



**CUTTEN ELEMENTARY SCHOOL DISTRICT**  
Ridgewood School • 2060 Ridgewood Dr. • 441-3930 • Grades TK - 2

**Transitional Kindergarten and Kindergarten  
Registration and Information Checklist**



**All Students**

☐ **Enrollment Pages 1, 2, 3, & 4 - Please return as soon as possible!**

These pages ask for important information such as your address and phone numbers, home language, emergency contacts, health needs, and more.

☐ **Proof of Age - Please return as soon as possible!**

Copy of birth certificate, passport, or duly attested baptismal certificate accepted.

**TK** - Children who are four years of age on or before September 1, 2026

**Kindergarten** - Children who are five years of age on or before September 1, 2026

☐ **Verification of Vaccination - Required prior to the first day of school attendance.**

**Polio** - At least 3 doses. If the third dose was given before the child's fourth birthday, a fourth dose is required.

**DTaP** - At least 4 doses. If the fourth dose was given before the child's fourth birthday, a fifth dose is required.

**MMR** - Two doses required, on or after the child's first birthday.

**Hepatitis B** - Three doses required for entry.

**Varicella** - Two doses required, or documentation from a health care provider that your child has had the disease.

☐ **Oral Health Assessment** - Must be completed within the twelve month period before entering school, and by May 1 of the TK/K year. Take the attached form to your dentist or licensed dental health professional and return the completed form to school.

**In District Residents**

**Proof of Residency**

**Please return as soon as possible!**

Two original items that show full name and physical address, such as a mortgage statement, rental agreement, utility bill, anything from the IRS, etc.

**Out of District Residents**

**Interdistrict Transfer Agreement**

**Fill out an online form by Feb. 1, 2026!**

To attend a school outside your residential district, this form must be filled out online before the Cutten School District can consider accepting your student.

**You Are Invited!**

**TK and K  
Information Night**

December 11, 2025

from 6:30-7 pm

*An evening of stories,  
games, crafts and music.*

**Open House**

April 28, 2026 from 6-7 pm

*Come tour every classroom  
at Ridgewood School!*

**Student Screening**

May 11-15, 2026. 2:00-4:00  
(M/T/TH/F) & 8:15-4:00 (W).

*Student screening by our  
transitional-kindergarten and  
kindergarten staff to prepare  
for the upcoming school year.*

**Sneak Preview**

August 19, 2026 from 1-2 pm

*Meet your teacher and  
classmates the day  
before school begins.*



**\*\*Submit immunization record and birth certificate at time of registration.**

**IN DISTRICT ONLY: Submit TWO documents that show proof of residency at time of registration.**

Property tax payment receipts ❖ Utility service payment receipts ❖ Rent/Lease agreement ❖ Mortgage statement ❖ Pay stub

**Student's legal name (Please print):**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Preferred name student goes by if different than above: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade entering: \_\_\_\_\_ ☐ Female ☐ Male ☐ Non-Binary ☐ Other \_\_\_\_\_ ☐ Prefer not to say

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent/Guardian Education Level**

☐ Not a high school graduate ☐ High school graduate ☐ Some college (includes AA degree) ☐ College graduate

☐ Graduate school / postgraduate training ☐ Other \_\_\_\_\_

**Parent/Guardian on active military duty** ☐ Yes ☐ No

☐ Army ☐ Navy ☐ Coast Guard ☐ Marine Corps ☐ Air Force ☐ Full-time National Guard

**Parent/Guardian2:** \_\_\_\_\_

Home phone: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent/Guardian Education Level**

☐ Not a high school graduate ☐ High school graduate ☐ Some college (includes AA degree) ☐ College graduate

☐ Graduate school / postgraduate training ☐ Other \_\_\_\_\_

**Parent/Guardian on active military duty** ☐ Yes ☐ No

☐ Army ☐ Navy ☐ Coast Guard ☐ Marine Corps ☐ Air Force ☐ Full-time National Guard

