



Is your child potty trained?



Our preschool classrooms are not equipped for toilet training or changing diapers/pull ups. Children are expected to be fully potty trained before starting in the preschool classrooms.

A fully potty trained child is able to:

- Be able to TELL the adult they have to go potty BEFORE they have to go.
- Be able to pull down their underwear and pants and get them back up with minimal assistance.
- Be able to wipe themselves after using the toilet.
- Be able to wash and dry hands.
- Be able to postpone going if they must wait for someone who is in the bathroom.

For your information, please refer to the pamphlet attached. If you have any additional questions or concerns, please contact Clinton Corner at 714-663-6298.



¿Está su hijo/a entrenado a usar el baño?



Nuestros salones de clases preescolares no están equipados ni cuentan con el personal escolar necesario para entrenar a los niños para que usen el baño o cambiar cualquier tipo de pañales desechables. Se espera que los niños estén completamente entrenados antes de empezar clases en el programa preescolar.

Un niño completamente entrenado para ir al baño debe:

- Avisarle al adulto que tienen que ir al baño ANTES de que tengan que ir.
- Ser capaz de quitarse y ponérsela ropa con asistencia mínima.
- Ser capaz de limpiarse sin ayuda.
- Lavarse y secarse las manos.
- Ser capaz de posponer ir si deben esperar a alguien que está en el baño.

Para su información, consulte el folleto adjunto. Si tiene preguntas o inquietudes adicionales, comuníquese con el personal de Clinton Corner al 714-663-6298.



CHILDREN'S
HOME
SOCIETY OF
CALIFORNIA
www.chs-ca.org

For additional CHS Family Education Program materials, please call (714) 712-7888. For more information about CHS Early Learning and Education Programs, call (888) CHS-4KIDS.

Family Education Program materials and podcasts, and information on CHS programs can also be found on our website at www.chs-ca.org.



Corporate Headquarters

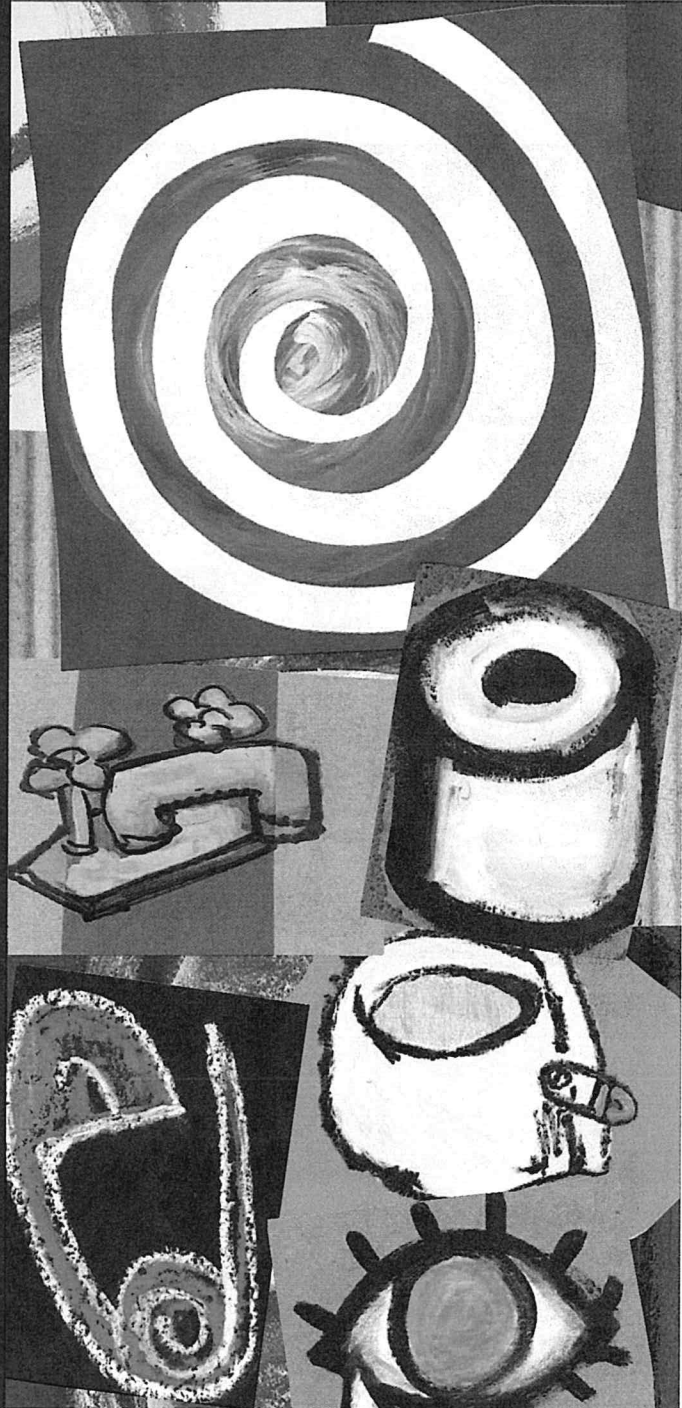
1300 West Fourth Street
Los Angeles, CA 90017
(213) 240-5900
(213) 240-5945 Fax

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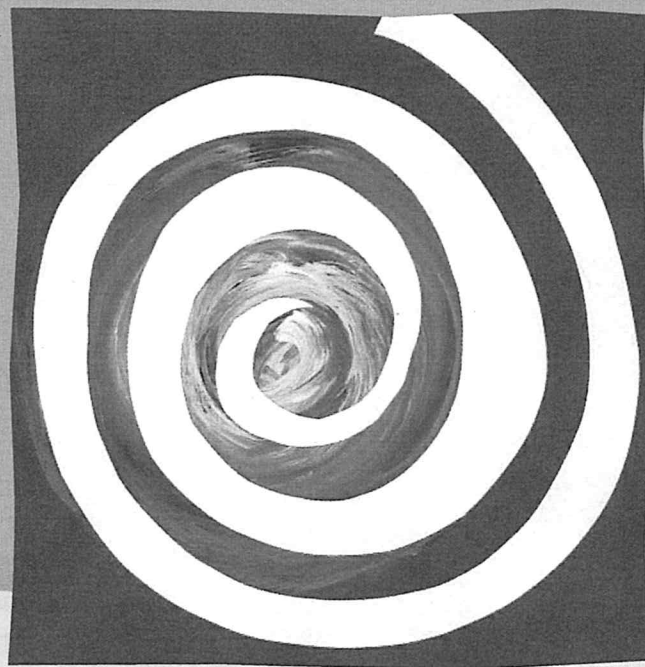
C H I L D R E N ' S H O M E S O C I E T Y O F C A L I F O R N I A

TOILET TEACHING WITHOUT TEARS

FROM WET TO DRY



Toilet learning takes teamwork between parent, child, and the child care provider. Success depends on patient, understanding adults and a child who is physically, intellectually, and emotionally ready. Between the ages of 18 and 30 months, a child begins to show the readiness signs.

