

Kindergarten Registration Checklist

☐

Birth Certificate

☐

Immunization Record

☐

Proof of residence

- Utility Bill that displays property address
- Mortgage Statement
- Property tax bill
- Lease agreement

☐

Student Registration Form

☐

Home Language Survey

☐

Oral Health Assessment

☐

Health Examination Form

☐

Student Acceptable use policy

Ferndale Elementary School TK and Kindergarten Registration

Please check the box below if you child will be attending TK or Kindergarten.

☐ **Transitional kindergarten**, often referred to as TK, is a school program for 4-year-olds who turn 5 between Sept. 2 and Feb. 2.

☐ **Kindergarten** is for students that will be five years of age on or before September.

Registro de TK y Kindergarten en la Escuela Ferndale Elementary School

Marque una de las casillas de abajo si su hijo(a) asistirá a TK o Kindergarten.

☐ **El jardín de infancia de transición, conocido como TK**, es un programa escolar para niños o niñas de 4 años que cumplen 5 años entre el 2 de septiembre y el 2 de febrero.

☐ **Kindergarten** es para niños o niñas que cumplirán cinco años antes del mes de septiembre.

FERNDALE HIGH SCHOOL STUDENT REGISTRATION

GRADE

► Has your student ever attended Ferndale School District public schools before? ☐ Yes ☐ No

PLEASE PRINT – STUDENT'S LEGAL NAME

Legal First Name

Legal Middle Name

Legal Last Name

☐ Another

☐ Male

☐ Female

Birth date:

Month

Day

Year

Birthplace

Verification of Birth (office use only)

Parent/Guardian First Name

Last Name

Home Phone

Work Phone

Parent/Guardian First Name

Last Name

Home Phone

Work Phone

Mailing Address

Apt#

City

State

Zip

Residence Address (house # & street name) (IF DIFFERENT)

Apt #

City

State

Zip

Parent email:

Student Cell Phone:

In which language do you want to receive written communication from home? English ☐ Spanish ☐ Other _____

Emergency Contact: _____ Phone Number _____

Emergency Contact: _____ Phone Number _____

Is this pupil taking any long-term medication? _____ If yes, specify: _____

Brothers and Sisters Under 18 Years of Age:

Name	Gender	Birthdate	Relationship to Student

Does your child have any medical condition or circumstance that would cause an immediate medical emergency?

Please describe:

Date student first attended school in the U.S.

Month

Day

Year

Date student first attended school in California

Month

Day

Year

PARENT EDUCATION – Check the response that describes the education level of Both parents.

- | | |
|--|--|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father | <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| <input type="checkbox"/> Graduate Degree or Higher (10) | <input type="checkbox"/> Graduate Degree or Higher (10) |
| <input type="checkbox"/> College Graduate (11) | <input type="checkbox"/> College Graduate (11) |
| <input type="checkbox"/> Some College or Associate's Degree (12) | <input type="checkbox"/> Some College or Associate's Degree (12) |
| <input type="checkbox"/> High School Graduate (13) | <input type="checkbox"/> High School Graduate (13) |
| <input type="checkbox"/> Not a High School Graduate (14) | <input type="checkbox"/> Not a High School Graduate (14) |

Residence – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> In a single family permanent residence (house, apartment, condo, mobile home) | <input type="checkbox"/> In a motel/hotel (09) |
| <input type="checkbox"/> Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (11) | <input type="checkbox"/> Unsheltered (car/campsite) (12) |
| <input type="checkbox"/> In a shelter or transitional housing program (10) | <input type="checkbox"/> Other (15) (please specify) _____ |

Is either parent in the active military, if so please specify which parent and which branch:

YES, _____: Which branch: _____

Parent/Guardianship Information (with whom the student lives) – check all that apply

- ☐ Father ☐ Mother ☐ Both ☐ Step-Father ☐ Step-Mother ☐ Guardian ☐ Foster/Group Home ☐ Other _____

Is the above (checked) person (s) the student's LEGAL guardian? ☐ Yes ☐ No If No, please complete a "Caregiver Affidavit"

If there is a legal custody agreement regarding this student, please check one: ☐ Joint Custody ☐ Sole Custody ☐ Guardian

PLEASE COMPLETE INFORMATION BELOW FOR PARENT(S)/GUARDIAN WITH WHOM THE STUDENT LIVES (if different than previously completed)

