with exceptional needs resides on a 24-hour basis and receives special education and related services at the school. This includes both public and private facilities.
<input type="checkbox"/> Temporary Shelters (10) - A temporary residence provided for homeless individuals who would otherwise sleep on the Street or a temporary residence provided to individuals in emergency situations.	<input type="checkbox"/> Health Institution (24) - A public hospital, state licensed children's hospital, psychiatric hospital, proprietary hospital, or a health facility for medical purposes. (EC 56167 (a)).
<input type="checkbox"/> Hotels/Motels (09) - A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.	<input type="checkbox"/> Incarceration Institution (25) - Individuals who have been adjudicated by the juvenile court, for placement in a juvenile hall or juvenile home, day center, ranch, or camp, or for individuals placed in a county community school (EC 56150).
<input type="checkbox"/> Temporarily Doubled Up (11) - A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.	<input type="checkbox"/> Development Center (26) - A residential facility providing services to individuals who have been determined by the Department of Developmental Services (DDS) regional centers to require programs, training, care, treatment and supervision in a structured health facility setting on a 24-hour basis.
<input type="checkbox"/> Temporarily Unsheltered (12) - A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street).	<input type="checkbox"/> State Hospital - A state hospital is a residential facility operated by the California Department of Mental Health (DMH).
	<input type="checkbox"/> Other- (30) - Any other type of residence not referenced in any other Primary Residence Category.

I verify that the information on the New Student Enrollment Form is true to the best of my knowledge, and I understand that any incorrect information could negatively affect the enrollment and placement of my student.

Signature of Parent/Guardian: _____ **Date:** _____

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number	
4. Name of Child or Participant		5. Age or Date of Birth	
6. Name of Parent or Guardian		7. Phone Number	
8. Description of Child or Participant's Physical or Mental Impairment Affected:			
9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:			
10. Indicate Food Texture for Above Child or Participant:			
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
11. Foods to be Omitted and Appropriate Substitutions:			
Foods To Be Omitted		Suggested Substitutions	
12. Adaptive Equipment to be Used:			
13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

***For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).
Suggested Substitutions: List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:

A person with a disability is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or mental impairment means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; speech; organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Major bodily functions have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Has a record of such an impairment" means a person has, or has been classified (or misclassified) as having, a history of mental or physical impairment that substantially limits one or more major life activities.



CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to WCCUSD State Preschool to obtain all emergency Medical or Dental Care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S) for _____ . This care may be given under whatever conditions are necessary to preserve the life, limb, or well being the child named above.

- My Child has the following medication allergies: _____
- My Child **does not have** any medication allergies

_____ **X** _____
 Date Parent or Authorized Representative Signature

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

ASTHMA Questionnaire

- My child **does not have** asthma
- My child has asthma and needs medication at school
- * Please request an "Administration of Medication" for Asthma form in the preschool office.
- My Child has asthma, but **does not need** asthma medication at school

Parent signature: _____ Date: _____

EPI PEN – Food Allergies questionnaire

- My child **does not have** any food allergies
- My child has allergies and needs to have the EPI-PEN at school
- * Please request a Administration of Prescribed Medication (EPI-PEN) form at the preschool office.
- My Child has food allergies, but **does not need** EPI pen at school

Parent signature: _____ Date: _____

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<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
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Foods To Be Omitted		Suggested Substitutions	
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