TRANSITIONAL KINDERGARTEN Registration

Welcome

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

SCHOOL YEAR 2020-2021

Now Enrolling!

Transitional Kindergarten

Health Services

1017 Palm Avenue  Wasco, CA 93280
661-758-7190
ENROLLMENT REQUIREMENTS FOR TRANSITIONAL KINDERGARTEN  
SCHOOL YEAR 2020-2021

The Wasco Union Elementary School District is registering Transitional 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 between September 2, 2020 and December 2, 2020.

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, 2020 or later.**

4. **Tuberculin (TB) skin test with ( – ) results OR negative TB risk assessment (dated March 1, 2020 or later).** Proof of a negative chest X-ray is needed for a positive skin test.

5. **Oral health assessment:** Education Code Section 49452.8 requires that your child have an oral health assessment in TK, kindergarten, or first grade, whichever is the student 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, 2019 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.
What is Transitional Kindergarten?

Transitional Kindergarten often referred to as TK, is a free public school program for 4-year-olds who turn 5 between Sept. 2 and Dec. 2. It is essentially an extra public school grade designed to be a bridge between preschool and kindergarten. Children who are enrolled in transitional kindergarten can enroll in a regular kindergarten class the following year. Although there is no mandated curriculum, transitional kindergarten is modeled on a modified kindergarten curriculum that is age and developmentally appropriate. Districts and schools have flexibility with how to implement curriculum, but the California Department of Education states that transitional kindergarten is meant to closely follow guidelines in the California Preschool Learning Foundations developed by the department. Districts are expected to use those guidelines as a foundation for instruction.

Why was transitional kindergarten introduced in California?
Transitional kindergarten came about after the California Legislature approved the “Kindergarten Readiness Act” in 2010. Until then, children who were 4 years old on Sept. 1 could still enroll in regular kindergarten as long as they turned 5 by Dec. 2 of that year. But the new law changed that. Beginning in 2012, children had to be 5 by Sept. 1 to enroll in regular kindergarten. In response, transitional kindergarten was established in 2012 to serve those 4-year-olds who were previously eligible for kindergarten.

Are elementary schools required to offer transitional kindergarten?
Yes. The California Department of Education states that each elementary and K-12 school district must offer transitional kindergarten classes for children whose 5th birthday falls between Sept. 2 and Dec. 2. The requirement covers charter schools, which must provide transitional kindergarten if kindergarten is offered at the same school.

How is transitional kindergarten different from preschool?
Transitional kindergarten is part of the California K-12 public school system. The California Department of Education states that all transitional kindergarten teachers must meet the credential requirements to teach regular kindergarten. Teachers in preschools do not have to have a teaching credential issued by the California Teacher Credentialing Commission. Instead, they are certified through other child development programs. Transitional kindergarten classes are designed to prepare children for kindergarten and often use a combination of standards, including the Common Core Standards for kindergarten and the California Department of Education’s Preschool Learning Foundations. The programs are designed to teach social and emotional skills, such as self-confidence and cooperation, and early academic skills, such as numbers and letters.
## What does Transitional Kindergarten looks like?

<table>
<thead>
<tr>
<th>Transitional Kindergarten (TK)</th>
<th>Traditional Kindergarten</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Students are exposed to content standards</td>
<td>♦ Mastery of content standards is expected</td>
</tr>
<tr>
<td>♦ Program follows a modified curriculum that meets the academic and social emotional needs of young children</td>
<td>♦ Program follows a curriculum dictated by a pacing guide</td>
</tr>
<tr>
<td>♦ Students have more time to master content standards</td>
<td>♦ Mastery of standards is supported and reinforced</td>
</tr>
<tr>
<td>♦ Program is student centered, driven by individual student needs to ensure students develop individual assets</td>
<td>♦ Program is teacher directed, driven by expectations to master content standards as well as differentiation for individual needs</td>
</tr>
<tr>
<td>♦ Social emotional development is emphasized in order to help students develop prosocial skills</td>
<td>♦ Positive discipline strategies are used to help students stay on task</td>
</tr>
</tbody>
</table>
Wasco Union Elementary School District

TRANSITIONAL KINDERGARTEN PROGRAM
PARENT REQUEST 2020 — 2021

Child’s Name ____________________________________________
(Please Print) First Middle Last

Birthdate _____ / _____ / _____ Age _____ Sex □ Boy □ Girl

Home Address ____________________________________________

City State Zip Home or Cell Phone number

Father/Guardian ____________________________________________

Address (if different than above)

Mother/Guardian ____________________________________________

Address (if different than above)

Did your child attended preschool? □ Yes □ No If yes, how many years? ______

Name of Preschool attended: ____________________________________________

Please list the reasons why you think your child would benefit from the transitional kindergarten program ____________________________________________

________________________________________

Please submit this form with your registration packet to the school office. You will be notified by the school staff regarding your child’s placement.