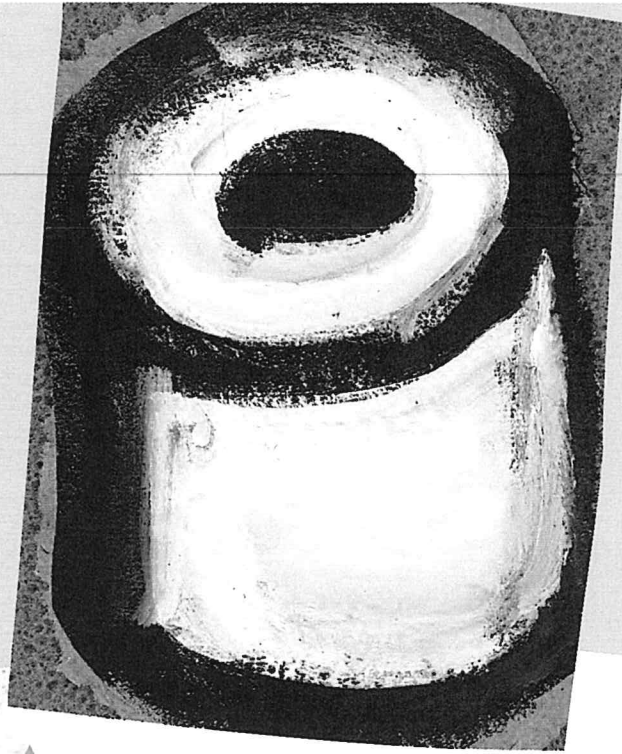


★ SIGNS OF TOILET LEARNING READINESS:

Your child may be ready to begin toilet learning when the following signs are displayed.

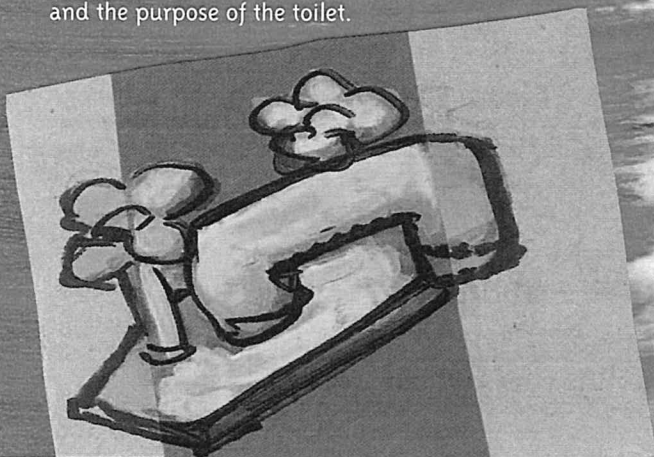
Your child:

- Can understand and follow simple directions
- Can dress and undress himself
- Can run and climb easily
- Has a dry diaper for at least 2 hours during the day
- Has a dry diaper after naps
- Expresses an interest in using the toilet
- Expresses an interest in her bowel movement
- May initiate toilet behavior
- Dislikes staying in a wet or soiled diaper
- Tells you he is urinating or having a bowel movement



When these signs are present, begin to talk to your child about toilet learning:

- Teach your child the words you want him to use regarding toileting.
- Talk to your child about the sensations of elimination.
- You may want to read to your child one or more children's books about toileting and elimination.
- You may want to buy a potty chair. Although this isn't necessary, some children are more comfortable with their feet on the floor, and may be frightened by the water and flushing action of a toilet.
- Let your child sit on the toilet or potty chair in her diapers to get used to the idea of going to the potty and the purpose of the toilet.



★ FORMAL TEACHING

Formal toilet teaching may begin once your child has shown the signs of readiness and is able to tell you he has soiled his diaper. He is recognizing that his body has done something different. Help your child understand the real purpose of the toilet or potty chair.

Seat her on the toilet after she has had a bowel movement in her diaper. Unfasten the diaper and drop the contents into the toilet.

When he tells you he is wet or had a bowel movement, acknowledge the act saying: "I'm glad you told me. Let's try next time to put it in the toilet."

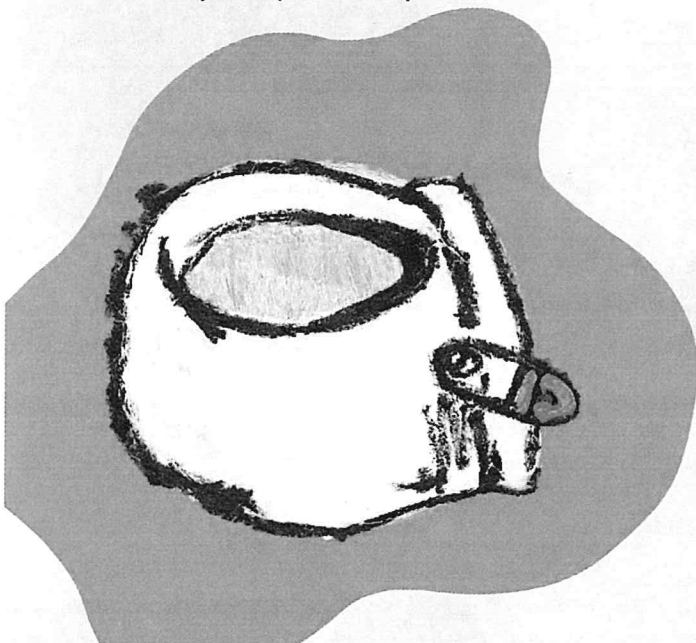
Remind her routinely of the toilet or potty chair's purpose.

