

# PIE PRESCHOOL

Registration Form  
School Year: 2015-2016

**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: \_\_\_\_\_

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**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