



Welcome New and Returning Little Hands Parents,

Your completed forms should be mailed to: Little Hands, P.O. Box 675, Belmont, CA 94002 (Attn: Registrar) by August 15th so that you and your child are eligible to attend class beginning the week of September 12th.

Form Checklist:

- Parent Medical Form (TB Test)
- Child Medical Form
- Emergency Medical Authorization
- Parent Responsibilities
- Photo Release Agreement
- Sequoia Adult School Registration (*both parents needs to complete individual copies*)

Please keep a copy of your forms for your records.

We look forward to meeting you and/or your spouse at Little Hands mandatory Orientation Night on September 6th. This is a great opportunity for you to tour the school, learn about the workstations, meet other parents, and hopefully have any of your questions answered.

If you have any immediate questions, please email Angela Nuttman (Registrar) at registrar@littlehands.org and she will be happy to assist you.



Class Day & Time

Parent Last Name

PARENT MEDICAL FORM

The State Health Department requires that every adult attending school with a child must have a negative TB test. Little Hands must have verification of your test prior to your child attending school.

You will not be allowed to participate until your TB test results have been received.

This form is for verification of the Participating Parent TB Test. Your doctor's signature is required at the bottom of this form unless you attach a TB clearance card, which can be approved by your doctor or the Health Department.

If you are pregnant or nursing you may be excused from taking the TB test until you're medically able. Please provide a doctor's note stating your reason for being excused.

Your own physician may give you an intradermal (skin) test or a chest x-ray (if your PPD test is positive). Please complete this form or provide a comparable form. Another option is to go to one of the following drop-in locations. Please call to verify hours and cost.

US Healthworks
192 Beacon Street
South San Francisco
(650) 589-6500
M, T, W, F: 7am-5pm
Fee: \$ 35.00

Hillsdale Immediate Care
60 N. El Camino Real
San Mateo
(650) 570-2273
M-F: 8am-7pm
S-S: 9am-4pm
Fee: \$25.00

Marina Medical Center
1241 E. Hillsdale Blvd., 2nd Floor
Foster City
(650) 570-2299
M-F: 8am-5pm
Sat: 8am-4pm
Fee: \$45.00

Mother's Full Name

Father's Full Name

Home Address (Street, City, Zip)

PPD Tuberculin Test

Date: _____ Result: Negative Positive

Chest X-Ray (Required if PPD Test is positive)

Date: _____ Result: Negative Positive

Name of Clinic/Office

Little Hands, P.O. Box 675; Belmont, CA 94002 * Phone: (650) 595 4830

Physician's/ Nurse's Signature



Class Day & Time

Parent Last Name

CHILD MEDICAL FORM

The California School Immunization Law requires that children must be up-to-date on their immunizations (shots) to attend school or child care.

Your child will not be able to attend classes unless the immunization record is presented and immunizations are up-to-date*

*If your child is not immunized due to religious, personal, or medical reasons please notify us.

_____ Child's Full Name		_____ Birth date	
_____ Home Address (Street, City, Zip)			
Immunizations:	Date	Date	Date
Polio			
DPT			
Measles/Mumps/ Rubella			
<p>The above child is/is not physically and emotionally able to participate in a once/ twice per week pre-school program.</p> <p>Comments: _____</p> <p>Please discuss any physical conditions requiring special attention.</p> <p>_____</p> <p>Medication(s) prescribed or special routines which the school should be aware of:</p> <p>_____</p>			

Name of Clinic/Office

Physician's/ Nurse's Signature

Date



Class Day & Time

Parent Last Name

EMERGENCY MEDICAL AUTHORIZATION

I/we the undersigned parent/parents of _____ do hereby authorize the below named physician to perform or have performed by any physician or surgeon of his/her choice, at any time, any medical, surgical or anaesthetic procedure which said physician my deem necessary for the well-being and reasonable comfort of my said child or children in the event that I/we are not available.

I/we agree to pay any hospital expenses incurred thereby.

I/we are to be notified at the earliest opportunity thereafter of said procedure.

Physician's Name

Phone

Hospital Preference

Insurance Carrier

This medical authorization is being left with the person or persons in charge of my child/children in my absence, who has/have been instructed to contact said physician in the event of illness or injury, and have been further instructed to deliver this medical authorization to him/her. In the event he/she is not available, this medical authorization shall extend to any licensed physician in his/her absence.

Emergency contacts:

Spouse/Partner

Phone

Relative

Phone

Other

Phone

Signed Parents

Date



Class Day & Time

Parent Last Name

PARENT RESPONSIBILITIES

Little Hands is a parent-child co-operative where everyone has an opportunity to learn and grow together. Your active participation ensures the smooth operation of the school, the overall success of the program, and a positive experience for your family. Parents learn first-hand that while being part of a co-op is work, it is also fun AND the rewards are many! Hopefully it is just the beginning of your active participation in your child's education.

Please review the following responsibilities of the Little Hands program:

§ **Parent-Child Class Attendance:**

- Regular attendance at day classes
- Active participation in observations, supervisions and discussions
- After-class clean-ups.