Teach your child good bathroom habits from the start. Show him how to wipe properly, throw away the toilet paper, and wash his hands thoroughly after using the toilet.

When your child is able to tell you before she goes, give her training pants to wear and encourage her to use the toilet or potty chair. She will see that you have confidence in her ability to take control of this task and do it without your help.

★ COMMON DIFFICULTIES

- Don't push toilet learning too hard. Your child may fight back by holding bowel movements. Toilet learning is a natural development and can't be rushed.
- Treat accidents with a casual, matter-of-fact manner. "Oh, I see your pants are wet. Let's go get some dry ones." You might add: "Sometimes it's hard to remember when you are playing so hard. Would you like me to remind you?" For many children, day and night bladder control may not be achieved until age five.
- Regressions such as imitating baby talk and actions are normal.
- Factors that may interrupt the learning process and cause the child to forget what he has learned may include:
 - Birth of a new baby
 - Entering a child care setting
 - Moving
 - An adult leaving the home
 - Illness
 - Death of a loved one, including a pet
- A child needs extra patience and positive reminders during these more difficult times. Remember, toilet learning is not a race or contest. In a crowded room of adults, no one will know or care who learned to use the toilet first.
- Toilet learning is but one step a child takes toward acquiring important life skills. His accomplishment will give him confidence that he can achieve success in other aspects of his development.



★ TIPS FOR SUCCESS

- Acknowledge all progress with a hug, a kiss, and a few words of praise, but don't overdo it!
- Never criticize or punish when a child is unsuccessful.
- Maintain a good-humored, casual attitude.
- Remember this is the child's task to accomplish; do not engage in power struggles.
- Some children may want a parent or caregiver to keep them company while they use the bathroom.
- Children also may enjoy reading books while in the bathroom.



Start toilet learning based on what your child can do, not by your child's age.



TO LEARN MORE

BOOKS FOR CHILDREN

EVERYONE POOPS

Taro Gomi

ONCE UPON A POTTY

Alona Frankel

A POTTY FOR ME!

Karen Katz

BOOKS FOR ADULTS

BECOMING THE PARENT YOU WANT TO BE

Laura Davis & Janis Keyser

TOILET LEARNING

Alison Mack

ORGANIZATIONS

THE AMERICAN ACADEMY OF PEDIATRICS

(847) 434-4000 or www.aap.org

Student Name: _____ DOB: _____ NOHO ID#: _____

Program Classification:

- ☐ 3 year old Program
☐ Young 4 year olds
☐ 4 year old Program
☐ Returning 3 year old

Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149

Date Received Stamp:

Required Documents for Preschool Registration

Parent's Checklist

Parents MUST bring the following documents with them when turning in this Registration Packet:

☐ **Picture ID**

California ID,
California Driver's License,
U.S issued identification
Card, Military ID, Passport,
or Consulate ID.

☐ **Original Proof of Birth for ALL**

Minor Children (*birth certificate, child custody
order, school or medical records, hospital birth letter,
adoption records, foster care placement records, county
welfare records, other reliable documentation indicating
relationship*)

☐ **Immunization Record
for Preschool Student**

ONLY (*Yellow card or doctor/clinic
records. Records should be up-to-date
according to child's age*)

*Forms 1-9 must be completed to obtain a registration appointment. In addition, you will need to provide the State Preschool Program office with *income* and *address verification* at the time of your registration appointment.

1.	Physician's Report (<i>Doctor's office MUST complete this form</i>)
2.	Preschool Locations and Preferences
3.	Language and Ethnic Information
4.	Employment Status Employment Authorization (<i>for the working parent(s)</i>) and/or No Income Statement (<i>for non-working parent(s)</i>)
5.	Residency Verification
6.	Photo Media/Website Release
7.	Parent Consent for Health Screening
8.	Student Health History- Parent's Report (<i>to be completed by parent(s)/guardian(s)</i>)
9.	Parent Participation (<i>all families MUST fill out this form, regardless of whether or not there will be a volunteer</i>)
10.	Volunteer Information Form
11.	Volunteer Requirements and Guidelines

Registration Appointment

Date: _____ Time: _____ Specialist: _____

Date: _____ Time: _____ Specialist: _____

Garden Grove Unified School District reserves the right to ask for additional information to verify eligibility.



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)

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

a.m./p.m. to 3 HR 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.