1. ☐ Father ☐ Step Father/Guardian ☐ Other Full Name: _____

Employer: _____ City: _____ Daytime Phone # () _____

2. ☐ Mother ☐ Step Mother/Guardian ☐ Other Full Name: _____

Employer: _____ City: _____ Daytime Phone # () _____

DUPLICATE MAILING – If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, Please include their name, address, and phone number:

Full Name: _____ Phone #: () _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____

MOST RECENT SCHOOL ATTENDED:

School	Address/City/State/Zip	Grade(s)	Date(s)
Preschool			

Are there psychological or confidential reports available from your child's former school? ☐ Yes ☐ No

Has your child been suspended? ☐ Yes ☐ No Has your child ever been expelled? ☐ Yes ☐ No

What special services has your child received? (please check all boxes that apply)

Special Education: ☐ Resource (RSP) ☐ Special Day Class (SDC) ☐ Speech/Language ☐ 504

Other: ☐ Gifted (GATE) ☐ Remedial Math ☐ Remedial Reading ☐ Counseling ☐ English Language Development

☐ Help to Improve Attendance/ Behavior ☐ Other (Specify) _____

Signature of Parent/Guardian: _____ Date: _____

Ferndale Elementary School
Home Language Survey

Student's Name _____

HOME LANGUAGE SURVEY: Indicate only one language (most frequently used) per line:

1. What language/dialect does your son/daughter most frequently use at home? _____
2. Which language/dialect did your son/daughter learn when he/she first began to talk? _____
3. What language/dialect do you most frequently speak to your child? _____
4. Has your child ever been given the ELPAC Test)? ☐ Yes ☐ No ☐ I don't know

WHAT IS YOUR CHILD'S ETHNICITY? (Please check one):

- ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
<small>(Persons having origins in any of the original people of North, Central or South America)</small>
<input type="checkbox"/> Chinese (201)
<input type="checkbox"/> Japanese (202)
<input type="checkbox"/> Korean (203)
<input type="checkbox"/> Vietnamese (204)
<input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Laotian (206)
<input type="checkbox"/> Cambodian (207)
<input type="checkbox"/> Hmong (208)
<input type="checkbox"/> Other Asian (299)
<input type="checkbox"/> Hawaiian (301)
<input type="checkbox"/> Guamanian (302)
<input type="checkbox"/> Samoan (303) | <input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--|--|---|

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)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between;"> _____ Licensed Dental Professional Signature/Date _____ CA License Number </div>			

Section 3: Waiver of Oral Health Assessment Requirement

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

Please excuse my child from the dental check-up because: (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 ☐ None ☐ Other
- ☐ 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 as a result 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.

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

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		City	ZIP code
		SCHOOL	

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.

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

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).

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

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.

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

Ferndale Unified School District

Ferndale Elementary School

Student Acceptable Use Policy

For use of all Electronic Information Resources

Introduction

The Ferndale Unified School District (FUSD) is providing electronic resources to students including access to the school Local Area Network, Ferndale Unified School District Wide Area Network, and Internet services through the FUSD network. The goal of the FUSD is to promote educational excellence by providing these electronic resources. The intent of the FUSD is for students to use these connections for purposes consistent with curriculum, **not for personal use. FUSD printers are only for educational use, not personal printing.**

Administrative Regulation "Student Use of Technology"

Conditions of Acceptable Use Policies

No students will be allowed to access these electronic resources including the Internet unless the student and a responsible parent/guardian sign and submit or electronically accept the FUSD Acceptable Use Policy (AUP) to the designated program administrator. The combined signatures at the end of this document indicate that student and parent/guardian have read and understand the terms and conditions of appropriate use and agree to abide by them.

Access and Security

Some uses of the FUSD electronic resources may require an individual account with username and password. Students identified as a security risk may be denied access to these resources. **Sharing username and password information with others or accessing another user's files without his/her knowledge or permission or under the direction of a teacher/supervisor will result in access being revoked or suspended.** In addition, inappropriate use of these electronic resources may result in disciplinary action (including the possibility of suspension or expulsion), and/or referral to legal authorities.

