

July 1, 2020

Dear Parent(s):

Your child's early learning and care provider/preschool participates in the San Diego Quality Preschool Initiative (SDQPI) to support high quality adult-child interactions and early learning and care environments. As a condition of the funding we receive to provide supports to your child's provider/preschool, we are required to report participation rates of children so California Department of Education, First 5 San Diego and First 5 California may evaluate our SDQPI program effectiveness. By signing the "Consent to Participate" forms (attached), you are authorizing your SDQPI provider/preschool to share your child's participation data with the San Diego County Office of Education (SDCOE), who operates SDQPI and is responsible to provide the data to our funders.

Your child's individual information will never be released in these required reports nor released to the public or made available for public viewing. The San Diego County Office of Education (SDCOE) operates SDQPI, therefore SDCOE staff will need access to view and review certain data collected by your child's providers/preschool. One of the attached forms is specific to allow your child's individual data to be shared with SDCOE for data quality only. Data collected by SDCOE from your child's provider/preschool will only be in aggregate form. This means that it will be group data such as number of children who are of a certain age, certain gender or received a specific service like a developmental screening or special education at the early learning and care site. Your provider/preschool may also share directory information including your child's name, gender, date of birth, and dates of attendance. Your provider/preschool does not need parent consent in order to share this information, unless you have opted out of release of directory information.

Providing your consent at this time does not limit your ability to withdraw your consent in the future. If at any time after providing your consent, you choose to withdraw your consent to share your child's participation data with the SDCOE or First 5 San Diego, please contact your Quality Preschool Initiative provider/preschool for the requisite forms.

If you agree to allow your provider/preschool and SDCOE to include your child's data in the participation rate data reporting process, please sign the attached form(s) and return them to your SDQPI provider/preschool. If you do not agree, please draw a line through the attached form(s) and write "no" in the signature line and return to your SDQPI provider/preschool. If you should have any questions or concerns, please contact me, Lucia Garay at lgaray@sdcoe.net.

Sincerely,



Lucia Garay
Executive Director
Early Education Programs and Services
San Diego County Office of Education



San Diego Quality Preschool Initiative
Enrollment Form *Forma de Inscripción*
(To be completed by the parent or guardian)
(El padre o tutor debe completar la forma)

PLEASE COMPLETE ALL INFORMATION REQUESTED (*required for SDQPI)

FAVOR DE COMPLETAR TODA LA INFORMACION QUE SE SOLICITA (*información obligatoria para SDQPI)

I. CHILD IDENTIFICATION* (*required) IDENTIFICACIÓN DEL NIÑO/A* (*información obligatoria)		
Child's LEGAL Name (from birth certificate) Nombre LEGAL del Niño/a (de acuerdo al Acta de nacimiento):		
*Last Name Apellido: _____		
*First Name Primer Nombre: _____		*Middle Name Segundo Nombre: _____
Child's Other Name Otro Nombre del Niño/a: _____		Reason for Use Razón para usarlo: _____
*Child's Date of Birth Fecha de Nacimiento: _____ Male Masculino <input type="checkbox"/> Female Femenino <input type="checkbox"/>		
Premature Prematuro: Yes Sí <input type="checkbox"/> No No <input type="checkbox"/> # of weeks # de semanas: _____		
*Child's Place of Birth (from birth certificate) Lugar de Nacimiento del Niño/a (de acuerdo al Acta de nacimiento):		
*City Ciudad: _____	*State Estado: _____	*Country País: _____
Mother's Name (from birth certificate) Nombre de la Madre (de acuerdo al Acta de nacimiento)		
Last Name Apellido: _____		Other Names Used Otros Nombres: _____
First Name Primer Nombre: _____		Middle Name Segundo Nombre: _____
Residence Address Domicilio de Residencia: _____		
City Ciudad: _____	State Estado: _____	Zip Code Zona Postal: _____
Home Phone Teléfono de Casa: _____	Cell Phone Teléfono Celular: _____	Email Correo electrónico: _____
Father's Name (from birth certificate) Nombre del Padre (de acuerdo al Acta de nacimiento)		
Last Name Apellido: _____		Other Names Used Otros Nombres: _____
First Name Primer Nombre: _____		Middle Name Segundo Nombre: _____
Residence Address Domicilio de Residencia: _____		
City Ciudad: _____	State Estado: _____	Zip Code Zona Postal: _____
Home Phone Teléfono de Casa: _____	Cell Phone Teléfono Celular: _____	Email Correo electrónico: _____
Guardian's Name (from legal documentation) Nombre del Tutor (de acuerdo a la documentación legal)		
Last Name Apellido: _____		
First Name Primer Nombre: _____		Middle Name Segundo Nombre: _____
Residence Address Domicilio de Residencia: _____		
City Ciudad: _____	State Estado: _____	Zip Code Zona Postal: _____
Home Phone Teléfono de Casa: _____	Cell Phone Teléfono Celular: _____	Email Correo electrónico: _____
II. Home Language Survey* (*required) ENCUESTA DE IDIOMA EN CASA* (*información obligatoria)		
*What language do you use most frequently to speak to your son/daughter? ¿Qué idioma utiliza más frecuente para comunicarse con su hijo/a?		
*Name the language most often spoken by the adults at home: Indique el idioma que más frecuentemente hablan los adultos en casa:		
*In what language do you prefer to receive program communications: ¿En qué idioma prefiere recibir información/comunicación del programa?		
English Inglés <input type="checkbox"/> Spanish Español <input type="checkbox"/> Other Otro <input type="checkbox"/>		
III. SERVICES AND PROGRAMS* (*required) SERVICIOS Y PROGRAMAS* (*información obligatoria)		
Yes Sí <input type="checkbox"/> No No <input type="checkbox"/> * Does your child have an IFSP or IEP? ¿Tiene su hijo un IFSP o IEP? (Plan Individual de Servicios para la Familia)?		
If yes, from where? Si sí, ¿de dónde?		