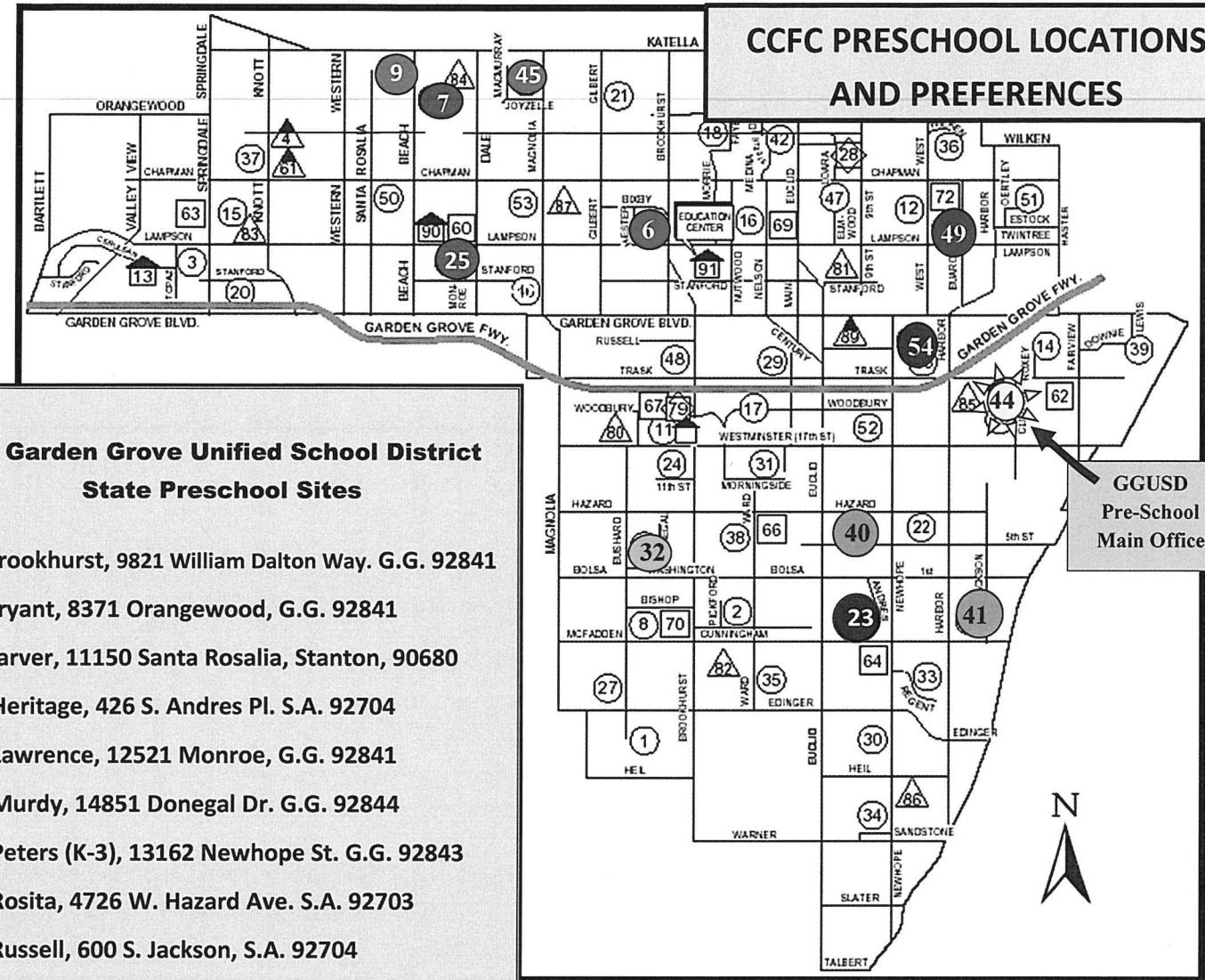
I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

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

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

CCFC PRESCHOOL LOCATIONS AND PREFERENCES



Garden Grove Unified School District State Preschool Sites

- #6 Brookhurst, 9821 William Dalton Way. G.G. 92841
- #7 Bryant, 8371 Orangewood, G.G. 92841
- #9 Carver, 11150 Santa Rosalia, Stanton, 90680
- #23 Heritage, 426 S. Andres Pl. S.A. 92704
- #25 Lawrence, 12521 Monroe, G.G. 92841
- #32 Murdy, 14851 Donegal Dr. G.G. 92844
- #54 Peters (K-3), 13162 Newhope St. G.G. 92843
- #40 Rosita, 4726 W. Hazard Ave. S.A. 92703
- #41 Russell, 600 S. Jackson, S.A. 92704
- #45 Skylark 11250 Mac Murray. G.G. 92841
- #49 Violette, 12091 Lampson Ave. G.G. 92840
- #44 Clinton Corner Family Campus (CCFC)
13581 Clinton St., G.G. 92843

GGUSD
Pre-School
Main Office

Please indicate below the Preschool sites for which you are interested, in order of preference:

Por favor indiquen los sitios preescolares que están dispuestos aceptar en la Orden de su preferencia:

Vui lòng cho biết 3 trường theo thứ tự ưu tiên mà quý vị muốn chọn:

1st _____ 2nd _____ 3rd _____

4 yr. old program (12/3/15 – 12/2/16) is tentatively available at:

Brookhurst, Clinton Corner, Carver, Murdy & Skylark from 8:00-11:00 am **OR** 11:45 am-2:45 pm
Bryant, Heritage, Lawrence, Peters, Rosita, Russell, Violette from 8:15-11:15 am **OR** 12:00 pm-3:00 pm

3 yr. old program (12/3/16 - 12/1/17) is tentatively available at:

Brookhurst, Carver, Clinton Corner & Skylark from 11:45 am - 2:45 pm
Peters, Heritage, Rosita, Russell & Violette from 12:00 pm - 3:00 pm



GARDEN GROVE UNIFIED SCHOOL DISTRICT

School district telephone numbers begin with (714) 663-. The last four digits for schools/district facilities are in parenthesis receding each site below.

Pre-K-6

- 663-6228 1-Allen
- 663-6104 2-Anthony
- 663-6104 3-Barker
- 663-6104 6-Brookhurst
- 663-6104 7-Bryant
- 663-6104 8-Carrillo
- 663-6104 9-Carver (EEC)*
- 663-6104 10-Clinton
- 663-6104 11-Cook
- 663-6104 12-Crosby
- 663-6104 14-Eisenhower
- 663-6104 15-Enders
- 663-6104 16-Evans
- 663-6104 17-Excelsior
- 663-6104 18-Faylane
- 663-6104 20-Garden Park
- 663-6104 21-Gilbert
- 663-6104 22-Hazard
- 663-6104 23-Heritage
- 663-6104 24-Hill
- 663-6104 25-Lawrence
- 663-6104 27-Marshall
- 663-6104 29-Mitchell
- 663-6104 30-Monroe
- 663-6104 31-Morningside
- 663-6104 32-Murdy
- 663-6104 33-Newhope
- 663-6104 34-Northcra
- 663-6104 35-Paine
- 663-6104 36-Parkview
- 663-6104 37-Palton
- 663-6104 54-Peters (K-3)
- 663-6104 55-Peters (4-6)
- 663-6104 38-Riverdale
- 663-6104 39-Post
- 663-6104 40-Rosita
- 663-6104 41-Russell
- 663-6104 42-Simmons
- 663-6104 45-Skyark
- 663-6104 46-Stanford
- 663-6104 47-Stanley
- 663-6104 48-Sunrise
- 663-6104 49-Violet
- 663-6104 50-Wakeham
- 663-6104 51-Warren
- 663-6104 52-Woodbury
- 663-6104 53-Zeyen