Internet Safety

In compliance with the Children's Internet Protection Act (CIPA), FUSD will implement filtering and/or blocking software or hardware to restrict access to Internet sites containing child pornography, obscene illustrations, or other materials harmful to minors less than 18 years of age. However, no filtering is foolproof and there is still the risk a student may be exposed to unacceptable content. If a student accidentally connects to such a site, they should contact his/her teacher/supervisor immediately. If a student sees another user accessing inappropriate sites, he or she should notify a teacher/supervisor immediately.

Cybersafety / Cyberbullying

Students should be aware of online safety rules including protecting yourself and others from online predators. Students should not give out personal or identifiable information about themselves or others. Students need to be aware that there are online predators on the internet disguising themselves to gather personal and identifiable information to do harm to you and others. Cyberbullying will not be tolerated (See: Student Obligations and Responsibilities item #4) and may result in disciplinary/legal actions.

Acceptable Use

Acceptable use means that a student uses these resources in an appropriate manner, abiding by the rules and regulations described in this agreement and avoiding all unacceptable uses of these electronic resources as described below.

Unacceptable Use and Potential Consequences

Unacceptable use of FUSD technological resources are outlined in the following section (Student Obligations and Responsibilities). Student use of FUSD technological resources may be terminated, denied, suspended or revoked at any time. Disciplinary and/or legal action may be pursued in the event of violation of any conditions of applicable law, Board policy, administrative regulation, or the Student Acceptable Use Policy.

Cell Phones and other communications gear

Cell phones and other communication equipment/devices must not disrupt the education goals of FUSD. Use of these devices during school is prohibited unless directly supervised by a staff member. FUSD acknowledges the need for students and families to communicate with cell phones. Cell phone and other electronic devices must be registered through the office with a signed Personal Electronics Agreement.

Ipad, Laptops, Netbooks and other computer equipment/gear

The Humboldt County Office of Education governing board does not authorize the use of any electronic signaling device or computing system not provided directly by FUSD Information Technology department to pupils, teachers or administrators of the FUSD, during anytime pursuant to California Educational Code 48901.5.

No individual shall be prohibited from possessing or using an electronic signaling device that is determined by a licensed physician and surgeon essential for the health of the individual and use of which is limited to purposes related to the health of the individual.

FUSD assumes no liability for any electronic devices that will be confiscated if a violation of FUSD policies and/or lost/stolen from a designated FUSD facility.

Student Obligations and Responsibilities

Students are authorized to use technological resources of the FUSD in accordance with user obligations and responsibilities specified below. In effect, students may not violate any Federal, State or local laws or use the FUSD network for any illegal activity, including the unlawful use of copyrighted works, plagiarism and unlawful downloading of files. Specifically:

1. Students shall not disclose, use, distribute, publish, e-mail, hyperlink, or make available for downloading personal identifying information about themselves or anyone else when using electronic mail, chat rooms, or other forms of direct electronic communication. Personal identifying information includes, but is not limited to, digital images, full names, personal account access information, home addresses, phone numbers, Social Security numbers, and other individually identifiable information.
2. Students shall not use technological resources for commercial or other for-profit activities, political purposes, or personal use unrelated to an educational purpose.
3. Students are prohibited from accessing, downloading, posting, transmitting, publishing or displaying harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of any member of a group protected by state or federal law. Harmful matter as defined by Penal Code section 313(a) means matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest, and is matter which, taken as a whole, depicts or describes in a patently offensive way sexual conduct and which, taken as a whole, lacks serious literary, artistic, political, or scientific value for minors.
4. Students shall not use technological resources to participate in cyberbullying. Cyberbullying is defined as intentional harm inflicted through electronic media and includes, but is not limited to, the sending or posting on the Internet, social networking sites, or other digital technologies harassing messages, direct threats, socially cruel, intimidating, terrorizing, or otherwise harmful text or images, as well as breaking into another person's account and assuming that person's identity for harmful purposes.
5. Students shall not use technological resources to encourage the use of drugs, alcohol, or tobacco, or to promote or participate in unethical practices, such as cheating and plagiarism, or conduct any activity prohibited by law, Board policy, or administrative regulation.
6. Students shall not use technological resources to post, transmit, or publish copyrighted material, including multimedia and software without appropriate permission or user license. Students may download copyrighted material for their own academic use only as permitted by copyright laws.

