

# Enrollment Form

## Summer Kindergarten Bridge Program

### June 17 - July 3, 2019



**Priority enrollment deadline: May 17**

**Class location:** ☐ Sutter Creek ☐ Ione ☐ Plymouth  
☐ Jackson ☐ Pine Grove ☐ Pioneer

\* This free program is for children whose 5th birthday is **on or before September 1, 2019**, and who may attend Kindergarten in the Fall of 2019.

\* Children who have not attended preschool or Transitional Kindergarten (TK) will be given priority.

**\*\* IMPORTANT NOTE:** A copy of your child's current immunization record is required for enrollment. Please include a copy with this enrollment form, when turning it in to First 5 Amador.

Child:

\_\_\_\_\_  
First Middle Last  
Gender: ☐ Female ☐ Male Date of Birth: (mm-dd-yy) \_\_\_\_-\_\_\_\_-\_\_\_\_  
Ethnicity: ☐ White ☐ Hispanic/Latino ☐ Asian ☐ Pacific Islander ☐ Multiracial  
☐ Black/African-American ☐ Alaska Native/American Indian ☐ Other: \_\_\_\_\_

Parent/Guardian's Name:

\_\_\_\_\_  
First Middle Last  
Phone: ( ) Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street/PO Box City Zip Code

Street Address: (if different)

\_\_\_\_\_  
Street City Zip Code  
Phone: ( )

Please list any food allergies or health issues:

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

**Please return to:**

**First 5 Amador**

Mailing address: PO Box 815, Jackson, CA 95642

Physical address: 975 Broadway, Jackson

Fax: (209) 257-1098

Email: sr@first5amador.com

Phone: (209) 257-1092

A project of:



Please list any siblings and their ages:

• _____	_____	• _____	_____
• _____	_____	• _____	_____
• _____	_____	• _____	_____

What language does the child/family speak most at home?

☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

Are you interested in Spanish or English classes for yourself?

☐ Yes Circle one: Spanish / English ☐ No

Is there a place, other than an emergency room, where you take your child when he/she is sick or you need advice about his/her health (doctor, clinic, etc) ?

Do you have any kind of health insurance?

☐ Medi-Cal ☐ Covered California ☐ Private Insurance ☐ Other: \_\_\_\_\_ ☐ None

Which is closest to your family's total income last year? (Answering this question is optional, but it helps us with grants and funding for this FREE program)

☐ \$10,000 or less ☐ \$10,001 to \$20,000 ☐ \$20,001 to \$30,000 ☐ \$30,001 to \$40,000  
☐ \$40,001 to \$50,000 ☐ \$50,001 to \$60,000 ☐ \$60,001 to \$70,000 ☐ \$70,001 to \$80,000  
☐ \$80,001 or above ☐ Don't know/Decline

Has your child received all of the recommended vaccines for his/her age? ☐ Yes ☐ No

Does anyone in your household smoke? ☐ Yes ☐ No

If yes, would you or anyone in your family be interested in smoking cessation classes being offered during the same time your child is in the bridge program?

☐ Yes ☐ No

Which issues would you like to know more about? (check one or more)

<input type="radio"/> Nutrition	<input type="radio"/> Behavior	<input type="radio"/> Literacy	<input type="radio"/> Parenting	<input type="radio"/> Physical Activity
<input type="radio"/> Preventing Sickness	<input type="radio"/> When to keep your child home from school	<input type="radio"/> Other (describe below)		

Has a doctor or other health professional ever told you that your child has a developmental delay, special need, or disability? (check all that apply)

<input type="radio"/> Emotional Disturbance	<input type="radio"/> Specific Learning Disability _____
<input type="radio"/> Autism	<input type="radio"/> Speech Impairment
<input type="radio"/> Hearing Impairment	<input type="radio"/> Visual Impairment
<input type="radio"/> Other: _____	<input type="radio"/> No special need or disability discussed

Does your child have an IEP? ☐ Yes ☐ No - If yes, what kind of need is the IEP written for? \_\_\_\_\_

If your child has an IEP, will they be attending with a one-on-one Aide? ☐ Yes ☐ No

Do you have any concerns about your child's development that you would like the teacher to watch for? \_\_\_\_\_



Is there anything you would like the teacher to know about your child?

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What do you think your child would like the teacher to know about him/her?

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Did your child attend a **preschool** for more than 6 months? ☐ Yes ☐ No

If yes, which one and for how long? \_\_\_\_\_

Did your child attend **day care**? ☐ Yes ☐ No

If yes, which one and for how long? \_\_\_\_\_

Did your child attend **Transitional Kindergarten (TK)** at an elementary school?