- 16200 Bushard, F.V. 92708
- 15320 Pickford St., Westm. 92683
- 12565 Springdale, G.G. 92845
- 9821 William Dalton Ave., G.G. 92841
- 8371 Orangewood, G.G. 92841
- 15270 Bushard, Westm. 92683
- 11150 Santa Rosalia, Stanton 90680
- 13641 Clinton St., G.G. 92843
- 9802 Woodbury Rd., G.G. 92844
- 12181 West St., G.G. 92840
- 13221 Lilly St., G.G. 92843
- 12302 Springdale, G.G. 92845
- 12281 Nelson St., G.G. 92840
- 10421 Woodbury Rd., G.G. 92843
- 11731 Morrie Lane, G.G. 92845
- 6562 Stanford Ave., G.G. 92845
- 9551 Orangewood, G.G. 92841
- 4218 W. Hazard Ave., S.A. 92703
- 426 S. Andres Pl., S.A. 92704
- 9681 - 11th St., G.G. 92844
- 12521 Monroe, G.G. 92841
- 15791 Bushard, Westm. 92683
- 13451 Taft Ave., G.G. 92843
- 16225 Newhope St., F.V. 92708
- 10521 Morningside Dr., G.G. 92843
- 14851 Donegal Dr., G.G. 92844
- 4419 W. Regent Dr., S.A. 92704
- 11303 Sandstone, F.V. 92708
- 15792 Ward St., G.G. 92843
- 12272 Wilken Way, G.G. 92840
- 6861 Santa Rita, G.G. 92845
- 13162 Newhope St., G.G. 92843
- 13200 Newhope St., G.G. 92843
- 14641 Ward St., Westm. 92683
- 13222 Lewis St., G.G. 92843
- 4726 W. Hazard Ave., S.A. 92703
- 600 S. Jackson, S.A. 92704
- 11602 Steele Dr., G.G. 92840
- 11250 MacMurray, G.G. 92841
- 12721 Magnolia St., G.G. 92840
- 9972 Russell Ave., G.G. 92844
- 12091 Lampton Ave., G.G. 92840
- 7772 Chapman Ave., G.G. 92841
- 12871 Estock Dr., G.G. 92840
- 11362 Woodbury Rd., G.G. 92843
- 12081 S. Magnolia, G.G. 92841

Intermediate Schools

- 663-6101 60-Alamitos
- 663-6101 63-Bell
- 663-6101 62-Doug
- 663-6101 64-Fitz
- 663-6101 66-Irvine
- 663-6101 67-Jordan
- 663-6101 68-Lake
- 663-6101 70-McGarvin
- 663-6101 69-Ralston
- 663-6101 72-Walton

- 12381 Dale, G.G. 92841
- 12345 Springdale, G.G. 92845
- 12752 Trask Ave., G.G. 92843
- 4600 McFadden, S.A. 92704
- 10552 Hazard Ave., G.G. 92843
- 9821 Woodbury Rd., G.G. 92844
- 10801 Orangewood Ave., G.G. 92840
- 9802 Bishop Pl., Westm. 92683
- 10851 Lampton Ave., G.G. 92840
- 12181 Buaro St., G.G. 92840

High Schools

- 663-6101 80-Bolsa Grande
- 663-6101 81-Garden Grove
- 663-6101 87-Hare
- 663-6101 82-La Quinta
- 663-6101 86-Los Amigos
- 663-6101 83-Pacifica
- 663-6101 84-Rancho Alamitos
- 663-6101 85-Santiago

- 9401 Westminster Ave., G.G. 92844
- 11271 Stanford Ave., G.G. 92840
- 12012 S. Magnolia, G.G. 92841
- 10372 McFadden Ave., Westm. 92683
- 16566 Newhope St., F.V. 92708
- 6851 Lampton Ave., G.G. 92845
- 11351 Dale St., G.G. 92841
- 12342 Trask Ave., G.G. 92843

Special Education

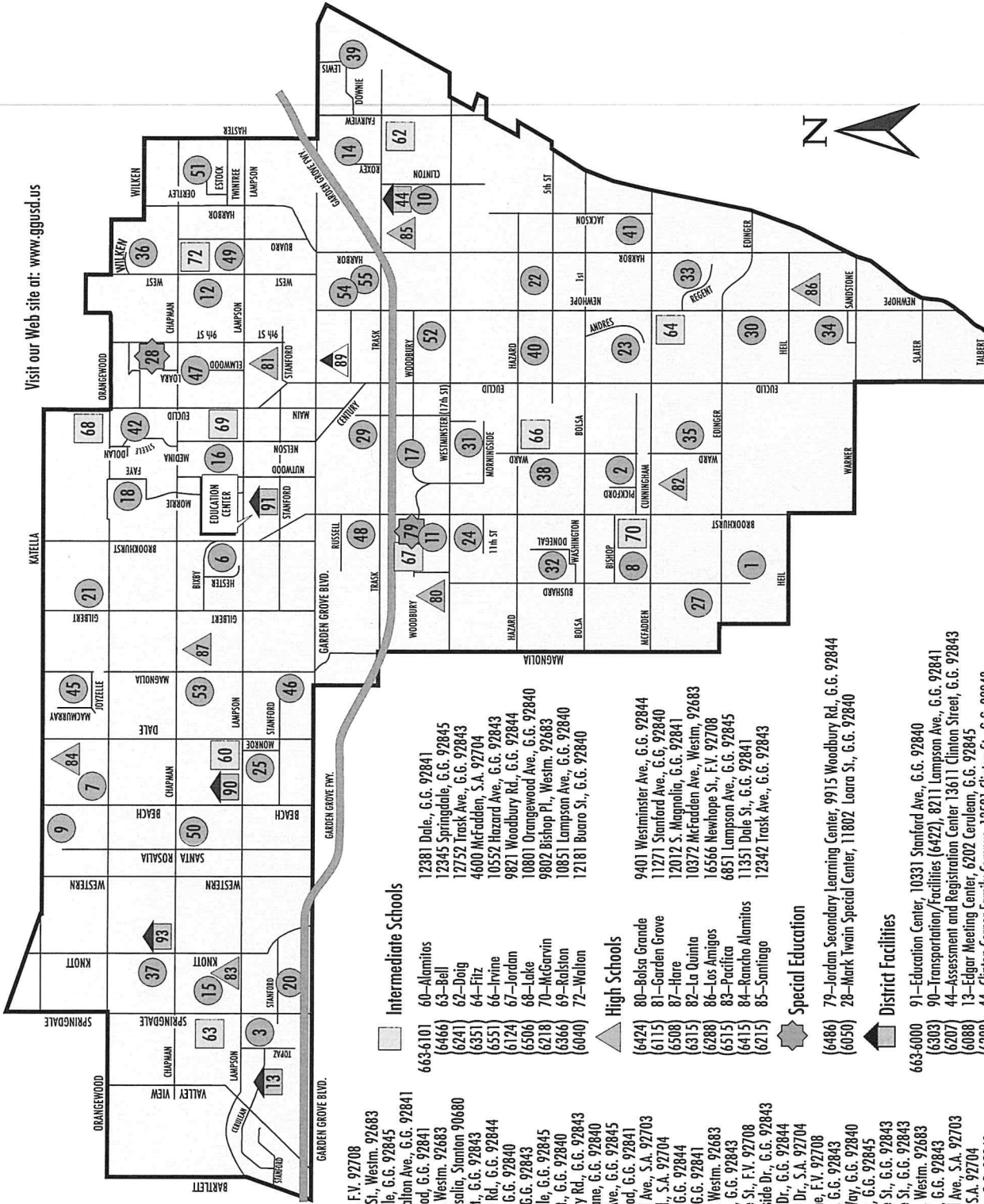
- 663-6101 79-Jordan Secondary Learning Center, 9915 Woodbury Rd., G.G. 92844
- 663-6101 28-Mark Twain Special Center, 11802 Laora St., G.G. 92840