7. Students shall not knowingly access and without permission read, delete, copy, or modify other users' electronic files or mail messages; interfere with other users' ability to send or receive electronic content; or forge or fraudulently use other users' electronic files or mail.
8. Students shall not damage or take any equipment or use technological resources to commit acts of vandalism. Any damage to or theft of FUSD equipment can lead to financial or criminal charges. Vandalism includes, but is not limited to, hacking, intentionally uploading, downloading, transferring, or creating computer viruses and/or any malicious use of FUSD technology equipment. Also included are any actions that attempt to harm or destroy equipment or materials, whether paper, microform or electronically based, or data in any form of any other user. Public offenses related to computer crime are further defined in Penal Code section 502.
9. Students shall not purposefully disable or circumvent any technology protection measure installed on FUSD technological resources.
10. **Playing or downloading games** are not consistent with educational use, and not allowed.

Students shall report alleged violations of the student obligations and responsibilities specified above, the applicable acceptable use policy, and any other misuse of technological resources to a member of the instructional staff, a supervising adult, or a designated FUSD employee.

Privacy and Monitoring Policy

The students of the FUSD network must be aware that information accessed, created, sent, received or stored on the FUSD Network or school sites are the property of the FUSD . Account users do not have any right to or expectation of privacy regarding such materials. FUSD reserves the right to monitor all traffic on the FUSD network.

Please sign and return the attached form.

Ferndale Unified School District
Student Acceptable Use Policy Contract
For use of all Electronic Information Resources

STUDENT AGREEMENT:

The acceptable and unacceptable uses of the FUSD network and the Internet are described in this "Student Acceptable Use Agreement" for Humboldt County Office of Education/Court and Community School. By signing this agreement, I acknowledge that I have read, understand and agree to abide by the provisions of the attached Student Acceptable Use Policy. I understand that any violations of the above could result in the immediate loss of electronic computing and may result in further disciplinary and/or legal action, including but not limited to suspension, or referral to legal authorities. I also agree to report any misuse of the FUSD network to school site teacher or administrator. Misuse can come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described under the unacceptable uses in this Acceptable Use Policy. I realize that all the rules of conduct described in this FUSD Acceptable Use Policy, procedures, and handbooks apply when I am using the FUSD network.

Student Name: _____

Student Signature: _____

Date: _____

PARENT OR GUARDIAN AGREEMENT: (Students under the age of 18 must have a parent or guardian who has read and signed this Acceptable Use Contract.)

As a parent or guardian of this student, I have read this Acceptable Use Policy and understand that the use of FUSD network is designated for educational purposes only. I understand that it is impossible for the FUSD to restrict access to all controversial materials, and I will not hold the FUSD, responsible for materials acquired on the FUSD network or Internet. I also agree to report any misuse of these electronic resources to the school administrator. I accept full responsibility for my child should they use remote connections when available to the FUSD network in a non-school setting. I hereby give my permission to issue an account for my child to use the FUSD network and Internet. I release FUSD, its affiliates and its employees from any claims or damages of any nature arising from my child or dependent's access and use of the FUSD network. I also agree not to hold FUSD responsible for materials improperly acquired on the system, or for violations of copyright restrictions, user's mistakes or negligence, or any costs incurred by users. This agreement shall be governed by and construed under the laws of the United States and the State of California.

Student Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Humboldt County CHDP Medical Clinic List

Child Health and Disability Prevention (CHDP) Program

(707) 445-6210 Toll Free (800) 698-0843 Fax: (707) 476-4960

All medical providers and clinics below accept Medi-Cal for CHDP exams

Todos los proveedores médicos y clínicas a continuación aceptan Medi-Cal para CHDP

***Clinics with a Pediatrician / *Clínicas con un/a pediatra**

Arcata

Humboldt Open Door Clinic*
826-8610

North Country Clinic (NCC)
822-2481

United Indian Health Services – Potawat*
825-5000

Perinatal Services of NCC
(up to 2 months age) 822-1385

Eureka

Eureka Community Health Center
441-1624

Eureka Community Health Center – Peds*
269-7051

Redwood Community Health Center
443-4593

Telehealth and Visiting Specialists Center
(up to 2 months age) 443-4666

United Indian Health Services – Eureka
442-0380

Ferndale / Fortuna / Scotia

Ferndale Community Health Center
786-4028

Redwood Pediatric Medical Group*
725-9355

Fortuna Family Medical Group
725-3334

Fortuna Community Health Center
725-6101

St. Joseph Health Rural Health Clinic
725-3318

Scotia Bluffs Community Health Center
764-5617

Redway / Garberville

Redwoods Rural Health Center
923-2783

Southern Humboldt Community Clinic
923-3921

McKinleyville

McKinleyville Community Health Center
839-3068

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



Humboldt County CHDP Medical Clinic List

Child Health and Disability Prevention (CHDP) Program
(707) 445-6210 Toll Free (800) 698-0843 Fax: (707) 476-4960