☐ Yes ☐ No

When your child is happy, how does she/he show it? \_\_\_\_\_

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When your child is sad, how does she/he show it? \_\_\_\_\_

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### Classroom Parent Participation:

We welcome parents to volunteer in the classroom, IF they have been fingerprint and TB test-cleared **by First 5 Amador, first**. It is important for your child to be able to be away from you, so it is not a good idea to plan to volunteer every day. However, help in the classroom is always welcome. It is also a good idea to come into the classroom and see the wonderful things that happen inside! Please talk to your Bridge teacher about helping out in the classroom and coming to observe.

How did you find out about the Kindergarten Bridge Program? \_\_\_\_\_

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## CHILD PHOTO RELEASE FORM

*First 5 Amador, PO Box 815, Jackson, CA 95642 (209) 257-1092*

I hereby grant to you and anyone designated by you and their licensees and assigns the right to photograph and/or film my child, \_\_\_\_\_ (*child's full name*), in connection with First 5 Amador and the Kindergarten Bridge Program during June/July 2019, and to use the photography and/or film so obtained as any such party may elect.

I agree that said photograph(s), film, and written comments are and shall be your sole and exclusive property in perpetuity for all purposes throughout the world including, but not limited to the manufacture, distribution, exhibition and sale of motion pictures for non-commercial use, for purposes of still photographs, postcards, albums and similar products as you or anyone designated by you may select without liability or obligation to me. I agree that I will not assert any claim or action against you or your successors, licensees or assigns or anyone designated by you to use such photography, film, recordings and written comments on the grounds that anything performed therein or in the advertising, or publicity in connection therewith violates my child's rights of privacy or violates any other rights. I realize that you are relying on my agreement and grant of rights contained above and that he/she would not be photographed or filmed but for my execution of this instrument.

I hereby waive any right to inspection or approval of any use thereof and irrevocably release you and all other parties from any liability (whether for compensation or otherwise) arising out of or in connection with the use of my child's name, likeness, and/or comments. I hereby release First 5 Amador, its subsidiaries, affiliates, successors, and assigns together with their officers, directors, employees, representatives, agencies, and licensees from any liability in connection with any use of these images.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



## ASSESSMENT RELEASE FORM

*First 5 Amador, PO Box 815, Jackson, CA 95642 (209) 257-1092*

I hereby agree to the release of the kindergarten readiness assessments done on my child, \_\_\_\_\_ (*child's full name*), in connection with the First 5 Amador Kindergarten Bridge Program, during June/ July 2019. These assessments will help your child's Kindergarten teacher have a better sense of where they are developmentally upon entering school, and will only be given to Amador County School District personnel.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



## Emergency Information

Please Print All Items

Child's full legal name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birth Date (Mo/Day/Yr) \_\_\_\_\_ ☐ Male ☐ Female  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with: (Check all applicable) ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandparents ☐ Other: \_\_\_\_\_  
If parents are divorced or separated, to whom has the court granted physical custody? \_\_\_\_\_  
Mother or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian email address \_\_\_\_\_

**Local Emergency Contacts** If my child is ill or has an emergency and I cannot be reached, please call and release my child to:  
(Only persons listed below will be allowed to take child from site without prior parent permission)

Name _____	Relationship _____	Phone _____	Cell _____
Name _____	Relationship _____	Phone _____	Cell _____
Name _____	Relationship _____	Phone _____	Cell _____

### Other Children in the Family Living at Home

Name	Birth Date	School

### Health Information

I understand that First 5 Amador does not provide accidental medical insurance for students in program related injuries.

Name of Medical Insurance \_\_\_\_\_ Physician's Name \_\_\_\_\_

1. Is there any health information regarding your child that you would like to share with program staff? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_ Does this require medication? ☐ Yes ☐ No

2. Does your child have any food or other allergies that would require immediate medical attention? ☐ Yes ☐ No

Allergies: \_\_\_\_\_

3. Is your child taking ongoing prescribed medication? ☐ Yes ☐ No Please list all medications: \_\_\_\_\_

When is it taken? \_\_\_\_\_

\* A written doctor's authorization and parent request must accompany all medications given during programs.

I give consent to the release of health information to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. In the event of an emergency, when a parent or guardian is unavailable, I authorize program personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO NOTIFY PROGRAM STAFF OF ANY CHANGES TO THE INFORMATION GIVEN ABOVE.**