Kindergarten Registration

SCHOOL YEAR 2021-2022

1102 5th ST Wasco, CA 93280
661-758-7100

1017 Palm Avenue Wasco, CA 93280
661-758-7190

Health Services
In order to properly staff for the next school year, we need to know if you plan to send your child to school to receive instruction personally, or if you prefer your child to receive their schooling at home through distant learning.

Please let us know:

Name of student: _____________________________________________________________ Grade: ______

School Site: _________________________________________________

☐ I would like my child to receive his/her classes at the school site

☐ I would like my child to receive his/her classes at home through distant learning.

This selection will be set for the entire semester. Changes only will be made at that point.
ENROLLMENT REQUIREMENTS FOR KINDERGARTEN
SCHOOL YEAR 2021-2022

The Wasco Union Elementary School District is registering Kindergarten students for the 2020-2021 School Year for all district schools. Registration will be held at the school site of attendance. You may call any school site to find out which school your child should attend based on his/her address of residence.

John L. Prueitt (661) 758-7180 Karl F. Clemens (661) 758-7120
Teresa Burke (661) 758-7480 James A. Forrest (661) 758-7490

PARENTS MUST BRING THE FOLLOWING DOCUMENTS AT THE TIME OF REGISTRATION

Students will not be assigned to a teacher or classroom until all requirements are met

1. **Proof of date of birth:** Certified copy of a birth record or a statement by the local registrar or a county recorder certifying the date of birth, or a baptism certificate duly attested, or a passport, or, when none of the foregoing is obtainable, an affidavit of the parent, guardian, or custodian of the minor, or any other appropriate means of proving the age of the child is five (5) years old on or before September 1, 2021.

2. **Proof of address:** Please bring a copy of any utility bill under your name or your spouse, including but not limited to, property tax payment receipts; rental property contract, lease, or payment receipts; utility service contract, statement, or payment receipts; pay stubs; voter registration; correspondence from a government agency; declaration of residency executed by the parent or legal guardian or a pupil.

3. **Physical examination dated March 1, 2021 or later is required** before entrance into Kindergarten and TK.

4. **Tuberculin (TB) skin test with (–) results OR negative TB risk assessment (dated March 1, 2021 or later.)** Proof of a negative chest X-ray is needed for a positive skin test.

5. **Oral health assessment:** Education Code Section 896 requires that your child have an oral health assessment in TK, kindergarten, or first grade, whichever is his or her first year of public school. The law specifies that the evaluation must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments must be dated August 1, 2020 or later to meet this requirement.

6. **Immunization Record:** The following immunizations are required for school entry: Polio, DTaP, MMR, Hepatitis B and Varicella. All shots must be up-to-date. The yellow immunization card or proof of immunization is required at the time of registration. (See new Exemption Immunization Law SB 277 letter).

7. **Any Court Orders** pertaining student’s custody or education rights.
WASCO UNION ELEMENTARY SCHOOL DISTRICT
STUDENT HEALTH HISTORY

Date: ______________________

Student’s Name: ___________________________________________________ Date of Birth: ________________

Male _____ Female _____ School: _____________________________________ Grade: ______

Please check the appropriate box of any conditions that apply and give a brief explanation in the space provided at the bottom of this form.

____ No Known Health Problems
____ Allergy – SEVERE (Requires EPI PEN/medication)
____ Allergy – List type and symptoms below
____ Arthritis – List below
____ Asthma – Requires inhaler at school
____ Attention Deficit Disorder – ADD/ADHD
____ Autism
____ Behavioral/Emotional Concerns
____ Blood Disorder / Hemophilia, list below
____ Cancer / Leukemia – List type & treatment below
____ Chromosomal Disorder, list below
____ Cerebral Palsy
____ Cleft Palate/Lip
____ Cystic Fibrosis
____ Developmental delay(s) – Explain below
____ Diabetes Type I or II – Explain below
____ Down Syndrome
____ Eating Disorder, explain below
____ Gastrointestinal Condition, explain below
____ Growth disorder
____ Head Injury / Concussion
____ Hearing Impairment, list hearing aids if needed
____ Heart Disease / Heart Condition, explain below
____ Hypoglycemia / physician diagnosed
____ Kidney Disorder / Disease, explain below
____ Medication taken at Home, list below
____ Medication needed at School
____ Migraines / physician diagnosed
____ Multiple Sclerosis
____ Muscular Dystrophy
____ Muscular – Skeletal Condition, explain below
____ Neurological Condition, explain below
____ Nosebleeds – Severe
____ Orthopedic Impairment, explain below
____ Osgood – Schlatter Disease
____ Physical Activity Limitations
____ Seizure Disorder – explain below
____ Speech Impairment
____ Surgeries – explain below
____ Visual Impairment – explain below (include if student wears glasses/contacts)
____ Other health problems not listed – explain below

*All medication given at school (prescribed or over the counter) and/or student carrying an inhaler requires a physician’s order (forms are available from the health clerk at each school site). Students who require PE or physical activity accommodations/restrictions must have a physician’s note.

