

**PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT**

14806 Pleasant Valley Rd., Penn Valley, CA 95946-9722

Phone (530) 432-7311 Fax (530) 432-7314

www.pvuesd.org



Torie F. England, Ed.D. - Superintendent

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## **Kiddie Corral Pre-School Program**

# **ENROLL NOW! 2019-2020**



Child must be potty trained to enroll & 3 years of age

**\$275.00 MONTHLY FEE**

**Monday/Wednesday w/alternating Fridays**

**OR**

**Tuesday/Thursday w/alternating Fridays**

**8:00 – 11:30**

**Or every day for only \$400 a month!**

**Checks payable to PVUESD**

**Instructor: Sandy Knibb (530) 432-7300 x230**

# **Kiddie Corral Pre-School Program**

## **Enrollment and Immunization Requirements**

### **Continuing Students**

The following documentation is required for enrollment for continuing students in the Kiddie Corral Pre-School Program:

- Enrollment Form (Required each year for information updates)
- Immunization Record (To record any updates)
- Kiddie Corral Payment Structure Agreement Form

### **New Students**

The following documentation is required for enrollment for new students in the Kiddie Corral Pre-School Program:

- Enrollment Form
- Copy of Birth Certificate
- Immunization Record
- Enrollment Acknowledgement Form (attached)
- Kiddie Corral Payment Structure Agreement Form

### **Immunizations**

Attached is a copy of the immunization requirement form the District will use to record your child's immunizations received. Please note each vaccine and the number of doses required.

Kiddie Corral Preschool  
Immunization Requirements for Entry

Student Name: \_\_\_\_\_

Date of entry: \_\_\_\_\_

**Missing Doses are Circled Below:**

**Polio Vaccine**

3 years of age:                    #1    #2    #3

4 years of age (4-6):            #1    #2    #3    #4

(3 doses meet the requirement if the 3<sup>rd</sup> dose was given on or after the 4<sup>th</sup> birthday for ages 4-6.)

**Dtp or Dtap**

3 years of age                    #1    #2    #3    #4

4 years of age (4-6)            #1    #2    #3    #4    #5

(4 doses meet the requirement if at least one dose was given on or after the 4<sup>th</sup> birthday for ages 4-6.)

2 MMR's                        #1    #2

(Both doses must be on or after the first birthday.)

3 Hepatitis B                #1    #2    #3

1 Varicella                    #1

(or an MD statement that child "had disease.")

Date information reviewed: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Date Provided to Parent/Guardian: \_\_\_\_\_ Personally  Mailed

**Student's immunizations complete:**    Yes             No\*  - **See items circled above**

**If you have questions, please call the school office at \_\_\_\_\_**  
\_\_\_\_\_.

Note: This does not satisfy the Immunization requirements for TK/K entry.

<b><u>Other Items Required to complete enrollment:</u></b>	
	<b><u>Item Complete (✓)</u></b>
Birth Certificate	_____
Emergency Contacts Listed	_____
Enrollment forms complete	_____
Other: _____	_____
_____	_____
_____	_____

# Kiddie Corral Pre-School Program

## Payment Structure Agreement

### Program Cost for 2019/20

Full Time (Monday through Friday)

\$400 per month for 10 months (August-May)

Half Time (Monday/Wednesday or Tuesday/Thursday with alternating Fridays)

\$275 per month for 10 months (August-May)

**Payments are due by the 5<sup>th</sup> of every month.** The August payment will be due by the first week of school. Failure to pay by the required deadlines will result in termination in the program.

### Mid-month enrollment changes

If enrolling between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, you will be charged the full monthly fee. If enrolling between the 16<sup>th</sup> of the month to the end of the month, you will be charged half of the monthly fee.

If leaving the program between the 1<sup>st</sup> and the 15<sup>th</sup> of the month, you will be charge half of the monthly fee. If leaving between the 16<sup>th</sup> of the month to the end of the month, you will be charged the full fee for the month.

I am enrolling my child in the Preschool program as follows: (circle one)

Mon/Wed/ F1 (\$275)

Tue/Thur/F2 (\$275)

Mon-Fri (\$400)

I agree to the above terms for the 2019/20 school year:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## **Enrollment Acknowledgement**

We understand you plan to enroll your child in the Kiddie Corral Preschool which is operated by the Penn Valley Union Elementary School District.

