



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 the following documents and then email them back to Sandee Bandettini at [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org):**

- Registration Form
- Admission Agreement
- Parent Consent Form
- Health History Form

**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, Early Learning Specialist  
Email: [sbandettini@lbusd.org](mailto: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  LB Montessori School

Anneliese School  Boys and Girls Club Preschool Other: \_\_\_\_\_

Are you planning on registering your child for Kindergarten next year?  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: \_\_\_\_\_



**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 three 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 the Learning Link site.

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

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

**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 regarding this form, please contact the Laguna Beach Unified School District's School Readiness Program. Claudette Ahern, RN, BSN, School Readiness Nurse via email: [cahern@lbusd.org](mailto:cahern@lbusd.org) and Sandee Bandettini, MS, MFT, Early Learning Specialist via email: [sbandettini@lbusd.org](mailto:sbandettini@lbusd.org)

## Laguna Beach Unified School District's Health History Form

<p>Child's Name: _____</p> <p>Date of Birth (day/month/year): _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Mother's Name _____</p> <p>Father's Name _____</p> <p>Home Phone Number _____</p> <p>Other Children:</p> <p>Name _____ Age _____</p> <p>Name _____ Age _____</p> <p>Name _____ Age _____</p> <p><b>Home:</b> How many other families live in your home?          _____ Adults _____ Children</p> <p><b>Health Insurance</b></p> <p>Do you have health insurance for your child?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which one: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Kaiser Kids <input type="checkbox"/>  <input type="checkbox"/> California Kids <input type="checkbox"/> Private <input type="checkbox"/> Other</p> <p>Pediatrician's Name? _____</p> <p>Date of your child's last physical? _____</p> <p><b>Dental Insurance</b></p> <p>Do you have dental insurance for your child?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which one: <input type="checkbox"/> Denti-Cal <input type="checkbox"/> Private</p> <p>Date of last dental check up: _____</p> <p>Does your child have any dental problems?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do they have (check one):  <input type="checkbox"/> Stained Teeth <input type="checkbox"/> Broken Teeth <input type="checkbox"/> Tooth Decay</p> <p><b>Child's Health:</b> (check all that apply)</p> <p><input type="checkbox"/> Born premature (36 weeks or before)</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Seizures/Epilepsy</p> <p><input type="checkbox"/> Heart Problems</p> <p><input type="checkbox"/> Ear Infections/ Tubes</p> <p><input type="checkbox"/> Developmental Delays</p> <p><input type="checkbox"/> Hearing Problems</p> <p><input type="checkbox"/> Wears Glasses</p> <p><input type="checkbox"/> Anemia</p> <p><input type="checkbox"/> Surgeries _____</p> <p>Other: _____</p>	<p><i>Allergies (If yes, please list)</i></p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Drugs _____</p> <p><input type="checkbox"/> Animals _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Requires an Epinephrine Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Current Medications</b> (including asthma medications) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list: _____</p> <p><b>Are your child's immunizations current?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Nutrition/Exercise</b></p> <p>Do you think your child is overweight?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you think your child is underweight?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>General</b></p> <p>Do you have any concerns with your child's:          Speech? <input type="checkbox"/> Yes <input type="checkbox"/> No          Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No          Vision? <input type="checkbox"/> Yes <input type="checkbox"/> No          Behavior/Temper? <input type="checkbox"/> Yes <input type="checkbox"/> No          Mental Health? <input type="checkbox"/> Yes <input type="checkbox"/> No          Any other concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:          _____          _____</p> <p><b>Family Health</b></p> <p>Are both parents in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain: _____</p> <p>Do any of your other children have health and/or learning problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please explain: _____</p> <p>Any recent changes in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please explain:          _____          _____</p> <p style="text-align: center;"><i>The School Readiness Program is funded by a grant from the Children and Families Commission of Orange County.</i></p>
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