District Facilities

- 663-6101 91-Education Center, 10331 Stanford Ave., G.G. 92840
- 663-6101 90-Transportation/Facilities (6422), 8211 Lampton Ave., G.G. 92841
- 663-6101 44-Assessment and Registration Center 13611 Clinton Street, G.G. 92843
- 663-6101 13-Edgar Meeting Center, 6202 Cerulean, G.G. 92845
- 663-6101 44-Clinton Corner Family Campus, 13581 Clinton St., G.G. 92843
- 663-6101 93-Chapman Healing Center, 11852 Knott St., G.G. 92841
- 663-6101 44-Family Resource Center, 13611 Clinton Street, G.G. 92843

Adult Education

- 663-6101 89-Lincoln Education Center, 11262 Garden Grove Blvd., G.G. 92843



Visit our Web site at: www.ggsd.us



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Language and Ethnicity Information

Student Name: _____

Date of Birth: _____

What language does your child most frequently use at home? _____

What language do you most frequently use to speak to your child? _____

Place an X on the best descriptor(s) that indicates your child's ethnicity:

American Indian, Alaskan Native, and North, South, or Central American Indian			
Chinese		Cambodian	
Japanese		Hmong	
Korean		Other Asian	
Vietnamese		Hawaiian	
Asian Indian		Guamanian	
Laotian		Samoan	
		Tahitian	
		Other Pacific Islander	
		Filipino	
		Hispanic/Latino	
		Black or African American	
		White	

PARENT'S PREFERRED LANGUAGE

The method of communication between school administration, teachers and parents can include telephone calls, automated school messages, text messaging, information flyers, surveys, questionnaires, etc.

Who should receive this information? Name: _____

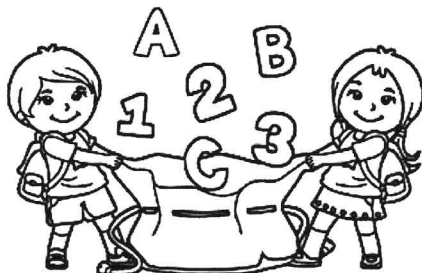
Name of primary contact: _____

Best day time phone number: _____

Preferred language: *(circle one)* English Spanish Vietnamese

Other: _____

Do you want to be added to our text messaging system? *(circle one)* YES NO





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Employment Status

Parent/Guardian Name: _____ Phone Number: () _____
Last Name, First Name Middle Name
Student's Name: _____ Student's Date of Birth: _____
Last Name, First Name Middle Name
Preschool Site: _____ Room: _____ AM / PM

If parent is *currently employed*, please complete the section below:

Employment Authorization

Employer Name: _____			Employer Telephone: () _____		
Employer Street Address: _____			City: _____		Zip code: _____
I, _____, give my consent for the Garden Grove Unified District preschool staff to contact my employer to document my income. I also give my consent for my employer to release income/employment information to the Garden Grove Unified District preschool staff including, but not limited to, date of hire, days and hours of employment and rate of pay.					
<u>or</u>					
I, _____, do not give my consent to contact my employer because _____					
_____ Signature of Parent/Guardian			_____ Date		

If parent has *NO income from any source*, please complete the section below:

Declaration of Unemployment and NO Income statement

I, _____
Full Name of Parent/Guardian

CERTIFY UNDER PENALTY OF PERJURY THAT I AM UNEMPLOYED AND HAVE NO INCOME FROM ANY SOURCE
I certify under penalty of perjury that the income information I have provided is accurate. I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Garden Grove Unified School District regarding status of income, family size, employment, seeking employment, initial or ongoing eligibility for preschool enrollment may be grounds for termination of my child in your preschool program.

Signature of Parent/Guardian

Date



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☐ Denied ☐ Approved
Admin: _____

Residency Verification

☐ Home Owner ☐ Renter ☐ Co-Residency ☐ Other: _____

Parent(s)/Guardian(s) Name: _____
Last Name, First Name Middle Name

Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____
Number Street Apt. City Zip Code

Please provide the following documents under your name to establish residency.

