



**CENTER FOR  
EARLY CHILDHOOD  
EDUCATION**

<b>For School Use Only</b>	Circle "Y" for Yes and "N" for No.
Date Received: _____	Birth date Verified: Y / N
Tour Date: _____	Mailing Address Verified: Y / N
	Immunizations complete? Y / N
	Medical Alerts: Y / N

Please return completed and signed application along with supporting documents to:

**Attention: Admissions**  
**Triumph Center for Early Childhood Education**  
**4104 Martin Luther King Jr. Blvd.**  
**Sacramento, CA 95820**

Required Supporting Documents

- Copy of Birth Certificate
- Copy of Immunization Records
- Mailing Address Verification ( i.e. PG&E Bill, Phone Bill)

**Child and Family Information**

Child's Last Name		First Name	Middle Initial		
(Residence) Street Address		City	State	Zip	
(Mailing) Street Address		City	State	Zip	
Primary Phone #	Gender (Circle one): Male / Female	Birth Date (MM/DD/YY)	Birth City	Birth State	Birth Country

Has your child been enrolled at a childcare center or preschool before? Y / N  
 If yes, check which type of care below:

- Preschool Name: \_\_\_\_\_
- Childcare Center Name: \_\_\_\_\_
- Family Childcare
- Other

How did you hear about Triumph Center for Early Childhood Education?

- Personal Recommendation
- Flier or Mailing
- St. HOPE Public Schools staff member, student, or family
- Other \_\_\_\_\_

Mother/Guardian Last Name		First Name	Middle Initial		
(Residence) Street Address		City	State	Zip	
Home Telephone #		Work Telephone #			
Occupation		Employer			
E-mail Address	Education Level (Circle one): 1-Graduate school/post graduate training 2-College graduate	3-Some college (includes AA degree) 4-High school graduate	5-Not a high school graduate 6-Declined to state or unknown		

Father/Guardian Last Name		First Name	Middle Initial		
(Residence) Street Address		City	State	Zip	
Home Telephone #		Work Telephone #			
Occupation		Employer			
E-mail Address	Education Level (Circle one.): 1-Graduate school/post graduate training 2-College graduate	3-Some college (includes AA degree) 4-High school graduate	5-Not a high school graduate 6-Declined to state or unknown		

**Brothers and Sisters**

Last Name	First Name	Gender	Age	Childcare/School Attending
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Is there other information you would like to provide regarding your child's family to help us better understand and care for your child? (i.e. custody, special circumstances)

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Please provide any information concerning your child which will be helpful in his/her experience at Triumph (such as eating and sleeping habits, special fears and/or needs, likes and dislikes):

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### Scheduling Information

Indicate the program you wish to enroll your child in:

- Full-time Pre-Kindergarten (Four year-olds)
- Full-time Preschool (Three year-olds)
- Part-time Preschool – AM Session (Three year-olds)
- Part-time Preschool – PM Session (Three year-olds)

### Before- and After-School Childcare

If you anticipate needing childcare, please indicate anticipated hours and days each week

- |           |  |                                       |
|-----------|--|---------------------------------------|
| Monday    | <input type="checkbox"/> before school | <input type="checkbox"/> after school |
| Tuesday   | <input type="checkbox"/> before school | <input type="checkbox"/> after school |
| Wednesday | <input type="checkbox"/> before school | <input type="checkbox"/> after school |
| Thursday  | <input type="checkbox"/> before school | <input type="checkbox"/> after school |
| Friday    | <input type="checkbox"/> before school | <input type="checkbox"/> after school |

### Emergency Contact Information

First Contact/ Last Name	First Name	Telephone #	Relationship
Street Address		City	State Zip

Second Contact/ Last Name	First Name	Telephone #	Relationship
Street Address		City	State Zip

### Medical Information

Insured/ Last Name	First Name	M.I.
Name of Health Insurance	Medical ID # / Policy #	Telephone #
Allergies	Medical Problems/Chronic Illness	Other Issues

Doctor's Last Name

First Name

Telephone #

### Home Language

Which language did your child learn when he or she first began to talk?

What language does your child most frequently use at home?

What language do you use most frequently speak to your child?

Which language is most often spoken by the adults in your home?

#### Ethnicities and Codes

(Write "1" in front of your primary ethnicity and "✓" all other ethnicities that apply.)