EXPLANATION of health problem marked above:

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

*This information is considered confidential. It will be shared with school staff on a need-to-know basis for your student’s safety during school, field trips, and school-sponsored events. I understand 911 may be called to assist in a medical emergency during school hours. I understand it is my responsibility to notify the school office in writing if there are any changes to this form.

*Medical Transport- I authorize emergency personnel (medical, dental, paramedic, ambulance) to transfer and treat my child in the event that I cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be borne by the parent/guardian. I understand that WUESD and its employees assume no liability of any nature in relation to the transportation or treatment of my child.

Parent/Guardian signature: ___________________________________________ Date: ___________________

________________________________________________________________________________________________________
HEALTH REQUIREMENTS FOR TK, KINDERGARTEN, FIRST GRADE
SCHOOL ENTRY

Children beginning school for the first time must show proof that they have received a health examination and immunizations, before they can attend school.

Each school will ask that the attached, "REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY" be brought to school, completed and signed by a doctor.

THE HEALTH EXAMINATION:
Must be obtained no earlier than six months before entering kindergarten or eighteen months before entering first grade.

MUST INCLUDE the following services:
- health and development history
- complete physical history
- examination of teeth and gums
- vision screen
- hearing screening
- blood screening test for anemia and lead
- tuberculosis risk assessment

THE IMMUNIZATIONS:
Must include immunizations against measles, mumps and rubella, against diphtheria, tetanus and whooping cough (DPT/DTaP/DT/Td); against polio (IPV); against Hepatitis B (HepB), and against chickenpox (varicella).

Students entering the 7th grade are required to have a pertussis-containing vaccine (Tdap). For more information, visit the "Shots for School" website at www.shotsforschools.org:

ORAL HEALTH ASSESSMENT:
Must be completed by a licensed dental professional.

HOW AND WHERE TO GET SERVICES:
If your child is on Medi-Cal or your family income is lower than 266% of the Federal Poverty Level, your child may be eligible for a FREE EXAMINATION AND IMMUNIZATIONS.

The child must go to one of the CHDP PROGRAM CERTIFIED PHYSICIANS OR CLINICS to get a free exam. If you have Medi-Cal, call your Primary Care Physician for an appointment.

If your child is not eligible for a free examination, call your family doctor, pediatrician or USUAL SOURCE OF MEDICAL CARE.

If your child is not eligible for a free examination, but still needs more immunizations and you cannot afford them, call the KERN COUNTY PUBLIC HEALTH SERVICES DEPARTMENT at (661) 321-3000 to ask about immunization clinics.

IF YOU HAVE ANY QUESTIONS ABOUT SCHOOL ENTRY REQUIREMENTS:
Call your school district office for more information about your district's requirements. Call the Health Department, CHDP Program if you need more information about health examinations or are unable to obtain an examination for your child: (661) 321-3000 or toll free (877) 818-4787.
# PARENTS' GUIDE TO IMMUNIZATIONS

## REQUIRED FOR SCHOOL ENTRY

### Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td)** - 5 doses
  - 4 doses OK if one was given on or after 4th birthday.
  - 3 doses OK if one was given on or after 7th birthday. For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

- **Polio (OPV or IPV)** - 4 doses
  - (3 doses OK if one was given on or after 4th birthday)

- **Hepatitis B** - 3 doses
  - (Not required for 7th grade entry)

- **Measles, Mumps, and Rubella (MMR)** - 2 doses
  - (Both given on or after 1st birthday)

- **Varicella (Chickenpox)** - 2 doses

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

### Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) -1 dose**
  - (Whooping cough booster usually given at 11 years and up)

- **Varicella (Chickenpox)** - 2 doses
  - (Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade

### Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.
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

<table>
<thead>
<tr>
<th>CHILD'S NAME—Last</th>
<th>First</th>
<th>Middle</th>
<th>BIRTH DATE—Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS—Number Street</td>
<td>City</td>
<td>ZIP code</td>
<td>SCHOOL</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>REQUIRED TESTS/EVALUATIONS</th>
<th>DATE (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History</td>
<td>/ /</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>/ /</td>
</tr>
<tr>
<td>Dental Assessment</td>
<td>/ /</td>
</tr>
<tr>
<td>Nutritional Assessment</td>
<td>/ /</td>
</tr>
<tr>
<td>Developmental Assessment</td>
<td>/ /</td>
</tr>
<tr>
<td>Vision Screening</td>
<td>/ /</td>
</tr>
<tr>
<td>Audiometric (hearing) Screening</td>
<td>/ /</td>
</tr>
<tr>
<td>TB Risk Assessment and Test, if indicated</td>
<td>/ /</td>
</tr>
<tr>
<td>Blood Test (for anemia)</td>
<td>/ /</td>
</tr>
<tr>
<td>Urine Test</td>
<td>/ /</td>
</tr>
<tr>
<td>Blood Lead Test</td>
<td>/ /</td>
</tr>
<tr>
<td>Other</td>
<td>/ /</td>
</tr>
</tbody>
</table>

IMMUNIZATION RECORD

Note to Examiners: 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).

