School Readiness Kinder Kamp Application

Monday - Friday 8:00-12:00pm June 3 - June 28, 2019

Enrollment Qualifications

- Child must be registered to attend Kindergarten in Twin Rivers Unified School District.
- Priority is given to children who have not attended preschool.
- Parent/Guardian must attend Parent Orientation and volunteer 1 day.

Child's Information

First Name: _____ Middle Initial: ____ Last Name: _____ Birthdate: _____

Address: _____ City: _____ Zip Code: _____ ☐Male ☐Female

Parent (Guardian) Name: _____

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

At what school site is your child registered for TK or Kindergarten 2019-2020? _____

Has your child attended preschool? ☐ Yes ☐ No; If yes, how long? ☐ less than 6 months ☐ 6 months or more

What language(s) does your child speak? _____

Does your child receive special education services? ☐ Yes ☐ No

If my child is ill or has an emergency and I cannot be reached, please release my child to:

Name: _____ Phone: _____ Relation to child:_____

Name: _____ Phone: _____ Relation to child:_____

*** ☐ Restraining Order against (if applicable): _____

Health Information

Physician Name: _____ Phone:_____ Hospital Preference: _____

Address:_____ Medical Coverage by:_____ ID#: _____

Is your child currently taking medications? ☐ Yes ☐ No; If yes, please explain: _____

Is your child allergic to any foods? ☐ Yes ☐ No; If yes, please explain: _____

Does your child have any health problems that we should know about? ☐ Yes ☐ No; If yes, please explain: _____

Permission for Medical Treatment **(parent must check one of the following)**:

☐ In the event of an emergency, when a parent or guardian in unavailable, I authorize school 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 name 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: I agree to pay all costs incurred as a result of the forgoing.

☐ I **do not** choose the above statement and desire the following action in the event of an emergency: _____

_____

_____ _____

Signature of Parent/Guardian **Date**

Application received by (TR staff name): _____ Date: _____

Funding provided by: FIRST 5 SACRAMENTO