

HARTNELL COLLEGE
CHILD DEVELOPMENT CENTER
831-755-6945

IS YOUR ENROLLMENT COMPLETE?

Enrollment of your child cannot be completed without receipt of all necessary paperwork. Please return this checklist with your initials next to each item indicating completion of returned items.

___ **CDC Application for Enrollment**

- ☐ Attach \$25.00 non-refundable registration fee for fieldtrip expenses
(exact change) ___ **cash** ___ **check**

___ **Description of Racial and Ethnic Categories**

___ Signed and dated **Admissions Agreement**

- ☐ Keep a copy for your records

___ Student Residence Questionnaire/Mc Kinney-Vento

___ Signed **Personal Rights** form

- ☐ Keep top section for your records

___ Signed **Notification of Parents' Rights** form

- ☐ Keep top section for your records

___ Signed **Consent Form** (Photo/Video/Artwork/Fieldtrips)

- ☐ Initial beside each section

___ Signed **Parent Data Consent Form**

___ Completed, signed **Child's Preadmission Health History**

___ **Allergy parent questionnaire**

___ Copy of **IEP/IFSP** (If applicable)

___ Completed, signed **Emergency and Identification Information** form

___ **Completed Physician's Report** (Child's Pre-Admission Health Evaluation)

- ☐ must be completed by child's physician within 30 days of enrollment and prior to the child's first day of attendance.

___ Signed **Lead Safety Information** form

___ **Family Language Instrument**

___ **Family Health & Social Services Information**

___ **Proof of income** for the most recent 30-day period

- ☐ Include signed, completed **eligibility verification notice**
☐ Include signed, completed **Release for Employment Verification**
☐ **Countable Income**, If applicable, include **No Countable Income Declaration**

___ **Proof of California residency**, copy of: **Driver's License/ Utility Bill/ Pay Stub**

___ Copy of **immunization record**, front and back.

___ **Proof of Family Size**

- ☐ Copy of child's **birth record**
☐ If applicable, documentation of any other children living in the household
☐ as applicable, for absent parent, must sign & initial to self-certify



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Application for the 2025- 2026 School Year

Please Indicate Program Session Preference, if any:

___ 8:30 – 11:30 a.m. *or* ___ 12:30 - 3:30 p.m. **Or** ___ No particular preference

Child's Full Name: _____ **Sex:** ___ M ___ F ___ / ___ / ___
(As listed on Birth Certificate) Last Name, First Name, Middle Name D.O.B (month, day, year)

If born premature how many weeks? _____

Primary Language of Child: _____ **English Proficient?** ___ Yes ___ No

Child's Address: _____ + _____
Street Address, City, Zip Code + 4

NAME OF HEAD OF HOUSEHOLD COMPLETING THIS APPLICATION (PARENT 1):

Last Name, First Name, Middle Initial **Relationship to child?** _____

Primary Language: _____ **English Proficient?** ___ Yes ___ No

Parent's Day Phone Number: (____) ____ - _____

Email address: _____

IS THERE ANOTHER ADULT IN HOUSEHOLD FINANCIALLY RESPONSIBLE FOR CHILD (PARENT 2)?

___ **No, single parent**

If Applicable: If divorced or separated, is there a court order denying or restricting a parent's visitation of the child at school?

___ No ___ Yes (must provide copy of court order)

___ **Yes,** _____ **Relationship to child?** _____
Last Name, First Name, Middle Initial

Primary Language: _____ **English Proficient?** ___ Yes ___ No

Parent's Day Phone Number: (____) ____ - _____

Email address: _____

-----PLEASE FLIP PAGE AND COMPLETE, IF APPLICABLE -----

For Office Use Only

Family Income _____ Priority Rank: _____ Family Size _____ \$25 Registration Fee: Cash _____ Check _____ Approval Date: _____

THIS PAGE WAS DESIGNED ON FLIP SIDE (SHORT EDGE) FOR BETTER FILE VIEWING

If Applicable: List other children, **under the age of 18**, living in the same home as the enrolling child for which the enrolling adult is responsible and attach birth certificate or other documentation indicating the relationship between the enrolling adult and all children listed:

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

_____ M ____ F ____ Birth Date: ____/____/____
Last Name, First Name, Middle Initial

Description of Racial and Ethnic Categories

Racial and Ethnic Identity

1. Choose one Ethnic Identity:
 - ☐ Hispanic/Latino
 - ☐ Not Hispanic/Latino
2. Choose one or more Racial Identities (regardless of ethnicity):
 - ☐ White
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ American Indian or Alaska Native

Ethnic Category

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."

Non-Hispanic or Latino

Racial Categories

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 maintains 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.