**Is there a legal custody agreement or court order regarding this student?** ☐ Yes ☐ No **(Agreement MUST be provided.)**

☐ Joint custody ☐ Sole custody ☐ Guardianship ☐ Other

**Student lives with (check all that apply):**

☐ Both parents (in the same house) ☐ Father ☐ Mother ☐ Stepparent(s) ☐ Guardian(s) ☐ Other relative(s)

☐ Caregiver ☐ Other adult

< For school use only >

DOR: \_\_\_\_\_

Date received in office: \_\_\_\_\_

Student's name: \_\_\_\_\_

Grade entering: \_\_\_\_\_

**Housing situation that currently applies to the student** (depending upon the box checked, services may be available):

- |  |   |
|--|---|
| <input type="checkbox"/> Single family permanent residence (house, apartment, mobile home)     | <input type="checkbox"/> Campground, park, or vehicle |
| <input type="checkbox"/> Living with friends or relatives due to economic hardship, or housing | <input type="checkbox"/> Foster or group home         |
| <input type="checkbox"/> Shelter or transitional housing program                               | <input type="checkbox"/> Motel or hotel               |
| <input type="checkbox"/> Other _____   |   |

Last school attended: \_\_\_\_\_ City / State: \_\_\_\_\_

**Services Received:**

- |                                     |  |                                     |                                       |
|-------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Speech     | <input type="checkbox"/> Special Ed.       | <input type="checkbox"/> 504 Plan   | <input type="checkbox"/> Medical Plan |
| <input type="checkbox"/> Gifted Ed. | <input type="checkbox"/> Special Day Class | <input type="checkbox"/> Counseling |                                       |

Has the student been expelled or is the student  
in the process of being expelled? ☐ Yes ☐ No

Has the student been retained? ☐ Yes ☐ No  
If yes, in what grade? \_\_\_\_\_

**Emergency contacts** – If you cannot be reached, whom may the school call, and to whom may your child be released?

- |    |                    |                         |                  |                               |
|----|--------------------|-------------------------|------------------|-------------------------------|
| 1. | Printed name _____ | cell / home phone _____ | work phone _____ | relationship to student _____ |
| 2. | Printed name _____ | cell / home phone _____ | work phone _____ | relationship to student _____ |
| 3. | Printed name _____ | cell / home phone _____ | work phone _____ | relationship to student _____ |
| 4. | Printed name _____ | cell / home phone _____ | work phone _____ | relationship to student _____ |

**Other children in the family**

<u>First &amp; Last Names</u>	<u>Female / Male</u>	<u>Relationship to Student</u>	<u>Date of Birth</u>
_____	F M	_____	____ / ____ / ____
_____	F M	_____	____ / ____ / ____
_____	F M	_____	____ / ____ / ____
_____	F M	_____	____ / ____ / ____
_____	F M	_____	____ / ____ / ____

Student birthplace: \_\_\_\_\_  
City State Country

**If your student was not born in the U.S., when did your student first:**

Enter the U.S.? ____ / ____ Month & Year	Enroll in a U.S. school? ____ / ____ Month & Year	Enroll in a California school? ____ / ____ Month & Year
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**Home language survey**

Education Code requires schools to determine the language(s) spoken at home by each student.  
If a language other than English is indicated, the student will be tested for English proficiency.

- What language did your child learn when he / she first began to talk? \_\_\_\_\_
- What language does your child use most frequently at home? \_\_\_\_\_
- What language do you use most frequently to speak to your son / daughter? \_\_\_\_\_
- What language is most often spoken by the adults at home? \_\_\_\_\_

Student's name: \_\_\_\_\_

Grade entering: \_\_\_\_\_

**Is this student Hispanic or Latino?**

☐ Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ Non-Hispanic or Latino

**What is the student's race? Check one or more.**

☐ White  
☐ Black  
☐ Native American  
☐ Chinese  
☐ Japanese  
☐ Korean  
☐ Vietnamese

