



“Amador Quality for Kids” Participation Form
Family, Friend & Neighbor
2022-2023

PERSONAL INFORMATION

1. First Name _____ Last Name _____

2. Date of Birth ____/____/____

3. Gender Female Male

4. What language(s) do you speak? _____

5. Physical Address _____
City State Zip

7. Mailing Address _____
City State Zip

8. Phone Number(s) _____ Cell Home Work

9. Email Address _____

10. For each age group, what is the total number of children in your care?

_____ Less than one year _____ 1 year old
_____ 2 years old _____ 3 years old
_____ 4 years old through pre-kindergarten _____ Kindergarten and School-aged

11. Count of children by home language:

English: _____ Spanish: _____ Other (Please specify): _____

12. Count of children by race/ethnicity:

American Indian or Alaska Native: _____ Bi-Racial/Multi Race: _____
Asian: _____ Black/African American: _____
Pacific Islander/Hawaiian Native: _____ Other (please specify): _____
White: _____

EDUCATION

13. If you have completed any Early Childhood Education/Child Development (ECE/CD) units, how many? _____ Units

14. Highest level of education attained (*select one*):

- No high school diploma/No GED
- Some College
- BA/BS (4-year college degree)
- High school diploma/GED
Date of attainment: _____
- AA/AS (2-year college degree)
Date of attainment: _____
- Master’s degree

Date of attainment: _____

Date of attainment: _____

Doctorate or other advanced degree

Date of attainment: _____

15. If you have a degree, please select the area that best represents the major for any degree you have attained. Please check all that apply...

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other (please specify)
AA/AS/2-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please circle the best days of the week, and times of day, that work best for you to attend workshops and trainings: (circle all that apply)

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Morning	Morning
Evening	Evening	Evening	Evening	Evening	Afternoon	Afternoon
					Evening	Evening

In entering into this contract with Amador Quality for Kids, the Participant herein referred to as "Participant" agrees to the following:

- Participant agrees to notify Lead Agency, First 5 Amador of any changes that may affect program participation such as changes in child care provided.
- Participant agrees to maintain compliance with Community Care Licensing, if applicable.
- Participant agrees not to use any funds received from Amador Quality for Kids to supplant other funding that has already been received or will be received from other sources.
- Participant agrees to have the information on this application entered into iPinwheel, the IMPACT database, for tracking and reporting purposes. Your individual information is confidential, and submission of your information to iPinwheel will be done in a confidential and secure manner.
- Participant will read and agree to the iPinwheel Terms and Conditions for the use of the QRIS Web based data system, iPinwheel.
- Participant understands that Amador Quality for Kids will use the data to compile a California First 5 IMPACT Common Data File Report to First 5 California, annually.

I agree to participate in Amador County's local IMPACT project – "Amador Quality for Kids."

Signature

Date

Thank you very much! Please return to:

First 5 Amador

Phone: (209) 257-1092

Mailing: P.O. Box 815

Fax: (209) 257-1098

Jackson, CA 95642

To drop off in person: 975 Broadway, Jackson

Email: q4k@first5amador.com