

# PIE Preschool

(South Main Campus)

## Registration Form

School Year: 2026-2027

AM - 4/5 Y/O Only:  AM 5 days only (27-28 KG only)

AM 8-11am

PM - 3.5/4/5 Y/O:  PM 5 days (4-5 y/o)  PM 3 days M/W/F (4-5 y/o)  PM 2 days T/Th (3.5-5 y/o)

PM 12-3pm

**PARENTS: THE INFORMATION ON THIS FORM IS NEEDED SO THAT WE WILL BE ABLE TO PROVIDE SERVICES AND CARE. PLEASE FILL OUT THE ITEMS ACCURATELY AND COMPLETELY.**

Student's legal name     Students preferred name (if applicable)   
Last First Middle

Age on 9/1/26 M/F Birth date Birth Place (City/State) Parent E-mail (used for school communication)

Birth Country Entrance Date - Oregon Entrance Date - United States

Resident Address City, State, Zip Mailing Address (if different)

Home Phone Mom Cell Phone Dad Cell Phone

Living with  Yes  No  
Mother/Guardian Name (Last, First, Middle) Mother's maiden name

Mother/Guardian Employer Occupation Work Phone (extension if applicable)

Living with  Yes  No  
Father/Guardian Name (Last, First, Middle)

Father/Guardian Employer Occupation Work Phone (extension if applicable)

### EMERGENCY CONTACT - OTHER THAN PARENT/GUARDIAN

This information is needed in case of an emergency/varied situations in which you may not be able to be reached.

The person you select is given authority to:

1. Authorize the school to release your student if we are unable to contact you.
2. Direct the school in the handling of an emergency involving your child.

Name:  Phone:  Relation:

Name:  Phone:  Relation:

Name:  Phone:  Relation:

Name:  Phone:  Relation:

### ALL CHILDREN LIVING AT HOME:

Name:  Date of Birth:  School:

Name:  Date of Birth:  School:

Name:  Date of Birth:  School:

**RACIAL ETHNIC CATEGORY:** FEDERAL LAW REQUIRES THE DISTRICT TO REPORT THIS INFORMATION. IT IS YOUR OPTION WHETHER TO PROVIDE IT. THIS INFORMATION IS ONLY USED FOR FEDERAL REPORTS.

Part A: Is this Student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican,  Yes  No South or Central America, or other Spanish culture or origin, regardless of race)

Part B: What is this student's race?

White/Caucasian  Black/African American  Asian   
American Indian/ Alaskan Native  Native Hawaiian/Other Pacific Islander

Does anyone in your household speak a language other than English?  Yes  No

**SPECIAL PROGRAMS:** Has your student received any of the following services?

TAG  TITLE I  Special Education  504  Speech/Hearing

**STUDENT HEALTH INFORMATION**

Is the student covered under any medical insurance?  Yes  No

If covered by medical insurance, please list name of company

Does student have problems with the following:

Hearing  Vision  Seizures  Asthma  Diabetes

Bee Sting Reactions: Swelling  Breathing Problem  Other

Is medication required? Yes  No

If yes what type: Injection kit  Injection by physician  Oral

Allergies (Please indicate what the student is allergic to)

Any daily medications? Yes  No  If yes, name of medication

Is student allergic to any medication? Yes  No  If yes what?

Any other medical issues?

Emergency room personnel to treat student? Yes  No

Transport student by ambulance? Yes  No

Physician Name  Phone #  Dentist Name  Phone #

I give permission for my student to participate in school organized and supervised field trips Yes  No

I give permission for my student to view movies, Rated G only. Yes  No

I give permission for my students name and picture to be in the newspaper? Yes  No

My child will be fully potty trained before attending. Parent/Guardian Initials: \_\_\_\_\_

**Are there any restraining orders/court orders to protect student:** Yes  No

-- If yes school **must** have a copy for school records.\*

**\*Non- Custodial Parents Statement: Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary.\***

Parents/Guardian Signature

Date