**What is a Pre‐Kindergarten Academy?**

The First 5 Solano Pre‐K Academy is designed to prepare your child and other children for school.

**What information about me and my child will be collected?**

We need you to give permission for Pre‐K Academy staff to share information about you and/or your child with the First 5 Solano Children and Families Commission as part of the Pre‐K Academy evaluation process.

This information includes:

* **Enrollment**. Background information will be collected when you and/or your child begin participating in the Pre-Kindergarten Academy. This includes basic “demographics” (such as age, language(s) spoken and race/ethnicity).
* **Information about services received**. Routine information about which Pre‐K Academy services you and your child participate in will be collected. This includes, but is not limited to, information such as the number of sessions attended and pre/post scores for early literacy programs.

**Registration Form**

|  |  |  |
| --- | --- | --- |
| **Student’s Name** | First: | Last: |
| **Student’s Date of Birth** | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| **Pre‐K Academy Location:** |

**Please circle the following**

|  |  |  |
| --- | --- | --- |
| **Student’s Gender** | Boy | Girl |
| **Primary Home Language** | English | Spanish | Other: |
| **Ethnicity** | White | Hispanic/ Latino | African American | Multiracial | Other: |
| **Did this child attend preschool?** | No | Yes | Unknown |
| **If so, what type?** | Unknown | Head Start | Private | State Preschool |
| **If so, how long?** | 1-6 Months | 7-12 Months | 13+ Months | Unknown |
| **Does this child have younger siblings at home?** | No | Yes | Unknown |
| **Does this child require any accommodations?** | No | Yes | If yes, IEP / 504 / Other: |

**Consent Form**

**What is this form?**

This is a consent form where you can say if you will allow us to collect certain information about your child. This is so we can evaluate whether the services we offer are really helping children be ready for school.

* **Everything you tell us is confidential**—no report will ever identify you or your child specifically, and yourinformation will not be used for any purpose beyond this evaluation. Information collected will be shared with First 5 Solano Children and Families Commission to help improve and enhance Pre‐K Academy programs in Solano County.

**YES**, I give consent for my child to participate in the Pre-K Academy evaluation process including collecting information about my child on enrollment, scores from the school district and classroom testing, as well as services received by me and/or my child.

Printed Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name(s) of Child(ren) attending Pre‐K \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**NO**, I do not give my consent for my child to participate in the Pre‐K Academy evaluation.

**If you have any questions about Pre-K Academy programs, you can contact Juanita Morales, Pre‐K Academy Coordinator at (707) 784‐1332.**

Photo Release

I authorize the First 5 Solano Children and Families Commission to use my/my child(ren)’s name and likeness in brochures, publications, Internet web sites, advertisements, newspaper articles, etc., for promotional and educational purposes related to the goals, community programs and activities supported or sponsored by the First 5 Solano Children and Families Commission. I understand and agree that all media will become the exclusive property of First 5 Solano and there will be no compensation or remuneration for participation in this event.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_