Around the Korner Child Care Center

8800 Woodman Ave., Arleta, CA 91331 (818) 891-0200
9273 Tobias Ave., Panorama City, CA 91402 (747) 236-7012
9757 Arleta Ave., Arleta, CA 91331 (818) 890-0200
13939 Nordhoff St., Arleta, CA 91331 (818) 894-8037
14030 Nordhoff St., Arleta, CA 91331 (818) 894-2478

ENROLLMENT PACKET/ PAQUETE DE MATRICULACION

We welcome you to the Around the Korner Child Care Centers! We are thrilled you have chosen our day care/ preschool and look forward to a wonderful new school year. / **Le damos la bienvenida a los centros de Around the Korner! Estamos encantados de que haya elegido nuestra guardería/preescolar. Esperamos que este sea un año escolar maravilloso y lleno de aprendizaje.**

The attached forms should be returned to the school office no later than _____. Please make sure all of the forms are included when you return the packet. Incomplete packets will not be accepted. / **Las formas que encontrara a continuación debe entregarlas a la oficina de la escuela a más tardar el día _____. Por favor asegúrese que todas las formas están completas, no se aceptaran paquetes incompletos.**

You MUST also provide us with the following:

También DEBE proporcionarnos con lo siguiente:

- Physician Report - MUST be completed by your child's pediatrician. (*This form needs to be completed annually).* **Reporte Físico - Esta forma debe ser completada por el pediatra de su hijo(a). Cada año se le pedirá que complete esta forma.**
- Immunization Records/ Cartilla de Vacunas
- Birth Certificate of all your children under 17 years of age / **Acta de Nacimiento de todos sus hijos menores de 17 años de edad.**
- Copy of IEP (Individualized Education Program) if applicable. / **Copia del Programa Educativo Individualizado** (si es aplicable)
- Proof of Address - any evidence of a street address or post office address in Los Angeles County. If you are homeless, you may submit a declaration of intent to live in California. / **Prueba de Domicilio - cualquier evidencia de domicilio o dirección de oficina postal en el Condado de Los Ángeles. Si no tiene hogar, puede presentar una declaración de intención de vivir en California.**
- Employment Verification/Check Stubs (if you get paid in cash, we will also need a letter from your employer stating the type of work you do, schedule, and amount and type of payment.) -**Verificación de Empleo/talones de cheques (si recibe pago en efectivo, también necesitaremos una carta de su empleador que indique que le paga en efectivo, el tipo de trabajo que realiza, el horario de trabajo y la cantidad de pago.)**

We look forward to working together with you to ensure a successful school experience for you and your child. Please feel free to contact us if you have any questions. / **Esperamos trabajar en equipo con usted para garantizar una experiencia escolar exitosa para usted y su hijo(a). Por favor, siéntase libre de contactarnos si tiene alguna pregunta.**

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

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

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

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

_____ 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'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

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

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ 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?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

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

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

GUIDE TO THE REQUIREMENTS OF THE CALIFORNIA SCHOOL IMMUNIZATION LAW FOR

Parents of Children In or Entering School or Child Care

California Department of Health Services

REFERENCE Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHY YOUR CHILD NEEDS SHOTS The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or child care. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter. Most children need booster shots before starting kindergarten. 7th grade entry requirements went into effect July 1, 1999. A varicella (chickenpox) requirement for kindergarten entry and child care attendance went into effect July 1, 2001.

WHAT YOU WILL NEED AT REGISTRATION You will need your child's Immunization Record. It must show the date your child was given each required shot. If you do not have an Immunization Record or your child has not received all required shots, call your doctor or local health department now for an appointment.

THESE ARE THE SHOTS THAT ARE REQUIRED Review your child's Immunization Record to make sure you have a date for each shot required.

	NUMBER OF IMMUNIZATIONS REQUIRED TO ENTER, BY AGE OF CHILD							
	Child Care					School		
Vaccine	2-3 months	4-5 months	6-14 months	15-17 months	18+ months	4-6 years	7-17 years	7th grade
Polio (OPV/IPV)	1	2	2	3	3	4[a]	4[b]	
DTP/DTaP	1	2	3	3	4	5[a]	3[b]	
Td Booster								[1[c]]
MMR				1[d]	1[d]	2[e]	1[e]	2[e]
Hepatitis B	1	2	2	2	3	3		3[f]
Hib	1	2	2	1[d]	1[d]			
Varicella					1[g]	1[g]	1-2[h]	

[a] This number includes kindergarten boosters. If your child is 4-6 years old, entry requirements are met with only 3 polio and 4 DTPs if at least one polio and one DTP dose were after your child's fourth birthday.

[b] For children 7-17 years old, entry requirements are met with only 3 polio and 3 DTP or DT/Td if at least one polio and DTP or DT/Td were after your child's 2nd birthday. For students age 7 years and older, pertussis immunization is not required.

[c] A Td booster is recommended but not required.

[d] One dose must be on or after the 1st birthday regardless of any doses received earlier. The Hib requirement applies only to child care children under age 4 years and 6 months.

[e] One dose on or after the first birthday is required for grades 1–6 and 8–12. Mumps immunization is not required for students age 7 years and older.

[f] Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11–15 years will also fulfill this requirement.

[g] If your child had chickenpox disease, ask your doctor to note it on the immunization record to meet the requirement.

[h] Required for children not enrolled in California schools before July 1, 2001. 1 dose required for grades K–12. For children 13–17 years old, 2 doses are needed if vaccine received after 13th birthday.

If your child's record is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted from some or all immunizations by a doctor because of a medical condition. Your child may be exempted by you because of your personal or religious beliefs. Ask your school or child care provider for details.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

AROUND THE KORNER CHILD CARE CENTER
ADMISSION AGREEMENT

Documents upon Admission

1. Enrollment Package _____ (Init)
2. Non-Discriminatory Policy _____ (Init)
3. Parent Handbook _____ (Init)
4. Calendar and Days of Closure _____ (Init)

Non-Discriminatory Policy

Around the Korner Child Care Center does not discriminate based on sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, or color, mental or physical disability. If you believe you have been discriminated against, for any reason, please contact the Executive Director and communicate your concerns so that the problem can be resolved. _____ (Init)

Release of Information

Under penalty of perjury I declare all information provided to Around the Korner is true and accurate to the best of my ability and recollection. Discovery of fraud will be forwarded to the District Attorney for prosecution.
I give permission to Around the Korner and it's agents to verify any and all information utilized to determine my family eligibility during certification process.