☐ Asian Indian  
☐ Loatian  
☐ Cambodian  
☐ Hmong  
☐ Other Asian  
☐ Hawaiian  
☐ Guamanian

☐ Samoan  
☐ Tahitian  
☐ Other Pacific Islander  
☐ Filipino  
☐ Other \_\_\_\_\_

**Please check below if your child experiences any of the following:**

☐ Asthma

☐ Bleeding disorder

☐ Vision issues/glasses

☐ Seizures

☐ Allergies

☐ Hearing loss

☐ Frequent ear infections

☐ Other \_\_\_\_\_

Additional medical information (please list allergies if checked above):

**Medication taken at home** ☐ No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Medication taken at school** ☐ No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Note - if medication is taken at school, a form signed by the doctor must be on file in the school office, and the medication must be in the original container.

**Does your child have any physical activity limitations?** ☐ No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have emotional or behavioral needs which could affect learning?** ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Is there anything else you wish to share about your child?** \_\_\_\_\_

\_\_\_\_\_

*To the best of my knowledge, the information provided in this application is true and accurate.*

Parent / guardian signature: \_\_\_\_\_

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

Printed parent / guardian name: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Complete this section only if your child is entering KINDERGARTEN or TRANSITIONAL KINDERGARTEN (TK)  
*Please provide as much detail as possible to help us best meet your child's needs.*

Describe some of the qualities you especially appreciate in your child.

Do you have any special concerns about your child (behavior, social, physical, developmental, etc.)?

What activities does your child like to do at home?

How would you describe your child's energy level?

What time does your child go to bed? Does s/he sleep through the night?

What responsibilities does your child have at home?

Does your child tend to be anxious in new situations or have any big fears?

If your child has had preschool experience, how would you describe it (positive, neutral, negative)?

What areas do you think your child needs to work on?

My child follows directions:

☐ Rarely      ☐ After multiple reminders      ☐ Inconsistently      ☐ Often      ☐ Always

Social group experiences: Other than daycare or preschool?

Daycare	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
Preschool	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____
	Hrs. per wk.: _____	Ages: _____ to _____	Provider: _____

Does your child:

Look forward to TK or kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	Comment: _____
Play cooperatively with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Manage frustration/disappointment calmly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Separate from parents without being upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Listen attentively to a story for 10-15 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____
Engage in self-chosen activities for 20-30 minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	_____

Delivery: Premature: ☐ Yes ☐ No Birth weight: \_\_\_\_\_ Oxygen given: ☐ Yes ☐ No

Is there anything else you think we should know about you or your child? Please note it on the back of this sheet. If there is any information you would like to share in a more confidential manner, please feel free to set up an appointment with the principal.



Public Health Nursing Division  
Child Health & Disability Prevention (CHDP) Program  
908 Seventh St., Eureka, CA 95501  
Phone: 707-445-6210 | Fax: 707-476-4960  
Toll free: 800-698-0843  
chdp@co.humboldt.ca.us

## Kindergarten Oral Health Assessment

One of the goals of the Kindergarten Oral Health Assessment is to help you find a dental home for your child. A dental home is where you take your child for regular care and where the dentist or clinic knows you. All the dentists and clinics on the other side of this page can provide a dental home and the Kindergarten Oral Health Assessment.

Dr. Heckert can provide a free Kindergarten Oral Health Assessment, however, only accepts private dental insurance for all other services:

Dr. Heckert                      2787 Harris Avenue, Eureka                      707-443-6781  
Please call to make an appointment for a free Kindergarten Oral Health Assessment.  
Dr. Heckert accepts private insurance only.

## TIPS FOR MAKING A DENTAL APPOINTMENT

Explain that your child has been referred to see a dentist from your pediatrician, family doctor, or through a CHDP exam.

If your child has a toothache or is in pain be sure to tell the dental office.

