Preschool Registration

1. Complete the Student Information Form, Health History Form, Student Transition Form, and Income Verification Form.
2. Take a picture of your child's Birth Certificate, Shot Record, and Pay Stub/Tax Forms and email it to rhpreschoolregistration@rockhill.org.

*****If your child attended RH Preschool last year we do not need a copy of Birth Certificate or shot record unless they have recently gotten new shots.**

STUDENT INFORMATION SHEET

(PLEASE PRINT AND ANSWER ALL INFORMATION)

LAST NAME:_____

NAME SUFFIX (e.g. Jr., I, II, III)_____

FIRST NAME_____

MIDDLE NAME_____

ADDRESS_____

CITY:_____

STATE:_____ZIP CODE_____

TELEPHONE (AREA CODE + NUMBER)_____

PARENT / GUARDIAN NAME:_____

RELATION TO STUDENT_____

MOTHER'S MAIDEN NAME_____

STUDENT'S SEX (MALE OR FEMALE)_____

ETHNIC CODE: (CIRCLE ONE) CAUCASIAN, AFRICAN AMERICAN, HISPANIC, ASIAN, AMERICAN INDIAN

NATIVE LANGUAGE_____

BIRTHDATE_____, _____, _____

MONTH DAY YEAR

BIRTHPLACE OF STUDENT_____, _____

CITY STATE

STUDENT SOCIAL SECURITY NUMBER_____-_____-_____

DO YOU LIVE IN THE ROCK HILL DISTRICT_____

IF NO, WHICH DISTRICT_____

ARE YOU THE LEGAL GUARDIAN OF THE STUDENT_____

DOES YOUR CHILD HAVE AN IEP? _____

DOES YOUR CHILD HAVE A 504? _____

Rock Hill Local School District

Health History

Student's Name	Sex	Date of Birth

Student Health Conditions:

[ ] Allergies
[ ] Asthma
[ ] ADD / ADHD
[ ] Autism
[ ] Behavior concerns
[ ] Birth/Congenital malformations
[ ] Bone/Muscle/Joint problems
[ ] Blood problems
[ ] Bowel/ Bladder problems
[ ] Cancer
[ ] Cystic fibrosis
[ ] Diabetes
[ ] Depression
[ ] Ear problem/hearing difficulty
[ ] Emotional concerns
[ ] Headaches
[ ] Heart problems
[ ] Hemophilia
[ ] Juvenile arthritis
[ ] Lead poisoning
[ ] Migraines
[ ] Neuromuscular disorder
[ ] NO medical conditions
[ ] Seizure disorder
[ ] Sickle cell anemia
[ ] Skin conditions
[ ] Speech problems
[ ] Traumatic brain injury
[ ] Vision problems (glasses/contacts)
[ ] other _____
[ ] other _____
[ ] other _____
[ ] other _____

Please explain any conditions above or any reasons for hospitalizations:

_____

_____

Please indicate any allergies your child may have:

Allergy type	Reaction	School restrictions or recommended actions
Bee/Insect	_____	_____
Food	_____	_____
Medication	_____	_____
Other	_____	_____

Please list any prescription and over the counter medication that your child takes on a regular basis:

Medication/Dose	Time	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?
Yes / No
If YES, please explain:_____

_____

_____

Does the student require any special procedures and/or treatments for their health condition(s)?
Yes / No
If YES, please explain: _____

_____

_____

Please indicate any other information about your child's health or development that you think would be helpful for the school to know: _____

_____

_____

_____ _____ _____

Form completed by | Relationship to student | Date

Rock Hill Preschool Transition Form

Child's Name_____

Date_____

Questions- Please answer and elaborate with any information that the program should know. You may use the back side of this page if needed.

1. How well does your child manage change?

2. Are there any times of the day that are consistently troublesome for your child? (Rest time, lunch/snack time, drop off / pick-up, etc)

3. Would peer support from another child be beneficial in helping support your child with transitions?

Please provide any additional information not included above regarding any issues/concerns you may have for your child and their transitions:

Rock Hill Preschool strives to make every child's transition within or out of the program, a successful one. We strive to meet the individual needs of all our students. If parents feel that an individualized transition plan needs to be developed to meet the needs of a child, then a team will be formed to create a plan that will meet the needs of that child.

Do you feel that such a plan would be needed to meet the needs of your child?

(If yes, a plan would need to be in place before school begins)

Yes_____ No_____

Preschool Representative Date

_____ _____

Parent / Guardian Date

_____ _____

INCOME VERIFICATION

What is your gross household income? _____

Is your income - weekly bi-weekly monthly

How many people are in your household?_____

**** Proof of income will need to be submitted**