



STAFF USE:
 Classroom Attending: BH BH SAT EPA RWC

Preschool Registration

Family Connections

PARTICIPATING ADULT'S INFORMATION:

Mother/Guardian's Name: _____ Birth Date: _____

Address: _____ Apt# _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Father/Guardian's Name: _____ Birth Date: _____

Address: _____ Apt# _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

PARTICIPATING ADULT'S INFORMATION (IF DIFFERENT FROM THE PARENT(S)):

Relationship to the child: _____

Name: _____ Birth Date: _____

Address: _____ Apt# _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

CHILDREN'S INFORMATION: (List children ages 0-5 who will be attending classes at Family Connections)

Name	Please circle:	Birth Date
	Male or Female	
	Male or Female	
	Male or Female	

Does the child or participating adult have an allergy, disability, dietary restriction or other special need? Yes No
 If yes, please explain _____

Days committing to attend the program: M T W T F Sat.

How did you hear about Family Connections?

Friend Flyer Health Clinic (Which one?) _____ Returning Family

Community Event Banner/Sign Other (Please list) _____

Parent's Signature _____

Date _____



Family Connections

STAFF USE:

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Family Emergency Information - Office copy

Participating Adult's Information:

Name: _____ Child(ren)'s Name(s) _____

Relationship to Child(ren):

Mother Father Other _____

Address: _____ # Apt _____

City: _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Please list three adults whom we can notify in the event of an emergency.

Name	Daytime Phone	Nighttime Phone	Relationship to Adult

Preferred Hospital: _____

Parent's Signature

Date



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Parent's Signature

Date



Participating Adult Responsibility Form

Family Connections

The success of Family Connections relies on the help and participation of each parent. The following requirements are the responsibility of each family:

Attendance: Regular attendance in classes, and coming on time. Absences longer than one week or frequent tardiness without contacting the teacher will result in being dropped from the program until the following trimester.

 Initial Here

Participation: Active participation in all aspects of the program (observing children, supervising, cleaning up, bringing and preparing snacks, attending night classes, field trips, etc.).

 Initial Here

Cleaning: Participate in washing toys and cleaning play area every month.

 Initial Here

Health Forms: The parent attending classes must have a current Tuberculosis (TB) Clearance (within the last two years) or xray clearance (within the last 5 years). Also needed are the children's medical form, vaccination record, parent's medical form and the emergency medical form.

 Initial Here

Health: Take responsibility for keeping your child at home if he or she is sick in accordance with the Family Connection's Sick Policy.

 Initial Here

Field Trips: Take responsibility for being on time. Provide your own transportation and snacks. Your child must be in a car seat when carpooling.

 Initial Here

Recruiting: Actively recruit new families to Family Connections by distributing flyers to neighbors, working booths at health fairs and telling your friends.

 Initial Here

Fundraising: Participate in the planning of and helping at the three annual Family Connections fundraisers – An Evening with Children's Authors Night, Family Carnival and Car Raffle

 Initial Here

I/We have read this parent responsibility form. I/We agree to actively participate in the Family Connections program and helping to run the school.

Participating Adult's Name (please print) Participating Adult's Signature Date

Parent/Guardian's Name (please print) Parent/Guardian's Signature Date



Family Connections

Field Trip Responsibility

I take full responsibility for myself, my child(ren), and any child(ren) in my care while on field trips with Family Connections. I will take responsibility for being on time. If I am late, it may result in my not being able to participate in the field trip or have to pay for my entrance and activities. I will provide my own transportation and snacks. My child will be in a car seat when carpooling.

Participating Parent or Adult's Name

Signature

Date

Photo Permission Form

I give permission for Family Connections to use my picture, or any pictures of my family for fundraising purposes or to promote the program to others. Pictures may be used in brochures, newsletters, etc.

Participating Parent or Adult's Name

Signature

Date

Phone Release Form

I give permission for Family Connections to list my phone number in the class phone list. This information will not be shared with anyone outside of Family Connections.

Participating Parent or Adult's Name

Signature

Date

Liability Waiver

I hereby accept any and all responsibility for, and assume the risk of any and all injury and damage to my person or dependent children which might arise directly or indirectly as a result of participation in a Family Connections program. I hereby expressly release, discharge and hold harmless from any liability whatsoever Family Connections, and all employees and volunteers in their capacities as representatives of Family Connections, expressly including, but not limited to, the Board of Directors of Family Connections, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understood the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, successors, and assigns.

Participating Parent or Adult's Name

Signature

Date



Family Connections Sick Policy

Family Connections Please do not bring your child to school if he or she has a fever, cough, runny nose, diarrhea, skin rash, or any other symptoms of illness.

Please be sure your child stays home and fully recovers for 24 hours after all symptoms have cleared up before bringing him or her back to school.

Please make your teacher aware if you or your child has a communicable disease (i.e. chicken pox, ring worm, pink eye, strep throat, head lice etc.).

Also, please do not bring older siblings who are home from school due to illness to Family Connections. And if you are sick, please stay home and rest. As you know, adult germs can infect others, too.

We all have a responsibility to protect the people at our school. If you bring a sick child to school or you come to school sick you risk infecting everyone else. We will have to ask you to go home if you come to school sick.

I have read and understand Family Connection's sick policy.

Signature

Date

Family Connections Immunization Policy

The Sequoia Adult School District requires that you have your child's immunization records and your Adult Tuberculosis (TB) Clearance (within the last two years) or Xray clearance (within the last five years) on file before you can attend Family Connections. This is to protect you, your child, and the other families from very harmful and potentially deadly diseases.

Please be responsible and get immunizations for your child and your TB test today. If you need help with this please let your teacher know.

Thank you for your help in our effort to protect our school.

Signature

Date



Confidential Personal Information Form

Please circle the Family Connections Site you are attending:
Belle Haven: Weekdays or Saturdays EPA RWC

Family Connections

Family Connections is a free preschool for you and your family. We need the following information to continue receiving the funding that makes it all possible. This information is personal and confidential.

Name: _____

Child's Name: _____

Relationship to child: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

Ethnic Group:

- African American
- Alaskan Native
- Asian
- Hispanic
- Filipino
- Native American
- Pacific Islander
- White
- Other

Children's Ethnic Group:

- African American
- Alaskan Native
- Asian
- Hispanic
- Filipino
- Native American
- Pacific Islander
- White
- Other

Total Household Income (check box):

What is your household income? _____ per Month / Week (choose one)

Including yourself, how many people are in your family? _____

Is the primary income provider for your family a female? Yes / No

How many children under 18 are in your family? _____

Level of Education Completed:

School: K 1 2 3 4 5 6 7 8 9 10 11 12 years completed.

Graduated: Yes / No

College: _____ years completed. Degree: Yes / No

Was your educated completed in the U.S.? Yes / No If not, what country? _____

Employer: _____

Address: _____

City: _____ Zip Code: _____

I verify that the above information is true and correct.

Signature

Date