

Enrollment Form

Summer Kindergarten Bridge Program

June 11 - June 28, 2018



Priority enrollment deadline: May 11

Class location: Sutter Creek Ione Plymouth
 Jackson Pine Grove Pioneer

In the Fall of 2018, my child will be entering:

Kindergarten
 Transitional Kindergarten (TK) * Please note that children entering Kindergarten will be given first priority for the Summer Bridge Program. If space permits, TK children will then be enrolled.

**** 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:

A project of:



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



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)

Nutrition

Behavior

Literacy

Parenting

Physical Activity

Preventing Sickness

When to keep your child home from school

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)

Emotional Disturbance

Specific Learning Disability _____

Autism

Speech Impairment

Hearing Impairment

Visual Impairment

Other: _____

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?

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

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? _____

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

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



Classroom participation:

We welcome parents to volunteer in the classroom, IF they have been fingerprint and TB test cleared by the school district first (we will need verification from the school district). 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? _____





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 2018, 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 2018. 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.