If the dental office isn't making appointments for new patients and you have transportation and can make a "last minute" appointment, ask if you may have your child placed on a cancellation list to see the dentist in the event of a cancellation.

If you make an appointment, be sure to go to the dentist at that time. If it is necessary to cancel your appointment please call as early as possible, so that your appointment can be filled by someone else. Not attending an appointment may prevent you or a family member from getting service in the future.

The Medi-Cal beneficiary toll free number is 1-800-322-6384. They may be able to help you find a dentist or orthodontist who accepts Medi-Cal.



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### Humboldt County Medical Clinics Serving Children

The following is a list of offices that provide well-child examinations, including camp/sports physicals and school entry or pre-school examinations. Please note, some of these offices may not accept your Medi-Cal card for other services. **When you call for an appointment, be sure to tell the office you are requesting a well-child examination, pre-school or school examination, camp or sports physical for your child.**

\*Clinics with a Pediatrician

#### ARCATA

Humboldt Open Door Clinic\*  
707-826-8610  
North Country Clinic (NCC)  
707-822-2481  
United Indian Health Services –  
Potawot\*  
707-825-5000  
Perinatal Services of NCC  
(up to 2 weeks age)  
707-822-1385

#### EUREKA

Eureka Community Health Center  
707-441-1624  
Eureka Community Health Center –  
Pediatrics\*  
707-269-7051  
Redwood Community Health Center  
707-443-4593  
United Indian Health Services –  
Eureka  
707-442-0380

#### FERNDAL/FORTUNA/SCOTIA

Ferndale Community Health Center  
707-786-4028  
Redwood Pediatric Medical Group\*  
707-725-9355  
Fortuna Family Medical Group  
707-725-3334  
Fortuna Community Health Center  
707-725-6101  
Providence Rural Health Clinic  
707-725-3318  
Scotia Bluffs Community Health  
Center  
707-764-5617

#### McKINLEYVILLE

McKinleyville Community Health  
Center  
707-839-3068

#### REDWAY/GARBERVILLE

Redwoods Rural Health Center  
707-923-2783  
Southern Humboldt Community  
Clinic  
707-923-3921

#### WILLOW CREEK/

#### HOOPA/ORLEANS/WEITCHPEC

Willow Creek Community Health  
Center  
530-629-3111  
K'IMA:W Medical Center  
530-625-4261  
Karuk Tribal Clinic – Orleans  
530-627-3452  
United Indian Health Services –  
Weitchpec  
530-625-4300





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**CHDP Dental Provider List**  
**All Dentists and Clinics Below Accept Medi-Cal**

<b>ARCATA</b>	<b>EUREKA</b>	<b>HUMBOLDT</b>
<b>United Indian Health Services</b> 1600 Weott Way Arcata, CA 95521 707-825-5040 Tribal enrollment required	<b>Burre Dental Health Center</b> 959 Myrtle Ave. Eureka, CA 95501 707-442-7078 Spanish speaking children 0-21 years old Prenatal visits, but no new adults	<b>Open Door Mobile Dental Van</b> Participating Schools: Arcata Elementary, Morris, Ambrosini, Pacific Union, Pine Hill, South Bay, Sunny Brae. Ask your school when the van is coming.
<b>FORTUNA</b>	<b>REDWAY</b>	<b>HOOPA</b>
<b>Open Door Fortuna Dental Clinic</b> 3750 Rohnerville Road Fortuna, CA 95540 707-617-2555 Children 0-21 years old	<b>Redwoods Rural Dental Clinic</b> 71 West Coast Road Redway, CA 95560 707-923-4313 -press #2  <b>Redwoods Rural Satellite Clinic</b> 217 Briceland Thorn Road Redway, CA 95560 707-923-4313 -press #2 Spanish speaking. Children 0-21 years from all Humboldt County. Waiting list for adults	<b>K'ima:w Dental Clinic</b> 1201 Airport Road Hoopa, CA 95546 530-625-4261 x311 Non-native eligible for emergency
<b>SCOTIA</b>	<b>WEAVERVILLE</b>	<b>LAYTONVILLE</b>
<b>Scotia Dental Clinic</b> 500 B St., Scotia, CA 95565 707-764-5617 -ask for dental 0-21, prenatal and new adults, pregnancy verification (No new patients at time of this update)	<b>Trinity Dental Center</b> Trinity Dental Center 100 Horseshoe Lane Weaverville, CA 96093 530-623-8888 Clinic sees Humboldt County children and adults with Denti-Cal Operated by Southern Trinity Health Clinic. (No new patients at time of this update)	<b>Long Valley Dental Clinic</b> 51 Branscomb Road Laytonville, CA 95454 707-984-8222 Sliding scale

