



Watsonville/Aptos/Santa Cruz Adult Education

A Division of the Pajaro Valley Unified School District

Administration

(831) 786-2160

Dr. Nancy A. Bilicich
Director

Todd Livingstone
Assistant Director

Burr Guthrie
Coordinator

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

Joe Dominguez
Chief Business Officer

Assistant Superintendents

Kasey Klappenback
Elementary Education

Kristen Shouse
Secondary Education

Dr. Chona Killeen
Human Resources

Lisa Aguerria Lewis
Educational and EL
Services

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 at Watsonville/Aptos/Santa Cruz Adult Education 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, along with your attendance deposit and material fee.

REGISTRATION FALL and SPRING FEES:

All fees payable to Watsonville/Aptos/Santa Cruz Adult Education (WASC AE)

| FEES | ALL PENS |
|--|-----------------|
| Fall Semester Registration Fee (due in August to WASC AE) | \$50.00 |
| Spring Semester Registration Fee (due in January to WASC AE) | \$50.00 |
| * Friday | \$80.00 |
| * Tuesday/Thursday (2 days) (due monthly) | \$180.00 |
| * Mon./Wed./Fri. (3 days) (due monthly) | \$260.00 |

We are looking forward to meeting with you.

Sincerely,

Dr. Nancy A. Bilicich
Director

March, 2020 kr
04 Welcome



WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION
 Adults Training to Support Child School Success
 Registration Checklist 2020-2021



Parent Education Student:

Please check Santa Cruz PENS Soquel PENS Westside PENS

CHECKS PAYABLE TO WASC AE

REGISTRATION FEE:

\$50 FALL FEE

\$50 SPRING FEE



| Preschoolers: | # of Days |
|---------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- 01 CHECKLIST /RECORD OF PAYMENT
- 02 WASC Registration Form
- 03 Adult Student Emergency Information
- 04 Welcome
- 05 Identification and Emergency Info.
- 06 Release-Permission-Consent Form
- 07 Immunization Record (attach yellow copy)
- 08 Parent Waiver Student Privacy

**** Director Signature required****

- 09 HR Fingerprint Information
- 09a HR Volunteer Information
- 09b HR Background Check
- 09c HR Parent TB Proof





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 |
|------------|-----------|------------------------|----------------------------|

| | | |
|---------|------|----------|
| ADDRESS | CITY | ZIP CODE |
|---------|------|----------|

| | | | | |
|----------------|--------------|-----------------------|---|---------------------------------|
| 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 |
|----------------|--------------|-----------------------|---|---------------------------------|

| SECTION NUMBER(S) | COURSE(S) | DAY(S) | TIME(S) | TEACHER | SITE/ROOM # | START/END DATE | FEE(S) |
|-------------------|-----------------|--------|---------|---------|-------------|----------------|--------|
| | Santa Cruz PENS | | | | | | |
| | Soquel PENS | | | | | | |
| | Westside PENS | | | | | | |

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/HSET 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"/> 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 | 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 _____ |
|--|---|---|--|



Watsonville/Aptos/Santa Cruz Adult Education

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Santa Cruz PENS

Student #

ADULT STUDENT

EMERGENCY INFORMATION

First Name: _____ Last Name: _____

Telephone: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ ZIP Code: _____ Place of Birth _____

Email Address: _____

CONTACT EMERGENCY INFORMATION

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

| <i>Name</i> | <i>Relation</i> | <i>Phone Number</i> |
|-------------|-----------------|---------------------|
| | | |
| | | |
| | | |

Personal note:

Student's signature giving authorization

Date



Watsonville/Aptos/Santa Cruz Adult Education

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IDENTIFICATION AND EMERGENCY INFORMATION

STUDENT (PARENT) INFORMATION

| | | | | |
|-------------------------------|------------|-------------|----------------|--------------------------|
| Parent Last Name | First Name | Middle Name | Business Phone | |
| Address | | City | Zip Code | Home Phone Cell Phone |
| Parent Last Name | First Name | Middle Name | Business Phone | |
| Address (if different) | | City | Zip Code | Home Phone Cell Phone |
| Children's Last Name | First Name | Middle Name | Sex | Birthdate |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Address (if different) | | City | Zip Code | Home Phone |
| Person responsible for child: | Last Name | First Name | Middle Name | |

My child has the following medication allergies: _____

My child has the following food allergies: _____

ADDITIONAL PERSON/S WHO MAY BE CALLED IN AN EMERGENCY

| | | | | |
|------|---------|------------|------------|--------------|
| Name | Address | Home Phone | Cell Phone | Relationship |
| Name | Address | Home Phone | Cell Phone | Relationship |
| Name | Address | Home Phone | Cell Phone | Relationship |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|------------------|----------------|------------------|--------------------------------|
| Physician | Address | Telephone | Medical Plan and Number |
| Dentist | Address | Telephone | Medical Plan and Number |

Dentist/Physician cannot be reached what action should be taken?

