

PORTAGE COMMUNITY SCHOOLS

PRESCHOOL (4K) STUDENT REGISTRATION FORM

INTENDED PRESCHOOL: (Check only ONE, this does NOT Guarantee placement at your choice, please contact school directly) _____Alphabet Express
_____ Endeavor School _____ Little School
_____ Head Start _____ Open Arms
_____ Learning Tree _____ St. Mary School

Student Legal Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ Home Phone#: _____
Street/Apartment # City Zip Code

Gender: M F Date of Birth ___ / ___ / ___ Age _____ (4 by Sept 1st) Grade: 4K

Birth City _____ Birth State _____ Birth County _____ Birth Country _____

Student's Ethnicity: (Circle One) White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander

Is the student Hispanic or Latino: (Circle One) YES NO

Has the student attended preschool before? YES NO

If yes, Name of Previous School _____ Address _____ Phone _____

Father name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Father Email Address: _____

Mother name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Mother Email Address: _____

Guardian name(if not living with parents): _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Guardian Email Address: _____

Student resides with: (Circle One) Both Parents Mother Father Grandparent Foster Care Other _____

If father and mother do NOT reside at same address, do you want school mailings sent to BOTH addresses? YES NO

Physical Placement: _____ Sole custody: ___ Mother ___ Father (Court document required) ___ Joint Custody

EMERGENCY CONTACTS: OTHER THAN PARENTS OR GUARDIAN

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

STUDENT HEALTH

Health concerns school/teacher/nurse should know about: _____

Does student have: ___ Heart problem ___ Diabetes ___ Seizures ___ Asthma ___ Allergies Other: _____

If yes, describe symptoms and treatment: _____

Does student go into shock or have trouble breathing due to allergies? ___ If yes, it is the parent's responsibility to provide the school with any needed medication and a medication form signed by the parent and physician.

Does student take any medications? ___ If yes, name of medication (s): _____

A signed medication form is required if school personnel are to give medication to the student. Giving needed medication to the student is the parent's responsibility until forms are signed.

I, as parent/guardian/ give consent for this information to be shared with relevant staff in the event I cannot be reached. I hereby authorize the principal or other school employee to contact and/or transport my child to the doctor or dentist named above if any emergency exists or to a substitute doctor or dentist if mine is not available. In major emergencies, school authorities will call the nearest rescue squad. NOTE: A copy of this form will accompany your child if sent for emergency care.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Project Lifesaver ID _____ Transmitter# _____

DIGITAL MEDIA RELEASE

The Portage Community School District may use student photos, interviews, videos, and projects for educational and informational purposes. This media may be used in classroom projects, district newsletters, newspaper articles, school websites, District-sponsored social media sites, (Facebook, Twitter, YouTube, etc.), and for general media purposes. Students appearing in large group or public area gatherings where the student is not clearly identified may be used without parent/guardian permission. Students appearing in a small group or identified by name must have a parent/guardian signature giving permission to use on the annual registration form.

I give permission for my child's picture/video/project to be used.

Parent/Guardian Signature: _____ **Date:** _____

Siblings or other children in the home:

Name	Date of Birth	School/Grade/Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please return this completed and signed form along with a Home Language Survey and Immunization Records to:

John Muir Elementary
Attn: Preschool – Teresa Dyal
2600 Woodcrest Drive
Portage, WI 53901

Note: This does not guarantee your choice of preschool; we will make every effort to accommodate your wishes. Please contact the preschool directly for reservations.

**Portage Community Schools
Student Home Language Survey – Preschool 4K**

Portage Community Schools would like to determine your child's spoken language. The information is essential in order for schools to provide meaningful instruction for all students. Thank you for taking the time to complete this!

School Year Beginning September 1st, 2016

School: _____ **Little School**
(Check One) _____ **Open Arms**
_____ **Head Start** _____ **St Mary's School**
_____ **Learning Tree** _____ **Alphabet Express**
_____ **Endeavor Elementary**

Student's Name: _____
Last First Middle

Date of Birth: ____/____/____ **Age:** ____ **Gender:** M F

Place of Birth, City: _____ **County:** _____ **State:** ____ **Country:** _____

Is the student Hispanic or Latino: (Circle One) Yes No

Student's Ethnicity: (Circle One)

White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander

Has the student or anyone within the household, moved within the past 3 years for the purpose of finding seasonal or temporary agricultural employment directly related to producing or processing crops or livestock, dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural waters within the United States? No Yes

Please answer the questions below.

