



Enrollment Form

Summer Kindergarten Bridge Program

June 9th-26th, 2025

Priority Enrollment Deadline: May 16th

Which school will your child be attending in the fall?

- Lone Jackson Sutter Creek
 Plymouth Pine Grove Pioneer

This *FREE* program is for children entering Kindergarten in the FALL of 2025 who would benefit from a summer transition program.

Priority will be given to children who have not attended preschool or TK.

IMPORTANT NOTICE

A copy of your child's current *immunization record* is required for enrollment. Please include a copy with this enrollment form.

Child Information:

	First name	Middle name	Last name
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: (mm-dd-yy) _____	
Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Indian <input type="checkbox"/> Other: _____		

Mailing Address:

Street/P.O. Box	
City	Zip Code

Physical Address:

Street	
City	Zip Code

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:** _____

Health Information:

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

Do you have any kind of health insurance?

- Medi-Cal Covered California Private Insurance
 Other: _____ None

Name of medical insurance: _____

Physician's Name: _____

Has your child received all of the recommended vaccines for their age? Yes No

Is there any health conditions regarding your child that you would like to share with program staff? Yes No **If yes, please explain** _____

Does the stated condition above require medication? Yes No

Does your child have food or other allergies that would require immediate medical attention? Yes No **Allergies:** _____

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.

Does anyone in your household use tobacco products? Yes No

If yes, would they be interested in 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)

- 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 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? _____

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 Summer Kindergarten 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:





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 2025, 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 2025. 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