§ **Parent-Only Class Attendance:**

- Orientation Night
- 2 Class Meetings (1 Fall & 1 Spring)
- 1 All School Meeting

§ **Job:**

Each family is expected to contribute approximately 20 hours during the year. Sometimes this is fulfilled in one specific task, sometimes several different.

§ **Maintenance:**

Participate in one 3-hour maintenance day; typically done with your class. You may

choose to do one of the three volunteer days if your class' assigned day doesn't fit with your schedule.

§ **Fundraising:**

Participate actively in the fundraisers. Your participation helps keep tuition reasonable, purchases new equipment, make site improvements and support a high-quality staff.

§ **Health forms:**

Each parent attending must have a current TB Clearance on file. Additionally, an Emergency Medical Authorization form and pre-admission Health Evaluation Physician's Report, including an up-to-date immunization record for the child is required.

All MUST be turned in PRIOR to attending class.

I have read the above parent responsibilities involved in the Little Hands program, and understand that as a co-op parent I will play an active part in the school.

Parent Signature

Date



Class Day & Time

Parent Last Name

Little Hands Photo Release Agreement

From time to time, we photograph the children and parents during classes and other Little Hands events. These pictures are occasionally used in Little Hands yearbooks, brochures, newsletters, posters and on our web site. Although we never list the names of the children or parents, we want to be sure that you are willing to have your child's (or your) picture included in Little Hands publications.

If you do not want your pictures taken and used, it is your responsibility to refrain from posing for pictures as well as informing photographers not to take pictures of you and your children. Photographers will wear a nametag designating they are the photographers. At classes and events, we ask that for all nametags you and/or your children wear, you draw a smiley face (☺) in the bottom right corner of the nametag. This will assist photographers in recognizing your photo is not to be taken. Again, we stress that you are responsible for also verbally informing the photographers.

Please sign and date below that you have read and understand the Little Hands Photo Release Agreement. Thank you!

Parent Signature

Date



Sequoia Adult School

Registration Form

New Student
 Re-enrollment

Student ID # _____

Parent Name:

First Middle Last

Gender: Male Female

Address: _____

Number Street Apt.# City Zip Code

Tel. # _____ Birthdate _____ Birthplace _____

Emergency Contact _____

Name Phone # Relationship

By my signature below, I verify that all information is true and correct to the best of my knowledge:

Signature _____

Date _____

Single/Married _____

of Children _____

Race
(mark one or more)

White
 Hispanic
 Asian
 Black or Afr. Am.
 Pac. Isl./Nat. Haw.
 Filipino
 American Indian
 Alaska Native

of School Years Completed

Highest Degree Earned
(mark one)

None
 GED
 High School Diploma
 Technical Certificate
 AA/AS Degree
 4-yr College Grad.
 Graduate Studies
 Other
 Above earned outside U.S.

Personal Status
(mark all that apply)

CalWorks (or TANF)
 Other public assistance
 WIA 1B
 Rehabilitation
 Concurrently enrolled
 Dislocated Worker
 Veteran
 Disabled
 Displaced homemaker
 Single Parent
 Migrant worker
 Disabled
 Public Assistance
 None

Native Language
(mark one)

English
 Spanish
 Vietnamese
 Tagalog
 Korean
 Russian
 Farsi
 Hmong
 Chinese
 Cambodian
 Other: _____

Instructional Program
Parent Education

Labor Force Status
(mark One)

Employed
 Unemployed
 Notseeking work
 Retired

Attainable Goal Within

Program/Year _____

1 2 (1-First, 2-Second)

Family goal
 Personal Goal
 None
 Other

For Office use!

Start Date	End Date	Session	Course Title	Location/Room	Days	Time



Sequoia Adult School

Registration Form

New Student
 Re-enrollment

Student ID # _____

Parent Name:

First Middle Last

Gender: Male Female

Address: _____

Number Street Apt.# City Zip Code

Tel. # _____ Birthdate _____ Birthplace _____

Emergency Contact _____

Name Phone # Relationship

By my signature below, I verify that all information is true and correct to the best of my knowledge:

Signature

Date

Single/Married _____

of Children _____

Race

(mark one or more)

White

Hispanic

Asian

Black or Afr. Am.

Pac. Isl./Nat. Haw.

Filipino

American Indian

Alaska Native

of School Years Completed

Personal Status

(mark all that apply)

CalWorks (or TANF)

Other public assistance

WIA 1B

Rehabilitation

Concurrently enrolled

Dislocated Worker

Veteran

Disabled

Displaced homemaker

Single Parent

Migrant worker

Disabled

Public Assistance

None

Native Language

(mark one)

English

Spanish

Vietnamese

Tagalog

Korean

Russian

Farsi

Hmong

Chinese

Cambodian

Other: _____

Highest Degree Earned

(mark one)

None

GED

High School Diploma

Technical Certificate

AA/AS Degree

4-yr College Grad.

Graduate Studies

Other

Above earned outside U.S.

Instructional Program

Parent Education

Labor Force Status

(mark One)

Employed

Unemployed

Notseeking work

Retired

Attainable Goal Within

Program/Year _____

1 2 (1-First, 2-Second)

Family goal

Personal Goal

None

Other

For Office use!

Start Date	End Date	Session	Course Title	Location/Room	Days	Time

