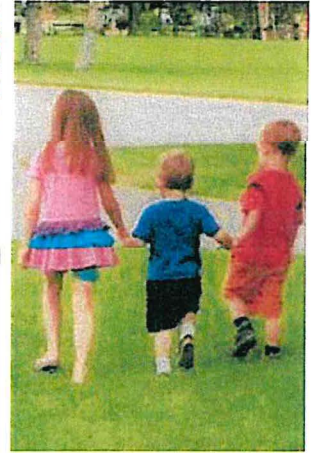


Kindergarten Bridge Program

"Crossing the bridge to Kindergarten"



June 10th through June 27th

Mondays - Thursdays

8:00 am - 11:30 am

June 19th is a Holiday

Held at these Elementary schools:

**Ione, Jackson, Sutter Creek,
Plymouth, Pine Grove & Pioneer**



This **FREE** program is for children who may attend Kindergarten in the Fall of 2024, and could benefit from a summer transition program.

Please Note - Children who have not attended preschool or TK will be given priority. If space permits, children entering Transitional Kindergarten (TK) will be enrolled.

**Enrollment Forms
available at:**

**www.first5amador.com
In Person at 975
Broadway, Jackson
OR at each elementary
school office**



A project of:



**For more
information, call
First 5 Amador
209-257-1092
975 Broadway, Jackson**

Enrollment Form

Summer Kindergarten Bridge Program

June 10th - June 27th, 2024

Priority enrollment deadline: May 24



This **FREE** program is for children entering Kindergarten in the Fall of 2024, and could benefit from a summer transition program.

Choose a Bridge class location: Ione Jackson Sutter Creek
 Plymouth Pine Grove Pioneer

Priority will be given to children who have not attended preschool or TK.
If space permits, children entering TK 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.

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: q4k@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?

Circle one: Spanish / English Yes 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 _____

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 or a free quit kit?

Yes No

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?

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? _____

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

Yes No

Which school will your child attend for **Kindergarten**? _____

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

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

Classroom Parent Participation:

We welcome parents to volunteer in the classroom but first you must be fingerprinted for First 5 and TB test-cleared.

This program is intended to support your child's independence in their transition into Kindergarten. We would ask that you limit your volunteering. We appreciate your help in the classroom. It is also a good idea to come into the class and see the wonderful things that happen inside! Please talk to your Bridge teacher about helping out in the classroom and observing. To be fingerprinted, contact First 5 Amador before the Bridge Program Begins at 209-257-1092.

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 2024, 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 2024. 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) Mailing Address Physical Address City Zip

Child lives with: (Check all applicable) Mother Father Stepmother Stepfather Grandparents Other: 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

Table with 3 columns: 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? 2. Does your child have any food or other allergies that would require immediate medical attention? 3. Is your child taking ongoing prescribed medication? 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.