One (1) of the following

or

Two (2) of the following

- ☐ Correspondence from government Agency. (E.g. Social Security, DMV, Cal Works Letter, Cal Fresh Letter, Medical Letter, EDD, WIC Letter, etc.)
- ☐ Deed to Home
- ☐ Mortgage Escrow Paperwork
- ☐ Rental Lease Agreement
- ☐ Property Tax Bill
- ☐ Tax Return

- ☐ Drivers' License / California Identification Card
- ☐ Current Automobile Insurance Policy
- ☐ Current Payroll Stub
- ☐ Current Electric Bill
- ☐ Current Gas Bill
- ☐ Current Water Bill
- ☐ Current Waste Management Bill
- ☐ Current Cable Bill

If you cannot provide proof of residency under your name, please have the primary resident/owner of the shared home provide the documents listed above in addition to completing the section below.

Co-Resident

I, _____ declare that I am the primary resident/Owner of the address listed above and that the person(s) claiming the address reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/ guardian(s), is true and correct. I will submit the required documents to verify my residency. I agree to notify Clinton Corner Family Campus if there are any changes in the status of the residency of the person(s) claiming the address or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident / Owner

Date



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Tel: (714) 663-6298 • Fax: (714) 663-6149



Photo / Media / Website Release

The Garden Grove Unified School District is known for its outstanding and talented students and, from time to time, the district receives requests from the news media to photograph students for positive public relations. Because such photo requests often require an immediate response, we are asking your permission for the entire school year rather than on an individual basis.

Students who have achieved success in school should be acknowledged, and news media coverage is one means available for that purpose. This district may also want to use student photos, identified by their name and school, for publications - including press releases, district and school newsletters, and district and school websites.

Please complete and sign in the section below.

- ☐ I grant permission for the Garden Grove Unified School District and the school to have my child's photograph taken for use by the media, in district and school publications (yearbooks included), and in district and school websites.
- ☐ I deny permission for the Garden Grove Unified School District and the school to have my child's photograph taken for use by the media, in district and school publications (yearbooks excluded), and in the district and school websites.

Student's Name: _____
Last Name, First Name Middle Name

School Site: _____ Room #: _____

Signature of Parent/Guardian

Date



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Parent Consent for Health Screening

Dear Parents/Guardians of Preschool Children:

Garden Grove Unified School District is providing free services through the School Readiness Program. The screenings provided enable the School Readiness nurse to identify children who are in need of special medical intervention. Your written consent is required for any of these available screenings.

The following screenings and services will be provided throughout the school year:

- Hearing
- Vision
- Dental
- Health and Nutrition
- Developmental
- Height, Weight, and Body Mass Index

With my signature below, I give my consent for the screenings listed above. I understand that I will be provided with a written result from any screening that requires a medical referral. I also give my permission for the nurse to share with the teacher any screening results that may have an impact on my child's safety and/or learning.

Student's Name: _____
Last Name, First Name Middle Name

School Site: _____ **Room #:** _____

Signature of Parent/Guardian

Date

The School Readiness nurses are available to assist you in obtaining health insurance and/or community services. For further information, please contact:

Clinton Corner Family Campus
School Readiness Nurses
Tel: (714) 663-6298





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Student Health History

To assist school personnel to better meet the health needs of your child, please complete the following form. Medication at school, prescription or non-prescription, requires doctor's orders, parent signature and must be kept in the office unless doctor permits otherwise. Please request required form from school staff.

Student's full name: _____

Date of birth: ____/____/____ **Place of birth:** _____ Male ☐ Female ☐

Pediatrician/ Family Doctor: _____ **Dr. Off. Tel#:** _____

Last date of Physical Exam: ____/____/____

Does the student receive any outside services? Yes ☐ No ☐ Does the student have an IEP? Yes ☐ No ☐

If yes, please check appropriate box: Speech ☐ Special Education ☐ Other: _____

Are health conditions present? Yes ☐ No ☐ **If yes, check any health conditions listed below that your child has had within the past year. If additional space is needed use space at bottom of page.**

1. Vision impairment: Glasses ☐ or Contacts ☐ Others _____
2. Allergy: Food _____ Medication _____
What symptoms does your child get from allergen? _____
Need medication at school? Yes ☐ No ☐ Need Epi-pen? Yes ☐ No ☐
3. Attention Deficit Disorder. Medication _____ Required at school? Yes ☐ No ☐
4. Asthma: List medications _____ Required at school? Yes ☐ No ☐
5. Diabetes: Medication or blood testing requires at school? Yes ☐ No ☐
6. Epilepsy/seizure disorder: Medication _____ Required at school? Yes ☐ No ☐
7. Hearing lost: Right ear ☐ Left ear ☐ Hearing aides? Right ear ☐ Left ear ☐
8. Heart condition. Type? _____ Activity restriction? Yes ☐ No ☐
9. Arthritis, Osgood Schlatter Disease or other bone joint disorder? Affect PE activity? Yes ☐ No ☐
10. Migraine headaches? Medication _____ Required at school? Yes ☐ No ☐

The health conditions listed below may require further information and/or discussion with the school nurse

- Kidney or bladder problem. Please explain _____
- Blood disorder. What kind? _____
- Cancer. What kind? _____
- Cerebral Palsy? Any limitations? _____
- Cystic Fibrosis. Medications _____ Required at school? Yes ☐ No ☐
- Eating disorder. What kind? _____
- Endocrine disorder. What kind? _____
- Neurological condition. What kind? _____
- Emotional/Psychiatric disorder. Medication _____ Required at school? Yes ☐ No ☐
- Any hospitalizations or surgeries? Reason: _____ Date _____
- Other _____

Additional comments or explanations regarding any condition or "yes" checked above _____

*** I request and authorize _____ to release healthcare information of the student
named above to Garden Grove Unified School District State Preschool Program

Parent/Guardian Name

Parent/Guardian Signature

Date.



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Parent Participation

ALL FAMILIES MUST FILL OUT THIS FORM, REGARDLESS OF WHETHER OR NOT THERE WILL BE A VOLUNTEER

The preschool program in the Garden Grove Unified School District is required to maintain a ratio of one adult to eight children. Each classroom is staffed with a teacher and a instructional aide. Parents and/or volunteers, as allowed by state and licensing regulations, are necessary to meet the adult to child ratio requirements.

There are many positive outcomes of volunteering in the preschool classroom. Parents are able to practice and extend literacy activities at home by being involved in the instructional program. Parents learn strategies for behavior management and they are able to see their child interact with other children and adults. Parents are able to connect with other parents and form relationships that are supportive.