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Child Admissions Agreement 2025-2026

*Per Title 22: Division 12, Section 101219
(A mandatory document required by the State of California)*

1. **Basic Services**

The Hartnell College Child Development Center (CDC) serves as a Laboratory for Child Study and provides care and education for children, approximately three to five years old. The lab offers two preschool sessions, mornings from 8:30 a.m. to 11:30 a.m. and afternoon from 12:30 p.m. to 3:30 p.m. By enrolling your child in the Hartnell College CDC Lab, you understand that your child will be studied by college students when a lab is required to complete course assignments, including student teaching. Students are under direct supervision of a credentialed teacher at all times. Additional information is available in our Parent Handbook.

2. **Tuition Policy**

Parents will pay a monthly fee in 10 consecutive installment payments due by the fifteenth of each month at the Hartnell College Cashier's Office in accordance with the tuition schedule. The fee-based preschool rate is based on our State Preschool annual contract amount and is subject to change. You will receive a 30-day written notice if this occurs during the program year. If enrolling after the first day of the school year, your first payment will begin for the first month of your child's enrollment. Parent(s) will make payments each month at the Hartnell Cashier's Office by cash, check, money order or credit card. A copy of the receipt will be returned to the CDC. It is the parent's responsibility to pay the tuition payment by the fifteenth of each month. Payments made after the 20th of the month are deemed late and a \$25 late fee will be added.

Children of income-eligible families, qualifying for the State-funded Preschool Program, are enrolled in the session with no tuition charged to the family. All families will be charged a non-refundable **\$25 Registration Fee** at the time of enrollment, which will be used to cover costs associated with children's field trips.

3. **Refund Policy**

Hartnell College must be given at least a thirty-day written notice regarding the withdrawal of children. Refunds in tuition will be given to parents who decide to withdraw their child/children from the program under the following conditions: First, the parent has paid the tuition, in advance. Second, the parent has given the College at least a thirty-day written notice. Tuition refunds will be prorated according to the time we receive the parent's notification and the child's last day in the program.

4. **Licensing Requirements**

The State of California General Licensing Requirements, Section 101195 states:

(b) The department of licensing agency shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The Licensee shall make provisions for private interviews with any child/children, or any staff member and for the examination of all records relating to the operation of the facility.

(c) The department of licensing agency shall have the authority to observe the physical condition of the child/children, including conditions, which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child/children.

5. **Termination of Admission Agreement**

This agreement terminates when a child is withdrawn from Hartnell College Child Development Center or when a new agreement is required by the State of California or by Hartnell College.

6. **Absence Policy**

Because the enrolled children are being studied by college students, it is expected they will attend on each school day for which they are enrolled, unless attendance is prohibited by an "excused" absence. College students are unable to complete assignments if children attend sporadically. Please call our office if your child will be absent.

I have read and fully understand the Admissions Policies and Procedures and the aforementioned items and agree to comply with the above policies, as well as those outlined in the Admissions Policies and Procedures.

Signature of Parent/Domestic Partner/Guardian

Date

Name of Child

Signature of CDC Director

Date

Hartnell College Child Development Center
(831) 755-6945

STUDENT RESIDENCY QUESTIONNAIRE / AFFIDAVIT

This document is required by the California Department of Education & the McKinney-Vento Assistance Act for every student on a yearly basis.

Student (*legal name*): _____

☐ Male

☐ Female

Birthdate: _____

Please list all other children (ages 3-22):

Name: _____ Date of Birth: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Grade: _____ School: _____

1. We are now living in:

- ☐ Temporarily with another family due to financial hardship (120)
- ☐ renting a room (120)
- ☐ motel/hotel (110)
- ☐ shelter (family, domestic violence or transitional living program) (100)
- ☐ a car or RV, a campsite or trailer park, or garage (130)
- ☐ other location _____
- ☐ (*with no other family*) in an apartment, condominium, town house or home (200) (*if this box is marked go to question #3*)

2. Does the living arrangement in Question #1 result from financial hardship or loss of housing? ☐ Yes ☐ No

3. The student lives with: (check all that apply)

- ☐ one parent
- ☐ one parent and another adult
- ☐ guardian
- ☐ an adult that is not the legal guardian
- ☐ two parents
- ☐ a relative, friend, or other adult
- ☐ another family or families
- ☐ other _____

4. I am: ☐ the parent/legal guardian of the above-named student
☐ an adult relative of the above-named student (Relationship: _____)
☐ an authorized caregiver

5. I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street City Zip

Mailing Address: _____

Telephone Numbers: Home _____ Cell _____

OFFICE USE ONLY

☐ Student covered by McKinney-Vento Act. ☐ Student not covered by McKinney-Vento Act.