- |                                  |                                  |
|----------------------------------|----------------------------------|
| _____ 100 American Indian        | 56 Albanian                      |
| _____ 201 Chinese                | 11 Arabic                        |
| _____ 202 Japanese               | 12 Armenian                      |
| _____ 203 Korean                 | 42 Assyrian                      |
| _____ 204 Vietnamese             | 61 Bengali                       |
| _____ 205 Asian Indian           | 13 Burmese                       |
| _____ 206 Laotian                | 3 Cantonese                      |
| _____ 207 Cambodian              | 36 Cebuano (Visayan)             |
| _____ 299 Other Asian            | 54 Chaldean                      |
| _____ 301 Native Hawaiian        | 20 Chamorro (Guamanian)          |
| _____ 302 Guamanian              | 39 Chaozhou (Chiuchow)           |
| _____ 303 Samoan                 | 15 Dutch                         |
| _____ 304 Tahitian               | 0 English                        |
| _____ 399 Other Pacific Islander | 16 Farsi (Persian)               |
| _____ 400 Filipino               | 5 Filipino (Pilipino or Tagalog) |
| _____ 500 Hispanic               | 17 French                        |
| _____ 600 African-American       | 18 German                        |
| _____ 700 Caucasian              | 19 Greek                         |
| _____ 999 Declined to State      | 43 Gujarati                      |

#### Primary Languages and Codes

(Circle your primary language.)

- |                              |  |
|------------------------------|--|
| 21 Hebrew                    | 41 Polish                                      |
| 22 Hindi                     | 6 Portuguese                                   |
| 23 Hmong                     | 28 Punjabi                                     |
| 24 Hungarian                 | 45 Rumanian                                    |
| 25 Ilocano                   | 29 Russian                                     |
| 26 Indonesian                | 30 Samoan                                      |
| 27 Italian                   | 52 Serbo-Croatian (Bosnian, Croatian, Serbian) |
| 8 Japanese                   | 60 Somali                                      |
| 9 Khmer (Cambodian)          | 1 Spanish                                      |
| 50 Khmu                      | 46 Taiwanese                                   |
| 4 Korean                     | 32 Thai  |
| 51 Kurdish (Kurdi, Kurmanji) | 57 Tigrinya                                    |
| 47 Lahu                      | 53 Toishanese                                  |
| 10 Lao                       | 34 Tongan                                      |
| 7 Mandarin (Putonghua)       | 33 Turkish                                     |
| 48 Marshallese               | 38 Ukrainian                                   |
| 44 Mien (Yao)                | 35 Urdu  |
| 49 Mixteco                   | 2 Vietnamese                                   |
| 40 Pashto                    | 99 All other non-English languages             |

### Special Services

Does your child have any special needs we should be aware of?  Yes  No

If yes, please explain.

Is your child currently receiving any special services?  Yes  No

If so, please describe the services and the length of time your child has been receiving these services.

### General Authorizations

In an emergency, when I cannot be reached, I authorize the school authorities to take my student, at my expense, to my family doctor, licensed physician, nearest hospital or emergency first aid station for treatment. This consent is effective until revoked in writing.

(Please initial next to selection)

Yes, I do give permission \_\_\_\_\_

No, I do not give permission \_\_\_\_\_

At times during the year, the media may request permission to write an article about, and/or take pictures of, an activity taking place at the school site. Additionally, stories and photos of students may be taken for inclusion on the St. HOPE Public Schools maintained website

(Please initial next to selection)

Yes, I do give permission \_\_\_\_\_

No, I do not give permission \_\_\_\_\_

**Research Consent**

UC Davis researchers and educators will gather observational data of my child. This will include video and audio recordings. Researchers and faculty will respect my child's right to privacy. Material may be retained by the UC Davis staff and be kept at UC Davis. Such material is identified by my child's first name only, unless otherwise permitted by me. Access to this material is limited to me and to the staff of Triumph, the School of Education and M.I.N.D. Institute at U.C. Davis. I further acknowledge and understand that as a part of their observations researchers may occasionally interact with my child.

By enrolling my child in Triumph Center for Early Childhood Education, I understand that he or she will be observed as outlined above.

Child's name (please print clearly) \_\_\_\_\_  
First Last

\_\_\_\_\_  
Signature of Parent or Guardian

**I affirm, to the best of my knowledge, that the application information is correct and that I will notify the school each time there is a change in any of this information.**

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

\_\_\_\_\_  
Date (MM/DD/YY)

**NOTICE OF NON DISCRIMINATORY POLICY AS TO STUDENTS**

Triumph Center for Early Childhood Education admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Triumph Center for Early Childhood Education does not discriminate on the basis of race, color, national and ethnic origin in administration of its education and admissions policies.