Our records indicate your place of residence is not located within this school district. Therefore, we must inform you that attendance at the Kiddie Corral Preschool does not automatically grant your child attendance privileges to the schools within the district when your child reaches kindergarten age. At that time, you will need to enroll in your district of residence.

By your signature below you agree and acknowledge that you have been informed of this fact and will not seek to use attendance in the Kiddie Corral Preschool as grounds for an interdistrict attendance request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child Name: \_\_\_\_\_

\_\_\_\_\_  
Address

<input type="checkbox"/> Ready Springs School <input type="checkbox"/> Williams Ranch School <input type="checkbox"/> Vantage Point Charter <input type="checkbox"/> Kiddie Corral Preschool		<b>PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT</b> <b>ENROLLMENT FORM</b>				Enrollment Page 1		School Year: 2019-2020		Grade	
<b>FOR SCHOOL USE</b>		Student's Legal Name - Last		First		Middle					
		Nickname or Goes By Different Name: <i>(Please List)</i>		Student's Birth Place <i>(City, State)</i>		Date of Birth <i>(month, day, year)</i>		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary			
Entrance Date <i>(Mo/Day/Yr)</i>		Student's Residence Address		Apt. #	City	Zip		Home Telephone			
Student ID #	Teacher	Student's Mailing Address		Apt. #	City	Zip		Fax Number			
CSIS #		e-mail address <i>(Primary Contact, Not for Emergency Use)</i>		Has Your Child Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Retained, What Grade Level?					
InterDistrict Transfer Y N		Father's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Address if different from above)</i>		Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training			
IntraDistrict Transfer Y N		Mother's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Address if different from above)</i>		Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training			
Parent Rights <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Ed Form <input type="checkbox"/> Yes <input type="checkbox"/> No		Address Verification <i>Initials</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian ID					
Birth Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Passport <input type="checkbox"/> Transfer		Legal Guardian <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No or Step Parent <i>(Address if different)</i>		Employer Name/Address		Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:		Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training			
Ethnicity/Race - Blank <input type="checkbox"/> ET <input type="checkbox"/> RC		Transportation To/From School: Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Route: _____ AM _____ PM Walks <input type="checkbox"/> Bikes <input type="checkbox"/> Parent Transports <input type="checkbox"/> Other:		Legal Restrictions Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If Yes, please provide a copy to the school office.		Has Student Been Expelled From Another School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		Student's Special Programs <input type="checkbox"/> Resource Specialist Program (IEP) <input type="checkbox"/> DIS (Speech, Hearing, Psych, etc.) (IEP) <input type="checkbox"/> Special Day Class (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP/NEP) <input type="checkbox"/> G.A.T.E. <input type="checkbox"/> Title I/Miller-Unruh <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____			
Health Examination <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(1<sup>st</sup> Grade entry)</i>		Permission to Take Medication At School Form on File: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cum Folder Requested <i>(Date)</i> 		Cum Folder Received <i>(Date)</i> 					
		Other Children in the Family									
		Names <i>(First, Last)</i>		Age		Relationship to Student		School Attending		Lives With Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
										<input type="checkbox"/> Yes <input type="checkbox"/> No	
										<input type="checkbox"/> Yes <input type="checkbox"/> No	
										<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Last School Attended <i>Name</i>		Grade		Date of First School in <i>California</i> :		Month		Date Year	
		Street		Phone #							
		City, State, Zip									

Student Name: \_\_\_\_\_

Office Use: Copy of this page provided to School Nurse: \_\_\_\_\_

Enrollment Page 2

Emergency Numbers (use local number of people who can pick up your child and be responsible for them)

1.	Name	Relationship	Home Phone #	Work Phone #	Cell Phone #
2.	Name	Relationship	Home Phone #	Work Phone #	Cell Phone #
3.	Name	Relationship	Home Phone #	Work Phone #	Cell Phone #

Please List Medical Conditions the School Should Be Aware Of And Make Necessary Explanations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List Any Medications Taken On A Regular Basis And An Explanation.

