



Adults Training to Support Child School Success

Registration Checklist 2023-2024

Student's Name (Pare	ent):		
Child's Name (s):			
School Site:	Santa Cruz PENS	Soquel PENS	Westside PENS
Registration Fee:	\$50 Fall Semester	\$50 Spring Semester	
Check #:	Receipt #:	Processing Sta	aff:

Please Make Check Payable to: Watsonville/Aptos/Santa Cruz Adult Education (WASCAE) \*\*In order to process your registration ALL documents must be completed.\*\*

- **02 Welcome Letter**
- 03 WASCAE Registration Form
- **04 Adult Student Emergency Information**
- 05 Child Identification and Emergency Information
- 06 Release of Information, Field Trip Permission, & Consent Form
- 07 Child's Current Immunization Record (Attach record from Doctor's Office)
- 08 Parent Waiver
- 09 SS Voluntary Authorization Form (Survey)
- □ 10 Live Scan Form
- □ **10a Volunteer Information** (Complete using Informed K12)
- □ **10b Background Check** (Complete using Informed K12)
- □ 10c Parent TB Proof (Attach TB from Doctor's Office)











A Division of the Pajaro Valley Unified School District

Administration (831) 786-2160

Dr. Nancy A. Bilicich Director

Eric Saavedra Assistant Director

#### **Departments**

Basic and Secondary Adult Education

English as a Second Language

Career and Technical Education

Adults Training to Support Child School Success Adults with Disabilities

District <u>Administration</u>

(831) 786-2100 Murry Schekman

Interim-Superintendent

Kimberly Sims Chief Business Officer

Assistant Superintendents

Claudia Monjaras Elementary Education

Lisa Aguirre-Lewis Secondary Education

Alison Niizawa Human Resources



Dear Parent Education Student,

On behalf of Watsonville/Aptos/Santa Cruz Adult Education, we would like to welcome you to our Parent Education Program. The Parent Education Program believes that both children and their families are developing, growing, and learning. We offer the latest and most effective parenting information available to parents. We also offer a fun, meaningful, and family-centered preschool experience for your child/children.

All PENS monthly tuition payments are handled at the PENS site of attendance by the 5<sup>th</sup> of every month. Initial registration for Preschools begins by submitting your completed packet to the current teachers at the preschool you are attending.

PARENT EDUCATION FEES: All fees payable to Watsonville (Aptos /San

All fees payable to Watsonville/Aptos/Santa Cruz Adult Education (WASCAE) Fall and Spring registration fees are Non-Refundable.

Fall Semester Registration Fee (due in August to WASCAE) 2 adults per child per class	\$50.00
Spring Semester Registration Fee (due in January to WASCAE) 2 adults per child per class	\$50.00
*Friday	Fee Amount by Site
*Tuesday/Thursday (2days) (due monthly)	Fee Amount by Site
*Monday/Wednesday/Friday (3 days) (due monthly)	Fee Amount by Site

We are looking forward to meeting with you. Sincerely,

Dr. Nancy A. Bilicich Director

> January 2024 BT 02 PENS Welcome



Green Valley Center: 294 Green Valley Road, Watsonville, CA 95076 Telephone: (831) 786-2160 Fax: (831) 722-2749 Watsonville Downtown Center: 320 Rodriguez Street, Watsonville, CA 95076 Telephone: (831) 786-8225 Fax: (831) 786-9420 Santa Cruz Center: 319 La Fonda Avenue, Santa Cruz, CA 95062 Telephone: (831) 429-3966 Website: www.wascae.edu



### WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION

Registration form

STUDENT IDENTIFICATION NUMBER

ADULT CONCURRENT H.S

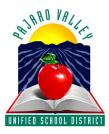
AGENCY #

SITE #

L'ADULI L'OUCORRENT L'II.S.								
FIRST NAME LAST NAME			SOCIAL SECURITY NUMBER		DATE MONTH DAY	YEAR		
Address				C	ТТҮ			
E-MAIL ADDRESS		PHONE NUMBER		CELLULAR PHO	ONE NUMBER	MALE FEMALE	- / /	YEAR
SECTION NUMBER(S) C	COURSE(S)		Day(s)	Гіме(s)	TEACHER	SITE/ROOM #	START/END DATE	FEE(S)
							Spring 2024	
NO PERSONAL         FORM OF PAYMENT:       CHECK #         CHECKS OVER \$300       CREDIT CARD         VOUCHER       RECEIPT#         DONATION       TOTAL PAID \$								
HOW DID YOU HEAR ABOUT US:  RETURNING STUDENT  FRIEND/RELATIVE  FLYER/BROCHURE  RADIO AD  INTERNET  ORGANIZATION  OTHER EDUCATION: +Have you taken classes at Watsonville/Aptos/Santa Cruz Adult Education?  Yes  No +Are you a CalWorks participant?  Yes  No								
<ul> <li>ARE YOU ATTENDING HIGH SCH</li> </ul>				,				
• Total Number of Years of School completed (Circle Highest completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20								
+HIGHEST DIPLOMA OR DEGREE EARNED: NONE HSE-GED/HISET HS DIPLOMA TECHNICAL CERTIFICATE AA/AS DEGREE BA/BS DEGREE GRADUATE STUDIES								
□4YR COLLEGE GRAD □SOME COLLEGE, NO DEGREE □DEGREE HIGHER THAN BA/BS: □OTHER DIPLOMA/DEGREE +EARNED IN U.S. □YES □NO								
LABOR FORCE STATUS (M	ARK ONE) E	THNICITY (MARK ONE	) RACE (MARK	ALL THAT APP	LIED)	NATIVE LANGU	JAGE (MARK ON	E)
		HISPANIC OR LATINO	ALASKA NA	TIVE				
		NOT HISPANIC OR LATIN		INDIAN			Korean 🗆 Viet	NAMESE
				RICAN AMERICAN			RUSSIAN 🗆 OTHI	ER
□NOT IN LABOR FORCE		J			IFIC ISLANDER		Spanish	



A Division of the Pajaro Valley Unified School District



### ADULT STUDENT EMERGENCY INFORMATION

SCHOOL: 🗆 SOPENS 🗆 S		FUDENT ID#:
First Name:	Last Name:	
Telephone:	Date of Birth:	Age:
Address:		
City: Please list any known food and med		Place of Birth:
	ITACT EMERGENCY INFORMA	
In case of an emergency, I giv	ve permission for the school to c	ontact the following person (s):
In case of an emergency, I giv	ve permission for the school to c	ontact the following person (s):
In case of an emergency, I giv	ve permission for the school to c	ontact the following person (s):
In case of an emergency, I giv	ve permission for the school to c	ontact the following person (s):
In case of an emergency, I giv	ve permission for the school to c	ontact the following person (s):
In case of an emergency, I giv Name	ve permission for the school to c	ontact the following person (s):