I further understand that if my family is found to be ineligible for child development services, or if the information given during the certification process is found to be inaccurate, I will be responsible for repayment to Around the Korner at a rate equal to the current California Department of Education, Child Development Division reimbursement rates, plus the cost of recovery, for the duration of the ineligibility. _____(Init)

Late Fee Policy

Around the Korner Child Care Center hours of operation are from Monday – Friday from 6:30 a.m. to 6:00 p.m. Emergencies called in by telephone will be taken into account. When late, you will be required to sign and date a Late-Fee Pick-Up Form. The fee schedule is as follows:

Late Fee: $15.00 for the first 15 minutes (1 minute to 14 minutes = $15 dollars)

Late Fee: $1.00 per minute for every minute thereafter

This late fee is due on the day you are late picking up your child and payable in EXACT CASH ONLY. If the fine is not paid, your child will not be admitted to the center. Once payment is made, your child may return to the center. NO EXCEPTIONS. If you are late picking up your child(ren) (in accordance with your contracted hours) 3 times, or more, this is cause for ATK to terminate childcare services. _____(Init)

Two Week Notice

Upon admission of your child(ren) to the program, and your signature below, you understand and agree to give a two-week notice when you will no longer need our services. This is a MANDATORY POLICY. If two-week notice is not given the parent will become responsible for providing the center with the monies for the two-week period. NO EXCEPTIONS. _____(Init)

Vacation and Holiday Credit – (THIS ONLY APPLIES TO PRIVATE PAY)

No Credit on tuition or parent fees is given for scheduled school holidays and vacation period.

I, the parent of _____ acknowledge that I have received, read, understand and completed to the best of
(Child's Name)
my knowledge, the documents I was provided upon my child's admission to Around the Korner Child Care Center. My child is entering the center on _____.
(Date)

_____ _____ _____ _____
Parent Signature Date Staff Signature Date

Dear Parent/Guardian:

Many parents are "surprised" when they are called to pick up their child, and say they didn't know anything about our illness policy. Upon entering our program each parent is given a handbook. YOU are responsible to know what ALL the policies state. Your signature below verifies that you have been advised of this one policy, specifically the illness policy; that you understand this policy, and that you agree to abide by this policy.

ILLNESS POLICY

In order to maintain the health of all the children and staff members, we ask parents to observe the following guidelines:

- Children with colds should be kept at home two or three days during their most contagious period.
- Cloudy mucus from the nose indicates the child should stay home. When the mucus is clear the child may return.
- No child with fever, diarreah, vomiting, eye infection, contagious skin conditions, persistent hacking or congested cough should be brought to school.
- Children must be symptom free for 24 hours before they can return to the center.
- If your child becomes ill at the center, you will be notified and asked to pick him/her up within thirty (30) minutes. (PLEASE – keep your daytime phone number and emergency phone numbers current.)
- A child who has been sent home must remain home for 24 hours.
- WE DO NOT ACCEPT A DOCTOR'S NOTE PRIOR TO THE 24 HOUR TIME LIMIT.
- Parent/Guardian will sign an absence note when bringing the child back to the center after any disruption of attendance due to illness. You must state why the child was out: fever, rash, diarreah, flu, cold, ear infection, etc. "Sick is not acceptable".
- A doctor's note will be required after an absence of 5 days or longer (CDE & CCRC ONLY).

I understand and agree to abide by the illness policy for my child, _____.
(print child's name)

_____ _____
Parent Signature Date

_____ _____
Staff Signature Date

(Provide the parent with a copy of this policy once they have signed it.)

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
Palmdale Child Care

ADDRESS
39115 Trade Center Drive Suite 201

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Palmdale California	93551	661-202-3786

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Around The Korner Childcare Center	9757 Arleta Ave, Arleta CA 91331

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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

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: Palmdale Child Care Center

   Licensing Office Address: 39115 Trade Center Drive Suite 201 Palmdale CA 93551

   Licensing Office Telephone #: 661-202-3786

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.

Around The Korner Childcare Center
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

Attention All Parents:

We would like to take this opportunity to remind all parents of our policy on shoe wear. Please make sure your child is wearing tennis shoes only. No boots, slip-ons or open toed shoes are permitted; these types of shoes are not safe for any type of physical activities.

Atención Padres de Familia,

Queremos tomar esta oportunidad para recordarles a todos sobre nuestra política de zapatos apropiados para la escuela. Favor de asegurarse que su niño/a traiga solamente zapatos tenis a la escuela. No aceptamos botas, zapatos lisos o zapatos abiertos por la seguridad de su niño/a.

PICK-UP POLICY REMINDER

- The policy for picking up a child, who is being sent home for either illness, or behavior problems, is that the pick-up must be made within 30 minutes of receiving the phone call.

- Around the Korner monitors each child's drop-off and pick-up times to ensure that the parent is complying with the certified hours that were assigned based on need for services. Failure to comply with your contracted hours may result in termination of your subsidized child care services.

- Please keep your daytime phone number and emergency contact numbers current.

RECORDATORIO DE LA POLIZA PARA RECOGER A SU HIJO

- Este es un recordatorio sobre nuestra póliza de recoger a su hijo. En caso de recibir una llamada por parte del centro ya sea por enfermedad o por problemas de comportamiento, usted solamente tiene 30 minutos después de recibir la llamada para venir por su hijo(a).

- Around the Korner monitorea las hojas de entrada y salida de su hijo(a) para asegurarse que usted está cumpliendo con las horas que le fueron asignadas en su certificación de acuerdo a su horario de trabajo o estudio. El no cumplir con sus horas de contrato, puede resultar en terminación de los servicios de cuidado para su hijo(a).

- Favor de mantener su número telefónico al dia y también los números de contacto de emergencia.

Around The Korner Center

ATTENDANCE REMINDER

- **FULL LEGAL SIGNATURE** is required at both drop-off & pick-up
- Record **ACTUAL TIME** of arrival & departure
- **CALL** by 9:00am if your child will be absent
- **AUTHORIZED ADULT** must be on the emergency card
- **Absences** must include full legal signature, reason for absence (see definitions in parent handbook) next to child's name & date

Around the Korner Preschool

9757 Arleta Ave.
Arleta, CA 91331

Photo and Video Release

Authorization and Consent Form

On occasion, Kids Korner Preschool Inc./Around the Korner Preschool may have the opportunity to photograph or videotape you or the children participating in this program. These images may be used for:

- ○ Newsletters, brochures, fact sheets, presentation materials
- ○ Media releases
- ○ Website information
- ○ Marketing and promotional materials (i.e. advertisements, flyers, invites, etc.)
- ○ Social Media(i.e. Facebook, Twitter, Youtube)

Please indicate whether or not you give permission to Kids Korner Preschool Inc./Around the Korner to use these images for the above reasons by checking the boxes below.

- ☐ I give permission to Kids Korner Preschool Inc./Around the Korner to use any image of my child for the purposes listed above.
- ☐ I do not give permission to Kids Korner Preschool Inc./Around the Korner

By signing below, you understand that all photo and video images taken of you or your child will become property of Kids Korner Preschool Inc./Around the Korner. You will not receive any monetary compensation for the use of these images. You cannot claim injury or ask for payment of any kind from Kids Korner Preschool Inc./Around the Korner or its employees from the use of these images.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Child Information:

Name: _____ Age: _____

What is your relationship to the child?

- ☐ Parent
- ☐ Legal Guardian

Signature: _____

Items Needed for Preschoolers/ Artículos Necesarios Para Niños en Edad Preescolar

All items need to be LABELED with your child's name.