Program Director Signature

Date

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:

California Department of Social Services

NAME

Child Care and Development Division

ADDRESS

744 P Street M.S. 9-8-360

CITY

Sacramento, CA

ZIP CODE

95814

AREA CODE/TELEPHONE NUMBER

1-844-538-8766

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)

Hartnell Community College CDC

(PRINT THE ADDRESS OF THE FACILITY)

411 Central Ave Salinas CA 93901

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
 Licensing Office Name: Child Care Licensing - San Jose Regional Office
 Licensing Office Address: 2580 N. First Street Suite 300 MS 29-08 San Jose CA 95131
 Licensing Office Telephone #: (408) 324-2148
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Hartnell College Child Development Center
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

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CONSENT FORM

Child's Name: _____

- _____ Initial here I give my consent for my child's artwork to be displayed throughout Hartnell College for decorative and inspirational purposes. The CDC staff will be responsible for the artwork and its appropriate use.
- _____ Initial here I give my consent for my child to be videotaped within Hartnell College CDC. I understand these videos will record special events, typical child behavior and may be viewed by CDC staff, children and families. Additionally, I give my consent for my child to be videotaped within Hartnell College CDC for instructional purposes. I understand that students of Early Childhood Education are present in the CDC and need to be videotaped for proper evaluation. My child may be included in these videos. The CDC Director and ECE Instructor will be responsible for these tapes and their appropriate use.
- _____ Initial here I give my consent for my child to have their picture taken at Hartnell College Child Development Center for school activities and programs. The center uses the photographs for various projects. The center keeps a photo album of children that have attended in the past. The center may Also publish pictures of the children in local publications as well as display them on campus and the Hartnell College website.
- _____ Initial here I give my consent for my child to go on walking field trips on/or near the Hartnell College Campus. In an emergency due to illness or accident, when I cannot be contacted within a reasonable time, I hereby authorize the Director or her designee to use their best judgment in the interest of the child's health. Such person or designee is authorized to consent to needed medical treatment. I understand, the Child Development Center assumes no financial responsibility for medical, hospital care or ambulance transportation. I, (the Parent/Domestic Partner/Guardian) will assume that responsibility.

Parent/Domestic Partner/Guardianship Signature

Date



HARTNELL COLLEGE

**HARTNELL COLLEGE
CHILD DEVELOPMENT CENTER**

PARENT DATA CONSENT FORM

Child's Name: _____ DOB: ____/____/____

PARENT INITIALS

[] **PARENT CONSENT TO EXAMINE MY CHILD'S FILE/EDUCATION DATA FOR CONTINUOUS IMPROVEMENT, GRANT REPORTING, AND AUDIT AND COMPLIANCE REVIEWS:** Hartnell College Child Development Center participates in ongoing continuous improvement practices to enhance program effectiveness, grant reporting as required, and is regularly subject to quality and compliance reviews by the U.S. Department of Health and Human Services, Administration for Children and Families, the State of California Department of Social Services, Community Care Licensing Division, the State of California Department of Health, and the State of California Department of Education. As part of each compliance and/or quality review, children's records may be examined to determine if proper procedures have been followed by the Hartnell Child Development Center and if all services to which a child is entitled have been provided. Additionally, data is analyzed and may be reported to each of these agencies to ensure compliance, program quality and program effectiveness.

I give consent for Hartnell Child Development Center to make my child's records available to official auditors, monitors, licensing evaluators and others engaged in federal or state mandated compliance and/or quality reviews/reporting. I understand that the purpose of the review is for program evaluation/improvement and to assure the quality of the Hartnell College Child Development Center and the auditors, monitors, evaluators, and quality review team members are held to strict regulations regarding the confidentiality of children's records and data.

Signature of Parent/Guardian: _____ Date: _____

Staff Signature: _____ Date: _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
--------------------	----------------------

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

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

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE



HARTNELL COLLEGE

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ALLERGY PARENT QUESTIONNAIRE

Child's Name: _____

1. Does your child have any allergies staff should be aware of? Yes __ No __
2. Which of the following is your child allergic to? Please list.
Foods _____
Environmental (trees, pollen, etc.) _____
Animals _____
Medications _____
Other _____
3. What happens to your child during an allergic reaction? _____

4. Does your child need special care during an allergic reaction? Yes ____
No ____ If yes,
what care does your child need? _____
5. Is your child currently taking medications for allergies? Yes ____ No ____
If yes, please list all medications. _____
6. Does your child need medication at school for treatment of allergies? Yes __ No ____

Parent/Guardian Signature _____ Date: _____

Emergency and Identification Information

Family Information

Child's name _____ Birth Date: ____/____/____
(Last) (First) (Middle) (Month) (Day) (Year)

Child's Address: _____ Home Phone: _____

Mother's/Guardian's/Domestic Partner's Name Day Contact Phone: _____

Employer _____ Work Phone: _____

Father's/Guardian's/Domestic Partner's Name Day Contact Phone: _____

Employer _____ Work Phone: _____

Names of Persons who may be called in an emergency and who are authorized to take Child from the Facility in Addition to Persons listed above (This child will not be allowed to leave with any other person without written authorization from parent, guardian, domestic partner, or authorized representative.)

