

PIE PRESCHOOL

Registration Form
School Year: 2019-2020

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.

4/5 Yr Class (AM-5 days only) _____
4/5 Yr Class (PM) _____ How many days a week? _____ (5days, 3 days M/W/F; 2 days T/TH)

Students legal name (Last, First, Middle) _____ Students preferred name (if applicable) _____

Age _____ M/F _____ Birth date _____ Birth Place (City/State) _____ E-Mail _____

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

Home Phone _____ Mom Cell Phone _____ Dad Cell Phone _____

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

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

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

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

School Last Attended _____

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: _____

Continue other side of form

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?

_____no, not Hispanic/Latino _____yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, 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 _____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? If yes what? _____

Any other medical issues? _____

Emergency room personnel to treat student? Yes No

Transport student in school employee's vehicle? 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.

DIRECTORY INFORMATION

Permission is granted for household phone number to be released to staff and/or parent club. Yes _ No _____

Would you like to be listed in school directory? Yes _ No _____

Parents/Guardian Signature

Date