Pioneer Preschool
8810 14th Ave. Hanford, CA
(559) 584-8831 ext. 1618

Welcome to the Pioneer Preschool! The first day of school is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, it can also be quite stressful for the young child. New situations and change can, at times, be unsettling for all of us. For many children this may be their first experience of separation from parents or care givers at home. It is common for even the most outgoing child to be anxious the first day of school.

We have provided a few suggestions for assisting your child during this time. Remember the preschool staff will be available to provide support and assistance, making your child's first school days happy days.

- Your Child will need a change of clothes to keep in their cubby.
- Prepare your child for the new school experience by explaining what to expect. Answer all questions directly and honestly.
- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school. This item may be a toy or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss and hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "Ok just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!

Sincerely,
Pioneer Staff

PIONEER PRESCHOOL ADMISSION AGREEMENT

____
Child's Name

Basic Services:
Child Care
½ Day Rate $18.00

Choose One: T/TH M/W/F

Total Weekly Rate ________________

Payment is due by the **fifth** of each month. There will be a $25.00 late charge. A $25.00 fee will also be charged for any returned checks.

A **two-week** notice is required prior to discontinuing the program.

Licensing "Inspection Authority" per section #101210 (b) (c) Admission Agreement which references section #101195 (b) & (c) are quoted below:

> *A. the Department or licensing agency shall have the authority to interview children or staff; and inspect and audit child or facility records without prior consent.*
>
> *a. The licensee shall make provisions for private interviews with any child(ren),or staff member and for the examination of all records relating to the operation of the facility.*
>
> *B. The Department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).*

I have read, filled out all information, and received a handbook.

____ __________________
Parent's Signature Date

____ __________________
Director's Signature Date

THIS WILL ACKNOWLEDGE THAT I/WE, THE PARENTS, GUARDIANS OF __________________
HAVE RECEIVED A COPY OF THE PARENT HANDBOOK FROM THE AUTHORIZED REPRESENTATIVE OF THE PIONEER PRESCHOOL.

I HAVE READ AND UNDERSTAND THE PRESCHOOL PHILOSOPHY, INFORMATION, AND POLICIES. I AGREE TO THE TERMS AS SET FORTH IN THE ADMISSION STATEMENTS BELOW:

1. I HAVE MET ALL REQUIREMNTS AND SUBMITTED ALL COMPLETED FORMS NECESSARY FOR ENROLLMENT IN THE CENTER.
2. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR THE TUITION BILLED OR MY SUBMITTED SCHEDULE EACH MONTH. IN A DIVORCED FAMILY EITHER OR BOTH PARENTS ARE RESPONSIBLE FOR TUITION.
3. I UNDERSTAND IT IS MY RESPONSIBILITY TO SIGN MY CHILD IN AND OUT EACH DAY IN THE CLASSROOM.
4. I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE PRESCHOOL IN ADVANCE IF SOMEONE OTHER THAN THE APPROVED PERSONS IS PICKING UP MY CHILD.
5. I UNDERSTAND THAT IF IT WERE DEEMED NECESSARY:
    a. THE DEPARTMENT OF LICENSING AGENCY SHALL HAVE AUTHORITY TO INTERVIEW CHILDREN OR STAFF; AND TO INSPECT AND AUDIT CHILD OR FACILITY RECORDS WITHOUT PRIOR CONSENT.
        i. THE LICENSEE SHALL MAKE PROVISIONS FOR PRIVATE INTERVIEWS WITH ANY CHILD/REN, OR ANY STAFF MEMBER AND FOR THE EXAMINATION OF ALL RECORDS RELATING TO THE OPERATION OF THE FACILITY.
    b. THE DEPARTMENT OR LICENSING AGENCY SHALL HAVE AUTHORITY TO OBSERVE THE PHYSICAL CONDITION OF CHILD/REN, INCLUDING CONDTTIONS WHICH COULD INDICATE ABUSE, NEGLECT, OR INAPPROPRIATE PLACEMENT, AND TO HAVE A LICENSED MEDICAL PROFESSIONAL PHYSICALLY EXAMINE THE CHILD/REN.