Name	Relationship	Primary Telephone #	Additional Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Physician to Be Called in an Emergency

Name _____ Telephone _____

Address _____

Medi-Cal Number _____ Medical Insurance _____ Insurance Number _____

Allergies or Other Medical Limitations _____

Permission for Medical Treatment Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member of the child development agency to accompany my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Signature _____
Parent/Guardian/Domestic Partner or Authorized Representative

Date _____

Class Assignment: _____

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)

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

a.m./p.m. to _____ a.m./p.m. , 5 _____ 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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (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



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**

Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](https://www.epa.gov/lead) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/LeadPoisoning/LeadPrevention/Pages/default.aspx), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

PUB 515 10/2019

Lead Safety Information

Effective January 1, 2019, [AB 2370](#), Chapter 676, Statutes of 2018, requires all child care providers, upon enrolling or re-enrolling any child, to provide the parent or guardian with written information including the following:

- ☐ Risks and effects of lead exposure.
- ☐ Blood lead testing recommendations and requirements.
- ☐ Options for obtaining blood lead testing, including any programs that offer free or discounted tests.

The following link provides a two-page flyer, written in partnership with the California Department of Public Health, which must be copied and distributed as indicated.

Acknowledgement: I/We have been personally advised of, and have received a copy of the Effects of Lead Exposure, at the time of Admission to:
Hartnell College Child Development Center

Print Name of Child

Signature of the Representative/ Parent/ Guardian

Date



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Child Development Center
831-755-6945

Family Language Instrument

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

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

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

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

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

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

Hartnell Child Development Center

FAMILY HEALTH AND SOCIAL SERVICES INFORMATION

Child's Name: _____

Parent Name: _____

Your health and wellness are very important to us. The following questions are optional to answer. They may help us connect you to resources in the community.

YOUR CHILD'S Health and Development

Please let us know about any worries you have about your child at any time. Is there anything about your child's health or development that you are currently wondering about or worried about? Please describe:

FOOD

Within the past 12 months, were you worried whether your food would run out before you got money to buy more.

☐ Often worried ☐ Sometimes worried ☐ Never worried ☐ I choose not to answer

HOUSING

Are you worried about losing your housing?

☐ Yes ☐ No ☐ I choose not to answer

TRANSPORTATION

In the past 12 months has lack of transportation kept you from any of the following – check all that apply:

- ☐ medical appointments or getting medications
- ☐ non-medical appointments
- ☐ work or school
- ☐ getting things that I need
- ☐ I choose not to answer

EDUCATION & LITERACY

What is the highest level of schooling you have finished?

☐ Less than high school degree ☐ high school diploma or GED

☐ college ☐ I choose not to answer

Are you interested in more education?

☐ Yes ☐ No ☐ I choose not to answer

How confident are you in filling out forms by yourself?

☐ Extremely ☐ Somewhat
☐ A little bit ☐ Not at all ☐ I choose not to answer

What language are you most comfortable speaking? _____

PAYING FOR PRESCRIPTIONS OR MEDICAL BILLS

Do you have trouble paying for medicines?

☐ Yes ☐ No ☐ I choose not to answer

Do you ever have trouble paying for medical bills?

☐ Often ☐ Sometimes ☐ Rarely ☐ Never ☐ I choose not to answer



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Proof of Income

Proof of income must be provided for all adult members of the household listed on the application counted in the family size.

Definitions:

- If paid weekly, four most recent consecutive week's paycheck stubs
- If paid every other week or two times a month, two most recent consecutive paycheck stubs
- If paid monthly, one paycheck stub for most recent payday
- If receiving unemployment or disability compensation, two most recent pay stubs
- If receiving child support, stubs showing most recent one-month period of payment from the County, or if paid directly by other parent, a dated, signed letter from the paying parent stating the amount paid each month in support of the child.
- If receiving Public Assistance (TANF), a copy of your Passport for Services showing most recent month's aid received.
- If self-employed, most recent quarterly report or 2024 income tax return showing gross income earned after business expenses have been deducted
- If receiving fluctuating income such as seasonal, migrant, or agricultural, proof of the total gross income during the previous 12-month period (monthly gross income will be averaged).

*If a parent or other adult listed on the application provides proof they pay to a former spouse or absence parent child support payments, or provides financial assistance for housing cost or car payments in addition to, or in lieu of child support for a child not living in the household, that amount will be deducted from the documented monthly household income.



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2025- 2026 ELIGIBILITY VERIFICATION NOTICE

Parent/Domestic Partner/Guardian Name: _____

Child(ren)'s Name: _____

The Hartnell College Child Development Center Laboratory for Child Study is required by the California Department of Education (CDE) Child Development Division to determine a family's eligibility to receive state preschool services based on family size, income, or child protective services status. The use of disclosure of individual financial information concerning enrollees or their families will be limited to purposes connected with the administration of child care and development programs. The use of this information includes, but is not limited to contact with employers, medical or legal professionals, social workers, and/or other institutions or persons, in order to verify family eligibility.

