



KINDERGARTEN & TRANSITIONAL KINDERGARTEN

Registration Requirements for Admittance to Eureka City Schools

A. Completed Enrollment – Available at the Eureka City Schools District Office, 2100 J Street, Eureka. Enrollment is also available on our website: eurekacityschools.org > For Parents > Student Registrations

B. Birth Certificate from vital statistics or from the hospital

C. Immunization records – Required for TK/K:

1. **Hepatitis B** **3 doses**
2. **MMR** **2 doses**, given on or after child's first birthday
3. **DTP or DTaP** **4 doses**. If the 4th dose is given before the child's fourth birthday, a 5th dose is required
4. **Polio** **3 doses**. If the 3rd dose was given before the child's fourth birthday, a 4th dose is required
5. **Varicella (Chickenpox)** **2 doses**

Health and Safety Code Section 120335 states that school districts shall not unconditionally admit for the first time, or admit or advance any pupil to 7th grade, unless the pupil has been immunized for his or her age as required by law. Children behind in their required immunizations may be admitted conditionally, if they are not currently due for any doses or have a temporary medical exemption. Exemptions for immunizations will be allowed by requesting a unique C.A.I.R. number from the district office that will be required for your child's health care provider, in turn, the health care provider will be issued a unique C.A.I.R. number for the district office to complete the exemption process.

C. Oral Health Assessment (dental exam) – State law requires children receive a dental examination by May 31st of their first year of school. An assessment within 12 months prior to entering school will also meet this requirement. Please see the attached dental information and form. **Please return the completed dental form with your enrollment packet.**

D. Physical examination – Required prior to entering **1st grade**. Proof of the physical examination may **ONLY be accepted 18 months prior to entering 1st grade.** Please provide the attached physical when completing the exam.

Welcome to Eureka City Schools!

Eureka City Schools District

Health Examination for School Entry & Oral Health Assessment

Health Examinations are required by 1st grade entry. Exams may be completed no more than 18 months prior to entry of 1st grade. Please obtain your child's exam from April 1st prior to your child's entry into kindergarten to avoid lack of completion. Upon taking your child for the exam, please take the attached Report of Health Examination for School Entry along for your child's health provider to complete and sign. Please return the completed form to Eureka City Schools District Office or your child's school.

Oral Health Assessments are required during the FIRST year of enrollment, preferably prior to the first day of enrollment. Education code Section 49452.8 requires each child receive an oral health assessment (dental check-up) by May 31 of a student's first year of school enrollment.

We have included a list of dentists in the area to assist with your child's oral assessment.

Medi-Cal/Denti-Cal's toll-free number or Website may assist you also: 1-800-322-6384 or <http://www.denti-cal.ca.gov>

Healthy Families may also assist you with Healthy Families and insurance at 1-800-880-5305 or <http://www.benefitscal.com/>

Additional resources may be available by contacting the Humboldt County Health Department at 707-445-6210.

Please take the attached Oral Health Assessment Form to your dentist to be completed and return to the Eureka City Schools District Office or to your child's school.

Suggestions for a healthy oral hygiene from the CDE:

- Take your child to the dentist twice per year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice per day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain large amounts of sugar, which cause cavities, decay and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!
- Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children may become ill enough to require emergency room treatment, and their adult teeth may be permanently damaged.
- Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have question about the oral health assessment requirement, please contact Student Services Office at 707-441-3383.

Please see the following page for Local Physicians and Oral Health Care Providers.

Local Physical and Oral Health Care Providers

Child Health & Disability Prevention (CDHP) & Oral Health Assessment Program Humboldt County-Department of Health & Human Services – Public Health Branch

908 7th St., Eureka, CA 955001
(707) 445-6210 Fax: (707) 476-4960

Eureka

Eureka Community Health & Wellness
Opendoorhealth.com
2200 Tydd St., Eureka, CA 95501
(707) 441-1624

Providence Medical Group, Humboldt
3200 Walford Ave., Suite A
Eureka, CA 95503
707-444-6011

Eureka Dental Center

1600 Myrtle Ave.
Eureka, CA 5501
(707) 442-0444

Growing Smiles Dental

2787 Harris St., Suite A
Eureka, CA 95501
(707) 443-6781

Arcata & McKinleyville

Open Door Community Health Center
770 10th St., Suite F
Arcata, CA 95521
(707) 826-8610

