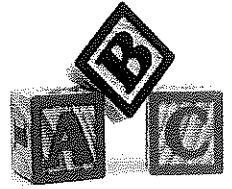




Tracy Unified School District
Kindergarten Bridge Program 2020-2021
Registration Packet



Complete registration packet and return to:

School Readiness Office
500 W. Mount Diablo Avenue
(209) 830-3355
mmartinez@tusd.net

Kindergarten Bridge will be from **June 7th-11th** for students zoned in: **Central, Freiler, Jacobson, McKinley, North and Poet** and
June 14th-18th for students zoned in: **Bohn, Hirsch, Kelly, South/West Park and Villalovoz**

McKinley Elementary School
800 W. Carlton Way
Tracy, CA 95376
(8:30am to 11:30am)

Space is limited; submit registration packets early!!

Student's Name: _____ Birthdate: _____ Grade: _____ Teacher: _____

TRACY UNIFIED SCHOOL DISTRICT EMERGENCY TREATMENT FORM

Note: If the information listed below changes at any time during the school year, notify the office immediately!

The Tracy Unified School District's Emergency Treatment Policy for student injury and illness at school permits school personnel to dial "911", the emergency telephone number. With authorization, emergency medical treatment can be provided. For other than life-sustaining treatment, the medical professionals require the parent/guardians' authorization before emergency treatment can be administered.

In the event of serious injury or illness, school personnel will immediately attempt to notify the parent/guardian. If the parent/guardian cannot be reached, and this form is on file in the school office, the school will be authorized to arrange transportation of the student for emergency medical treatment. This form also authorizes a medical professional on duty to perform emergency treatment.

Please complete this form below and return it immediately to your child's school to be placed on file in the school office. Thank you for your cooperation. **PLEASE PRINT LEGIBLY**

Parent/Guardian's name with whom child is residing: _____

Circle if Parent or Guardian
Parent #1/Guardian's Name: _____ Address: _____ Check if
New Address: _____

Employer Name/address: _____ House # _____ Cell# _____ Work# _____

Parent #2/Guardian's Name: _____ Address: _____ Check if
New Address: _____

Employer Name/address: _____ House # _____ Cell# _____ Work# _____

Emergency contact persons by priority, if unable to contact parent/guardian: Please list **LOCAL** names, if possible.

1. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

2. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

3. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

4. Name: _____ Relationship: _____ Phone #: _____ Cell # _____

Does your child have any medical disorders that the school/doctor should be aware of before treatment? Please describe:

Doctor's Name: _____ Phone #: _____

Insurance Company name: _____ Policy #: _____

AUTHORIZATION FOR EMERGENCY TREATMENT AND TRANSPORTATION

I authorize Tracy Unified School District to dial "911" and to arrange emergency transportation to an emergency treatment center or hospital for my child is s/he is seriously injured or ill.

The undersigned has authorized necessary emergency treatment for the patient whose name appears above and that the treatment and procedures will be performed by medical professionals. The undersigned understands that a personal physician is to be selected by, or on behalf of, the patient within 24 hours if hospitalization or further treatment is required, or immediately, if complications arise.

Financial Responsibility: Parents are reminded that financial responsibility including all costs of paramedic, transportation, hospitalization, and any examination, treatment, or x-ray provided shall be the parent/guardian's responsibility should emergency treatment become necessary.

The undersigned has read the above authorization and understands the same and certifies that no guarantee or assurance has been made as to the result that may be obtained. This authorization for emergency treatment and transportation will remain in effect during the time the student is enrolled in a Tracy Unified School District School or program. Authorization is also hereby granted for release to all insurance companies and agencies such information as may be necessary for completion of hospitalization claims.

Parent/Guardian Signature: _____ Date: _____

(Feb. 5, 2010)

Tracy Unified School District

BUILDING LITERACY TOGETHER

KINDERGARTEN BRIDGE INTAKE FORM

Student's Name:	Gender:	Date of Birth:
Address:		Zip Code:
Parent/Guardian Name:		Student's Language:
Phone Number/Email:		Home Language:
In August 2021, your child will be enrolled in: <input type="checkbox"/> Kindergarten or <input type="checkbox"/> TK		Household size:
School where registered for Kindergarten: <input type="checkbox"/> Central <input type="checkbox"/> Jacobson <input type="checkbox"/> McKinley <input type="checkbox"/> North <input type="checkbox"/> Hirsch <input type="checkbox"/> South/West Park <input type="checkbox"/> Villalovoz <input type="checkbox"/> Poet-Christian <input type="checkbox"/> Bohn <input type="checkbox"/> Kelly <input type="checkbox"/> Freiler		