____ _____________________

SIGNATURE OF PARENT(S)/GUARDIAN(S) DATE

<u>THIS FORM MUST BE SIGNED AND RETURNED TO THE PIONEER PRESCHOOL PRIOR TO ENROLLMENT.</u>

Pioneer Child Care and Preschool
Registration Form

Pupil Name	☐ M ☐ F	D.O.B.

Residence Address	City, State, Zip	Phone
Mailing Address	City, State, Zip	Phone

Siblings

Name:____________ DOB:________ Name:________________ DOB:________

Name:____________ DOB:________ Name:________________ DOB:________

List all allergies:____

Any health/physical/medical problems?______________________________

Does your child wear glasses? ☐ No ☐ Yes Hearing Aide? ☐ No ☐ Yes Orthopedic Appliance? ☐ No ☐ Yes

Will your child need to take medication at school? ☐ No ☐ Yes Name of Medication: ________________

Does your child have any physical or religious reason which would prevent him/her from participating in school activities?

☐ No ☐ Yes Please explain:______________________________

Has your child been successfully toilet trained? ☐ No ☐ Yes

Parent/Guardian Information

Parent/Guardian			Living in home ☐ No ☐ Yes
Address if different from student		Relationship to child	
Home Phone	Work Phone	Cell Phone	Email

Parent/Guardian			Living in home ☐ No ☐ Yes
Address if different from student		Relationship to child	
Home Phone	Work Phone	Cell Phone	Email

Contact Name		Relationship
Address if different from student	Occupation	
Home Phone	Work Phone	Cell Phone

Contact Name		Relationship
Home Phone	Work Phone	Cell Phone
Contact Name		Relationship
Home Phone	Work Phone	Cell Phone

If one or both parents are not in the home, is there a restraining order or court document against the non-custodial parent(s)?
Yes ______ No ______ If yes, which parent/guardian? ____

I declare under penalty of perjury under the laws of the state of California that the information I have given is true and correct.

Parent/Guardian ____ Date ____________________________

Immunization(s)/Other documents pending:	Notes:
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____

Pioneer Preschool Student Information Sheet

Child's Name____

What do you want you child to be called at school? ____________________

Child's Birthdate (M/D/Y):______________________________________

Parent's Name(S):____

Email Address: ____

What do you hope for your preschool child to gain from preschool?

____

____

Child's Siblings (this will help us spell their name on artwork):

____

____

____

Family Pets: ____

Child's Allergies (please include food, animal, or other allergies):

____

____

What are your child's favorite snack foods?

____

____

What are your child's interests?

____

____

What activities does your child like to do?

____

____

What are your child's dislikes (food, activities, other):

____

____

If there is anything else you would like to tell us about your child, please list below:

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER STREET	CITY	STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: ____________________

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

______________________________ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

______________________________ . THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

______________________________________, born ______________________________ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____________________________________ . This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ______ a.m./p.m. , __________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

____ ______________
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:____ Date of Physical Exam: ______________________________
Address:____ Date This Form Completed: ___________________________
Telephone: ____ Signature____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (**For infants and preschool-age children only*)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (**For infants and preschool-age children only*)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN:
(What does child usually eat for these meals?)

BREAKFAST

LUNCH

DINNER

WHAT ARE USUAL EATING HOURS?
BREAKFAST ______________________
LUNCH______________________
DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: ______________________________

   Licensing Office Address: ______________________________

   Licensing Office Telephone #: ______________________________

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ______________________________, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

____
Name of Child Care Center

______________________________ Signature (Parent/Authorized Representative)

______________ Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

Pioneer Union Elementary School District

Field Trip Waiver Form
For Students

Completion of this form is required for ALL Field Trips/Excursions.