On the other side is a list of offices that provide CHDP 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 CHDP examination, pre-school or school examination, camp, or sports physical for your child.**

Al otro lado es una lista de oficinas que provienen exámenes por CHDP, los exámenes incluyen físicos para deportes/campos y exámenes de entrada de escuela o pre-escuela. Por favor note que algunas de estas oficinas, puedan aceptar su tarjeta de Medi-cal por otros servicios. **Cuando llame por una cita para su hijo/a, asegúrese de decir a la oficina que usted está solicitando un examen de CHDP, sea examen pre-escuela o para la escuela, o un físico para deportes/campo.**



Humboldt County CHDP Dental Provider List

Child Health and Disability Prevention Program (707) 445-6210

All dentists and clinics below accept Medi-Cal

Kindergarten Oral Health Assessment tips on back page

DENTISTS

Arcata

United Indian Health Services
1600 Weott Way
Arcata CA 95521
(707) 825-5040
Tribal enrollment required

Eureka

Burre Dental Health Center
959 Myrtle Avenue
Eureka CA 95501
(707) 442-7078
Spanish speaking - children 0-21 years old
Prenatal visits, but no new adults

Fortuna

Open Door Fortuna Dental Clinic
3750 Rohnerville Road
Fortuna CA 95540
(707) 617-2555
Children 0-21 years old & new adults
Jan 2022 - serving Loleta to Scotia

Hoopa

K'ima:w Dental Clinic
1201 Airport Road
Hoopa CA 95546
(530) 625-4261 x311
Non-native eligible for emergency

Mad River

Southern Trinity Health Services
321 Van Duzen Road
Mad River CA 95526
(707) 574-6616
0-21, prenatal and new adults

Redway

Redwoods Rural Dental Clinic
71 West Coast Road
Redway CA 95560
(707) 923-4313 -press #2

Redwoods Rural Satellite Clinic
217 Briceland Thorn Road
Redway CA 95560

(707) 923-4313 -press #2

Spanish speaking - accepting new adult patients Eureka to Leggett, 0-21 years from all Humboldt County

Scotia

Scotia Dental Clinic
500 B Street
Scotia CA 95565
(707) 764-5617 -ask for dental
0-21, prenatal and new adults, pregnancy verification

Weaverville

Trinity Dental Center
100 Horseshoe Lane
Weaverville CA 96093
(530) 623-8888
Clinic sees Humboldt County children & adults with Denti-Cal
Operated by Southern Trinity Health Clinic

Laytonville

Long Valley Dental Clinic
51 Branscomb Road
Laytonville CA 95454
(707) 984-8222
Sliding scale

WHEN MAKING AN APPOINTMENT REMEMBER TO ASK IF THE OFFICE IS ACCEPTING YOUR INSURANCE



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.**

*The following dentists can provide a free Kindergarten Oral Health Assessment,
However, most take only private dental insurance.*

Dr. Elloway 1730 Main Street, Suite A, Fortuna 725-1303
 1519 2nd Street, Eureka 442-1140
*Please call to make an appointment for a free Kindergarten Oral Health Assessment.
Dr. Elloway accepts private insurance only.*

Dr. Hunt 707 I Street, Eureka 443-1390
*Please call to make an appointment for a free Kindergarten Oral Health Assessment.
Dr. Hunt accepts private insurance only.*

Dr. Heckert 2787 Harris Avenue, Eureka 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. Your "no show" wastes the dentist's time and 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.