NAMES OF PERSON/S AUTHORIZED TO TAKE CHILD FROM THE FACILITY

| | | |
|----------|--------------|-------|
| Name | Relationship | Phone |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |



Watsonville/Aptos/Santa Cruz Adult Education

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RELEASE – PERMISSION – CONSENT FORM

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 for 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: _____

Childs' Name: _____



Watsonville/Aptos/Santa Cruz Adult Education

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PARENT WAIVER – STUDENT PRIVACY

Administration

(831) 786-2160

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Dear 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, adults take a very active role in the day-to-day operation of the preschool. This Adult participation is crucial to the success, and is a large part of what makes the preschool special.

However, for adults to fully participate in the Parent Education Preschool Program, sometimes information about the child must be provided to the adults who are volunteering in the Parent Education Preschool Program. The sharing of such information may be limited 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 us.

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.

Name

Date

March, 2020 kr

08 Parent Waiver Student Privacy



CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Race/Ethnicity:
 White, not Hispanic Address _____
 Hispanic
 Black City _____ ZIP _____
 Other: _____

Telephone _____
Daytime Nighttime

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | | |
|--|--------------------------|-----|-----|-----|-----|---------|
| | 1st | 2nd | 3rd | 4th | 5th | Booster |
| POLIO (OPV or IPV) | / / | / / | / / | / / | / / | |
| DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only) | / / | / / | / / | / / | / / | / / |
| MMR (Measles, mumps, and rubella) | / / | / / | | | | |
| HIB (Required only for child care and preschool) | / / | / / | / / | / / | | |
| HEPATITIS B | / / | / / | / / | | | |
| VARICELLA (Chickenpox) | / / | / / | | | | |
| HEPATITIS A (Not required) | / / | / / | | | | |

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:
 Date: ____/____/____
 Staff Signature: _____

Record Presented was:
 Yellow California Immunization Record
 Out-of-state school record
 Other immunization record
 Specify: _____

II. STATUS OF REQUIREMENTS

A. All Requirements are met.
 Date: ____/____/____

B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:
 C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY

A. All Requirements are met.
 Name: _____ Date: _____

B. Currently up-to-date, but more doses are due later. Needs follow-up.
 Name: _____ Date: _____

| TB SKIN TESTS | Type* | Date given | Date read | mm Indur | Impression | CHEST X-RAY (Necessary if skin test positive) |
|--|--|------------|-----------|----------|--|--|
| | <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other | / / | / / | / / | | <input type="checkbox"/> Pos <input type="checkbox"/> Neg |
| <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other | / / | / / | / / | | <input type="checkbox"/> Pos <input type="checkbox"/> Neg | |

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met; check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.*

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.



P AJARO VALLEY UNIFIED SCHOOL DISTRICT

Human Resources Department □ 294 Green Valley Rd. □ Watsonville, CA 95076
Phone (831) 786-2145 □ Fax (831) 761-6018 □ web site: www.pvUSD.net

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 DIGITS of SS

_____ CITY, STATE ZIP CODE HOME/CELL PHONE

EMAIL ADDRESS _____

What volunteer services will you be performing?

- How often will you be volunteering?**
- Every Day One time Chaperone for field trip
 - Times per week _____ Times per month _____
 - Overnight field trip? Yes No
 - Other _____
- SCHOOL SITE/DEPT.
 - Santa Cruz PENS
 - Soquel PENS
 - Westside PENS

_____ Date _____
Volunteer Signature

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

_____ Date _____
Site Administrator Signature

***** 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



Watsonville/Aptos/Santa Cruz Adult Education

A Division of the Pajaro Valley Unified School District

PARENT TUBERCULOSIS TEST

A Tuberculosis Skin Test or chest x-ray is required of adults who work with children. These tests are required every 4 years. This Tuberculosis Test result must be in your file before the first day of school.

Please attach proof of your test, if you have had one within the last 4 years, or you may obtain a test from most doctors' offices or through the Santa Cruz County Health Department. Send this proof of your test with your registration packet due by the last working day in July.

Name: _____

ATTACH DOCTOR VERIFICATION



Additional Health Information (Parent)

Do you have any physical limitation which would keep you from participating and helping with the usual preschool activities and working with the children? If so, please make a brief statement regarding this condition:

Child's Name: _____

My Email: _____

Sincerely,

Dr. Nancy A. Bilicich
Director