Todos los artículos deben estar ETIQUETADOS con el nombre de su hijo(a).

Fitted Crib Sheet/Blanket-Sabana Ajustable Para Cuna/Cobija – Bedding is sent home every Friday to be laundered. It **MUST** be returned on the following Monday. A child is not allowed to nap without these items, failure to return the sheet/blanket weekly can keep your child from re-entering the program until they are provided. La sabana y la cobija se envía a casa todos los viernes para su lavado. Debe devolverse el lunes siguiente. No se permite que un niño(a) duerma sin su sabana y cobija. Si no la devuelve semanalmente, podría perder su reingreso al programa hasta que se la entreguen.

Items Needed/ Artículos Necesarios

3 Shirts/3Camisas-Blusas

3 Pants/3 Pantalones

3 Pairs of socks/3 Pares de Calcetines

3 Extra Pairs of Underwear/3 Pares de Ropa interior

Extra Pair of Closed Toe Shoes/ Par Extra de Zapatos Cerrados

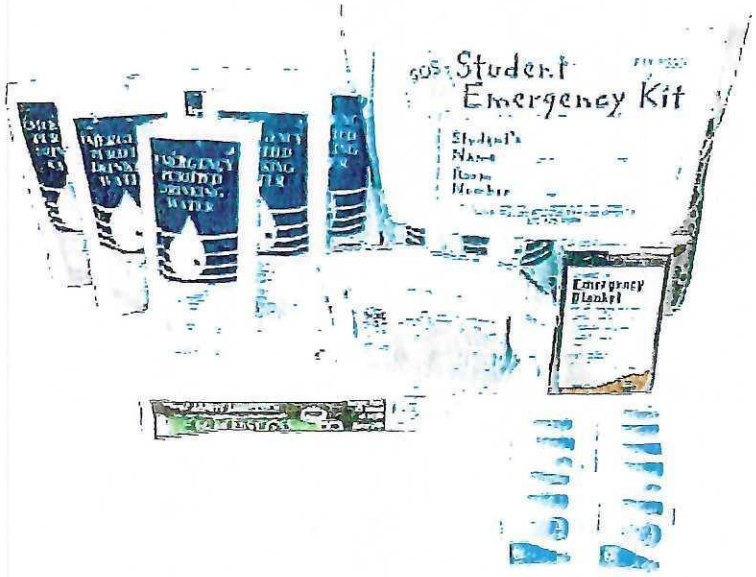
1 Cold Water Thermos/Termo Pequeño Para Agua

https://www.sosproducts.com/

15705 Strathern St., Van Nuys, CA 91406

Store Hours
Mon. - Fri. - 8am to 5pm PST
Sat. - 8am to 4pm

Contact us by phone at
800-479-7998



You can buy the student emergency kit at SOS Survival Products or at our main office Monday through Friday from 8:00 a.m. to 5:00 p.m.

ıt If You Discover r Child Has Been ıally Abused?

'en's reactions to being sexually abused differ y from child to child because of the child's ais or her personality, the nature of the e, the offender's relationship to the child and reactions to the discovery of the abuse. times children do not appear overly upset by)use; often, they are confused or frightened by they have encountered. You, as a parent, play portant part in how the abuse will affect your both in the short and long term.

'ollowing are some suggestions if you discover child has been sexually abused:

:lieve your child; reinforce the fact he or she is ıt to blame for what happened.

ımediately report the abuse to the proper ithorities. *(see "Contacts and Services")*

- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your first concern.
- Seek medical care if you suspect any sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

emember, you have the primary responsibility for your child's well-being. With a little ne and effort you may prevent your child from being injured in an abusive situation.

Contacts and Services

FOR YOUR INFORMATION, THE FOLLOWING CHART SHOWS WHAT AGENCIES MAY ASSIST YOU IN SPECIFIC AREAS AS LISTED BELOW:

	AGENCY TO TELEPHONE		
	POLICE OR SHERIFF	COUNTY DEPARTMENT OF CHILDREN'S OR SOCIAL SERVICES	STATE OR LOCAL DIVISION OF COMMUNITY CARE LICENSING
f you believe a child is being *(or has been)* abused by an individual *(relative, friend)*	✆ *or*	✆	
If you believe a child has been assaulted by a stranger	✆		
If you believe a child is being *(or has been)* abused in a licensed day care setting *(child care center, school, recreational facility, family day care home)*.	✆ *and*		✆
If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting ..			✆

Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. *(This can be done in a casual manner while dressing or bathing.)* Question any unusual marks, bruises, burns, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons must report suspected abuse to the proper authorities. The mandated reporters include:

Any Child Care Custodian *(teachers, licensing day care workers, foster parents, social workers)*

Medical Practitioners (physicians, dentists, psychologists, nurses)

Nonmedical Practitioners *(public health employees, counselors, religious practitioners who treat children)*

Employees of a child protective agency *(sheriff, probation officers, county welfare department employees)*

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by up to 6 months' in county jail, a fine of not more than $1,000 or both.

STATE OF CALIFORNIA
George Deukmejian, Governor
HEALTH AND WELFARE AGENCY
Clifford L. Allenby, Secretary
DEPARTMENT OF SOCIAL SERVICES
Linda S. McMahon, Director

PUB 106 (8/87)

Facing the Facts:

A Parent's Guide to the Understanding of

Child Sexual Abuse

Sometimes parents have to face issues they would rather avoid.

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such "nontouching" behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child *(fondling)*, to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, 'Doesn't that look like fun?' I didn't think so, but I said, 'Yes'."

Who Gets Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind . . .

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

"When Mommy goes to work, I stay at Mrs. Jenkin's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins' son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he put his finger in my 'privates.' He said 'You better not tell'."

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. *The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.*

How Can You Determine If Sexual Abuse Has Taken Place?

First and foremost, if your children confide that they have been sexually assaulted, believe them! Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease.

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people *(such as a day care center or a friend)*
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child *(such as an older child sucking his or her thumb)*
- Unexplained changes in behavior at school, day care, or in relations with peers
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse should not be ruled out as a possibility.

What Can You Do To Prevent Sexual Abuse?

You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers and so on. Discussions relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you don't want to. Simply make your children aware that if someone touches them or does anything that makes them uncomfortable, they should report it to you or another adult they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about anything that's upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse.

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

"Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his 'thing.' I want to tell mom, but I'm scared she'd get mad."