OFFICE USE ONLY

School: □ John L. Prueitt □ Karl F. Clemens □ Teresa Burke □ James A. Forrest
WASCO UNION ELEMENTARY SCHOOL DISTRICT

2019-2020 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, 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
- are new admissions

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>
</table>

<table>
<thead>
<tr>
<th>ADDRESS—Number, Street</th>
<th>City</th>
<th>ZIP code</th>
<th>SCHOOL</th>
</tr>
</thead>
</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 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).

<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

Name, address, and telephone number of health examiner

Signature of health examiner

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
California Tuberculosis Risk Assessment Pediatrics

- 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 negative 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 3 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
  - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-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

**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: ____________________________  Patient Name: ____________________________
Assessment Date: __________________________  Date of Birth: ____________________________

See the Pediatric TB Risk Assessment User Guide for more information about using this tool.
To ensure you have the most current version, go to the RISK ASSESSMENT page at: https://cdph.ca.gov/tbc

Dec 2017
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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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Female □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Native American □ Asian □ Multi-racial □ Native Hawaiian/Pacific Islander □ Other □ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

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)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<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></td>
<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:
  □ 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 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.

Rev. (06.12.2018)
Brimhall Pediatrics
Lyndon A. Senar, MD
9840 Brimhall Road, Ste. 100
Bakersfield, CA 93311
(661) 587-8882

California Medical Clinic
Harjeet Singh, MD
2415 Niles Street
Bakersfield, CA 93306
(661) 631-1591

Mirna R. Chambi, MD, Inc.
1420 Crestmont Drive
Bakersfield, CA 93306
(661) 873-7515

Clinica Sierra Vista
34th Street CHC
2000 Physicians Blvd.
Bakersfield, CA 93301
(661) 324-1455

Clinica Sierra Vista
Central Bakersfield CHC
301 Brundage Lane
Bakersfield, CA 93304
(661) 323-6086

Clinica Sierra Vista
East Bakersfield CHC
815 Martin Luther King
Bakersfield, CA 93307
(661) 322-3905

Clinica Sierra Vista
East Niles Community Health
7800 Niles Street
Bakersfield, CA 93306
(661) 328-4284

Clinica Sierra Vista
Family Health Center
1611 1st Street
Bakersfield, CA 93304
(661) 336-5300

Clinica Sierra Vista
1015 Baker St., Ste. 4
Bakersfield, CA 93305
(661) 328-4283

Clinica Sierra Vista
Greenfield CHC
9001 South H Street
Bakersfield, CA 93307
(661) 328-4260

Clinica Sierra Vista
North of the River CHC
2525 N. Chester Avenue
Bakersfield, CA 93308
(661) 328-4295

Clinica Sierra Vista
South Bakersfield CHC
2400 Wible Road, #14
Bakersfield, CA 93304
(661) 835-1240

James J. Im, MD
2731 H St., Ste. B
Bakersfield, CA 93301
(661) 664-8484

Kern Medical Center Pediatrics
Sagebrush Medical Plaza
1111 Columbus St., Ste. 1000
Bakersfield, CA 93305
(661) 326-6500

Kern Pediatrics
Alan Dakak, MD
3941 San Dimas St., Ste. #101
Bakersfield, CA 93301
(661) 864-7944

Omni Family Health
Brimhall CHC
1014 Calloway Drive, Bldg. F
Bakersfield, CA 93312
(661) 377-0439

Omni Family Health
210 North Chester Ave.
Bakersfield, CA 93308
(661) 392-1006

Omni Family Health
4131 Ming Avenue
Bakersfield, CA 93309
(661) 241-5006

Omni Family Health
Old Dale CHC
525 Roberts Lane
Bakersfield, CA 93308
(661) 392-7950

Omni Family Health
Panama Lane CHC
4600 Panama Lane, Ste. 102B
Bakersfield, CA 93312
(661) 241-7900

Omni Family Health
Rosedale CHC
3409 Calloway Dr., Ste. 300
Bakersfield, CA 93312
(661) 387-6930

Pinnacle Primary Care
1520 Brundage Lane
Bakersfield, CA 93304
(661) 321-9138

Pinnacle Primary Care
7400 District Blvd., Ste. C
Bakersfield, CA 93313
(661) 847-9773

PolyClinic
2145 Niles Street
Bakersfield, CA 93305
(661) 327-5984

Riverwalk Pediatric Clinic
Hasmukh A. Amin, MD
9508 Stockdale Hwy. #150
Bakersfield, CA 93311
(661) 863-7500

San Michael Pediatrics
Emad Shafic, MD
3015 Calloway Rd. #12
Bakersfield, CA 93312
(661) 587-6464

(rev.06.12.2018)
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 MediCal dentists in your area.

