



Watsonville/Aptos/Santa Cruz Adult Education

Adults Training to Support Child School Success

Registration Checklist 2024-2025



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** (Complete using Informed K12)
- ☐ **10b Background Check** (Complete using Informed K12)
- ☐ **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

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Dr. Heather Contreras

Superintendent

TBH

Chief Business Officer

Assistant

Superintendents

Claudia Monjaras
Elementary Education

Lisa Aguirre-Lewis
Secondary Education

Brian Saxton
Interim 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

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

AGENCY #				
SITE #				

STUDENT IDENTIFICATION NUMBER

☐ ADULT ☐ CONCURRENT ☐ H.S.

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

FORM OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> NO PERSONAL CHECKS OVER \$300 <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VOUCHER _____ <input type="checkbox"/> RECEIPT# _____ <input type="checkbox"/> DONATION <input type="checkbox"/> 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

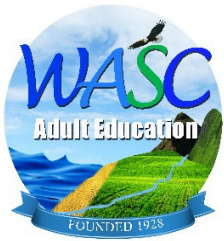
• ARE YOU ATTENDING HIGH SCHOOL? _____ • GRADE _____ (ATTACH A CONCURRENT RELEASE FORM) • NAME OF HIGH SCHOOL YOU ATTEND? _____

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



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) (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: _____

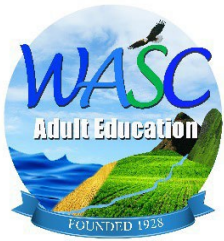
Please list any medication(s) your child is required to take during school hours: _____

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:

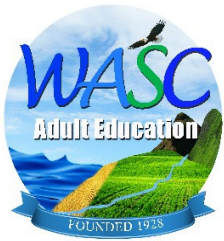
I authorize the parents and teachers of the Preschool Program to arrange transportation by car, with parent volunteer drivers, or to supervise walks to places of interest throughout the 2024 - 2025 school year of my child. The teacher _____ is authorized to seek emergency medical treatment for my child, 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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Interim Human Resources



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

March 2024 BT
08 PENS Parent Waiver Student Privacy



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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.

____ or _____
SSN (if consent given) **ITIN (if consent given)**

 Signature

 Date

