

PIE Preschool

(South Main Campus)

Registration Form

School Year: 2025-2026

4& 5 Y/O Only: AM 5 days only (26-27 KG only)

AM 8-11am

3,4&5 Y/O: PM 5 days PM 3 days M/W/F PM 2 days T/Th

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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last	First	Middle			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Age as of 9/1/25	M/F/X	Birth date	Birth Place (City/State)	Parent E-mail (used for school communication)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birth Country	Entrance Date – Oregon		Entrance Date – United States		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Resident Address	City, State, Zip		Mailing Address (if different)		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Home Phone	Mom Cell Phone	Dad Cell Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Living with <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother/Guardian Name (Last, First, Middle)		Mother's maiden name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Work Phone (extension if applicable)		
Mother/Guardian Employer		Occupation			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Living with <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father/Guardian Name (Last, First, Middle)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	Work Phone (extension if applicable)		
Father/Guardian Employer		Occupation			

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:	<input type="text"/>	Phone:	<input type="text"/>	Relation:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relation:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relation:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>	Relation:	<input type="text"/>

ALL CHILDREN LIVING AT HOME:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	School:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	School:	<input type="text"/>
Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	School:	<input type="text"/>

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, South or Central America, or other Spanish culture or origin, regardless of race) Yes No

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