(Detach Here)

CHILD ABUSE PREVENTION PAMPHLET RECEIPT

This will acknowledge that I/WE, the parent(s) of _____, have received a copy of
(Name of Child)

"Facing The Facts: A Parent's Guide to the Understanding of Child Sexual Abuse"

from the licensee or authorized representative of _____
(Name of Facility)

_____ _____
Signature of Parent(s)/Guardian(s) *Date*

Training for Mandated Reporters and Others

Free online training for mandated reporters or other interested citizens about reporting child abuse or neglect is now available – funded by the California Department of Social Services, Office of Child Abuse Prevention. The training can be found at:
www.mandatedreporterca.com

California counties' Child Protective Services hotline numbers:
www.childsworld.ca.gov/res/pdf/CPSEmergNumbers.pdf

STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES

PUB 458 (11/11)

REPORTING CHILD ABUSE AND NEGLECT

TRAINING FOR MANDATED REPORTERS AND OTHERS

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Office of Child Abuse Prevention

Reporting Child Abuse and Neglect

Under California law, child abuse is a crime. In the Child Abuse and Neglect Reporting Act (CANRA), California law defines child abuse as any of the following:

- A child is physically injured by other than accidental means
- A child is subjected to willful physical or mental cruelty or unjustifiable punishment
- A child is abused or exploited sexually
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.

Frequently but not always, the abuser is a caretaker who may be a parent, stepparent, relative or child care provider.

The Child Abuse and Neglect Reporting Act (CANRA) is located within the California Penal Code sections 11164–11174.3, and may be viewed at: www.leginfo.ca.gov by selecting California Law, then check Penal Code and insert 11164. The CANRA Act continues until the end of section 11174.3.

Mandated Reporters Required by Law to Report

Mandated Reporters are persons who may come into contact with children during their employment and are required by law, to report reasonable suspicion of child abuse or neglect.

A list of who is a mandated reporter is found in Section 11165.7 of the CA Penal Code.

All mandated reporters should have training to help identify child abuse and neglect and learn the procedures for reporting. Specific paperwork is required to be submitted after making a verbal report to Child Protective Services or law enforcement.

Online training about mandated reporter responsibilities is available free of charge at: www.mandatedreporterca.com. General trainings are offered in addition to profession specific modules for educators, law enforcement, mental health professionals, child care providers, clergy, and medical professionals.

Why Report if Not a Mandated Reporter?

A concerned family member, a relative, a neighbor, a babysitter, or any concerned citizen should report if reasonable suspicion exists of child abuse or neglect. It is always better to consult with Child Protective Services if not sure about a reasonable suspicion. Any child may be victimized. Many families need help and do not know how to get the help they need to keep their children safe and family strong.

Volunteers, while not mandated to report child abuse and neglect are encouraged to take the free online general training offered at: www.mandatedreporterca.com to help them understand about identifying child abuse or neglect that they may come across in their volunteer work.

Reporters of child abuse and neglect who are not mandated reporters may remain anonymous. It is against the law to make a false report of child abuse or neglect.

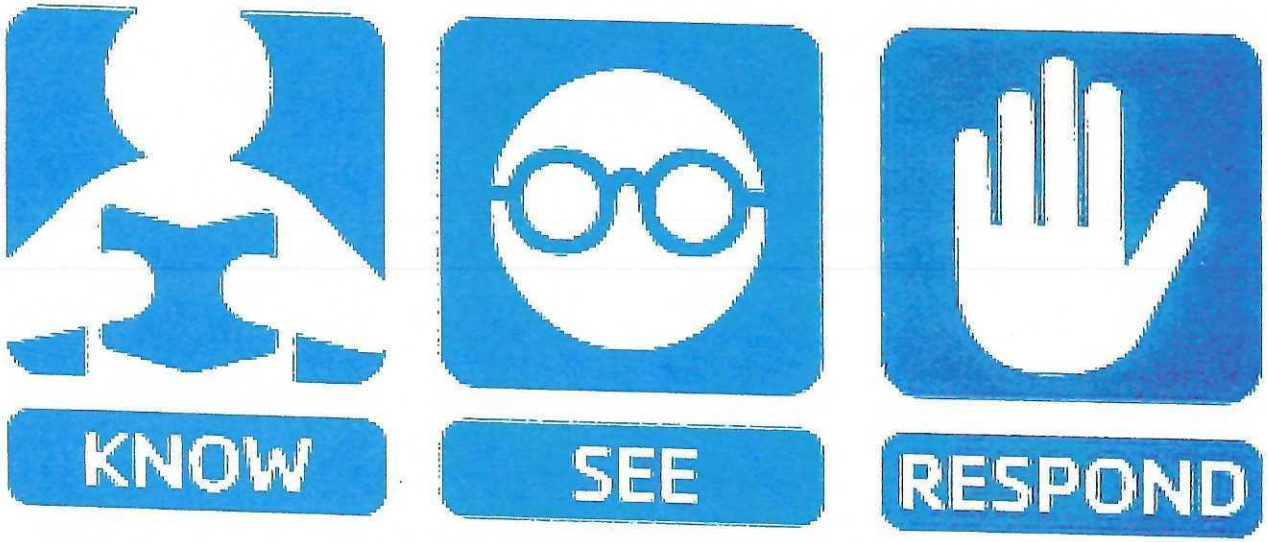
Where to Report, Who to Call

When a child is in immediate danger, call 911. Otherwise, call the county's child protective services hotline available 24 hours a day, 7 days a week.

The contact information for all California counties' child protective services hotlines are listed at: www.childsworld.ca.gov/res/pdf/CPSEmergNumbers.pdf

Questions about a particular situation may be posed to the worker on call in the county.

Questions about reporting procedures may be submitted to Mandated Reporter Training at: www.mandatedreporterca.com.



We all play a role in preventing **Child Abuse and Neglect.**

This will acknowledge that I/We the parent(s) of: _____, have.

(Child's Name)

received a copy of: "*Reporting Child Abuse and Neglect Information Pamphlet*"

from the licensee or authorized representative of: **Around the Korner Child Care Centers**

(Name of Facility)

_____ _____

Signature of Parent or Guardian Date

Around the Korner Center for School Age Enrichment

Child and Family Needs Assessment

Dear Parent/Guardian,

As a way to ensure your needs are being met within our program and outside our program, we want to ensure we are able to connect you to community services or organizations at no cost or at a reduced cost. Please feel free to add if services are not listed.

Child	Name:	DOB:
Parent/Guardian A	Name:	DOB:
Parent/Guardian B	Name:	DOB:

Please indicate below if there are any services or information about certain services which you feel would be helpful to you or your family:

- ☐ Emergency Assistance
- ☐ WIC/Nutrition/Food
- ☐ Housing Assistance
- ☐ Dental/Medical Health Services
- ☐ Clothing Referral
- ☐ Transportation
- ☐ Child Support
- ☐ Legal Services/Custody
- ☐ Education/Careers
- ☐ Special Abilities-Needs
- ☐ Child Development
- ☐ School Districts
- ☐ CPR/Frist Aid
- ☐ Parent Support Groups
- ☐ Parenting Classes
- ☐ Counseling
- ☐ Immigration Services
- ☐ Alcohol/Drug Abuse Prevention, Education and Treatment
- ☐ Other: _____

Please Indicate your most needed resources:

1. _____
2. _____
3. _____

☐ **No Services Needed at this Time.**

Parent/ Guardian Signature: _____ Date: _____

FRAC Food Research & Action Center

The WIC Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federal nutrition program, is widely recognized as an important safeguard for protecting and improving the health and nutrition of pregnant, postpartum, and breastfeeding individuals, infants, and children up to 5 years of age from households with low incomes. Poor nutrition, poverty, and food insecurity have detrimental impacts on infant, child, and maternal health and well-being in the short and long terms. One critical strategy to address these issues is connecting vulnerable families to the life-saving benefits of WIC.

