



SAN LUIS OBISPO COUNTY
OFFICE OF EDUCATION
LEADERSHIP • COMMUNITY • SERVICE
JULIAN D. CROCKER, SUPERINTENDENT

FIRST 5 PRESCHOOL 2009-2010 SCHOOL YEAR

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION



The **FIRST 5 PRESCHOOL** offers a parent and child education program. The program is funded by the FIRST 5 Children and Families Commission of San Luis Obispo County and administered through the San Luis Obispo County Office of Education.

One of the most important aspects of our program is “parent education and involvement.” The following participation is needed to insure the required adult/child ratios for licensing and the educational goals for both the children and the families in our program: **1) assure full attendance** for your child (3 ½ hours per day, 5 days per week); **2) transport** your child to and from school at the designated time (we do not offer transportation); **3) attend** parent education meetings. Parents are encouraged to work in the classroom seven (7) hours every month for each child enrolled.

OUR CHILD EDUCATION PROGRAM INCLUDES:

- Child-directed activities to develop independence, problem-solving, decision-making and creative thinking skills.
- Teacher-planned activities to expand the children’s interests and knowledge.
- Language development and communication skills.
- Cognitive development – pre-academic skills for reading, mathematics, and science.
- Creative exploration – art, music, dance, drama.
- Physical development – small muscle and large muscle coordination skills.
- Dental, nutrition and safety education.
- Emotional and social development through play with other children.
- A snack will be provided daily.

OUR PARENT EDUCATION PROGRAM INCLUDES OPPORTUNITIES TO:

- Focus on the important role parents play in their child’s education.
- Build supportive relationships with other parents and teachers.
- Listen to speakers on topics such as positive discipline, health and nutrition, preparing your child for kindergarten, first aid, child safety both indoors and outside, etc.
- Learn about physical, cognitive, emotional, social, and creative development of children.

On the reverse side is our application. When your child is accepted, you will receive an application packet which you should read and complete. Your teacher will contact you to schedule a day and time for your Orientation Conference.

FOR MORE INFORMATION CALL:

782-7275 OR

Oceano: 431-2291

Georgia Brown: 237-3387 ext 30

**Mail your completed Application (on reverse side)
and Birth Verification to:**

**CHILD DEVELOPMENT PROGRAMS
San Luis Obispo County Office of Education
3350 Education Drive
SAN LUIS OBISPO, CA 93405**

FIRST 5 PRESCHOOL APPLICATION

2009-2010

(Confidential)

FOR OFFICE USE ONLY

Approval Date

Enrollment Date

Termination Date

Age _____

Program is funded by FIRST 5 Children and Families Commission of San Luis Obispo County and administered by the San Luis Obispo County Office of Education.

The FIRST 5 Preschool Program requires a completed application and a copy of your child's birth certificate. You will receive notification of the eligibility decision as soon as possible.

Enrollment Priorities: 1) Eligible 4 year olds who will attend Oceano/North Oceano or Georgia Brown Elementary Schools
2) Eligible 3 year olds who will attend Oceano/North Oceano or Georgia Brown Elementary Schools

***CIRCLE ONE:** Which preschool site would you like your child to attend?

OCEANO GEORGIA BROWN (PASO ROBLES)

If there is not space available, your child will be placed on a waiting list and/or assisted in finding another appropriate program in the Oceano or Paso Robles areas.

CHILD'S NAME _____ SEX _____ BIRTHDATE: _____
Last First Middle

Brothers/Sisters _____ Birthdate: _____
Birthdate: _____

Number of Family Members _____ Phone Number _____

Mother's or Guardian's Name _____
Last First Middle

Mailing Address _____
P.O. Box or Street Address City ZIP

Mother's Employer/School _____ Work/School Phone _____

Employer/School Address _____
Street City ZIP

Father's or Guardian's Name _____
Last First Middle

Mailing Address _____
P.O. Box or Street Address City ZIP

Father's Employer/School _____ Work/School Phone _____

Employer/School Address _____
Street City ZIP

Directions to house if P.O. Box _____

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY ***IF THE FAMILY CANNOT BE REACHED:***

Name Phone Number

(Signature of parent or guardian)

(Date)

(Relationship to Child)