



Watsonville/Aptos/Santa Cruz Adult Education

Adults Training to Support Child School Success



Registration Checklist 2023-2024

Student's Name (Parent): _____

Child's Name (s): _____

School Site: Santa Cruz PENS Soquel PENS Westside PENS

Registration Fee: \$50 Fall Semester \$50 Spring Semester

Check #: _____ Receipt #: _____ Processing Staff: _____

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**
- 10b Background Check**
- 10c Parent TB Proof** (Attach TB from Doctor's Office)





Watsonville/Aptos/Santa Cruz Adult Education

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

Administration

(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

Fully Accredited by



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 5th 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/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

April 2023 BT
02 PENS Welcome



WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION REGISTRATION FORM

AGENCY #				
SITE #				

	STUDENT IDENTIFICATION NUMBER
<input type="checkbox"/> ADULT <input type="checkbox"/> CONCURRENT <input type="checkbox"/> H.S.	

FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	DATE MONTH / DAY / YEAR
------------	-----------	------------------------	----------------------------

ADDRESS	CITY	ZIP CODE
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E-MAIL ADDRESS	PHONE NUMBER	CELLULAR PHONE NUMBER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/>	BIRTHDATE MONTH / DAY / YEAR
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SECTION NUMBER(S)	COURSE(S)	DAY(S)	TIME(S)	TEACHER	SITE/ROOM #	START/END DATE	FEE(S)
						Fall 2023	

FORM OF PAYMENT: CASH CHECK # _____ NO PERSONAL 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

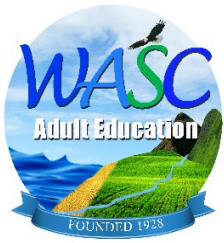
•ARE YOU ATTENDING HIGH SCHOOL? _____ •GRADE _____ (ATTACH A CONCURRENT RELEASE FORM) •NAME OF HIGH SCHOOL YOU ATTEND? _____

•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 _____ IEP

•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 (MARK ONE)	ETHNICITY (MARK ONE)	RACE (MARK ALL THAT APPLIED)	NATIVE LANGUAGE (MARK ONE)
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> EMPLOYED WITH NOTICE <input type="checkbox"/> NOT IN LABOR FORCE	<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> _____	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> FILIPINO <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN NATIVE OR PACIFIC ISLANDER	<input type="checkbox"/> CAMBODIAN <input type="checkbox"/> HMONG <input type="checkbox"/> TAGALOG <input type="checkbox"/> CHINESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> ENGLISH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FARSI <input type="checkbox"/> SPANISH _____



Watsonville/Aptos/Santa Cruz Adult Education

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ADULT STUDENT EMERGENCY INFORMATION

SCHOOL: SOPENS SCPENS WPENS

STUDENT ID#: _____

First Name: _____ Last Name: _____

Telephone: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ ZIP Code: _____ Place of Birth: _____

Please list any known food and medication allergies: _____

CONTACT EMERGENCY INFORMATION

In case of an emergency, I give permission for the school to contact the following person (s):

Name	Relationship	Phone Number

Personal Note:

Student's Signature

Date

April 2023 BT
04 Adult Student Emergency Information



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



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IDENTIFICATION AND EMERGENCY INFORMATION

Child's Name: _____ Sex: _____ Birthdate: _____
(Last) (First) (Middle)

Residence Address: _____
(Street) (City) (Zip code)

Home/Primary Phone Number: _____ Child's Birthplace: _____

Parent/Guardian Information	
Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Home Phone: _____	City: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____	Work Phone: _____ Cell Phone: _____
Email Address: _____	Email Address: _____
Language Spoken at home: _____	Student lives with: _____

Emergency Contacts

If the child listed above becomes ill, requires medical attention, or must be evacuated due to an emergency/disaster and I cannot be reached, the school authorities have my permission to contact and release my child to the care and custody of one of the following.

PLEASE NOTE: All persons picking up children MUST provide valid photo identification, or your child will not be released.

- 1) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____
- 2) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____
- 3) Name _____ Relationship _____ Home Phone _____ Cell / Work Phone _____

Sibling Information					
Name	School	Grade	Name	School	Grade
1. _____			2. _____		
3. _____			4. _____		

Medical Information

Physician: _____ Address: _____ Telephone: _____ Insurance: _____

Dentist: _____ Address: _____ Telephone: _____ Insurance: _____

Please list any medication(s) your child is required to take during school hours: _____

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 may be taken to the nearest one. I give my consent to the school authorities to take appropriate action for the safety and welfare of my child. I understand I will be financially responsible.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



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RELEASE – PERMISSION – CONSENT FORM

Child's Name: _____

PHOTO RELEASE:

I 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:

I 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 licensed 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:** _____



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Dear Parent Education Student,

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.

