

Parent/Guardian's information:

Child lives with: (check all that apply)

Mother Father Stepmother

Stepfather Grandparent Other: _____

If parents are divorced or separated, to whom has the court granted custody?

_____ *Please include a copy of court granted custody agreement.

Mother or Guardian's Name:

| | | |
|--------------------------|-------------------|-------------------|
| First Name | Middle Name | Last Name |
| Home Phone: (____) _____ | Cell:(____) _____ | Work:(____) _____ |
| Employer: _____ | City: _____ | |
| Email: _____ | | |
| Address: _____ | | |
| Street | City | Zip Code |

Father or Guardian's Name:

| | | |
|--------------------------|-------------------|-------------------|
| First Name | Middle Name | Last Name |
| Home Phone: (____) _____ | Cell:(____) _____ | Work:(____) _____ |
| Employer: _____ | City: _____ | |
| Email: _____ | | |
| Address: _____ | | |
| Street | City | Zip Code |

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) *Identification will be checked.*

Full Legal Name: _____

Relationship: _____

Phone: _____ **Cell:** _____

Full Legal Name: _____

Relationship: _____

Phone: _____ **Cell:** _____

Full Legal Name: _____

Relationship: _____

Phone: _____ **Cell:** _____

Full Legal Name: _____

Relationship: _____

Phone: _____ **Cell:** _____

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 yes, will they be attending with an 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? _____

Please list any siblings and their ages:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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

- English Spanish Other: _____

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 them?

When your child is happy, how do they show it?

When your child is sad, how do they show it?

Did your child attend Daycare or Preschool? Yes No

If yes, which one and for how long? _____

Was it beneficial? _____

Did your child attend Transitional Kindergarten (TK)? Yes No

How did you find out about the Bridge Program?

Please return to:

First 5 Amador

Mailing address: P.O. Box 815, Jackson, CA 95642

Physical address: 975 Broadway, Jackson, CA 95642

Fax: (209) 257-1098 **Email:** q4k@first5amador.com

Phone: (209) 257-1092

A project by:

