



**ACADEMIA DE MI ABUELA CHILD DEVELOPMENT CENTER
FAMILY HISTORY APPLICATION**

(waitlist/new family screening form)

5201 PARK BLVD., PIEDMONT, CA 94611, B#: (510) 697-0002, M#: (510) 409-9771 (FOR FASTER RESPONSE, TEXT MESSAGE OK)

- Cultivating Culture • Celebrating Tradition • Connecting Community •

Student's Full Name: _____

Today's Date: _____

Student's Date of Birth: _____ **Student's**

Anticipated Start Date: _____, **Acclimation (drop-in care)**

Play Dates: _____, _____, _____

Parent(s)/Guardian(s) Name(s):

To be placed on AMA's waitlist, please submit your application to ATTN: leadership team, amachildcarecenter@gmail.com along with a non-refundable **application fee of \$75.00 via Zelle, 510-409-9771, Cynthia Reimann**. Your check should be made out to *AMA*. Please attach a photograph of your child to this application. Thank you for your interest in AMA!

Days and Time of Child Care Needed: (Please circle your ideal child care schedule)

Monday Tuesday Wednesday Thursday Friday

What hours of childcare do you seek (provide 3 alternative schedules)?

_____, _____, _____.

Are you interested in extended childcare? What ideal schedule do you seek?

Note: AMA is open for business Monday through Friday from 8:00 am to 5:00 pm. Extended care may be available for an added monthly “flat” fee, 7:00AM-6:00PM, regardless of staggered use of schedule.

When would you like to start enrollment at AMA?

Are you interested in half day child care? (Half day is from 8:00 am to 12pm.)

Who will be responsible for financing child care?

Financial Aid (low-income families only) Family Survey:

Are you a current recipient of subsidized assistance (Bananas, CCL, 4C's)?

What is the name & contact information of your analyst?

Do you qualify for financial aid assistance, as a low-income family? (Please circle one) Yes No

If so, please attach a photocopy of the latest family-income tax return and three current employment paystubs and subsidized payment contract (if applicable).

What is your monthly child care budget?

What is your monthly joint income?

Are you interested in bartering each month in exchange for a tuition discount, if so explain your skill set and committed hours of barter (i.e. handyman, photocopies, donating office supplies, cleaning supplies, hygiene supplies, groceries, field trip and event chaperoning and clean up participation, fundraising, marketing, etc...)

? _____

Student Background Information

Please answer the following – what is your child’s favorite

_____?

Color

Dramatic Play

Character(s)

Pet

Educational Film

Book

Place of Entertainment

Song

Culture & Traditions – Ethnicity:

Student’s ethnicity: _____ Place of birth:

Parent/guardian #1 ethnicity: _____ Place of birth:

Parent/guardian #2 ethnicity: _____ Place of birth:

Culture & Traditions – Language:

What language(s) is/are spoken at home?

Please list fluent Spanish speakers living at home and relation to the child:

Please list non-Spanish speakers living at home and relation to the child:

What age did your child begin using language? _____ First spoken word(s): _____

Culture & Traditions – Family:

Please describe any cultural traditions and celebrations cherished by your child and family: _____

Please list all individuals (and if applicable) and pets who live with your child.

Please include age of any siblings.

Please list all individuals (and relation) who may drop-off and pick-up your child. _____

Please list countries your child has traveled to.

Diet and Feeding Plan

Does your child have a specialized diet (vegan, vegetarian....)?

What is your child's eating habits?

What type of foods does your child like?

What foods does your child dislike?

Does your child feed himself/herself?

Please describe your child's diet (in general), meal schedule, food portions, and milk preference. *Attention parents of infants/toddlers:

Describe any additional information related to your child's diet.

Family Medical History and Specialized Needs Plan

Does your child have food allergies? if so, please list food allergies and doctor prescribed

medication? _____

Does your child have learning disabilities? Please describe support

plan. _____

Describe other areas of need and support plan.

Has your child and/or other household members tested positive to COVID-19 in the past few

months? _____

Has the child and family traveled outside the state in the past 14 days? Do you anticipate traveling outside the state in the foreseen future? Describe travel plans.

When is the last time parents and child tested negative for COVID-19 (required to begin care, including transitional care)? Please describe test type and result.

_____ Are children ages 12 years old and adults in the household fully COVID-19 vaccinated? Describe which members of the household are vaccinated. _____

Sleeping Patterns & Soothing Tips

Describe your child's napping schedule and routine (pacifier, blanket, comforting toy, length of naps, and other habits). Please identify nap time soothers (e.g., back padding, hair stroking, song, etc....), if needed.

AM schedule _____ PM schedule

Social/Emotional Development

Circle personality traits which best describe your child:

Shy Outgoing Talkative Friendly Assertive Happy Dependent

Physical Quiet Serious Stubborn Attentive Emotional Funny

Sweet Independent Other:

Does your child separate easily from you? Comments:

Is your child afraid of anything? Comments:

Has your child experienced, multi-age classroom socialization and ECE, if so how did they acclimate?

Diapering Needs & Potty-training Plan

Is your child in diapers? Yes No Is your child in pull-ups? Yes No

Is your child potty-trained? Yes No

If yes, does your child require assistance using the bathroom? Yes No

If applicable, please describe your in-home potty-training schedule.

Note: Students should wear loose bottoms during potty-training. No belts, zippers, buttons, overalls, or other accessories.

Program Expectations & Areas of Development

Please describe your reasons for pursuing enrollment with AMA. What are you looking for from a play-based cultural (Spanish) immersion infant, toddler, preschool program? Please describe your expectations (e.g., language development, social development, cultural appreciation, etc.) with as much detail as possible.

If applicable, please describe any student learning disability.

Parent/Guardian Background Information

Parent/guardian #1 name: _____ Occupation:

Cell phone: _____ Work phone: _____

Email: _____

Parent/guardian #2 name: _____ Occupation: _____

Cell phone: _____ Work phone: _____

Email: _____

What cultural and family values are important to the family and why:

Would you be available to discuss and model a cultural tradition with your child's classmates? Yes No

Parent Questionnaire:

In order to jump start the new school year, we have created a questionnaire to gather your input. We would like to know your skills, talents, hobbies and how you would like to participate. As we compile parent information, we will contact those parent volunteers for classroom assistance with art projects, and other fun and creative volunteer projects. We appreciate your enthusiasm and active involvement in building "community" within our school. We seek classroom parent captains.

I would like to support AMA by donating funds during the summer and winter annual fundraising events? Yes Not at this time In the near future

What safety surveillance, equipment, toys, furniture, areas of free-play, sensorial play areas, and additional enrichment activities would I like to see in AMA's future?

I would like to help out: (Please circle one) Yes No

I have the following skill(s) and talent(s) to share:

(web design, coaching sports, organizing social events, carpentry, sewing, playing an instrument, dancing, etc.)

I have access to these materials: _____

(recycled collage materials, office supplies, garden seeds, copy machine, etc.)

I am interested in doing special projects, like:

(summer program instructor: cooking class, gardening, mural painting or holiday arts and crafts, promoting AMA, Art prep or Toy cleaning from home, etc.)

I am open to donating materials when needed:

(hand sanitizer (during fall/winter), facial tissue, disinfectant wipes, etc.)

This year, I would like to accomplish the following goal:

(goal #1)

(goal #2)

Parent/Guardian Signature:

_____ Date: _____

Director Signature:

_____ Date:

Head Teacher Signature:

_____ Date:

Administrative Staff Signature:

_____ Date: _____