WHEN MAKING AN APPOINTMENT, ASK IF THE OFFICE IS ACCEPTING YOUR INSURANCE.



# Required Immunizations For School Entry

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://MyVaccineRecord.CDPH.CA.gov)

## Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **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.
- ☐ **Polio (IPV or OPV) — 4 doses**  
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**  
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

## New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**  
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday. Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

## Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose**

## What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs](#) and [where to get immunized](#) at [GetImmunizedCA.org](https://GetImmunizedCA.org).

Padres y tutores, ¿están sus hijos listos para la escuela?



# Vacunas requeridas para el ingreso a la escuela

Por favor traiga el registro de vacunación de su hijo cuando sea el momento de inscribirlo en la escuela. Puede ver e imprimir una copia digital del registro de vacunación de California de su hijo en: [mydvr.cdph.ca.gov](https://mydvr.cdph.ca.gov). (Seleccione "Español" arriba de la página).

## Los alumnos que ingresan al kínder de transición (TK) o al kínder necesitan:

☐ **Difteria, tétanos y tosferina (DTaP, DTP, Tdap o Td) —5 dosis**

Solo se necesitan 4 dosis si una se aplicó al cumplir los 4 años o después.

Solo se necesitan 3 dosis si una se aplicó al cumplir los 7 años o después.

☐ **Polio (OPV o IPV)—4 dosis**

Solo se necesitan 3 dosis si una se aplicó al cumplir los 4 años o después. Las dosis de la vacuna oral contra la polio (OPV) administradas a partir del 1 de abril de 2016 no cuentan.

☐ **Hepatitis B—3 dosis**

☐ **Sarampión, paperas y rubéola (MMR)—2 dosis**

Ambas dosis deben haberse aplicado al cumplir el 1er año o después.

☐ **Varicela—2 dosis**

## Los alumnos nuevos y de traslado que ingresan a los grados TK/K-12 necesitan:

☐ **Todas las vacunas mencionadas anteriormente.**

Para estudiantes de 7º a 12º grado: se requiere al menos 1 dosis de una vacuna que proteja contra la pertusis (tosferina) al cumplir los 7 años o después. Se requiere la vacuna contra la hepatitis B para cualquier grado, excepto para ingresar al 7º grado.

## Los alumnos que ingresan al 7º grado necesitan:

☐ **Tétanos, difteria y tosferina (Tdap) —1 dosis**

## ¿Sobre cuáles otras vacunas debería preguntarle a mi proveedor de atención médica?

Cuando visite a su proveedor de atención médica para que su hijo se vacune para el regreso a clases, asegúrese de preguntar sobre las demás vacunas que necesita su hijo para mantenerse sano, incluyendo la vacuna contra la **hepatitis A**, la **vacuna contra el COVID-19** y la **vacuna anual contra la influenza (gripe)**. Los preadolescentes y adolescentes también necesitan **las vacunas contra el virus del papiloma humano (VPH)** para protegerlos contra ciertos tipos de cáncer y **las vacunas contra la enfermedad meningocócica**. Obtenga más información sobre las vacunas que su hijo necesita y dónde vacunarse en [GetImmunizedCA.org](https://GetImmunizedCA.org).