

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

PARENT/GUARDIAN NOTIFICATION AND CONSENT FORM

All information is kept confidential

Child's Name: _____

Child's Date of Birth: _____

We operate under federal, state, district and program guidelines to provide safe and developmentally appropriate experiences for your child. This form provides information regarding our program requirements and also program services that are designed to identify any health and learning problems that may interfere with your child's learning experiences now and in future years. We encourage you to be actively involved in your child's health care and school-related activities.

NOTIFICATIONS:

Our programs require all enrolled children to have up-to-date immunizations (including a current TB skin test). In addition, all enrolled children must have a complete physical examination within 30 days of enrollment and an annual dental examination.

_____ I understand that failure to provide this information within the required timelines may result in my child's
Initials termination from the program.

Our programs are licensed by the Department of Social Services and comply with the following regulation: Inspection Authority/Dept. of Social Services – Title 22, Division 12, Chapter 1, Article 4, Section 101200(b)(1)(c)(1)(d)

I understand that the Department of Social Services has the authority to _____ :

- (b) interview children or staff without prior consent,
- (c) inspect, audit, and copy child or child care center records upon demand during normal business hours
- (d)