WIC's Benefits

WIC provides eligible nutritionally at-risk pregnant, postpartum, and breastfeeding individuals, infants, and children up to 5 years old, with nutritious foods, education and counseling, and referrals to health care and social services.

Definitions for WIC eligibility:

- Pregnant (during pregnancy and up to six weeks after the birth of an infant or the end of the pregnancy)
- Postpartum (up to six months after the birth of the infant or the end of the pregnancy)
- Breastfeeding (up to the infant's first birthday)

Women, infants, and children are eligible for the program, if they meet the income guidelines (i.e., at, or below 185 percent of the federal poverty line), or are deemed automatically income-eligible based on participation in other programs, such as Medicaid, the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, and Food Distribution Program on Indian Reservations. In addition to being income-eligible, applicants must be at nutritional risk (e.g., underweight, overweight, anemic, have poor dietary intake) as determined through a nutrition assessment conducted by a health professional.

How WIC Operates

WIC is federally funded through the U.S. Department of Agriculture and is operated through local clinics by state WIC agencies and Indian Tribal Organizations. Food packages are prescribed to WIC participants based on nutritional needs and include a variety of foods intended to supplement their diets, not to be a full diet.

WIC-authorized foods include fruits and vegetables, milk, soy milk, yogurt, cheese, tofu, eggs, vitamin C-rich juice, iron-fortified cereal, tuna, peanut butter, beans, whole-grain bread, tortillas, and rice, as well as infant formula, baby food, and infant cereal.

The WIC food packages were updated in 2024. The updates enhance equitable access to nutritious food, improve the nutritional quality of the foods offered, and make WIC more participant-centered. Of central importance, this update makes permanent increases in the Cash Value Benefit (CVB) for fruits and vegetables.

WIC agencies distribute monthly WIC food package benefits to participants by providing a WIC Electronic Benefit Transfer (EBT) card (smart card). Participants use the EBT card to shop for WIC foods at authorized grocery stores and other WIC-approved vendors.

WIC guarantees a specific amount of each WIC food (for example, one dozen eggs), with the exception of the fruit and vegetables benefit, which has a Cash Value Benefit that allows the participant to "purchase" fruits and vegetables. For fiscal year 2025, the CVB is $47 for pregnant and postpartum participants, $52 for mostly or fully breastfeeding participants, and $26 for children per month.

Research Shows WIC's Value

A very large body of research shows that WIC is a profoundly important program with well-documented benefits for infants, children, pregnant women, and their families. Research shows that WIC improves participants' health and well-being, dietary intake, and birth and health outcomes; protects against obesity; and supports learning and development. WIC benefits are cost-effective, generating major savings in federal, state, local, and private health care, as well as special education costs. Studies demonstrate that WIC improves the food and economic security of participants by reducing food insecurity, helping to alleviate poverty, and supporting economic stability.

WIC has local offices all over California
Call toll free number below.
1-888-WIC-WORKS
1-888-942-9675

AROUND THE KORNER
A Center For School-Age Enrichment

Kelly Magallanes
Director

California Department of Education

Family Language Instrument

Child's Name/Nombre del niño(a): _____

1) Which language(s) does your child hear at home? / Que idioma(s) escucha su hijo(a) en casa? *This includes the language(s) spoken by parents, grandparents, siblings, extended family, or others living within or visiting the home. / Esto incluye el lenguaje hablado por los padres, abuelos, hermanos, familia extendida o cualquier otra persona viviendo o visitando el hogar.*

2) Which language(s) does your child hear in their neighborhood and community? / Que idioma(s) escucha su hijo en su vencidario y comunidad? *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. / Por ejemplo, con amigos y vecinos, en la iglesia o en programas o actividades extracurriculares. Esto es para demostrar la exposición al idioma, no para medir el dominio del idioma.*

3) Which language(s) does your child understand? / Que idioma(s) entiende su hijo(a)?

4) Which language(s) does your child speak? / Que idioma(s) habla su hijo(a)?

Family Language and Interest Interview Questions

Child's Name:_____

1) What are your child's interests and favorite activities? (For example, does your child have favorite stories, books, and songs)

2) What are some strengths you see in your child that we can build on? (For example, do they like to build things, do art, etc.)

3) How can we help support your child's language and development at home? (For example, books to read at home, materials, activity ideas)

4) Young children love to talk, read, sing and are able to learn all the languages around them. Which language(s) does your child speak the most at home?

5) We want to best support your child's language development and understand what language(s) they speak with family members. What language(s) does your child speak with their siblings, grandparents, other family members?

6) Which language(s) does your child speak the most overall? This would be inside and outside of the home combined.

7) In what language would you prefer to receive written communication from us? (While we would like to be able to accommodate all requests for written communication in a parent's requested language, our program may not be able to translate written communication materials into that language.)

8) In what language would you prefer us to communicate verbally with you? (While we would like to be able to accommodate all requests for verbal communication in a parent's requested language, our program may not be able to offer translation into that language.)