Any fraudulent, false, incomplete, deceitful, or misleading information provided to Hartnell College Child Development Center regarding status of income or family size, that is used to determine initial eligibility, may be grounds for termination of state preschool services. Hartnell College Child Development Center is required to recover costs from the parent/domestic partner/guardian for state preschool services if it is determined that the child/family was ineligible for such services at the time of initial enrollment.

I understand that Hartnell College has the right to verify information presented for the purposes of determining eligibility to receive state preschool services.

Parent/Domestic Partner/Guardian Signature

Date

Agency Representative

Date



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**Release for Independent Employment
Verification or Self-Employment**

If you have an employer, complete the following:

Your Name _____ Employer's name _____

Address _____

Telephone Number _____ Usual business hours _____

- ☐ I authorize Hartnell College to contact my employer to verify the information I provided concerning my income to confirm eligibility for State-funded preschool. This may include verification of the salary/wage; rate of pay; potential for overtime; tips or additional compensation; hours and days of work; variability of hours and days of work; pay periods and frequency of pay, start date for the employee.

Or

- ☐ A request for employer verification would adversely affect my employment, therefore I ***do not*** authorized Hartnell College to contact my employer. I understand that Hartnell College may request additional documentation from me to verify total countable income and if insufficient, I may be denied state funded preschool services. This may include a list of clients and amounts paid, the most recently signed and completed tax returns, quarterly estimated tax Statements, or other records of income to support the reported income, along with a self-certification of income.

If your income fluctuates, please indicate the reason:

- ☐ ***Migrant, Agricultural or Seasonal Work (periods of highs and lows to no activity)***
- ☐ ***Intermittent earnings (income that is infrequent or single occurrences)***
- ☐ ***Unpredictable income (difficult to calculate – no recognizable pattern)***



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Or, if Self-Employed, complete the following:

- ☐ I am self-employed and understand I must provide records sufficient for independent verification of income for at least the most recent month. Documentation shall consist of as many of the following documents as necessary to determine income: A letter from the source of income; A copy of the most recent signed and completed tax return with a statement of current estimated income for tax purposes; other business records, such as ledgers, receipts, or business logs.

Your Name: _____

Name of Your Business: _____

Type of Business: _____

Business Hours: _____

Business Phone # _____

Address, if not in-home: _____

I declare and affirm under penalty of perjury that the statements made herein are true and Correct to the best of my knowledge, information and belief.

Signature _____

Date _____



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Self-Certification of Income

No documentation is possible to verify my income *or* documentation is insufficient to determine my income. Therefore, I am self-declaring my income for the previous 30-day period.

Total Estimated Gross Income: _____

Rate of Pay (amount per hour, day, etc.): \$ _____ per _____

Pay Period: ___ daily ___ weekly ___ every other week ___ two times a month ___ monthly

___ Other: explain _____

Type of work performed: _____

Explain why documentation is inadequate or not possible for the income received and any additional information you could provide so we may better understand your financial circumstance:

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature

Name of Adult signing this form

Date



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Countable Income Sources

Countable income is income received by individuals counted in the family size for the most recent 30-day period. Review the **Countable Income Sources** listed below to make sure you have submitted proof of income from all required sources.

1. Gross wages, salary, advances, commissions, overtime, tips, bonuses, gambling and lottery winnings
2. Wages for migrant, agricultural, or seasonal work
3. Public cash assistance (CalWORKS or TANF)
4. Survivor (eg, SSA) and retirement benefits
5. Gross income from self-employment less business expenses with the exception of wage draws
6. Disability or unemployment compensation
7. Workers compensation
8. Spousal support and/or child support from the former spouse or absent parent, or documented financial assistance for housing costs, care payments, health insurance, etc.
9. Dividends, interest on bonds, income from estates or trusts, net rental income or royalties
10. Foster grants, payments or clothing allowance for children placed through child welfare services
11. Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent
12. Veterans pension
13. Pension or annuities
14. Inheritance
15. Portion of student grants or scholarships not identified for educational purposes (eg. Tuition, books, or supplies)
16. Income from other enterprises for gain
17. Allowances for housing or automobiles provided as part of compensation
18. Net proceeds from the sale of real property, stocks, or inherited property
19. Rent for room within family's residence
20. Insurance or court settlements for lost wages and/or punitive damages

***Fill out the reverse side of this page *only if* any adult included in the family size has no countable income.**

NO COUNTABLE INCOME DECLARATION (only for adults in household with no countable income – see reverse)

NO COUNTABLE INCOME DECLARATION

I _____ have reviewed the list of 20 countable
Name of Adult

income sources and do hereby declare, under penalty of perjury, that **I do not receive income from *any* of the listed sources.**

I understand any fraudulent, false, incomplete, deceitful, or misleading information provided to Hartnell College Child Development Center regarding status of income used to determine eligibility may be grounds for termination of State Preschool Services.

Parent/Domestic Partner/Guardian Signature

Date

If more than one adult in the household has no income, please have the additional adult complete this section.