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

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.

CHDP website: www.dhcs.ca.gov/services/chdp
WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last:  
First  
Middle  
DATE OF BIRTH—Month/Day/Year

ADDRESS—Number, Street  
City  
ZIP Code  
SCHOOL  
Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

- [ ] I choose not to have my child receive a health examination as part of the school entry requirement.
- [ ] I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085):

__________________________________________________________

__________________________________________________________

Signature of parent or guardian  
Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)
California Pediatric Tuberculosis
Risk Assessment

- Use this tool to identify asymptomatic children for latent TB infection (LTBI) testing.
- Do not repeat testing unless there are new risk factors since the last test.
  If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
  For children with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥2 years old

☐ Immunosuppression, current or planned
  HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥2 mg/kg/day, or ≥15 mg/day for ≥2 weeks) or other immunosuppressive medication

☐ Close contact to someone with infectious TB disease during lifetime

☐ Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out

☐ None; no TB testing is indicated at this time.

Provider Name: _____________________________
Assessment Date: ___________________________

Patient Name: _____________________________
Date of Birth: ___ ___________________________

See the California Pediatric TB Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the TB RISK ASSESSMENT page (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx)

California Pediatric TB Risk Assessment and User Guide (September 2018)
California Department of Education

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)

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
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</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>? Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>? Female</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Parent/Guardian Name (printed):</th>
<th>Signature:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present): ? Yes       ? No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visible Decay Present: ? Yes       ? No</td>
</tr>
<tr>
<td></td>
<td>Treatment Urgency: ? No obvious problem found</td>
</tr>
<tr>
<td></td>
<td>? Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td>? Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

Licensed Dental Professional Signature       CA License Number       Date

******************************************************************************************************************

Section 3: Waiver of Oral Health Assessment Requirement

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

I request that my child to be excused from the oral health assessment requirement for the following reason: (Please 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:

? 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 because 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 office.

Return this form to the school no later than August 1, of your child’s first school year.

Original to be kept in child’s school record.
Why do I need to know about The CHDP Program?

So your child can receive a health examination at no cost to you.

Where can I get CHDP services for my child?

Look for your doctor or clinic inside this pamphlet, or if you don’t have one, choose one from this list. All providers may not be accepting Medi-Cal at all times. Please contact the provider for their current status.

¿Por qué debo saber sobre el programa de CHDP?

Para que su niño reciba servicios médicos sin costo a usted.

¿Dónde puedo ir para recibir servicios?

Busque un doctor o clínica en este folleto. Si no tiene uno, escoja uno de esta lista. No todos los proveedores aceptan Medi-Cal. Por favor llame al proveedor para saber de su estado actual.

Child Health and Disability Prevention Program
1800 Mt. Vernon Ave. • Bakersfield, CA. • 93306
(661) 321-3000
www.kern.ca.us/chtw.asp

Branch Clinics (By City)

Please note: Immunizations are NOT offered at branch clinics Monday-Friday, 8:00 am to 11:00 am and 1:00 pm to 4:00 pm. Dates and times vary at each branch site. Call in advance to the clinic of your choice to get their immunization schedule and make an appointment.

Arvin Office – Health Department
104 S. Hill St
(661) 854-5411
(Immunizations Only-By appointment)

Bakersfield (North East) - Health Department
1800 Mt. Vernon Avenue
Bakersfield, CA 93306
(661) 321-3000
(Immunizations Only-By appointment)

Delano Office - Northwest Regional Center
455 Lexington St.
Delano, CA 93215
(661)721-3820

Ridgecrest Office - Health Department
250 W. Ridgecrest Blvd.
Ridgecrest, CA 93555
(760) 375-5157
(Immunizations Only-By appointment)

Rosamond Office – Health Department
3611 Rosamond Blvd.
Rosamond, CA 93560
(661) 256-3003 or
(661) 321-3000

Shafter Office - Health Department
329 Central Valley Hwy.
Shafter, CA 93263
(661) 746-7562
(Immunizations Only-By appointment)

Taft Office - Health Department
915 N. 10th St., #24
Taft, CA 93268
(661) 321-3000
(Walk-In Only, 3rd Wed. of the Month 1-3 PM )
MEDI-CAL

Dental services are currently provided as one of the many benefits under the Medi-Cal Program. Use your Medi-Cal card to obtain these services. Los servicios dentales se proporcionan como uno de los muchos beneficios bajo el programa de Medi-Cal. Use su tarjeta de Medi-Cal para obtener estos servicios.

http://www.denti-cal.ca.gov/

This is a non-inclusive list of dentists known to see children. The Kern County Public Health Services Department does not endorse any dental provider. You may want to use other resources to find Medi-Cal dentists in your area.

