

# PIE Preschool

(Sweet Home Campus)

## Registration Form

School Year: 2024-2025

Available for 4& 5 Yr Only:  AM 5 days only (25-26 KG only)

Available for all Pre K:  PM 5 days  PM 3 days M/<sup>^</sup>  PM 2 days T/Th

**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"/>	
Grade	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"/>		
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"/>			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,  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

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