Watsonville/Aptos/Santa Cruz

## **Adult Education**

A Division of the Pajaro Valley Unified School District

### IDENTIFICATION AND EMERGENCY INFORMATION

Child's Name:			Sex:	Birthdate:	
(Last)	(First)	(Mid	dle)		
Residence Address:					
,	reet)		(City)	(Zip co	,
Home/Primary Phone N	umber:		C	hild's Birthplace:	
Parent/Guardian Informat	tion				
	Parent/Guardian 1			Parent/Guardian 2	
Name:			Name:		
Address:			Address:		
	Home Phone:		City:	Home Pho	ne:
Work Phone:	Cell Phone:		Work Phone:	Cell Phone	):
Email Address:			Email Address:		
Language Spoken at h	ome:		Student lives with:		
Emergency Contacts			4 h a		
	becomes ill, requires medical atte have my permission to contact and				cannot be reached,
	ersons picking up children MUS	-			released.
· · · · · · · · · · · · · · · · · ·		- <b>P</b>			
1) Name	Relationship	Home I	Phone	Cell / Work Phone	
0.11	5.1.4				
2) Name	Relationship	Home I	Phone	Cell / Work Phone	
3) Name	Relationship	Home I	Phone	Cell / Work Phone	
,	·				
Sibling Information					
Name	School Grade		Name	School	Grade
1			2		
3			4		
Medical Information					
Physician:	Address:		Telephone:	Insurar	1ce:
	Address:				
Please list any medication(s) your child is required to take during school hours:					
····· <b>,</b> ····		<b>J</b>			
Please list any known food and medication allergies your child is allergic to:					
Disaster Preparedness	Information				
If my child needs to be	taken to an emergency facility,	he/she mav	be taken to the neare	st one. I give my consent to	o the school
-	ropriate action for the safety an	-			
a second of the	F ato a otto		, onnan i anaorotai		



A Division of the Pajaro Valley Unified School District

### **RELEASE – PERMISSION – CONSENT FORM**

Child's Name:
PHOTO RELASE:
understand that the Preschool Program functions as a Parent Education Program for Watsonville/Aptos/Santa Cruz Adult Education. I give my permission for my child to be observed, photographed, video-taped or filmed with the understanding that such media will be used for educational and program promotional purposes only. No personal information will be shared with anyone outside the Preschool Program membership.
Signature:Date:
Please list any restrictions you may have:
FIELD TRIP PERMISSION:
authorize the parents and teachers of the Preschool Program to arrange transportation by car, with parent volunteer drivers, or to supervise walks to places of interest throughout the school year of my child. The teacher is authorized to seek emergency medical treatment for my child, if needed.
Signature:Date:
CONSENT FOR MEDICAL TREATMENT:
As parent, agency representative, or legal guardian, I hereby give consent to the Watsonville/Aptos/Santa Cruz Adult Education Preschool Program to transport and authorize all emergency dental or medical care prescribed by a icensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.
Signature:Date:



A Division of the Pajaro Valley Unified School District

<u>Administration</u> (831) 786-2160

Dr. Nancy A. Bilicich Director

Eric Saavedra Assistant Director

#### Departments

Basic and Secondary Adult Education

English as a Second Language

Career and Technical Education

Adults Training to Support Child School Success

Adults with Disabilities

District <u>Administration</u> (831) 786-2100

Dr. Michelle Rodriguez Superintendent

Clint Rucker Chief Business Officer

Assistant **Superintendents** 

Kasey Klappenback **Elementary Education** 

Lisa Aguerria Lewis Secondary Education

Alison Niizawa Human Resources



Under California and Federal Law, information about children in public schools can only be shared with people other than the student's parents and District employees, under very limited circumstances.

At the Parent Education Preschool Program, students take a very active role in the day-to-day operation of the preschool. This student participation is crucial and is a large part of what makes the preschool successful.

However, for students to fully participate in the Parent Education Preschool Program, sometimes information about the child must be provided to the students who are volunteering by laws governing the privacy of student records.

Therefore, we request that you agree to allow parent volunteers in the Parent Education Preschool Program to view information regarding your family, when necessary for the parents to fulfill their duties. Additionally, we request that you agree to keep confidential all information that you learn about other children through your work at the preschool.

Please sign below to indicate your agreement to allow other students to view your child's records, if needed, to implement the Parent Education Preschool Program. By signing below, you also agree to keep confidential information that you learn from other children's records. We look forward to having you and your family join the Cooperative Preschool community.

, the parent of , hereby agree:

I understand that child record information is confidential, and generally cannot be shared with parents of other students. I agree that my child's records can be shared with other parents who are participating in the Parent Education Preschool Program, to the extent necessary for them to properly implement the program. I also agree that, except as may be necessary to implement the preschool program, I will not disclose to anyone information that I learn from other students' records. I will follow all directives of District staff regarding whether information regarding other students may be shared and will not share any such information without first obtaining permission from District staff.