\_\_\_\_\_

\_\_\_\_\_

Do These Medications Need To Be Taken At School?  Yes  No  
(If YES - requires a medication at school form -- see the school office)

Administration of Medication at School Form on File?  Yes  No

Health Information (Please check if your child has had, or now has, any of the following medical conditions.)

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Poliomyelitis            | <input type="checkbox"/> Meningitis              | <input type="checkbox"/> Eczema/Skin Trouble        | <input type="checkbox"/> Physical Limitation  |
| <input type="checkbox"/> Diphtheria        | <input type="checkbox"/> Reyes Syndrome           | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> History of Ear Problem     | <input type="checkbox"/> Wears Contact Lenses |
| <input type="checkbox"/> Hepatitis B       | <input type="checkbox"/> Rheumatic Fever          | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Heart Problem              | <input type="checkbox"/> Wears Glasses        |
| <input type="checkbox"/> Measles (3-day)   | <input type="checkbox"/> Scarlet Fever            | <input type="checkbox"/> Diagnosed ADD or ADHD   | <input type="checkbox"/> Head Injury                | <input type="checkbox"/> Eye Injury           |
| <input type="checkbox"/> Measles (10-day)  | <input type="checkbox"/> Strep Throat             | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> History of Fractures       | <input type="checkbox"/> Hypoglycemia         |
| <input type="checkbox"/> Mumps             | <input type="checkbox"/> Tonsils/Adenoids Removal | <input type="checkbox"/> Bladder Problems        | <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Frequent Nose Bleeds |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tuberculosis Contact     | <input type="checkbox"/> Bleeding Disorder       | <input type="checkbox"/> History of Surgery         | <input type="checkbox"/> Scoliosis            |
| <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Whooping Cough           | <input type="checkbox"/> Color Vision Deficiency | <input type="checkbox"/> Known Hearing Loss         | <input type="checkbox"/> Other: _____         |

Emergency Treatment Release

In case of accident or other emergency, if a parent or guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand the Penn Valley Union Elementary School District does not provide medical or accident insurance for students for school-related injuries or treatment. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Any amendments or deletions on this authorization should be initialed by the parent/guardian. This authorization will remain in effect until revoked by the undersigned.

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance ID \_\_\_\_\_

Insurance Company \_\_\_\_\_

I hereby certify that all information entered on both sides of this enrollment form is true and correct. I also understand and agree to the above Emergency Treatment Release.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## HOME LANGUAGE SURVEY

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. The information is essential in order for the school to provide adequate instructional programs and services. *Please indicate only one language (most frequently used) per line:*

1. Which language/dialect did your child learn when he/she first began to talk? \_\_\_\_\_ 2. What language do you most frequently speak to your child? \_\_\_\_\_
3. Which language does your child most frequently use at home? \_\_\_\_\_ 4. Name the language most often spoken by the adults at home? \_\_\_\_\_
5. Has your child ever been given the California English Language Development Test?  Yes  No  I do not know

## ETHNICITY

## WHAT IS YOUR CHILD'S ETHNICITY?

- Hispanic/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

## MILITARY DUTY

Does your child have a parent on full-time active duty in the uniformed services of the U.S.?

- Yes (if Yes Branch \_\_\_\_\_ Rank \_\_\_\_\_)
- No

## RACE SURVEY

WHAT IS YOUR CHILD'S RACE? The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be. (*Please check up to five racial categories.*)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br><i>(Person having origins in any of the original people of North and South America (including Central America))</i> | <input type="checkbox"/> Chinese (201)                | <input type="checkbox"/> Hawaiian (301)  | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)<br><i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |  |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Samoan (303)                 |  |  |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Tahitian (304)               |  |  |
| <input type="checkbox"/> Asian Indian (205)   | <input type="checkbox"/> Other Pacific Islander (399) |  |  |
| <input type="checkbox"/> Laotian (206)  |   |  |  |
| <input type="checkbox"/> Cambodian (207)  |   |  |  |
| <input type="checkbox"/> Hmong (208)  |   |  |  |
| <input type="checkbox"/> Other Asian (299)  |   |  |  |

Signature:

Date: