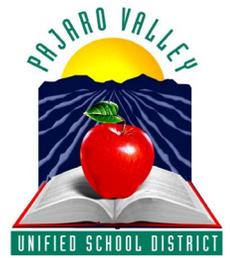




# Watsonville/Aptos/Santa Cruz Adult Education



Adults Training to Support Child School Success

## Registration Checklist 2026-2027

Student's Name (Parent): \_\_\_\_\_

Child's Name (s): \_\_\_\_\_

School Site:  Santa Cruz PENS  Soquel PENS  Westside PENS

Registration Fee:  \$50 Fall Semester  \$50 Spring Semester

Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Processing Staff: \_\_\_\_\_

### Primary (Responsible for payment):

Please Make Check Payable to: **Watsonville/Aptos/Santa Cruz Adult Education (WASCAE)**  
**\*\*In order to process your registration ALL documents must be completed.\*\***

- 02 Welcome Letter
- 03 WASCAE Registration Form
- 04 Adult Student Emergency Information
- 05 Child Identification and Emergency Information
- 06 Release of Information, Field Trip Permission, & Consent Form
- 07 Child's Current Immunization Record (Attach record from Doctor's Office)
- 08 Parent Waiver
- 09 SS Voluntary Authorization Form (Survey)
- 10 Live Scan Form
- 10a Volunteer Information (Complete using Informed K12)
- 10b Background Check (Complete using Informed K12)
- 10c Parent TB Proof (Attach TB from Doctor's Office)



### Family group:





# Watsonville/Aptos/Santa Cruz Adult Education

A Division of the Pajaro Valley Unified School District

## Administration

(831) 786-2160

**Dr. Nancy A. Bilicich**

Director

**Isidro Rodriguez**

Assistant Director

## Departments

Basic and Secondary  
Adult Education

English as a Second  
Language

Career and Technical  
Education

Adults Training to  
Support Child School  
Success

Adults with Disabilities

## District

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(831) 786-2100

**Dr. Heather Contreras**

Superintendent

**Gerardo Castillo**

Chief Business Officer

### Assistant

### Superintendents

**Claudia Monjaras**

Curriculum and

Instruction

**Michael Burman**

Educational Services

**Kit Bragg**

Interim Human Resources

Fully Accredited by



Dear Parent Education Student,

On behalf of Watsonville/Aptos/Santa Cruz Adult Education, we would like to welcome you to our Parent Education Program. The Parent Education Program believes that both children and their families are developing, growing, and learning. We offer the latest and most effective parenting information available to parents. We also offer a fun, meaningful, and family-centered preschool experience for your child/children.

All PENS monthly tuition payments are handled at the PENS site of attendance **by the 5<sup>th</sup> of every month**. Initial registration for Preschools begins by submitting your completed packet to the current teachers at the preschool you are attending.

### PARENT EDUCATION FEES:

All fees payable to **Watsonville/Aptos/Santa Cruz Adult Education (WASCAE)**

Fall and Spring registration fees are Non-Refundable.

Fall Semester Registration Fee (due in August to WASCAE) <b>2 adults per child per class</b>	\$50.00
Spring Semester Registration Fee (due in January to WASCAE) <b>2 adults per child per class</b>	\$50.00
*Friday	Fee Amount by Site
*Tuesday/Thursday (2days) (due monthly)	Fee Amount by Site
*Monday/Wednesday/Friday (3 days) (due monthly)	Fee Amount by Site

We are looking forward to meeting with you.

Sincerely,

Dr. Nancy A. Bilicich  
Director

January 2024 BT  
**02 PENS Welcome**



**Green Valley Center:** 294 Green Valley Road, Watsonville, CA 95076 Telephone: (831) 786-2160 Fax: (831) 722-2749  
**Watsonville Downtown Center:** 320 Rodriguez Street, Watsonville, CA 95076 Telephone: (831) 786-8225 Fax: (831) 786-9420  
**Santa Cruz Center:** 319 La Fonda Avenue, Santa Cruz, CA 95062 Telephone: (831) 429-3966

**Website:** [www.wascae.edu](http://www.wascae.edu)



# WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION REGISTRATION FORM

AGENCY #				
SITE #				

	STUDENT IDENTIFICATION NUMBER
<input type="checkbox"/> ADULT <input type="checkbox"/> CONCURRENT <input type="checkbox"/> H.S.	

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE</b> MONTH    DAY    YEAR /    /    /
-------------------	------------------	-------------------------------	--

<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP CODE</b>
----------------	-------------	-----------------

<b>E-MAIL ADDRESS</b>	<b>CELLULAR PHONE NUMBER</b>	<b>MALE</b> <input type="checkbox"/> <b>FEMALE</b> <input type="checkbox"/> <b>NON-BINARY</b> <input type="checkbox"/>	<b>BIRTHDATE</b> MONTH    DAY    YEAR /    /    /
-----------------------	------------------------------	--	---

SECTION NUMBER(S)	COURSE(S)	DAY(S)	TIME(S)	TEACHER	SITE/ROOM #	START/END DATE	FEE(S)

FORM OF PAYMENT:  CASH    CHECK # \_\_\_\_\_    **NO PERSONAL CHECKS OVER \$300**     CREDIT CARD    VOUCHER \_\_\_\_\_    RECEIPT# \_\_\_\_\_    DONATION    TOTAL PAID \$ \_\_\_\_\_

HOW DID YOU HEAR ABOUT US:  RETURNING STUDENT    FRIEND/RELATIVE    FLYER/BROCHURE    RADIO AD    INTERNET    ORGANIZATION    OTHER \_\_\_\_\_

EDUCATION: •HAVE YOU TAKEN CLASSES AT WATSONVILLE/APTOS/SANTA CRUZ ADULT EDUCATION?  YES  NO    •ARE YOU A CALWORKS PARTICIPANT?  YES  NO

•ARE YOU ATTENDING HIGH SCHOOL? \_\_\_\_\_    •GRADE \_\_\_\_\_ (ATTACH A CONCURRENT RELEASE FORM)    •NAME OF HIGH SCHOOL YOU ATTEND? \_\_\_\_\_

•TOTAL NUMBER OF YEARS OF SCHOOL COMPLETED (CIRCLE HIGHEST COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 \_\_\_\_\_  IEP

•HIGHEST DIPLOMA OR DEGREE EARNED:  NONE    HSE-GED/HISET    HS DIPLOMA    TECHNICAL CERTIFICATE    AA/AS DEGREE    BA/BS DEGREE    GRADUATE STUDIES

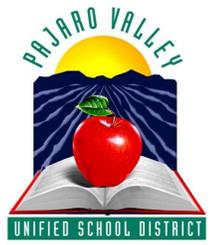
4YR COLLEGE GRAD    SOME COLLEGE, NO DEGREE    DEGREE HIGHER THAN BA/BS: \_\_\_\_\_     OTHER DIPLOMA/DEGREE •EARNED IN U.S.  YES  NO \_\_\_\_\_

<b>LABOR FORCE STATUS (MARK ONE)</b>	<b>ETHNICITY (MARK ONE)</b>	<b>RACE (MARK ALL THAT APPLIED)</b>	<b>NATIVE LANGUAGE (MARK ONE)</b>
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> EMPLOYED WITH NOTICE <input type="checkbox"/> NOT IN LABOR FORCE	<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> _____	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> FILIPINO <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN NATIVE OR PACIFIC ISLANDER	<input type="checkbox"/> CAMBODIAN <input type="checkbox"/> HMONG <input type="checkbox"/> TAGALOG <input type="checkbox"/> CHINESE <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> ENGLISH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> FARSI <input type="checkbox"/> SPANISH _____



# Watsonville/Aptos/Santa Cruz Adult Education

A Division of the Pajaro Valley Unified School District



## ADULT STUDENT EMERGENCY INFORMATION

SCHOOL:  SOPENS  SCPENS  WPENS      STUDENT ID#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Please list any known food and medication allergies: \_\_\_\_\_

### CONTACT EMERGENCY INFORMATION

In case of an emergency, I give permission for the school to contact the following person (s):

Name	Relationship	Phone Number

Personal Note:

\_\_\_\_\_

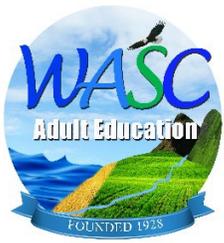
Student's Signature

Date

April 2023 BT  
04 Adult Student Emergency Information



**Green Valley Center:** 294 Green Valley Road, Watsonville, CA 95076 Telephone: (831) 786-2160 Fax: (831) 722-2749  
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**Santa Cruz Center:** 319 La Fonda Avenue, Santa Cruz, CA 95062 Telephone: (831) 429-3966  
**Website:** www.wascae.edu



# Watsonville/Aptos/Santa Cruz Adult Education

A Division of the Pajaro Valley Unified School District

## IDENTIFICATION AND EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_  
(Street) (City) (Zip code)

Home/Primary Phone Number: \_\_\_\_\_ Child's Birthplace: \_\_\_\_\_

Parent/Guardian Information	
Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Home Phone: _____	City: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____	Work Phone: _____ Cell Phone: _____
Email Address: _____	Email Address: _____
Language Spoken at home: _____	Student lives with: _____

### Emergency Contacts

If the child listed above becomes ill, requires medical attention, or must be evacuated due to an emergency/disaster and I cannot be reached, the school authorities have my permission to contact and release my child to the care and custody of one of the following.