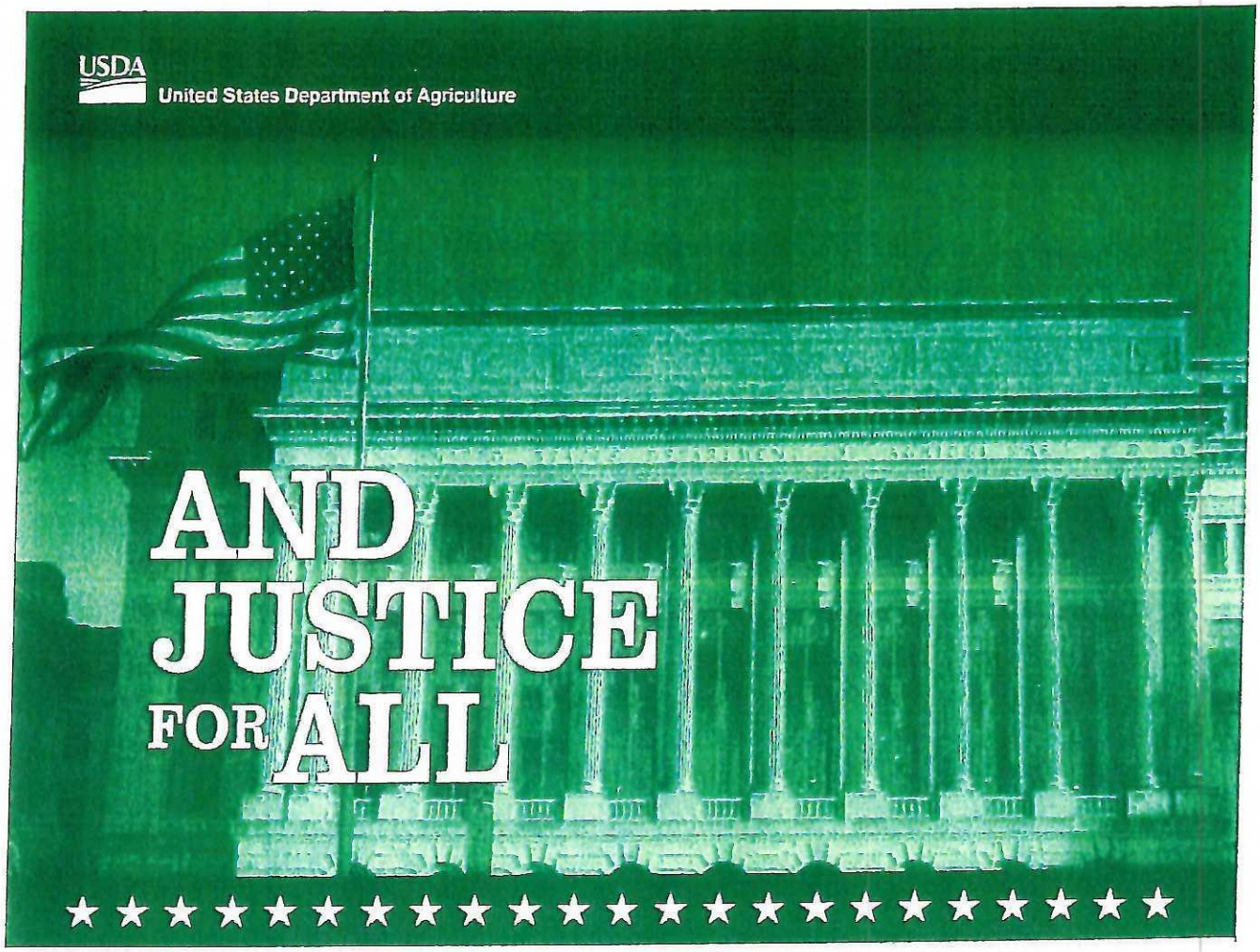
Families' questions and concerns:

Resources to share regarding benefits of multilingualism and home language development:

Ways to develop your child's bilingualism (Spanish):
https://www.multilinguallearningtoolkit.org/wp-content/uploads/2021/08/Support-Billingualism-Spanish-1.pdf

Keeping Your Home Language (available in 16 languages):
https://cmascanada.ca/2018/05/15/keeping-your-home-language/

Benefits of Multilingualism: **https://ncela.ed.gov/files/announcements/20200805-NCELAInfographic-508.pdf.pdf**



In accordance with Federal law and the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin (including limited English proficiency), sex, age, disability, and reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

email:
program.intake@usda.gov

This institution is an equal opportunity provider.

De acuerdo con la ley federal y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (U.S. Department of Agriculture, USDA), esta institución tiene prohibido discriminar por motivos de raza, color o país de origen (incluyendo dominio limitado del inglés), sexo, edad, discapacidad y represalias por actividades anteriores de derechos civiles.

La información del programa puede estar disponible en idiomas distintos al inglés. Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información del programa (p. ej., braille, letra grande, cintas de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o comunicarse con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY).

Para presentar una queja por discriminación en el programa, el reclamante debe completar el formulario AD-3027, el formulario de queja por discriminación en el programa del USDA, que se puede obtener en línea, en https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf, desde cualquier oficina del USDA, llamando al (866) 632-9992 o escribiendo una carta dirigida al USDA. La carta debe tener el nombre, la dirección, el teléfono del reclamante y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al subsecretario de derechos civiles (ASCR) sobre la naturaleza y la fecha de una supuesta violación de los derechos civiles. El formulario AD-3027 o la carta completos deben enviarse al USDA por:

correo:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o

correo electrónico:
program.intake@usda.gov

Esta institución ofrece igualdad de oportunidades.

How to Complete the Meal Benefit Form

1. **Child Information**
   a. Print your child's name.
   b. Indicate **yes** to the right of a child's name if they are a foster child.

2. **Benefits:** If you receive any benefits listed in this section, complete this section, and then skip to Section 4 and sign the form.

   a. List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).

   b. Sign the form in Section 4. An adult household member must sign. You do not have to list an SSN.

3. **All Other Households:** Complete this section only if you do not have a case number for the benefits listed in Section 2.

   a. Complete this section and sign the form in Section 4. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.

   b. Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.

   c. If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.

   d. Sign the form and include the last four digits of your SSN in Section 4. If you do not have an SSN, place a checkmark next to **No SSN**.

4. **Last Four Digits of SSN and Signature:**

   a. The form must have a signature of an adult household member.

   b. The adult household member who signs the statement must include the last four digits of their SSN. If they do not have an SSN, they will place a checkmark next to the No SSN line.

   c. The last four digits of the adult household member's SSN is not needed if a CalFresh, CalWORKs, or FDPIR case number is provided.

5. **Racial/Ethnic Identity:** You are not required to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

Income to Report

Earnings from Work

- Wages, salaries, or tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-employment

Child Support or Alimony

- Public assistance payments
- Alimony or child support payments

Pensions, Retirement, or Social Security

- Pensions
- Supplemental security income
- Retirement income
- Veteran's payments
- Social Security

Other Monthly Income

- Disability benefits
- Cash withdrawn from savings
- Interest dividends
- Income from estates, trusts, or investments
- Regular contributions from persons not living in the household
- Net royalties, annuities, or net rental income
- Military allowance for off-base housing
- Any other income

Description of Racial and Ethnic Categories

The federal government has established the following five racial categories and two ethnic categories:

Race:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

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 Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity:

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino

U.S. Department of Agriculture (USDA) Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or

2. Fax: (833) 256-1665 or 202-690-7442; or

3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Meal Benefit Form for Children
Program Year July 2025- June 2026

Name of Child Care Center: _____

Please read the instructions. If you need help completing this form, please call: _____

Complete, sign, and return this form to: _____

1. Child Information

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?

If all children listed are foster children, skip to Section 4.

2. Benefits

If you are receiving CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not complete Section 3**. Skip to Section 4.

CalFresh Case Number: _____

CalWORKs Case Number: _____

FDPIR Case Number: _____

3. All Other Households

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

☐ Check here if this household receives no income. Skip to Section 4.