The Pioneer Union Elementary School District ("District") has authorized the following field trip:

____

Waiver by Parent or Guardian of Pupil Taking Trip

I certify that I am the parent or guardian of the pupil identified below. I acknowledge that my son or daughter's participation on this field trip is voluntary. I hereby waive, on my child's or ward's behalf, all claims against the District, its employees and against, or the State of California for injury accident, illness, or death occurring during or by reason of the above mentioned field trip. I agree that I further waive on my child's or ward's behalf any and all claims against the District, its employees and agents, or the State of California that any individual may bring on my child's or ward's behalf for any and all injury, accident, illness, or death occurring during or by reason of the field trip mentioned above. I acknowledge that my child or ward may travel in a private or commercial vehicle. I specifically agree that the District has not assumed liability under Education Code section §44808 and that the District is not liable for transportation associated with this field trip. I hereby release the District, its employees and agents, and the State of California from all liability for any injury, accident illness, or death if I choose to provide transportation for my child on the field trip or if I make alternative transportation arrangements for my child. I also agree that the District is not liable for any injury, accident, illness or death arising from any arrangements for my child. I also agree that the District is not liable for any injury, accident, illness or death arising from any on campus actions, including but not limited, to the planning of this field trip.

Should my child require medical attention due to illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care as deemed necessary for the safety and welfare of my child. I further understand that I, as parent/guardian of the pupil identified below, will be responsible for any and all resulting expenses related thereto.

____
Name of Pupil

____ ____________________
Signature of Parent or Legal Guardian Date

____ ____________________
Printed Name of Parent or Legal Guardian Contact Phone
☐ Work ☐ Cell ☐ Home

Pioneer Union Elementary School District

Field Trip Waiver Form
For Adults

Completion of this form is required for ALL Field Trips/Excursions.

The Pioneer Union Elementary School District ("District") has authorized the following field trip:

____

Waiver by Adult Taking Trip

I acknowledge that my participation on this field trip is voluntary. I hereby waive any and all claims against the District, its employees and agents, or the State of California for injury, accident, illness, or death occurring during or by reason of the above mentioned field trip. I further waive any and all claims against the District, its employees and against, or the State of California that any individual may bring on my behalf for any and all injury, accident, illness, or death occurring during or by reason of the field trip mentioned above. This includes claims I, or any other person, may bring for any and all injury, accident, illness or death occurring during or by reason of the trip mentioned above to any child or ward of mine going on the trip. I acknowledge that I may travel in a private or commercial vehicle. I specifically agree that the District has not assumed liability under Education Code section §44808 and that the District is not liable for transportation associated with this field trip. I hereby release the District, its employees and agents, and the State of California from all liability for any injury, accident, illness, or death if I choose to provide transportation for myself on the field trip or if I make alternative transportation arrangements for myself. I also agree that the District is not liable for any injury, accident, illness or death arising from any on campus actions, including, but not limited to, the planning of this field trip.

Should I require medical attention due to illness or injury, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care as deemed necessary for my safety and welfare. I further understand that I, as parent/guardian of the pupil identified below, will be responsible for any and all resulting expenses related thereto.

____
Name of Pupil

____ ______________
Signature of Parent or Legal Guardian Date

____
Printed Name of Parent or Legal Guardian

Pioneer Union Elementary School District

Photo/Video Release Form

Throughout the school year, there may be times when Pioneer Union Elementary School District (PUESD) staff, the media, or other organizations, with the approval of the school principal, may take photographs of students, audio/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in district publications; in district video productions; or the district web site; in the news media; or in other nonprofit, education-related organizations' publications. Please complete this form, and return it to your child's school.

☐ **I hereby grant unto the Pioneer Union Elementary School District (PUESD) permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that PUESD may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the school principal in writing. I further grant unto PUESD permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school-related stories or articles.**

Yearbook Only

☐ **I hereby grant unto the Pioneer Union Elementary School District (PUESD) permission to use my child's photograph in the school yearbook only.**

Student's Name: ______________________________

School: ______________________________

Parent's/Guardian's Name: ______________________________

Address: ______________________________

City/State: ____________________ Zip Code: __________

Telephone Number: ______________________________

Parent's / Guardian's Signature: ____________________ Date: __________