Family Health Care

1433 11th St.
Arcata, CA 95521
(707) 826-1097

North County Clinic (Open Door)

785 18th St.
Arcata, CA 95521
(707) 822-2481

Mad River Healthcare Clinic

3798 Janes Rd.
Arcata, CA 95521
(707) 825-4959

United Indian Health Services

1600 Weeot Way
Arcata, CA 95521
(707) 825-5000

McKinleyville Community Health Center

1644 Central Ave.
McKinleyville, CA 95519
(707) 839-2677

Tucker & Tucker, DDS

801 Crescent Way, Suite 2
Arcata, CA 95521
(707) 822-2711

Fortuna & Ferndale

Fortuna Community Health Center
3750 Rohnerville Rd.
Fortuna, CA 95540
(707) 725-4477

Redwood Pediatric Medical Group

3305 Renner Dr.
Fortuna, CA 95540
(707) 725-9355

Fortuna Family Medical Group

874 Main St.
Fortuna, CA 95540
(707) 725-3334

United Indian Health Services

3302 Renner Dr., Suite C
Fortuna, CA 95540
(707) 725-7988

Ferndale Community Health Center

638 Main St.
Ferndale, CA 95536
(707) 786-4028

Dentists4Kids

1730 Main St., #A
Fortuna, CA 95540
(707) 725-1303

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregue a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Cuarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

*de ser indicado

y PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jovenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 35%; border-top: 1px solid black; text-align: center;"><i>Licensed Dental Professional Signature</i></div> <div style="width: 30%; border-top: 1px solid black; text-align: center;"><i>CA License Number</i></div> <div style="width: 25%; border-top: 1px solid black; text-align: center;"><i>Date</i></div> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
 - I cannot afford a dental check-up for my child.
 - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.

Formulario de evaluación de la salud bucal

La ley de California (Sección 49452.8 del *Código de Educación*) exige que su hijo se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo, complete la Sección 3.

Sección 1. Información del menor (debe ser completada por el padre, la madre o el tutor)

Primer nombre del menor:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del menor:
Domicilio:			Dpto.:
Ciudad:			Código postal:
Nombre de la escuela:	Maestro:	Grado:	Sexo del menor: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/madre/tutor:	Raza/origen étnico del menor: <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Indio nativo americano <input type="checkbox"/> Multirracial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai/islas del Pacífico <input type="checkbox"/> Desconocido		

Sección 2. Información de salud dental: debe ser completada por un profesional de la salud dental matriculado de California

[Oral Health Data (To be completed by a California licensed dental professional)]

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla.

[IMPORTANT NOTE: Consider each box separately. Mark each box.]

Fecha de la evaluación: [Assessment Date:]	Incidencia de caries [Caries Experience] (Caries visibles y/o empastes presentes) (Visible decay and/or fillings present) <input type="checkbox"/> Sí [Yes] <input type="checkbox"/> No [No]	Caries visibles presentes: [Visible Decay Present:] <input type="checkbox"/> Sí [Yes] <input type="checkbox"/> No [No]	Urgencia de tratamiento: [Treatment Urgency:] <input type="checkbox"/> Ningún problema obvio [No obvious problem found] <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección o el niño se beneficiará del sellador dental o de una evaluación adicional) [Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)] <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) [Urgent care needed (pain, infection, swelling or soft tissue lesions)]
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Firma del profesional de salud dental matriculado
[Licensed Dental Professional Signature]

Número de matrícula de CA
CA License Number

Fecha
Date]

Sección 3. Exención del requisito de evaluación de salud dental

Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo.

El plan de seguro dental de mi hijo es:

- Medi-Cal/Denti-Cal Healthy Families Healthy Kids Otro _____ Ninguno
- No puedo pagar el chequeo dental de mi hijo.
- No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental: _____

Si pide ser eximido de este requisito: ► _____

Firma del padre, madre o tutor

Fecha

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela *antes del 31 de mayo del primer año escolar de su hijo.*
El original de este formulario será guardado en el registro escolar del menor.

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAS): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]