Applicants without income are requested to write a zero in the applicable field or mark no income. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
Example: Janet Smith	*$200/weekly*	*$150/twice a month*	*$100/monthly*	*$0*

4. Last Four Digits of Social Security Number (SSN) and Signature

Penalties for misrepresentation: I certify that all of the above information is true and correct and that the CalFresh, CalWORKs, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the meal benefit form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name: _____

Last Four Digits of SSN: _____ Check Here if No SSN: ☐

Signature of Parent or Guardian: _____ Date: _____

Privacy Act Statement

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKs), Program or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have an SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. Racial/Ethnic Identity

You are not required to answer these questions. If you choose to do so, please mark one or more of the following racial identities:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

If you choose to do so, please mark one of the following ethnic identities:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

For Agency Use Only

Categorical Eligibility:

CalFresh/CalWORKS/FDPIR household categorically eligible? ☐ Yes ☐ No

Foster child automatically eligible free? ☐ Yes ☐ No

Income Eligibility:

Annual Conversion (required if household reports various pay frequencies in Section 3):
Weekly times (x) 52, every 2 weeks x 26, twice a month x 24, monthly x 12

Total Household Income and Frequency: _____ per _____

Household Size: _____

Eligibility Classification:

Eligibility Classification: ☐ Free ☐ Reduced-price ☐ Base

Determining Official Name: _____

Determining Official Signature: _____ Date: _____

FEDERAL REGULATION - U.S. DEPARTMENT OF AGRICULTURE
Information Required for Participation in Food Program at ANY Child Care Center

Please Print your Child's Name _____

Parent Signature _____

Date _____

Days of Enrollment at Center

(Check scheduled days of child care service)

Mon.		Wed.		Fri.	
Tue.		Thu.			

Arrival Time

(Please check your child's scheduled arrival and departure time)

6:30 a.m.	
6:45 a.m.	
7:00 a.m.	
7:15 a.m.	
7:30 a.m.	
7:45 a.m.	
8:00 a.m.	
8:15 a.m.	
8:30 a.m.	
8:45 a.m.	
9:00 a.m.	
9:15 a.m.	
9:30 a.m.	
9:45 a.m.	
10:00 a.m.	
10:15 a.m.	
10:30 a.m.	
11:00 a.m.	
11:15 a.m.	
11:30 a.m.	
11:45 a.m.	

Departure Time

1:00 p.m.	
1:15 p.m.	
1:30 p.m.	
1:45 p.m.	
2:00 p.m.	
2:15 p.m.	
2:30 p.m.	
2:45 p.m.	
3:00 p.m.	
3:15 p.m.	
3:30 p.m.	
3:45 p.m.	
4:00 p.m.	
4:15 p.m.	
4:30 p.m.	
4:45 p.m.	
5:00 p.m.	
5:15 p.m.	
5:30 p.m.	
5:45 p.m.	
6:00 p.m.	

Meals**

Breakfast	

(8:00 - 8:30 a.m.)

Lunch	

(11:30 a.m. - 12:00 p.m.)

P.M. Snack	

(3:00 - 3:30 p.m.)

**Check meals that the child ordinarily would receive during normal hours of care.

EMPLOYMENT VERIFICATION

by Employer Written Statement, Electronic Verification System or Telephone

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Completed by Employed Parent/Guardian

Employee First and Last Name (Print) _____ Company Phone Number _____

Company Business Name _____ Company Contact Name _____ Email _____

Company Street Address _____ City _____ Zip Code _____

Company Usual Business Days & Hours: _____

Select One:

- ☐ Around the Korner Infant Center has permission to contact my employer to verify my employment & income
- ☐ Around the Korner Infant Center has permission to access my employer's electronic employment verification system. Information to verify my employment & income electronically is as follows:

  Verification System Web Address: _____

  Company Code: _____ Employee Identification/Social Security Number: _____

Employee Signature _____ Date _____

EMPLOYMENT INFORMATION

Completed by/with Employer

In order to provide services to your employee, we must have verification of their employment.

Employee Current Position _____ Hire Date _____ Start Date of Position _____ Work Site _____

WAGE/SALARY INFORMATION

Complete employee's wage/salary information

Pay Rate: $_____ per _____
(Exp. $15.00) (Exp. Hour/Day/Week/Month)

Circle applicable answers:

Paid by:	Paycheck | Cash | Personal Check
Pay period frequency:	Daily | Weekly | Every 2 weeks | Twice per month | Monthly
Employee also receives:	Overtime | Tips | Commission | Bonus | None

WORK SCHEDULE

Complete employee's applicable weekly schedule

Consistent Schedule

☐ Works set days & hours each week. Specify daily schedule (Exp. Mon 8am-5pm):

Day	Start & End Times
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm
	am/pm to am/pm

☐ Works set number of hours each week, but different days. Specify weekly schedule:

Possible work days (Circle all that apply):	M T W Th F Sa Su
Number of days worked per week (Exp. 4 days per week):	
Number of hours worked per week (Exp. 40 hours per week):	

Variable Schedule

☒ Inconsistent and/or unstable hours and days of work each week. Specify maximum weekly schedule:

Possible work days (Circle all that apply):	M T W Th F Sa Su
Maximum number of days worked per week (Exp. Max of 5 days per week):	
Maximum number of hours worked per week (Exp. Max of 35 hours per week):	

Name of Person Completing _____ Title _____ Signature _____ Date _____

Thank you for completing this form. If you have any questions about the completion of this form, contact an Enrollment Specialist at (818) 891-0200

Please return to:
aherrera@aroundthekorner.org
or by mail
Around the Korner Child Care Center
Attn: America Herrera
8800 Woodman Ave.
Arleta, CA 91331

FOR OFFICE PURPOSES ONLY

Date Verified	Verified With	Staff Initials	Notes

Around the Korner Child Care Centers
8800 Woodman Ave. Arleta, CA 91331/ (818) 894-8037
13939 Nordhoff St. Arleta, CA 91331/ (818) 894-8037
14030 Nordhoff St. Arleta, CA 91331/ (818) 894-2478
9757 Arleta Ave., Arleta, CA 91331 (818) 890-0200

Cash Statement

Child's Name: _____

Parent's Name: _____

I receive an average of $ _____

☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

I receive this money via _____.

The work I do is _____

_____

I understand that if the information I provided is found to be untrue, I will be responsible for reimbursing the State of California Department of Education for child care services that were provided to my child(ren).

I declare under penalty of perjury that the foregoing information is true and correct.

_____ _____ _____

Print Name Date Parent Signature

Contact Person: _____

Date Verified: _____

Comments: _____

_____

EDUCATIONAL PROGRAMS OR VOCATIONAL TRAINING VERIFICATION FOR PARENT OR CARETAKER ATTENDING EDUCATIONAL PROGRAMS OR RECEIVING VOCATIONAL TRAINING

AGENCY NAME Around The Korner Child Care Center			DATE
STREET ADDRESS 9757 Arleta Ave	CITY Arleta	ZIP CODE 91331	PHONE NUMBER (818) 890-0200
PARENT NAME		SIGNATURE	
STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER

Training/Education Information

NAME OF SCHOOL OR ORGANIZATION WHERE TRAINING/EDUCATION IS RECEIVED			
STREET ADDRESS	CITY	ZIP CODE	PHONE NUMBER

Complete One of the Following

☐ Attached is the parent's course printout form from the educational programs or training institute.

or

☐ Below is the parent's class schedule with the signature or stamp of the Educational Programs or Training Institution's Registrar office.