IV. ETHNICITY (*required) Etnicidad (información obligatoria)

Mark the ethnicity with which your child most closely identifies. Favor de marcar que etnicidad identifica más a su niño.

*Please check one: Favor de marcar una:

- Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) *Hispano/Latino (persona de origen Cubano, Mexicano, Puertorriqueño, Sudamericano, Centroamericano u otra cultura Española, sin importar de que raza)*
- Not Hispanic or Latino *No, Hispano ni Latino*

MUST ANSWER BOTH QUESTIONS
NECESITA CONTESTAR AMBAS PREGUNTA

RACE RAZA

*What is your child's race? (Please check up to five racial categories). The above question is about ethnicity, not race.

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

¿Qué raza es su niño/a? (Favor de marcar si es necesario hasta cinco categorías). La pregunta anterior es acerca de etnicidad, no raza. No importa lo que seleccionó en la pregunta anterior, por favor continúe contestando lo siguiente, marcando una o más de las opciones para indicar la raza que considera ser.

- American Indian or Alaskan Native** *Indígena Americano o nativo de Alaska (100)*
(Persons having origins in any of the original people of North, Central and South American, including Mexico) *(Personas cuyo origen nativo de Norte América, Centroamérica o Sudamérica incluyendo México)*

Asian - Asiáticos

(Persons having origins in any of the native peoples of the Far East, Southeast Asia, or the Indian Continent)

(Personas de origen nativo de Oriente, del Sureste de Asia o del Continente Indio)

- Chinese** *Chino (201)*
 Japanese *Japonés (202)*
 Korean *Coreano (203)*

(Persons having origins in any of the original peoples)

- Vietnamese** *Vietnamita (204)*
 Asian Indian *Indio de Asia (205)*
 Laotian *Laos (206)*
 Cambodian *Camboyano (207)*
 Hmong *(208)*
 Other Asian *Otros Asiáticos (299)*

Native Hawaiian or Pacific

Islander *Nativo Hawaiano o de las Islas del Pacífico*

- Hawaiian** *Hawaiano (301)*
 Guamanian *Guam (302)*
 Samoan *Samoano (303)*
 Tahitian *Tahitiano (304)*
 Other Pacific Islander
Otros grupos de las Islas del Pacífico (399)

Filipino 400

- African American or Black** *Negro o Afro-Americano (600)*

(Persons having origins in any of the Black racial groups of Africa)
(Personas cuyo origen es de los grupos raciales negros de África)

- White** *Blanco (700)*

(Persons having origins in the original peoples of Europe, North America, or the Middle East, including Mexico)
(personas de origen nativo de Europa, Norte América o del Medio Oriente incluyendo México)

Definitions from:

www.cde.ca.gov/ds/td/lo/refaq.asp
Definiciones de la siguiente página:

I/We have reviewed this document and to the best of my/our knowledge, the information contained herein is true and complete. The undersigned declares under penalty of perjury that they are the parents or legal guardians of the above-named student and grant the above authorizations.

Yo/Nosotros revisé/revisamos este documento de tres páginas y bajo conocimiento, confirmo que la información que contiene es verdadera y precisa. Declaro bajo pena de perjurio que soy el padre/tutor del niño mencionado y concedo la autorización citada en la parte superior.

Signature of Parent/Guardian (*required)

*Firma del Padre/Tutor (*campo requerido)*

Date

fecha

Signature of Parent/Guardian (*required)

*Firma del Padre/Tutor (*campo requerido)*

Date

fecha



Information on the First 5 San Diego Program Evaluation

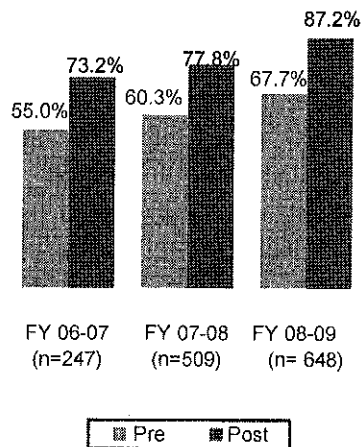
Evaluation Manager
9655 Granite Ridge Drive, Suite 120
San Diego, CA 92123
(858) 285-7710

First 5 San Diego (First 5 SD) supports and pays for programs for young children and their families in San Diego County. These programs help children enter school healthy and ready to succeed. Data collected from programs will help First 5 SD learn which programs work best.