I _____ have reviewed the list of 20 countable
Name of Adult

income sources and do hereby declare, under penalty of perjury, that **I do not receive income from *any* of the listed sources.**

I understand any fraudulent, false, incomplete, deceitful, or misleading information provided to Hartnell College Child Development Center regarding status of income used to determine eligibility may be grounds for termination of State Preschool Services.

Parent/Domestic Partner/Guardian Signature

Date

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

Polio = inactivated [polio](#) vaccine (IPV)
 (oral polio vaccine [OPV] does not count)
 DTaP = [diphtheria toxoid](#), [tetanus toxoid](#),
 and acellular [pertussis](#) vaccine
 Hep B = [hepatitis B](#) vaccine

Varicella = [chickenpox](#) vaccine
 Hib = [Haemophilus influenzae, type B](#) vaccine
 MMR = [measles](#), [mumps](#), and [rubella](#) vaccine

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Documentation and Determination of Family Size:

Number of Children in the Family:

The number of children shall be documented by providing at least one of the following documents, as applicable:

1. Birth Certificates;
2. Court Orders regarding child custody;
3. Adoption documents;
4. Records of Foster Care placements;
5. School or medical records;
6. County welfare department records; or

Other reliable documentation indicating the relationship of the child to the parent (ie: Baptismal certificates, declarations of home birth, Tax returns identifying the names and relationship of dependents; tribal records, refugee documentation,

The absence or presence of adults in the family:

If only the mother and father listed on the enrolling child's birth certificate are living in the household with the child, no documentation is necessary. When additional adults responsible for the care and welfare of the enrolling child is listed on the application, proof of income will be required of these adults, as well.

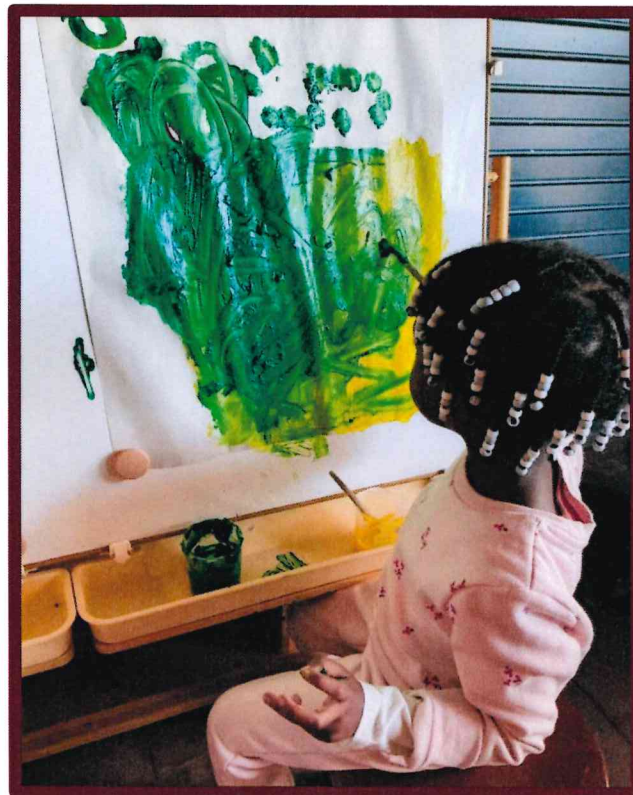
If a parent is listed on the child's birth certificate but not living in the same household with the child, the enrolling parent shall provide documentation of the absence of that adult. Any of the following documentation is acceptable:

1. Records of divorce or legal separation;
2. Court-ordered child custody agreements;
3. Evidence that the enrolling parent is receiving child support payments from that person, has filed for child support with the appropriate agency, or has executed documents with that agency declining to file for support;
4. Record indicating the parent is incarcerated; or
5. Rental receipts or agreements, contracts, utility bills or other documents indicating two different residences for the parents of the enrolling child



HARTNELL COLLEGE

Child Development Center



Eligibility and Enrollment Policies

The Hartnell College Child Development Center Laboratory for Child Study serves up to 120 preschool-age children each year while providing observation and practicum experiences for students preparing for teaching and other child-related careers.

We provide an inclusive, developmentally appropriate, and culturally and linguistically responsive preschool environment that is nurturing for all children. Our holistic approach supports all developmental growth areas. Children learn and grow through experiences allowing for deep exploration and time for play. Our part-day preschool program facilitates the transition to kindergarten for the three-and four-year-old children. It includes educational development, health services, social services, nutritional services, parent education and parent participation, evaluation, and staff development.

Thank you for taking an interest in our program and your willingness to assist us in providing practical experience with children for our college students.

Program Location and Contact Information:

Hartnell College Main Campus-Building M
411 Central Avenue
Salinas, CA 93901
(831) 755-6945
cdc@hartnell.edu

Program Hours/Days:

Days: Monday - Friday

Morning Session 8:30-11:30 a.m.

Afternoon Session 12:30-3:30 p.m.

3 hours per day for a minimum of 175 days per school year.