DAY	TIME	COURSE NAME

SIGNATURE OR STAMP OF THE EDUCATIONAL PROGRAMS OR TRAINING INSTITUTION'S REGISTRAR

DATE OF SIGNATURE OR STAMP _____

Registration Form

Introduction

The County of Los Angeles Child Care Planning Committee (CCPC) has created the Los Angeles Centralized Eligibility List (LACEL) to help connect low-income families with child care and development subsidies as child care spaces and funding become available. By completing this form, you are registering on the LACEL. The information you provide on this form will help determine your eligibility for a child care subsidy. Registration on the LACEL allows a child care and development program to contact you if and when a subsidized child care space becomes available. At that time, the program staff will verify the information you provided on this form to make sure you are eligible before you are invited to enroll your child. All information is handled confidentially.

For more information on the LACEL, please contact the County of Los Angeles Office of Child Care at (213) 974-1664 or visit the web site at www.childcare.lacounty.gov.

COMPLETE BOTH SIDES OF FORM		Application Date:
Parent/Guardian #1 Information		
Last name:	First name:	
Street address:	City:	Zip Code:
Home phone:	Work/other phone:	Primary language:
Name of employer/school:		Work/school zip code:
Indicate if your household is a ☐ Single parent family ☐ Two parent family		
Parent/Guardian #2 Informaton *(Complete only if there is another parent/guardian residing in the same home.)*		
Last name:	First name:	
Name of employer/school:	Work/school zip code:	Work/other phone:

Reason for Needing Child Care *(Check all that apply.)*

	Parent/Guardian #1	Parent/Guardian #2
Working	☐	☐
Attending School or Job Training	☐	☐
Medically Incapacitated/Disabled	☐	☐
Looking for Work	☐	☐
Homeless/Seeking housing	☐	☐
Migrant Worker	☐	☐
Part-day educational preschool experience for child	☐	☐

CalWORKs Participation *(Cash aid)*

Are you currently receiving cash aid? ☐ Yes ☐ No	If NO, have you received cash aid within the last two years? ☐ Yes ☐ No	If YES, last date of cash aid payment: ____/____/____

Monthly Income and Sources *(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household.)*	Parent/Guardian #1	Parent/Guardian #2
Work/Employment	$	$
Child Support	$	$
Spousal Support	$	$
State Disability	$	$
Unemployment benefits	$	$
Sales/Work Commissions	$	$
Cash Aid (CalWORKs)	$	$
Worker's Compensation	$	$
Social Security	$	$
SSI/SSP	$	$
Other (explain):	$	$

Children Living at Home (All children under 18 who are members of the family. Attach an additional page, if needed.)

First and Last Name	Gender	Date of Birth	Check only if child care is needed. Full-time	Part-time	Evenings /Weekends
1.	F M		☐	☐	☐
2.	F M		☐	☐	☐
3.	F M		☐	☐	☐

Foster Care Payments

Are you currently receiving foster care payments for any of the children listed above? Check which child and write the monthly amount.

☐ Child # 1 $_____ ☐ Child # 2 $_____ ☐ Child # 3 $_____

Special Needs *(Check all that apply)*	Child # 1	Child # 2	Child # 3
	☐	☐	☐
Child Protective Services	☐	☐	☐
Child has IFSP (Individual Family Service Plan) or IEP (Individual Education Plan)	☐	☐	☐
Child receives services through Regional Center or the local School District	☐	☐	☐
Social emotional/behavior	☐	☐	☐
Ongoing health problems	☐	☐	☐
Developmental delays	☐	☐	☐
Speech/communication	☐	☐	☐
Vision or hearing	☐	☐	☐
Other *(please explain):*	☐	☐	☐

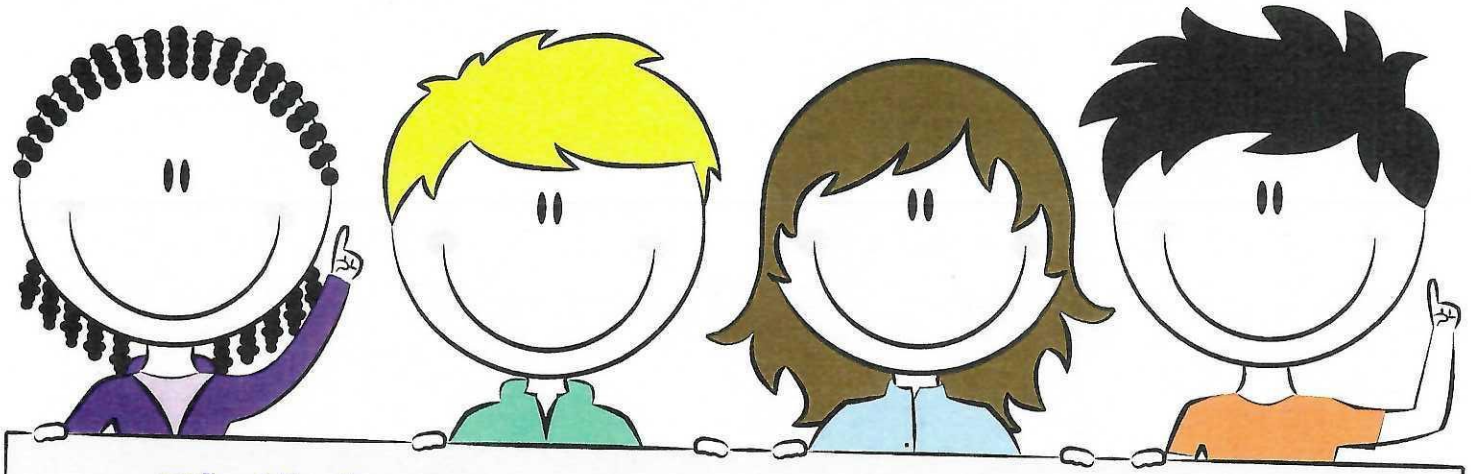
Preferred Location or Program *(List below your preferred zip code location, if different from home or work. You may list the name of the program you prefer for your child.)*

Child #1	Zip Code:	Name of Program/Agency:
Child #2	Zip Code:	Name of Program/Agency:
Child #3	Zip Code:	Name of Program/Agency:

School Age Children *(Complete for school age children only.)*

Child #1	Grade:	Name of School/School District:
Child #2	Grade:	Name of School/School District:
Child #3	Grade:	Name of School/School District:

No Shots? No Records? No School.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.*

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents.

SHOTSFORSCHOOL

IMM-1167ES (11-22)

Parents/Guardians – Are Your Kids Ready for School?

Required Immunizations For School Entry

CDPH California Department of Public Health

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: MyVaccineRecord.CDPH.CA.gov

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
  4 doses OK if one was given on or after 4th birthday;
  3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
  3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
  Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
  For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
  Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about vaccines your child needs according to their age (bit.ly/CDCVaccinesByAge) **and** where you can get your child immunized (bit.ly/Where2BVaxed).