Volunteers can be parents, grandparents, aunts, uncles, relatives or friends. A volunteer must be at least 18 years old, must complete a district *Volunteer Form*, and have a current *TB test, proof of TDAP, MMR and influenza vaccines* on file at the preschool office.

Please indicate below who might volunteer in your child's preschool classroom.

- ☐ Yes, I am interested and willing to volunteer in my child's preschool classroom.
- ☐ I cannot volunteer, but the following relative or friend will be able to volunteering in my child's classroom.

Volunteer's Name: _____
Last Name, First Name Middle Name

Student's Name: _____
Last Name, First Name Middle Name

Preschool Site: _____ Room #: _____ AM / PM

Signature of Parent/Guardian

Date

The Value of Being a Volunteer in the Classroom

El Valor de Ser un Voluntario en el Salón

Giá trị của việc làm tình nguyện trong lớp học



Children are proud to have their parent in the classroom
Los niños están orgullosos de tener a sus padres en el salón
Em nhỏ sẽ rất hạnh phúc khi có Cha Mẹ trong lớp của mình



Parents learn new ways to teach and manage behavior
Los padres aprenden nuevas formas de enseñar y manejar el comportamiento
Phụ huynh sẽ học hỏi được những phương cách mới trong việc dạy dỗ và chăm sóc em nhỏ



Parent volunteers mean so much to teachers
Los padres voluntarios significan tanto a las maestras
Cô giáo rất cần phụ huynh đến lớp giúp



Parents can connect with other parents
Los padres pueden conectarse con otros padres
Phụ huynh có dịp giao tiếp với những phụ huynh khác



Parents help children learn
Los padres ayudan a los niños aprender
Phụ huynh giúp con em mình học tập tốt hơn



Parents help monitor children
Los padres ayudan a vigilar a los niños
Phụ huynh giúp trông chừng các học sinh trong lớp



Parents help their children at home with what they learn at school
Padres ayudan a sus hijos en casa con lo que han aprendido en la escuela
Tại nhà, phụ huynh giúp con em ôn tập những gì chúng đã học ở trường



It's Fun!
¡Es divertido!
Rất vui!



Parent shows child that school is important
Los padres muestran a los niños que la escuela es importante
Phụ huynh chứng tỏ cho con em thấy rằng việc học rất quan trọng

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Personnel Services
Volunteer Information Form

☐ ML ☐ TB ☐ TDAP ☐ MMR ☐ FLU

Admin: _____

Student's Name: _____ School: _____ Room#: _____ AM / PM
Last Name, First Name Middle Name

Volunteer's Name: _____ Volunteer Date of Birth: _____ DL/ ID #: _____
Last Name, First Name Middle Name

Address: _____ Apt/ Spc: _____ City: _____ Zip Code: _____

Phone () _____ () _____ () _____
Home Cell Work Ext.

Examples of Volunteer Duties: Interact with students during meal times and small groups, assist teachers with a variety of activities, and supervise children throughout the day.

Have you ever been convicted of: A felony? Yes: _____ No: _____

Any sex or drug offense? Yes: _____ No: _____

If yes briefly describe including date(s) _____

In the event of an emergency, do you have any health problems we should be aware of? _____
Please list names and telephone number of an individual to be contacted in the event of an emergency while you are rendering volunteer services:

Full Name Relationship Phone

Doctor Phone

Please list names and telephone numbers of your current and previous employer:

Full Name Phone Dates of employment

Full Name Phone Dates of employment

Please list two individuals who can serve as character references:

Full Name Relationship Phone

Full Name Relationship Phone

I understand that volunteers are not compensated and that my volunteer services are at the discretion of the Board of Education through its designee, the site principal, and that my services may be terminated at any time.

I understand that the district reserves the right to check my record with the Department of Criminal Justice, pursuant to Penal Code, Section 290.

Please excuse yourself from volunteering if you are not free from any communicable diseases which could readily be transmitted in a school environment, such as, but not limited to tuberculosis, hepatitis, etc.

I certify that all statements and information provided here in are true and complete to the best of my knowledge and belief.

Signature _____ Date _____



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Volunteer Requirements and Guidelines

1. Tuberculosis Skin Test (TB) Please submit one of the following

- Documentation of a negative TB test (Good for 2 years) or chest X-ray (*good for 4 years*)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer

2. Measles Vaccine (MMR) Please submit one of the following

- A copy of immunization records for Measles (*Good for Lifetime*)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
- A statement from the volunteer's physician that the volunteer is already immune to measles

3. Pertussis Vaccine (TDAP) Please submit one of the following

- A copy of immunization records for Pertussis (*Good for 10 years*)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer

4. Influenza Vaccine (FLU) Please submit one of the following

- A copy of an immunization record for influenza dated between August 1st and December 1st of each year, or
- A signed statement from the volunteer stating that they have declined to be vaccinated against the flu (SLIP BELOW)

Clinic Suggestions

For TB Test



MemorialCare Medical Group

15464 Goldenwest St.
Westminster, CA 92683
(714) 891-9008

- This clinic is open 7 days a week and Mantoux skin test (TB) can be given during that time.
- The office hours are 8:00 am to 8:00 p.m.
- You **MUST** return to the clinic **48 hours** later for the results of your test.

Cost:

TB..... approx. \$20.00 or more
X Rays..... approx. \$51.00

For Other Immunizations

Santa Ana Clinic

1725 W 17th St.
Santa Ana, Ca 90621
1(800) 914-4887 or 1(800) 564-8448



- Immunization Hours:
Mon _ Fri 7:30 -10:00am & 12:45 – 3:00pm
Walk-In Clinic: First come first served

If you do not have medical insurance the cost is:

MMR..... approx. \$18.50
TDAP..... approx. \$18.50
Free Flu Shot.....available annually Nov. – Mar.

Volunteer Immunization Documentation

To Whom It May Concern:

I am declining to be vaccinated against the flu at this time.

Volunteer Name: _____ Student's Name: _____
Last Name, First Name Middle Name Last Name, First Name Middle Name

Signature: _____ Date: _____

School: _____ Room: _____ a.m. / p.m.