Children may enroll for only one part-day period
in either a morning or afternoon session.

Office Hours:

8:00 a.m. to 12:00 noon and 12:30 - 4:30 p.m.

Closed 12 noon - 12:30 p.m.

**This program does not deny services based upon sex, sexual orientation, genetic information, ethnic group identification, race, national origin, religion, color, or disability.*

Eligibility Criteria

Participants must provide documentation of eligibility in 1 or more of these eligibility categories:

- (1) Child is recipient of Child Protective Services or child identified as at-risk
- (2) Child has exceptional needs
- (3) Income Eligibility
- (4) Family experiencing homelessness
- (5) Approved neighborhood school boundary
- (6) Receiving benefits from governmental program

Proof of Residency

Determination of eligibility shall be **without regard** to the immigration status of the child or the child's parent(s), unless under a final order of deportation from the United States Department of Homeland Security.

- Must live in California
- Families experiencing homelessness shall submit declaration that they reside in California
- Provide evidence of a street address or post office address in California, including the 4-digit zip code extension

Enrollment Priorities

First: Child is recipient of Child Protective Services or At-Risk of being neglected, abused or exploited.

Second: Once the set-aside is filled, child with exceptional needs from income eligible family. Prioritize based on income ranking order. A copy of the child's IEP will be provided.

Third: Eligible 4-year-old not enrolled in Transitional Kindergarten. Prioritize children enrolled in CSPP as a 3-year-old, then within each ranking prioritize dual language learners, then based on earliest wait list date.

Fourth: Eligible 3-year-old. Within each ranking prioritize dual language learners, then based on earliest wait list date.

Fifth: Family income is not more than 15% above income threshold. Prioritize exceptional needs children, then 4-year-olds, then 3-year-olds. (limited to 10% of funded enrollment)

Sixth: Family resides in approved neighborhood school boundary. Prioritize based on income ranking order.

Seventh: Children enrolling in CSPP to provide expanded learning & care to Transitional Kindergarten or Kindergarten pupils (must meet an eligibility criteria).

NOTE: 7.5% of CSPP funded enrollment is reserved for Children with Exceptional Needs. Only the child in the family who has exceptional needs may be enrolled under this eligibility criteria.

Age Eligibility

Contractors must follow the age eligibility requirements for CSPP per EC Section 8208. The age eligibility requirements are as listed below:

- Children who have their third birthday on or before December 1 are eligible.
- Children who have their third birthday on or after December 1 may be enrolled on their third birthday.
- Children who have their fourth birthday on or before December 1 are eligible.

Note: children who will turn five-years-old between September 2 and December 1 of the fiscal year are no longer eligible

Prohibition of Religious Instruction and Worship

The Hartnell College Child Development Center child care and development services being provided do not include religious instruction or worship.

Child Application Process

Enrollment may begin 120 calendar days prior to the first day of the beginning of a new preschool year. A non-refundable \$25 fee will be charged of all enrolling families at the time of enrollment. This fee is deposited in a dedicated fund to cover cost of all fieldtrips for the school year.

Complete the initial application attaching income verification, and a copy of the birth certificate and yellow immunization card (front and back) or immunization printout from physician. Make sure proof of the chicken pox vaccine or verification of having had the illness is recorded on the immunization card. Additional proof of income or family size may be required to determine eligibility.

Make arrangements to tour the center and meet with a staff member. You are welcome to bring your child for the tour or arrange for a separate date for your child to visit.

If a space is available and it appears that you meet eligibility criteria for enrollment, you will be given an enrollment packet containing all admissions forms including a physician's report form, which must be completed and signed by your child's doctor within 30 days of admission.

If an opening is not available, you will be placed on the **Waiting List** in accordance with admission priorities and contacted as to the availability of a space in order of priority from the waiting list. When an opening comes available, we will make every attempt to reach you by phone and email. We will try for no more than 48 hours. If we do not get a response, we will move on to the next eligible person on the waiting list.

If it is determined that you are not income-eligible for the free preschool program, you may request a tuition schedule, program options and availability of a fee-based space in the program. We use the most recently approved fee schedule prepared and issued by the CDE when determining whether a family fee is applicable and the amount of a family's fee.

Program Services

Children will be provided age-appropriate, planned, educational activities throughout each program day that address all developmental domains contained in the California Department of Education Desired Results Developmental Profiles (DRDP).

Assignment to a “Community”

Children are assigned to a primary Community Group. Child assignment is based primarily on chronological age with attempts made to balance the group by gender and home language. The class group is led by an assigned educator who plans activities to best meet the individual and developmental needs and interests of the children in their group. The community group educator supports the Master Teacher in completing each child’s portfolio and developmental profile and may join conferences and communications with the parents of these children.

Children begin and end each session in a community meeting with their primary group educator. The beginning community meeting activities may include greeting, checking-in, planning for the day, discussions, and sharing stories and songs. The ending community meeting activities may include saying goodbye, checking out, recalling the day’s activities, discussions, sharing stories and songs, and celebrating special situations, such as birthdays.