1. Is a language other than English spoken in your home? No ____ Yes ____ Language _____
2. What was the **first** language your child learned? English ____ Other language _____
3. Which language is spoken most in your home? English ____ Other language _____
4. Which language is spoken by your child in your home? English ____ Other language _____
5. Which language is spoken by your child with friends? English ____ Other language _____
6. What do you consider your child's primary language? English ____ Other language _____

Signature of Parent or Guardian

Date

****This form is required by the state for every student in order to enroll in Portage Community School District.****

Portage Community School District Annual Student Health Update

School Year 2016-2017

My child attends PreK at (circle): Endeavor/St. John's/St. Mary's/Little School/Learning Tree/Head Start/Alphabet Express

Student's Name	Birthdate	PreK Grade
<p>Does your child have any of the following as diagnosed by a physician? (Please circle YES or NO) NONE TO ALL</p>		
<p>Yes No Asthma: Present ___ In past ___ Inhaler needed at school ___</p> <p>Yes No Diabetes: ___ Insulin Required</p> <p>Yes No Heart Problems: _____</p> <p>Yes No Cancer: Type _____</p> <p>Yes No High Blood Pressure</p> <p>Yes No Rheumatoid Arthritis</p> <p>Yes No Bleeding Problem: _____</p> <p>Yes No Seizure Disorder: Type: _____ Last seizure: _____</p> <p>Yes No Migraine Headaches</p> <p>Yes No Scoliosis</p> <p>Yes No Vision Problems: ___Glasses ___Contacts</p> <p>Yes No Hearing Problems: Hearing Aid ___R ___L</p> <p>Yes No Attention Deficit Hyperactivity Disorder (ADHD) / Attention Deficit Disorder (ADD) Treatment: _____</p> <p>Yes No Depression</p> <p>Yes No Anxiety</p> <p>Yes No Organ transplant Organ(s): _____</p>	<p>Yes No Insect Sting Allergy Insect: _____ Reaction: _____ Treatment: _____</p> <p>Yes No Allergies to Medications List: _____</p> <p>Yes No Food Allergies (Severity/Specifics) Food: _____ Reaction: _____ Mild / Moderate / Severe -circle one Treatment: _____</p> <p>Yes No Seasonal /Other Allergies List: _____</p> <p>Yes No Operations or Surgeries List: _____</p> <p>Yes No Mobility concerns List: _____</p> <p>Yes No Other Health Problems List: _____</p>	

IF YOUR CHILD HAS A DIAGNOSED MEDICAL CONDITION - PLEASE CONTACT THE DISTRICT NURSE: VALERIE HON, RN AT (608) 742-4867, EXTENSION 4131

Child's Physician: _____
Dentist: _____

Clinic number: _____
Clinic number: _____

Please list the medications that your child is taking (i.e., inhalers, insulin, antidepressants, etc.)

#	Medication Name	Dose	Time Taken	Purpose
1				
2				
3				
4				
5				
6				

If your child needs to take medication during PreK school hours, the parent/guardian must complete a Medication Request/Consent Form. **Prescription medications and some non-prescription medications require a doctor's signature.** Forms can be obtained from the District Registrar or online. Students **are not allowed** to carry medications with them unless it has been approved by both the physician and parent (i.e., inhaler, epi-pens, glucagon). Questions may be directed to the school nurse.

The Portage School District Nurse will work with PreK staff to complete the medication training required by Wisconsin Statutes.

*The above information is correct to the best of my knowledge. Should changes occur, I will notify the school to ensure appropriate understanding of my child's health status. This information will be shared with appropriate school staff to assure a safe environment for my child.

Parent/Guardian Signature _____

_____ Date

Return to the Portage Schools District Registrar

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-04020L (Rev. 07/12)

2600 Woodcrest Drive, Portage, WI 53901

STATE OF WISCONSIN
252.04 and 120.12 (16) Wis. Stats.

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA PLEASE PRINT

Step 1

Student's Name	Birthdate (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTaP/DTaP/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

SIGNATURE - Physician _____ Date Signed _____

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED _____

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student _____ Date Signed _____

Morning Class Schedule

8:00-8:10 Meet and Greet

8:10-8:30 Big Experience 1 (Literacy)

8:30-9:30 Center Time

9:30-10:00 Big Experience 2 (Math/Science)

10:00-10:20- Bathroom/wash hands/snack/book time when finished

10:20-10:40 Big Experience 3 (Story)

10:40-11:00 Outside Time

Afternoon Class Schedule

12:00-12:10 Meet and Greet

12:20-12:30 Big Experience 1 (Literacy)

12:30-1:30 Center Time

1:30-2:00 Big Experience 2 (Math/Science)

2:00-2:20 Bathroom/wash hands/snack/book time when finished

2:20-2:40 Big Experience 3 (Story)

2:40-3:00 Outside Time