Lista de proveedores dentales del Condado de Humboldt

Programa de salud y prevención de discapacidades infantiles

Programa CHDP (707) 445-6210

Todos los dentistas y las clínicas debajo aceptan Medi-Cal

Consejos sobre las evaluaciones de salud bucodental por los niños del kínder están en la página de atrás

DENTISTAS

Arcata

United Indian Health Services
1600 Weott Way
Arcata CA 95521
(707) 825-5040

Requiere la inscripción tribal

Eureka

Burre Dental Health Center
959 Myrtle Avenue
Eureka CA 95501
(707) 442-7078

Hablan español - niños de 0 a 19 años

Fortuna

Open Door Fortuna Dental Clinic
3750 Rohnerville Road
Fortuna CA 95540
(707) 617-2555

*Niños de 0 a 19 años y aceptarán adultos
nuevos en mayo de 2021 - Sólo en el valle
de Eel River*

Hoopa

K'ima:w Dental Clinic
1201 Airport Road
Hoopa CA 95546
(530) 625-4261

*Personas no nativas son elegibles
solamente para emergencias*

Scotia

Scotia Dental Clinic
500 B Street
Scotia CA 95565
(707) 764-5617

Mad River

Southern Trinity Health Services
321 Van Duzen Road
Mad River CA 95526
(707) 574-6616

Redway

Redwoods Rural Dental Clinic
71 West Coast Road
Redway CA 95560
(707) 923-4313

Redwoods Rural Clinica Satélite
217 Briceland Thorn Road
Redway CA 95560
(707) 923-4313

*Hablan español - aceptan pacientes nuevos entre Fortuna y
Leggett*

Weaverville

Trinity Dental Center
100 Horseshoe Lane
Weaverville CA 96093
(530) 623-8888

*Clínica por niños del condado de Humboldt y adultos con
Denti-Cal. Operado por Southern Trinity Health Clinic.*

Laytonville

Long Valley Dental Clinic
51 Branscomb Road
Laytonville CA 95454
(707) 984-8222

Escala móvil de honorarios

AL TIEMPO DE HACER UNA CITA, RECUEDE DE PREGUNTAR SI LA OFICINA ESTA ACEPTANDO SU SEGURO

dhhs-files\MCAH\CHDP\Provider Lists\Dental List-Dentists accepting MediCal-Spanish 11/1/21



Evaluación de salud bucodental para el kinder

Unas de las metas de la evaluación de salud dental para niños en el kinder es ayudarlo a encontrar un dentista primario para su hijo/a. Un dentista primario es donde lleva a su hijo/a para chequeos regulares y dentista o la clínica los conoce. **Todos los dentistas y clínicas en el otro lado de esta página pueden proveer un dentista primario y la evaluación de salud bucodental para el kinder.**

Los siguientes dentistas pueden proveer una evaluación de salud bucodental para el kinder gratuito, pero la mayoría únicamente aceptan seguro dental privado.

Dr. Elloway	1730 Main Street, Suite A, Fortuna	725-1303
	1519 2 nd Street, Eureka	442-1140

*Por favor lláme para hacer una cita para una evaluación dental para el kinder gratuita.
Dr. Elloway únicamente acepta seguro privado.*

Dr. Hunt	707 I Street, Eureka	443-1390
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*Por favor lláme para hacer una cita para una evaluación dental para el kinder gratuita.
Dr. Hunt únicamente acepta seguro privado.*

Dr. Heckert	2787 Harris Avenue, Eureka	443-6781
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*Por favor lláme para hacer una cita para una evaluación dental para el kinder gratuita.
Dr. Heckert únicamente acepta seguro privado.*

CONSEJOS PARA HACER UNA CITA DENTAL

- Explique que su hijo/a ha sido referido a ver un dentista de su pediatra, médico familiar, o por el programa de CHDP.
- Si su hijo/a tiene dolor de muelas/dientes asegúrese de informar al consultorio dental.
- Si la oficina dental no está programando citas para pacientes nuevos y si usted tiene transportación y puede ir a una cita de último momento, pregunte si su hijo puede ser puesto en la lista de cancelaciones, para que le puedan dar cita cuando otra persona cancela la cita.
- Si programa una cita, asegúrese de ir al dentista en ese momento. Si es necesario cancelar su cita por favor llame a la oficina lo más pronto posible para que su cita sea dada a otra persona. Si "no se presenta a la cita" gasta el tiempo del dentista y puede prevenir que usted o miembros de su familia obtengan servicio en el futuro.
- El número gratuito de beneficiario de Medi-Cal es 1-800-322-6384. Ellos pueden ayudar a encontrar un dentista o un ortodontista que acepta Medi-Cal.