Prairie City Preschool Promise Registration Form

Children must be at least three years old, but not older the five years of age on September 1st. Age-eligible children may participate in the Preschool Promise Program for up to two program years.

We will notify parents two weeks prior to the starting date to let them know if their child has been excepted into the Preschool Promise Program. The screening process is done by the Frontier Learning Hub.

| Child's full name | Registration date | | | | |
|--|---|--|--|--|--|
| Date of birth | Place of birth | | | | |
| Mother's name | Contact number | | | | |
| Occupation | | | | | |
| Father's name | Contact number | | | | |
| Occupation | | | | | |
| With whom residing? | | | | | |
| Mailing Address | | | | | |
| Physical Address | | | | | |
| Please name a relative or friend whom we may call if we are | unable to contact you. | | | | |
| Name | _ Contact number | | | | |
| Allergies: Yes No <u>Medications:</u> | Yes No | | | | |
| If yes, please list | | | | | |
| | | | | | |
| Please choose an ethnicity:American Indian/AlaskanHispanic/LatinoPacific IslanderWhite | Indian AsianBlack | | | | |
| Permission is given for your child to be photographed and pis school related? Yes No | published on social media, slideshows, and local newspaper that | | | | |
| Cell number(s) for group messages to parents | | | | | |
| Email address | | | | | |



| give the ASQ3 to your or motor, problem solving Promise Program. A co If you <i>do not</i> wish your | I year, screenings, assessments, child. This screening is an Ages, and personal-social. This screen opy of the ASQ-3 will be sent ho child to participate in this screen | & Stages Questionna ening will be given wi me after the screenin | aire. It covers communication thin the first 45 days of arriva g is completed. | n, fine motor, gross |
|---|--|--|--|-----------------------|
| All Household Membe Name | Relationship to student | Date of birth | Foster Care (Y/N) | Employed (Y/N) |
| | | | | |
| | | | | |
| school. Immunization Red Income Eligibility or other source, r Residency Require acceptable docum | cumentation. A copy of the chicords Documentation. Proof of incomust be on file prior to the day rement. Children must be Oregonentation, such as a family's curror to the day the child begins solution. | ome on acceptable of the child begins solon residents. Proof o ent utility/service bill, | locumentation such as tax hool. f residency based on parent s | returns, pay stubs, |
| EMERGENCIES: Every effort of the emergency or medical care as | will be made to contact you or your conta s needed. | act person. In the event we | are unable to do so, the school reser | ves the right to seek |
| Parent/Guardian signat | ure | | Date | |

