



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

PARENT/GUARDIAN NOTIFICATION AND CONSENT FORM

All information is kept confidential

Child's Name: _____ Child's Date of Birth: _____

We operate under federal, state, district and program guidelines to provide safe and developmentally appropriate experiences for your child. This form provides information regarding our program requirements and also program services that are designed to identify any health and learning problems that may interfere with your child's learning experiences now and in future years. We encourage you to be actively involved in your child's health care and school-related activities.

NOTIFICATIONS:

Our programs require all enrolled children to have up-to-date immunizations (including a current TB skin test). In addition, all enrolled children must have a complete physical examination within 30 days of enrollment and an annual dental examination.

_____ I understand that failure to provide this information within the required timelines may result in my child's termination from the program.
Initials

Our programs are licensed by the Department of Social Services and comply with the following regulation: Inspection Authority/Dept. of Social Services – Title 22, Division 12, Chapter 1, Article 4, Section 101200(b)(1)(c)(1)(d)

_____ I understand that the Department of Social Services has the authority to:
Initials (b) interview children or staff without prior consent,
(c) inspect, audit, and copy child or child care center records upon demand during normal business hours
(d) observe the physical condition of the children, including conditions that could indicate abuse, neglect or inappropriate placement.

Our programs enroll out-of-district children, with priority enrollment provided to SCUSD residents. When an out-of-district child becomes kindergarten eligible, he/she must register at his/her district's school of attendance.

_____ I understand that I must enroll my child in his/her district's school of attendance when he/she becomes eligible for kindergarten (5 on or before September 1).
Initials

CONSENTS:

- 1. Screening I consent to have my child screened in the following areas:
[] Yes [] No Hearing/Vision [] Yes [] No Height/Weight [] Yes [] No Social/Emotional
[] Yes [] No Speech/Language [] Yes [] No General Development
2. Observation: I consent to have my child observed by the Child Development Department's support staff with the understanding that I will be informed prior to these observations and provided the opportunity to provide my written authorization for these services
[] Yes [] No
3. Assessment: I consent to have my child participate in preschool assessments.
[] Yes [] No
4. Field Trips I consent to have my child participate in field trips with the understanding that I will be notified in advance of each trip.
[] Yes [] No
5. Photographs/ Video I consent to have my child photographed and/or video recorded for the purposes of display in the classroom, posters, or for use in publications dealing with early childhood education.
Recorded: [] Yes [] No
6. Forwarding Records I consent to have my child's records forwarded to the next school of attendance, or when another district requests the records (exception: special education records).
[] Yes [] No

Parent/Guardian

By typing my full name, I confirm that the above information is true and correct.

Print: _____ Date: _____

Distribution: Original – Child's File Copy – Parent/Guardian