Data Available to First 5 SD. The organization providing services to you shares data with First 5 SD. For example, the data may be the ages and ethnicities of participants, the number of people served in each zip code or information about how groups of children and their parents are learning and improving.

Procedures. First 5 SD does not report on individual children or families as part of its evaluation. Your family data will be combined with data from others to show First 5 SD if families are helped by our programs. As an example, some First 5 SD programs help parents to read to their child. The report would look like this.

Parents Reading 3 or More Times a Week to Their Child



Questions. If you have any questions regarding the First 5 SD evaluation, you may call the Evaluation Manager at (619) 523-7700, or write to the above mailing address.

Voluntary Participation. You/your child receive First 5 SD services voluntarily and you can refuse services or stop participating at any time.

ACKNOWLEDGEMENT

I, _____ have received the First 5 San Diego Program Evaluation information sheet.

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

Child(ren) under age 6 receiving services from:

Agency or Program Name

Child (1) – First, Middle, and Last Name (s) as listed on birth certificate

Relationship to Child (1)

Child (2) – First, Middle, and Last Name (s) as listed on birth certificate

Relationship to Child (2)

Child (3) – First, Middle, and Last Name (s) as listed on birth certificate

Relationship to Child (3)

Child (4) – First, Middle, and Last Name (s) as listed on birth certificate

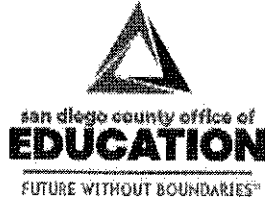
Relationship to Child (4)

Child (5) – First, Middle, and Last Name (s) as listed on birth certificate

Relationship to Child (5)

Child (6) – First, Middle, and Last Name (s) as listed on birth certificate

Relationship to Child (6)



Model Release Form

STUDENT NAME (please print): _____

All my rights I may have or acquire in connection with my participation in the television, film, audiotape series, or any Web-based or derivative work of projects for teachers by the First 5 San Diego Quality Preschool Initiative including but not limited to my rights to publicity, copyrights and/or other intellectual property rights, are hereby granted, worldwide, in perpetuity and for any use to the San Diego County Board of Education and the San Diego County Office of Education, San Diego, California, and its designees. I hereby waive the right to any fees or control of the aforementioned programs or any portion thereof, now or in the future and I grant full permission for the use of my name, likeness, performance and voice for the purpose of publicizing, advertising, promoting, or marketing the aforementioned teacher projects.

San Diego County Office of Education will have no obligation to use the material or to complete, distribute, or exhibit the production. I shall not have the right to approve or review any use of the material. I acknowledge that no consideration or compensation shall be payable in connection with the material. I understand and acknowledge that San Diego County Office of Education will use the material in full reliance on the above consent and release.

Student's Signature Date

For Students who are Minors (under age 18):
I hereby represent and warrant that I am the parent or legal guardian of the Minor Student whose name is printed above, that I am of majority age and have the legal right to execute this consent and release on behalf of the Minor Student. I further represent and warrant that I have read the release, above, prior to its execution, that I am fully familiar with the contents thereof, and understand and agree to be bound by the terms, conditions and provisions thereof.

Parent/Guardian Signature Print Name Date

Address

School/Location City State





AUTHORIZATION FOR USE OR DISCLOSURE OF STUDENT INFORMATION TO AND FROM EARLY LEARNING AND CARE PROVIDERS

Completion of this document authorizes the disclosure and/or use student information between your child's early learning and care provider, and the San Diego County Office of Education, as set forth below, consistent with California and Federal laws concerning the privacy of such information and use of non-identifiable student information for the purposes of program study and funding. If you consent to disclosure of information as described herein, please fill out, sign and return this form to:

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____
Last First MI Date of Birth

I, the undersigned, do hereby authorize the above named student's early learning and care provider, _____, to allow the San Diego County Office of Education to review my child's records and confidential information for the purpose of verifying aggregate (group) data for my child's early learning and care site, and for the San Diego County Office of Education, 6401 Linda Vista Road, San Diego, CA 92111, to share aggregate information including all children at the early learning and care site, with First 5 San Diego, First 5 California and California Department of education for the purpose of program study and funding. No personally identifiable information will be shared.

Requested information shall be limited to the following aggregate information about the children enrolled at your child's early learning and care site: ethnicity; primary language; number of children who received a developmental screening and number of children who have an IFSP or IEP

DURATIONS

This authorization shall become effective immediately and shall remain in effect until _____ or one year from today. Date

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

You have the following rights with respect to this authorization, and affirm you understand them in signing this release form. You may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Signing this authorization may be required in order for this student to obtain appropriate/additional specialized support services in the educational setting.

Approval: _____
Printed Name Signature Date

Relationship to Student Area Code and Telephone Number