Esta es una lista con información de los servicios que pueden atender a sus niños. El Departamento de Servicios Públicos del Condado de Kern no apoya a ningún proveedor dental. Revise su directorio telefónico para encontrar un dentista que acepte MediCal.

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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
Sumi Windner Gill, DDS
505 Bear Mtn. Blvd, Ste A
Arvin, CA 93203
(661) 854-3306
Age 1-
Closed Monday & Thursday
Tues 9am-6pm, Wed 2pm-6pm
Fri 8am-5pm

De Los Reyes, Noel & Irma
DMD INC.
2236 Girard Streeet
Delano, CA 93215
(661) 721-3856
Age 8+
Call hours of operation

De Los Reyes, Noel & Irma
DMD INC.
2236 Girard Street
Delano, CA 93215
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Call hours of operation

Hometown Dental Care
Kim, Brian Song, DMD
1406 Jefferson Street
Delano, CA 93215
(661) 725-9430
Age 0+
Open Mon - Wed 9am-5pm
Thurs 8am-5pm (Baby Days)
Thurs 8am-5pm (Teens & Adults)

LAMONT
Clinica Sierra Vista
Clinica Sierra Vista
8787 Hill Road
Lamont, CA 93241
(661) 845-3686
Teething on up
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1515 Jefferson Street
Delano, CA 93215
(661) 724-3930
Age 1+ Closed for Lunch 12pm-1pm
3rd Saturday 8am-12pm

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RIDGECREST
Children's Dental Group
Dr. Robert Bang, DDS
501 W. Joyner Ave, Ste B
Ridgecrest, CA 93555
(760) 446-6688
Age 1-3
Open Mon-Thur 10am-5:30pm
Closed Fri & Sat

Western Dental Services Inc.
730 Woolomes Ave., Ste. 101
Delano, CA 93215
(661) 722-4365
Age 0+
Open Mon 12pm-6pm
Mon 10am-6pm
Tue 10am-4pm ONLY

Omnifamily Health
Ridgecrest Comm.
Health Center
1133 North Chelsea Street.
Ridgecrest, CA 93555
(760) 446-3808
Age 7+
Closed for Lunch 12pm-1pm

ROSAMOND
Westside Dental Care
1431 W. Rosamond Blvd.,
Suite 12
Rosamond, CA 93560
(661) 256-2560
Age 2+
Open Mon-Fri 9:30am-6pm

Ramirez, Edwin P., DDS,
Ramirez, Paulina, DDS
1318 High Street
Delano, CA 93215
(661) 721-1800
Age 1+ Closed for Lunch 12pm-1pm
Open Mon-Thurs 10am-6pm
Friday 8am-6pm
Closed on Weekends

Smileland Dental
Oh, Saekyu, DMD
601 High Street, Ste. A
Delano, CA 93215
(661) 725-9999
Age 1-20
Open Mon-Thur 8:30am-6pm.
Friday 8:30am-5:30pm
Closed on Weekends

Shafter
Omnifamily Health
Shafter Dental Care
655 South Central Valley Hwy.
Shafter, CA 93263
(661) 459-1901
Age 6 months-
Open Mon - Fri 8am-5pm
2nd & 4th Sat of the month
8am-2pm
Close for Lunch 12:30-1:30pm

LUTGURDA P. MARASIGAN,
RUBY E. DACIO, DMD
615 James Street
Shafter, CA 93263
(661) 746-4067
All ages
Open Mon-Thur 8am-5pm
Every other Fri 9am-1pm

DELANO
Clinica Sierra Vista
Delano Dental Center
441 Diaz Avenue
Delano, CA 93215
(661) 725-3882
Age 1+
Open Mon-Fri 8:30am-5:30pm
1st Saturday of the month

Western Dental Services Inc.
1625 Cecil Ave Ste. A
Delano, CA 93215
(661) 725-9393
Age 5+
Open Mon 12pm-6pm.
Mon 10am-6pm
Tue 10am-4pm ONLY

Omnifamily Health
Lost Hills Comm.
Health Center, CO
21138 Paso Robles Hwy
Lost Hills, CA 93249
(661) 630-7542
Age 1+
Open Thurs. Only 8am-5pm
Closed for Lunch 12pm-1pm

All ages
Open Mon-Thur 8am-5pm
Every other Fri 9am-1pm

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