Esta es una lista con información de dentistas que pueden atender a sus niños. El Departamento de Servicios Públicos del Condado de Kerr no apoya a ningún proveedor dental. Revise su directorio telefónico para encontrar un dentista que acepte Medi-Cal.

This publication was made possible by Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.

Esta publicación fue posible por la Proposición 56, El Cuidado de Salud de Califonia Investigación y Prevención Ley de Impuestos al Tabaco del 2016.

Kern Co. Public Health Services Department
Operation Saving Smiles
1800 Mount Vernon Avenue
Bakersfield, CA 93306-3302
661-321-3000 • 1-800-974-2717
ARVIN
Affordable Dental Care
Sukhwinder Gill, DDS
505 Bear Mtn. Blvd. Ste. A
Arvin, CA 93203
(661) 854-3306
Age 0-
Closed Monday & Thursday
Open Tue 8am-6pm, Wed 2pm-6pm
Fri 8am-5pm

Arvin Family Dentistry
Arthur G. Kaiser
764 Bear Mtn Blvd.
Arvin, CA 93203
661-854-4400
Age 6 months +
Open Mon-Tue 9am-6pm, Wed-Thu 8am-5pm,
 Fri 8am-3pm, Sat Depending on Dentist.

Clinica Sierra Vista
Arvin Dental Center
1305 Bear Mtn. Blvd.
Arvin, CA 93203
(661) 854-5859
Age 0+
Open Mon-Fri 8am-7pm
1st & 3rd Saturday of the month

San Jose, CA 95115
(408) 283-7780
Age 1+
Open Mon-Thu 8am-5pm

BUCKWILLOW
Omnis Family Health
Buttonwillow Dental Center
277 E. Front Street
Buttonwillow, CA 93205
(661) 764-5257
Age 1+
Open Wednesday Only
8am-5pm
Closed for Lunch
12pm-1pm

Delano Dental
Bowens Michelle, DDS
826 Jefferson Street
Delano, CA 93215
(661) 725-1797
Age 5+
Open Mon-Thurs. 8:30-5:00
Closed on Friday

De Los Reyes, Noel & Irma
DMD INC.
2236 Girard Street
Delano, CA 93215
(661) 721-3658
Age 8+
Call hours of operation

Hometown Dental Care
Kim, Brian Songsu, DMD
1408 Jefferson Street
Delano, CA 93215
(661) 725-9430
Age 0+
Open Mon - Wed 9am-5pm
Friday 8am-5pm (Baby Days)
Thurs 8am-5pm (Teens & Adults)

Omnis Family Health
Delano Family Dental Center
1215 Jefferson Street
Delano, CA 93215
(661) 772-5300
Age 1+
Mon-Fri 8am-5pm
Closed for Lunch 12pm-1pm
3rd Saturday 8am-12pm

MCFARLAND
Felicia Do, DMD.
1625 Cecil Ave Ste. A
Delano, CA 93215
(661) 725-3933
Age 5+
Open Sun 12pm-6pm.
Mon 10am-6pm
Tues 10am-4pm ONLY

Western Dental Services Inc.
730 Wooloroos Ave, Ste. 101
Delano, CA 93215
(661) 330-3685
Age 1+
Mon-Fri 9am-7pm
Sat 8am-4:30pm
Closed Sunday

LAMONT
Clinica Sierra Vista
10770 Hall Road
Lamont, CA 93241
(661) 865-3668
Teething on Up
Open Mon-Sat 8am-7pm

Park, Soo T, DDS
8003 Alicante Ave
Lamont, CA
(661) 845-2246
Age 3+
Open Mon-Mon 8am-5pm
Closed Weekends

Felicia Do, DMD, Inc.
6001 Alicante Street
Lamont, CA 93241
(661) 845-4400
Age 1+
Open Mon-Sat 9am-5pm
Close for Lunch 1pm-2pm

LOST HILLS
Omnis Family Health
Health Center, CO
21136 Paso Robles Hwy
Lost Hills, CA 93249
(661) 630-7542
Age 1+
Open Thurs. Only 8am-5pm
Closed for Lunch 12pm-1pm

LUCAS
P. Marasigan,
Ruby E. Dacol, DMD
115 James Street
Shafter, CA 93263
(661) 746-4397
All ages
Open Mon-Thurs 8am-5pm
Every other Fri 9am-1pm
(rev. 07.30.18)