



Dear Parent (s),

Thank you for your interest in the Laguna Beach Unified School District's Learning Link. The Learning Link provides parents/caregivers and their children ages 2 ½ to 5 years old an interactive experience that features activities which support and encourage healthy growth and development. The Learning Link also provides parent-child education, referrals to community resources and offers free health and developmental screenings. Please review and return the attached documents to our department via email. Once your paperwork is received, I will send you an email to identify available Learning Link class dates.

To register, please fill out and email the following documents to Sandee Bandettini at sbandettini@lbusd.org:

- Learning Link Registration Form
- Learning Link Class Registration Form
- Learning Link Admission Agreement
- Parent Consent Form
- Health History Form
- A copy of your child's most recent immunization card

Additional Information:

- Siblings are welcome to attend the Learning Link, if they are between the ages of 2 1/2 and 5 years old. If your child is not between the ages of 2 1/2 and 5 years old, then they are not eligible to participate. Please complete one registration per child attending the Learning Link.
- The Learning Link is not a "drop off" or preschool environment, but a place for parents and children to enjoy some quality 1:1 time together in a structured learning environment. No cell phones, please.

The Learning Link is located at **811 Manzanita Drive, Room 90 in Laguna Beach, CA 92651**. Our office is located in the building behind the Laguna Beach Community Pool and it is suggested that you find parking on the street.

In closing, thank you again for your interest in the Laguna Beach Unified School District's Learning Link. If you have any additional questions or concerns, please do not hesitate to contact me. I look forward to meeting you soon!

Sincerely,

Sandee Bandettini, MS, MFT, Early Learning Specialist

Email: sbandettini@lbusd.org

Laguna Beach Unified School District's Learning Link Registration Form

Child's Name: _____ Child's Date of Birth: _____
Father's Name: _____ Mother's Name: _____
Home Address: _____ Home Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Work Phone: _____ Work Phone: _____
Email: _____ Email: _____

Will your child be attending the Learning Link with you (check one)? Yes No

If not, what is the name and relationship of the adult bringing your child to the Learning Link?

Name: _____ Relationship: _____

Did your child attend the Learning Link last year (check one)? Yes No

Is your child currently in preschool (check one)? Yes No

If yes, which preschool (check one)?

- Laguna Presbyterian Preschool
- Laguna Beach Montessori School
- Anneliese School
- Boys and Girls Club
- Other: _____

Are you planning on registering your child for Kindergarten in 2018-2019? Yes No

If yes, which school would they attend (check one)?

- Top of the World Elementary
- El Morro Elementary
- Other: _____

Have you filled out a developmental screening with us before (check one)? Yes No

May LBUSD have permission to take photographs of your child for our website, social media accounts, publications and for newspaper and/or television (check one)? Yes No

Does your child have any medical issues our staff would need to be aware of? Yes No

If yes, please explain: _____

Is there any additional information you'd like to share with us before your family attends the Learning Link? _____

Parent Signature: _____ Date: _____



Learning Link Class Registration Form

The **2017-2018 Learning Link** will offer two classes on the following Tuesdays from 8:30am-10:00am and 10:30am-12:00pm.

To register for the Learning Link, please fill out this form and choose **up to two session dates**. Please note that class registration is offered on a first come first serve basis and class size is limited to 12 families per session date. **Once your paperwork is received, then we will send you an email confirmation of your class dates.**

Session One: Oct. 3rd, 10th, 17th and 24th and Nov. 7th, 14th and 28th

8:30am-10:00am

10:30am-12:00pm

Session Two: Feb. 6th, 13th and 27th and March 6th, 13th, 20th and 27th

8:30am-10:00am

10:30am-12:00pm

Session Three: April 10th and 17th and May 1st, 15th and 22nd

8:30am-10:00am

10:30am-12:00pm

The Learning Link is located at 811 Manzanita Drive, Room 90 in Laguna Beach, CA 92651. Our office is located in the office building behind the Laguna Beach Community Pool and it is suggested that you find parking on the street.

If you have any additional questions or concerns about the Learning Link, please do not hesitate to contact Sandee Bandettini, MS, MFT, Early Learning Specialist at sbandettini@lbusd.org.



LAGUNA BEACH UNIFIED SCHOOL DISTRICT
Learning Link Admission Agreement

As the parent or legal guardian of the below named child, I understand, agree to and/or acknowledge the following:

A. I, or the adult in attendance with my child is fully responsible for the supervision of my child at the Learning Link.

B. I, or the adult in attendance with my child will actively participate in activities with my child. I will also ensure that my child will use the materials appropriately and will treat others with respect.

C. Cell phone use will be limited in the Learning Link to taking photos. If I need to take a call or text, I will step outside. I will ensure that my child is with me or supervised during this time. I also understand that I will only post pictures of my child or children on social media (unless given specific permission from another parent).

