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LOS ANGELES UNIFIED SCHOOL DISTRICT

Early Childhood Education

**EARLY EDUCATION CENTER**

Telephone: () - Fax: () -

**This document should be included in the family file.**

**PARENT ENROLLMENT PACKET CHECKLIST**

Dear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to our Early Education Center. In order to enroll your child, please have available and completed by your appointment date, the documents & information checked below:

 (***LAUSD SECTION)***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Received COMPLETE | Scanned to EESIS |
| ◊ | Birth Certificate or Baptismal Record of **ALL** children under 18 years of age in the family. |  |  |
| ◊ | Immunization records for the child being enrolled (California Immunization Requirements for Child Care) |  |  |
| ◊ | Proof of income – One full month’s worth of check stubs for the **prior month** for each parent employed. (If paid weekly, submit the last 4 **consecutive** check stubs, if paid bi-weekly, submit the last 2 **consecutive** check stubs.) |  |  |
| ◊ | Verification of TANF or other cash assistance (copy of most recent check – **prior month**, Notice of Action or Cash Issuance Receipt) |  |  |
| ◊ | Verification of residency (CA ID, CA Driver’s License, Current Utility Bill, Rent Receipt, Lease Agreement, etc.) |  |  |
|  | **ATTACHMENTS** |  |  |
| ◊ | Home Language Survey |  |  |
| ◊ | Health History Card (white, to be completed by the parent/guardian) |  |  |
| ◊ | Physical Exam – Physician’s Report (LIC 701 form to be completed by the doctor. Must be within the last 12 months and include screening of TB risk.) |  |  |
| ◊ | Verification of Employment and Salary – Form 83.56 |  |  |
| ◊ | Self-Certification of Income (if applicable) |  |  |
| ◊ | Verification of Training – Form EESD 9605 (Progress Report at Recertification Time)* **Request for study time must be written** and provided by parent
 |  |  |
| ◊ | Los Angeles Unified School District Parent Handbook – Forms completed & signed  |  |  |
| ◊ | Emergency Information Card (At least 3 names, addresses and telephone numbers of persons, 18 years or older, authorized to pick up your child in case of emergency or illness) Make sure that the name matches what appears on Driver License or I.D.s |  |  |
| ◊ | Student Residency Questionnaire & Migrant Education Program Questionnaire  |  |  |
| ◊ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Your appointment date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

You must bring all requested documents on that date, and be ready to stay 30 minutes, so that we can verify the information and give you the policies and procedures of this program. If you do not show up to your appointment, we will proceed to enroll the next family on our waiting list.

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**CENTRO DE EDUCACION TEMPRANA**

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**LISTA DE DOCUMENTOS PARA MATRICULACION**

Estimado/a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bienvenidos a nuestro Centro de Educación Preescolar. Para poder matricular a su niño/a por favor tenga disponible y completa para el día de su cita, la información marcada abajo:

 ***(LAUSD SECTION)***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Received COMPLETE | Scanned to EESIS |
| **◊** | Certificado de Nacimiento o Certificado de Bautismo de **TODOS** sus hijos/as menores de 18 años |  |  |
| **◊** | Tarjeta de Inmunizaciones (vacunas) para el niño que se está registrando |  |  |
| **◊** | Verificación de Ingresos – Un mes completo de talones de cheque del mes anterior de cada padre empleado. Si le pagan semanalmente, traiga los últimos 4 talones de cheque **consecutivos**, si le pagan quincenalmente, traigan los últimos 2 talones de cheque **consecutivos**. |  |  |
| **◊** | Verificación si recibe TANF o algún otro tipo de asistencia económica. (Copia del cheque más reciente, declaración de cuanto recibe de ingresos o el recibo de lo que recibió de ingresos) |  |  |
| **◊** | Verificación de domicilio (CA ID, CA Licencia de manejo, Factura de Servicios Públicos o Recibo de Renta o Acuerdo de arrendamiento, etc.) |  |  |
|  | **DOCUMENTOS ADJUNTOS** |  |  |
| **◊** | Encuesta del Idioma en el Hogar |  |  |
| **◊** | Historia Medica Permanente (Blanco, llenado por el padre o guardián) |  |  |
| **◊** | Examen físico reciente (Forma LIC 701 llenado por el Médico privado no más de 12 meses)  |  |  |
| **◊** | Verificación de Empleo y Salario – Forma 83.56 |  |  |
| **◊** | Auto-Declaración de Ingresos (Si es aplicable) |  |  |
| **◊** | Verificación de Entrenamiento – Forma EESD-9605 (Record de progreso al renovar contrato)* Y carta escrita por madre/padre, pidiendo tiempo extra para estudiar y hacer tareas.
 |  |  |
| **◊** | Manual Para Los Padres del Distrito Escolar Unificado de Los Ángeles (Llenar y firmar formas) |  |  |
| **◊** | Tarjeta de Información de Emergencia (Mínimo 3 nombres, direcciones y números de teléfonos de personas autorizadas para recoger a su hijo/a en caso de emergencia, mayores de 18 años) Necesitamos una copia de la identificación con fotografía de cada persona autorizada |  |  |
| **◊** | Cuestionario sobre la Residencia Estudiantil y Encuesta Familiar para Migrantes - llenar formas |  |  |
| **◊** | Otro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Usted tiene una cita el día \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a las \_\_\_\_\_\_\_\_\_AM / PM**

Favor de traer todos los documentos requeridos ese día, y tener 30 minutos libres para verificar la información, y revisar con usted las pólizas y procedimientos de nuestro programa. Si usted no se presenta a su cita, procederemos a inscribir a la siguiente familia en nuestra lista de espera.

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***FOR LAUSD USE ONLY* CASE NOTES** ***FOR LAUSD USE ONLY***

**EESIS ID# \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room # \_\_\_\_\_\_\_\_**

**Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_ Program CCTR CSPP**

**Has the family previously been enrolled in a LAUSD ECED Program? YES NO**

**CONTRACT SIGNATURES**

|  |  |  |
| --- | --- | --- |
|  | **COMPLETE** | **SCANNED TO EESIS** |
| * **Notice of Action (CD 7617) – with Parent initial or receipt of certified mail and Principal signature**
 |  |  |
| * **CD 9600 page 1 & 2 – with proper box checked, dated, initialed (Single Parent) and Signed by Parent and Principal**
 |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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