Child's Race/Ethnicity:				
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Decline	
Parent's Race/Ethnicity:				
<input type="checkbox"/> Alaska Native/American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Decline	

Do any of your children receive FREE Meals at School ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of your children receive REDUCED Meal Prices at School ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive CalFresh (food stamps)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you receive CalWORKs (cash aid)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive WIC ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have Dental Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Has this child attended any Head Start/Preschool/Transitional Kinder Programs? ☐ YES ☐ NO

If YES, which school and/or program? _____
Name of School
City, State

HEALTH INSURANCE SCREENING/REFERRAL

What kind of health insurance do you (parent) have?

☐ Medi-Cal ☐ Parent Purchased ☐ Employer Purchased ☐ None ☐ Decline ☐ Other _____

What kind of health insurance do your children have?

☐ Medi-Cal ☐ Parent Purchased ☐ Employer Purchased ☐ None ☐ Decline ☐ Other _____

Has your child seen a dentist in the past 12 months? ☐ YES ☐ NO

If you or your children do **NOT** have health or dental insurance, would you like assistance in completing an application?

☐ YES ☐ NO

Does your child have any health problems, allergies or take medication? ☐ YES ☐ NO

If YES, please list _____



Tracy Unified School District School Readiness Preschool Programs



Consent to Services and Release and Exchange of Information Form

First 5 San Joaquin (F5SJ), also called the *Children and Families Commission* has contracted with Tracy Unified School District to provide the following services to your family: **Kindergarten Bridge Program**

Your family members who will receive these services are:

1.	_____	3.	_____
	<i>first middle last name</i>		<i>first middle last name</i>
2.	_____	4.	_____
	<i>first middle last name</i>		<i>first middle last name</i>

How your information will be used

State Law requires that F5SJ keep private personal and identifiable information they receive about your family from any source. First 5 San Joaquin and First 5 California use information about the services and programs families receive. They do this to know:

- How well their programs help children be ready for and do well in school.
- Which programs families find most useful.

F5SJ programs may ask for information about your child and family, including:

- Demographic information such as family member names, dates of birth, languages spoken, gender, ethnicity.
- Housing information such as a household address or homeless status.
- School information such as the attendance area you live in, your child's daily attendance in preschool, if your child has an Individualized Education Plan (IEP) or has English language learner status, and information about your child's classroom and teachers.
- Contact information such as a phone number and email address.
- Family composition, education and income information for the adults and children in your household.
- Participation information in First 5 San Joaquin funded programs.

Who can see your private information:

Your personal and health information is protected by state and federal law. Participating agencies, funders and auditors have signed agreements to treat your personal information in a professional and confidential manner. These agencies may share your information or send your information electronically to refer your family for a service. Agencies or people who are funded by First 5 San Joaquin will use the information to provide early childhood services to your family.

Important! Anyone who does not keep your personal information and records private may have their contract with First 5 San Joaquin ended and face criminal or civil penalties.

Signing below means you agree to receive services and understand how your information can be used.

_____ Client signs here	_____ Date	_____ Relationship to child
_____ Interpreter signs here	_____ Date	





Tracy Unified School District
School Readiness Preschool Programs



MEDIA CONSENT AND RELEASE FORM

Tracy Unified School District (TUSD) or First 5 San Joaquin (F5SJ) occasionally takes photos, makes videos, or writes stories about the families being served in F5SJ funded programs. I understand that photographs or videos taken of me or my child and statements made by me or my child while participating in the program may be used in communication materials. I hereby give TUSD/F5SJ permission to:

- Take my and/or my child's photo.
- Make a video-recording of me and/or my child.
- Use statements made by me and/or my child.

In addition, I give permission to TUSD/F5SJ and its affiliates to use stories, pictures, and/or videos in a variety of ways that may include, but are not limited to: newsletters, brochures, websites, magazines, social media, and newspapers. I further understand that my name and my child's name will not be published. Images and content may be used without any further notification.

DATE

CHILD'S NAME

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S PRINTED NAME

WITNESS

*Parent or Guardian **must** sign for children under 18 years of age, this includes teen parents.

FY 2021-2022

FIRST 5
San Joaquin