Signature

Date

Sincerely,

Dr. Nancy A. Bilicich Director

Dear Parent Education Student,

April 2023 BT 08 PENS Parent Waiver Student Privacy



Green Valley Center: 294 Green Valley Road, Watsonville, CA 95076 Telephone: (831) 786-2160 Fax: (831) 722-2749 Watsonville Downtown Center: 320 Rodriguez Street, Watsonville, CA 95076 Telephone: (831) 786-8225 Fax: (831) 786-9420 Santa Cruz Center: 319 La Fonda Avenue, Santa Cruz, CA 95062 Telephone: (831) 429-3966 Website: www.wascae.edu

#### Voluntary Authorization to Share Personally Identifiable Information and Records Form

#### PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number or your individual taxpayer identification number (SSN/ITIN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

#### PLEASE READ THE FOLLOWING CAREFULLY

I understand that the CDE is requesting my SSN/ITIN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.

I understand that I have the right to decline this request and that I am not required to give my permission.

I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.

I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.

\_\_\_\_\_ (Initial) I consent and agree to provide my SSN/ITIN and share my personally identifiable information and records:

I, (Print Name) \_\_\_\_\_\_\_hereby consent and agree that the CDE may collect my SSN/ITIN and share my personally identifiable information with the EDD. The EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

Or,

(Initial) I do not consent to share my personally identifiable information and records:

I, (Print Name) \_\_\_\_\_\_ do not consent or agree that the CDE may collect my SSN/ITIN and share my personally identifiable information with the EDD.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN/ITIN provided herein.

SSN (if consent given)

or

ITIN (if consent given)

Signature

Date

STATE OF CALIFORNIA BCIA 8016 (Rev. 04/2020)

Print Form

### **REQUEST FOR LIVE SCAN SERVICE**

**Reset Form** 

Applicant Submission						
A0177		SCHOOL DISTRICT VOLUNTEER				
ORI (Code assigned by DOJ)		Authorized Applicant Type				
Type of License/Certification/Perr	nit <u>OR</u> Working Title(Maximum 30 charact	ers - if assigned by DOJ, use exact t	itle assigned)			
Contributing Agency Information	on:					
PAJARO VALLEY UNIFIED S		05697				
Agency Authorized to Receive Crimin	al Record Information	Mail Code (five-digit o	code assigned by DOJ)			
294 GREEN VALLEY ROAD		ALISON NIIZAW				
Street Address or P.O. Box		Contact Name (mand	latory for all school submissions)			
WATSONVILLE CA 🔽 95076		8317862145				
City State ZIP Code		Contact Telephone N	umber			
Applicant Information:						
Last Name		First Name	Middle Initial	Suffix		
Other Name: (AKA or Alias)						
Last Name		First Name		Suffix		
	ex Male Female					
Date of Birth		Driver's License Nun	nder			
Height Weight	Eye Color Hair Color	Billing 110131 Number				
ů ů		(Agency Billing Misc.	Number)			
Place of Birth (State or Country)	Social Security Number	Number				
		(Other Identifica	ation Number)			
Home Address Street Address or P.O. Bo	x	City	State ZI	P Code		
		510		2040		

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature		Date
Your Number:	Level of Service:	] DOJ 🔲 FBI
OCA Number (Agency Identifying Number)	(If the Level of Service indica criminal history record inform	tes FBI, the fingerprints will be used to check the ation of the FBI.)
If re-submission, list original ATI number: (Must provide proof of rejection)	Number	
Employer (Additional response for agencies specified	l by statute):	
Employer Name		
Street Address or P.O. Box	Telephor	ne Number (optional)
City	State         ZIP Code         Mail Code	e (five digit code assigned by DOJ)
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number	Amount Collected/Billed