**PLEASE NOTE: All persons picking up children MUST provide valid photo identification, or your child will not be released.**

- 1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_
- 2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_
- 3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell / Work Phone \_\_\_\_\_

### Sibling Information

Name	School	Grade	Name	School	Grade
1. _____			2. _____		
3. _____			4. _____		

### Medical Information

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please list any medication(s) your child is required to take during school hours: \_\_\_\_\_

Please list any known food and medication allergies your child is allergic to: \_\_\_\_\_

### Disaster Preparedness Information

If my child needs to be taken to an emergency facility, he/she may be taken to the nearest one. I give my consent to the school authorities to take appropriate action for the safety and welfare of my child. I understand I will be financially responsible.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Watsonville/Aptos/Santa Cruz Adult Education

*A Division of the Pajaro Valley Unified School District*

## RELEASE – PERMISSION – CONSENT FORM

Child's Name: \_\_\_\_\_

### PHOTO RELEASE:

I understand that the Preschool Program functions as a Parent Education Program for Watsonville/Aptos/Santa Cruz Adult Education. I give my permission for my child to be observed, photographed, video-taped or filmed with the understanding that such media will be used for educational and program promotional purposes only. No personal information will be shared with anyone outside the Preschool Program membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any restrictions you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FIELD TRIP PERMISSION:

I authorize the parents and teachers of the Preschool Program to arrange transportation by car, with parent volunteer drivers, or to supervise walks to places of interest throughout the 2026 - 2027 school year of my child. The teacher \_\_\_\_\_ is authorized to seek emergency medical treatment for my child, if needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT:

As parent, agency representative, or legal guardian, I hereby give consent to the Watsonville/Aptos/Santa Cruz Adult Education Preschool Program to transport and authorize all emergency dental or medical care prescribed by a licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Watsonville/Aptos/Santa Cruz Adult Education

*A Division of the Pajaro Valley Unified School District*

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(831) 786-2160

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Director

**Isidro Rodriguez**  
Assistant Director

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Curriculum and  
Instruction

**Michael Berman**  
Educational Services

**Kit Bragg**  
Interim Human Resources

Fully Accredited by



Dear Parent Education Student,

Under California and Federal Law, information about children in public schools can only be shared with people other than the student's parents and District employees, under very limited circumstances.

At the Parent Education Preschool Program, students take a very active role in the day-to-day operation of the preschool. This student participation is crucial and is a large part of what makes the preschool successful.

However, for students to fully participate in the Parent Education Preschool Program, sometimes information about the child must be provided to the students who are volunteering by laws governing the privacy of student records.

Therefore, we request that you agree to allow parent volunteers in the Parent Education Preschool Program to view information regarding your family, when necessary for the parents to fulfill their duties. Additionally, we request that you agree to keep confidential all information that you learn about other children through your work at the preschool.

Please sign below to indicate your agreement to allow other students to view your child's records, if needed, to implement the Parent Education Preschool Program. By signing below, you also agree to keep confidential information that you learn from other children's records. We look forward to having you and your family join the Cooperative Preschool community.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, hereby agree:

I understand that child record information is confidential, and generally cannot be shared with parents of other students. I agree that my child's records can be shared with other parents who are participating in the Parent Education Preschool Program, to the extent necessary for them to properly implement the program. I also agree that, except as may be necessary to implement the preschool program, I will not disclose to anyone information that I learn from other students' records. I will follow all directives of District staff regarding whether information regarding other students may be shared and will not share any such information without first obtaining permission from District staff.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Sincerely,

Dr. Nancy A. Bilicich  
Director

March 2024 BT

08 PENS Parent Waiver Student Privacy



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### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

ORI (Code assigned by DOJ) A0177      SCHOOL DISTRICT VOLUNTEER  
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

PAJARO VALLEY UNIFIED SCHOOL DISTRICT      05697  
Agency Authorized to Receive Criminal Record Information      Mail Code (five-digit code assigned by DOJ)  
294 GREEN VALLEY ROAD      Kit Bragg  
Street Address or P.O. Box      Contact Name (mandatory for all school submissions)  
WATSONVILLE      CA      95076      8317862145  
City      State      ZIP Code      Contact Telephone Number

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Other Name: (AKA or Alias) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Sex  Male  Female  
Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number 110131  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Agency Billing Number)  
Misc. Number \_\_\_\_\_ (Other Identification Number)  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



# Informed k-12 Instructions

1. Accessed by the link in blue: [Informed K12](#) - You do not need to get your fingerprints at PVUSD you can access any Live Scan center.

1st screen: Use your email you will be sending the completed registration packet from.

Volunteer Process Page:

Page 1- PVUSD Volunteer Service Form

*"Have you ever been fingerprinted for PVUSD"* - **Choose from drop down**

**"Click Here" Only do so if you want to go to Watsonville to have your fingerprints taken**

**"School Site Where volunteer work will be performed" - Choose Adult Ed PENS-Santa Cruz**

*"Student's Name"- Adult/Caregivers Name*

*"Grade Level"- Adult Education*

*"What volunteer service will you be performing?"* Type in "Class Volunteer"

"Will you be a chaperone for a field trip? " Yes " Overnight " No"

Type name for signature

Scroll to Page 2 - **Confidential Background Check**

Complete as instructed- Be honest and do not leave off any information. All information is confidential.

Sign at the bottom as directed.

Click the **Continue** button.

"Please Select Next Recipient" Choose: Adult Education, Tiffany Chapman

Lastly click the red button "Send to Recipient"

You will indicate in the body of your Registration email that you completed InformedK12.