D. I will complete all requested registration information prior to participating in the Learning Link. I also understand that I must get approval from the Learning Link before bringing any extra children.

E. I understand that LBUSD staff are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

F. I will not bring my child to the Learning Link if they have had a fever in the last 24 hours or have vomited in the past 24 hours. I will do my best to ensure my child is healthy when attending the Learning Link.

G. I will change my child's diapers in the designated restroom area outside of the Learning Link classroom and/or supervise my child using the restroom.

H. I understand that LBUSD may terminate my child's enrollment for any of the following reasons:

- My child harms another child, intentionally damages supplies or is not being supervised.
- If my child and I miss more than two classes without notifying the Learning Link staff.

I. I understand that LBUSD staff will not become involved in any custodial disputes between parents/guardians.

Parent Signature: _____

Date: _____

Laguna Beach Unified School District
Parental Consent for School Readiness Health & Developmental
Screenings & Release of Information

The School Readiness Program of Laguna Beach Unified School District serves children from birth to five who reside and/or attend Early Childhood Education programs/Preschools within the District boundaries. The overall goal of our program is to ensure that our children are healthy and ready to learn upon entering Transitional Kindergarten or Kindergarten. Developmental delays as well as hearing, vision, nutritional and/or oral/dental issues often impact a child's learning. The earlier problems are identified and addressed the better the outcome for the individual child. The Laguna Beach Unified School District's School Readiness Nurse and Early Learning Specialist are able to provide various supports including administration of several screenings as well as consultation/collaboration services related to the findings. The screenings assist in the identification of any issues related to your child's growth that may require additional information and/or need for further care. These are screenings only and are not intended to substitute for your child's regular check-ups with a Healthcare Provider. All screening results will be shared with you in writing.

Your written consent is required for the screenings listed below. All screenings will be completed by the District School Readiness Nurse and will take place at your child's preschool or at the Learning Link site. Your child will be accompanied by staff familiar to him/her if the screening is completed at your child's preschool.

Please check "Yes" or "No" for each area below:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing Screening |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vision Screening |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dental Screening |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Height, Weight, Body Mass Index |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Developmental Screening(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Permission to share the screening results with my child's Preschool teacher/Preschool Director. |

With my signature below, I give my consent for each of the screenings circled "Yes" above to be administered. I understand that I will be given written results of all the screenings.

Child's Name : _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Phone Number:** _____

E-mail Address: _____ **Date:** _____

If you have any questions or concerns, please contact the Laguna Beach Unified School District's School Readiness Program. Claudette Ahern, RN, BSN, School Readiness Nurse via email: cahern@lbusd.org and Sandee Bandettini, MS, MFT, Early Learning Specialist via email: sbandettini@lbusd.org.

Laguna Beach Unified School District's Health History Form

Child's Name: _____

Date of Birth (day/month/year): _____

Gender: Male Female

Mother's Name _____

Father's Name _____

Home Phone Number _____

Other Children:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Home: How many other families live in your home?

_____ Adults _____ Children _____

Health Insurance

Do you have health insurance for your child?

Yes No

If yes, which one: Medi-Cal Kaiser Kids

California Kids Private Other

Pediatrician's Name? _____

Date of your child's last physical? _____

Dental Insurance

Do you have dental insurance for your child?

Yes No

Which one: Denti-Cal Private

Date of last dental check up: _____

Does your child have any dental problems?

Yes No

If yes, do they have (check one):

Stained Teeth Broken Teeth Tooth

Decay

Child's Health: (check all that apply)

Born premature (36 weeks or before)

Asthma

Diabetes

Seizures/Epilepsy

Heart Problems

Ear Infections/ Tubes

Developmental Delays

Hearing Problems

Wears Glasses

Anemia

Surgeries _____

Other: _____

Allergies (If yes, please list)

Food _____

Drugs _____

Animals _____

Other: _____

Requires an Epinephrine Pen? Yes No

Current Medications (including asthma medications) Yes No

If yes, please list: _____

Are your child's immunizations current?

Yes No

Nutrition/Exercise

Do you think your child is overweight?

Yes No

Do you think your child is underweight?

Yes No

General

Do you have any concerns with your child's:

Speech? Yes No

Hearing? Yes No

Vision? Yes No

Behavior/Temper? Yes No

Mental Health? Yes No

Any other concerns? Yes No

If yes, please explain:

Family Health

Are both parents in good health? Yes No

If no, please explain: _____

Do any of your other children have health and/or learning problems? Yes No

If yes please explain: _____

Any recent changes in your family? Yes No

If yes please explain:

*The School Readiness Program is funded by a grant from the
Children and Families Commission of Orange County.*