I, _____, 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

April 2023 BT
08 PENS Parent Waiver Student Privacy



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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 (SSN) 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 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 and share my personally identifiable information and records:

I, (Print Name) _____ hereby consent and agree that the CDE may collect my SSN 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 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 provided herein.

SSN (if consent given)

Signature

Date



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ SCHOOL DISTRICT VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
Agency Authorized to Receive Criminal Record Information

05697
Mail Code (five-digit code assigned by DOJ)

294 GREEN VALLEY ROAD
Street Address or P.O. Box

ALISON NIIZAWA
Contact Name (mandatory for all school submissions)

WATSONVILLE CA 95076
City State ZIP Code

8317862145
Contact Telephone Number

Applicant Information:

Last Name _____

First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____

First Name _____ Suffix _____

Sex Male Female

Date of Birth _____

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number 110131
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____

Misc. Number _____
(Other Identification Number)

Home Address _____ Street Address or P.O. Box _____

City _____ State ZIP Code _____

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

Applicant Signature _____

Date _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____



VOLUNTEER SERVICE REQUEST

Pajaro Valley Unified School District actively encourages parent involvement in ongoing activities at the site and district levels. Our goal is to make school participation frequent and high quality. Children benefit from the active inclusion of parents during their school day and during extracurricular activities.

California state law requires District employees, prospective employees and independent contractors to undergo background checks to ensure that such persons have not been convicted of serious or violent felonies. To protect the safety of its students, the District requires a similar background check before allowing volunteers to have routine contact with students.

I authorize the Pajaro Valley Unified School District to conduct a background investigation through the California Department of Justice and/or the Federal Bureau of Investigation and authorize release of information in connection with my application for volunteer service. I waive the right of access to any such information and without limitation hereby release the Pajaro Valley Unified School District and the reference source from any liability in connection with its release or use.

VOLUNTEER INFO

(Please Print Clearly)

XXX-XX-

 FULL LEGAL NAME

 LAST 4 SSN

 ADDRESS

 CITY, STATE ZIP CODE

 HOME/CELL PHONE

 EMAIL ADDRESS

What volunteer services will you be performing?

 SCHOOL SITE/DEPT.

How often will you be volunteering?

Every Day
 _____ Times per week

One time Chaperone for field trip
 _____ Times per month
 Overnight field trip? Yes No

Other _____

 Volunteer Signature

 Date

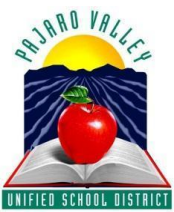
(By signing, I understand that the background check must be completed before volunteer service begins.)

 Site Administrator Signature

 Date

*****Attached Confidential Background Check Form must be completed and submitted with the Volunteer Form to be further considered for volunteer service.*****

HR Use Only: Fingerprints type: <input type="checkbox"/> DOJ <input type="checkbox"/> DOJ & FBI <input type="checkbox"/> TB Clearance <input type="checkbox"/> FP Cleared & Date _____ <input type="checkbox"/> FP Not cleared <input type="checkbox"/> Site Notified HR Staff initials _____



Confidential Background Check

Completion of this form is mandatory for all applicants and volunteers with the Pajaro Valley Unified School District.

The information disclosed on this form will remain confidential.

***If you were convicted,
 it will show up on your fingerprint report.
 Please be sure to list convictions on this form in order for
 your application to be further considered with the District.***

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

_____ NO

_____ YES, I have. If yes, list all convictions below.

NOTE: You must answer “YES” if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without a jury. Please note: Even if you had an order under Penal Code section 1203.4 allowing the withdrawal of a plea of guilty and entering a plea of not guilty, or setting aside a verdict of guilty, or dismissing the accusations or information, it will still appear on your fingerprint report. You **MUST** list any conviction(s) which fits the description above. Failure to disclose this information is fraud, and may result in your being removed from consideration for employment.

If your answer is YES, you must complete this form (please attach additional sheets if needed). If your conviction was for a marijuana conviction other than possession for sale, which occurred more than two years ago, you are not required to divulge this conviction. To complete this form, start below and continue on the reverse side if necessary. A criminal record will not automatically disqualify you from employment or volunteer service, but failure to disclose and list all convictions on this form may result in disqualification.

Date/Location of Arrest(s) (list month/year of arrest and city/state where arrested)	Conviction(s) (list the crimes for which you were convicted)	Felony or Misdemeanor

_____ Signature needed if answer is yes or no

_____ Date