**2017-2018 Emerado Preschool Registration**

* Children must be 4 on or before September 1 to be eligible.
* Preschool tuition is $400 per month. (Unless qualified for free or reduced.)
* We will have full day preschool for the 2017-2018 school year.
* School day will include academic instruction, playtime, nap time, breakfast, lunch and snack as well as music and physical education. Please fill this form out completely as spots are reserved on a first come first serve basis.

|  |  |  |
| --- | --- | --- |
| Today’s Date: | Current Age: | Date of Birth: |
| Child’s Name, First | Middle | Last |
|  |  |  |
| Legal Guardian Name(s) | Address (Physical & Mailing) | Phone Number(s) |
|  |  |  |
| Work Phone Number | Email Address | Child’s Gender |
|  |  | M F |

**Secondary Contact Information**

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Student | Phone Number |
|  |  |  |
| Name | Relationship to Student | Phone Number |
|  |  |  |

**Has this child been enrolled in our program before?**  Yes No

Has this child received any of the following services: (circle all that apply)

Title I Individual Education Plan (IEP) 504 Plan ELL (English Language Learner)

Speech Occupational Therapy Other\_\_\_\_\_\_\_\_\_\_\_\_

**Child's PRIMARY Race / Ethnicity: (Circle One Please)**

Asian Black Caucasian Hispanic/Latino Pacific Islander

Native American/Alaskan Native

**What is the language most often spoken in the home?**

**What is the language spoken most often by the student?**

**With whom does the child live?**

**Please list any brothers and sisters living at home.**

|  |  |
| --- | --- |
| **Name** | **Age** |
|  |  |
|  |  |
|  |  |

**Emergency Information**

Please provide up to three emergency contacts other than those listed above.

|  |  |  |
| --- | --- | --- |
| **Relationship to Student** | **Name** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**Health Information**

Physician and/or Specialist & Phone Number:

**Does your child have any of the following?**

| Check if applicable |  | Comments: |
| --- | --- | --- |
|  | Allergies (Foods, Medications, etc.)\* |  |
|  | Asthma |  |
|  | Chronic condition / medical diagnosis |  |
|  | Diabetes |  |
|  | Heart or circulatory disorder |  |
|  | Musculoskeletal disorder |  |
|  | Other health problems |  |
|  | Daily Medications |  |

If you have marked "yes" on any of the above medical questions, it is your responsibility to contact the school discuss your child's health care needs before your child begins preschool.

**Tuition Contract for Special Services**

At Emerado Public School we provide a tuition based PreKindergarten program for students ages 4-5. For students in the Emerado Public School District, admittance to the program is on a first come first serve basis. Students should attend preschool in the district they reside. However, if students enroll in the Emerado program from another district, parents could be responsible for additional charges. These charges may result from special services provided such as evaluation for an individual education program or special services.

I understand the above responsibilities for my student(s) and agree to pay any additional charges resulting from special services provided at Emerado Public School.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Hearing Screening Permission Form-**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

A selective hearing screen will be conducted by Upper Valley Special Education Unit at the school during the fall and the spring of the 2017-2018 school year.

We will be screening all students in Pre-K, Kindergarten, 1st, and 2nd grade, as well as all special populations (including new students) and all students with a previous history of hearing difficulty throughout the school. If you would like your child to be screened, please sign this form, which provides written permission for them to participate.

***\*Note: Parent may assume their child passed the screening procedure if they do not receive a letter to the contrary.***

***\*Please complete the following:***

1. My child currently has PE tubes placed: YES / NO
	1. If YES to Question 1: Left / Right / Both Ears
2. My child previously had PE tubes placed: YES / NO
	1. If YES to Question 2: Left / Right / Both Ears
3. My child has a history of ear infections: YES / NO
	1. If YES to Question 3: Left / Right / Both Ears

\*My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in the hearing conservation monitoring program conducted by Upper Valley Special Education Unit.

\*Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emerado Preschool Supply List 2018-2019

 Please label the following:

* (1) 15 or 16 quart plastic bin with lid
* (1) Small blanket or towel for rest time; needs to fit in plastic bin

         so lid can close

* (1) Extra set of clothing: socks, underwear, short/long pants, short/long sleeve shirt, etc. (per season and size/growth of child!)
* (1) Full-Sized Backpack
* (1) Plastic 2-pocket, 3-pronged folder
* Please do not label the following:

* (1) pack of colored pencils- short/stubby set; for beginners - triangular shaped (for proper hold)   Ex. Crayola Write Start
* (1) Elmer’s white school glue

* (1 or more) container clorox/lysol disinfecting wipes

* (1) box tissues