Parent Involvement and Education

The Child Development Center’s Parent Involvement and Education component includes the following:

- An orientation for parents that includes topics such as program philosophy, program goals and objectives, program activities, eligibility criteria and priorities for enrollment, fee requirements, and due process procedures
- At least two individual conferences with the parent(s) per year
- Parent meetings with program staff
- An **open-door policy** recognizing that parents are welcome to visit the program, unannounced, any time during regular program hours
- A Parent Advisory Committee that advises the contractor on issues related to services to families and children
- Ongoing sharing of information between staff and parents concerning their child’s progress

NOTE: Parents and/or family members (18 years or older) are encouraged to participate in the daily activities. Parents who would like to volunteer in the classroom will complete a fingerprint process, submit TB/PPD testing (completed within the previous 3 years or previous 4 years if done by x-ray or blood test) and and show proof of the following immunizations:

- Influenza (Optional)-Yearly
- Measles/Mumps/Rubella (MMR) - no time limit
- Diphtheria/Tetnus/Pertussis (DTap) - no time limit

Confidentiality of Records

The use or disclosure of all information pertaining to the child and his/her family shall be restricted by Hartnell College to purposes directly connected with the administration of the program. Hartnell College shall permit the review of the family data file by the child’s parent(s) or the parent’s authorized representative, upon request and at reasonable times and places.

Due Process Requirement for the Free Preschool Program / Notice of Action (NOA)

Hartnell College’s decision to approve or deny services shall be communicated to the applicant by mailing or delivering a written NOA within 30 calendar days from the date the application is signed by the parent. If the services are denied, the notice shall contain the basis for denial and instructions for the parent(s) on how to request a hearing if they do not agree with the decision.

Parent's Request for a Hearing and Procedures

If parent disagrees with an action, the parent(s) may file a request for a hearing with the contractor within fourteen (14) calendar days of the date the Notice of Action was received. Upon the filing of a request for hearing, the intended action shall be suspended until the review process has been completed. The review process is complete when the appeal process has been exhausted or when the parent(s) abandons the appeal process. Within ten (10) calendar days following the receipt of the request for a hearing, the contractor shall notify the parent(s) of the time and place of the hearing. The time and place of the hearing shall, to the extent possible, be convenient for the parent(s). The hearing shall be conducted by an administrative staff person who shall be referred to as "the hearing officer." The hearing officer shall be a staff member in higher authority than the staff person who made the contested decision. The parent(s) or parent's authorized representative is required to attend the hearing. If the parent or the parent's authorized representative fails to appear at the hearing, the parent will be deemed to have abandoned his or her appeal. Only persons directly affected by the hearing shall be allowed to attend. The contractor shall arrange for the presence of an interpreter at the hearing, if one is requested by the parent(s). The hearing officer shall explain to the parents(s) the legal, regulatory, or policy basis for the intended action.

During the hearing the parent(s) shall have an opportunity to explain the reason(s) they believe the contractor's decision was incorrect. The contractor's staff shall present any material facts omitted by the parent(s). The hearing officer shall mail or deliver to the parent(s) a written decision within ten (10) calendar days after the hearing. The written decision shall contain procedures for submitting an appeal to the CDE.

Appeal Procedure for CDE Review

If the parent disagrees with the written decision from the contractor, the parent has fourteen (14) calendar days in which to appeal to the California Department of Education. If the parent(s) do(es) not submit an appeal request to the CDE within fourteen (14) calendar days, the parents' appeal process shall be deemed abandoned and the contractor may implement the intended action. The parent(s) shall specify in the appeal request the reason(s) why he/she believes the contractor's decision was incorrect. A copy of the contractor's notice of intended action and written decision shall be submitted by the parents(s) with the appeal request. Upon receipt of an appeal request, the CDE may request copies of the family data file and other relevant materials from the contractor. The CDE may also conduct any investigations, interview, or mediation necessary to resolve the appeal.

The decision of the CDE shall be mailed or delivered to the parent(s) and to the contractor within thirty (30) calendar days after receipt of the appeal request.

Contractor Compliance with CDE Decision; Reimbursement for Services During the Appeal Process

The contractor shall comply with the decision of the CDE immediately upon receipt thereof. The contractor shall be reimbursed for child care and development services delivered to the family which is appealing during the appeals process. If a contractor's determination that a family is ineligible is upheld by the CDE, services to the family shall cease upon receipt of the CDE's decision by the contractor.



HARTNELL COLLEGE

Hartnell College
Child Development Center

Acknowledgement of Receipt of Written Eligibility and Enrollment Policies

My signature below acknowledges that I have received a copy of the Eligibility and Enrollment Policies. I acknowledge that I have read, understand and agree to abide by these guidelines.

Child(ren) Name(s): _____

Parent/Guardian Printed Name: _____

Legal Signature: _____ Date: _____

Phone: _____