

UBLY COMMUNITY SCHOOLS KINDERGARTEN REGISTRATION FORM

The information contained herein is for professional use and will be used in assisting the teacher to best help your child to learn. This information is considered privileged and will be kept in your child's confidential school record.

STUDENT _____ **GENDER**
Last First Middle M F

ADDRESS: _____
Street City State Zip

BIRTH DATE _____ **BIRTH PLACE** _____

ETHNICITY

Is this student Hispanic/Latino? (Choose One)
 No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

RACE

The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.
 American Indian/Alaskan Native
 Asian American
 Native Hawaiian/Pacific Islander
 Black/African American
 White

Is your child's native tongue a language other than English? Yes _____ No _____ Is the primary language* used in your child's home or environment a language other than English? Yes ___ No ___ If yes, what is the language?

* Primary language means the dominant language used by a person for communication.

FAMILY DATA

MOTHER

FATHER

| | | |
|---|--|--|
| Name | | |
| Country/State of Birth | | |
| Language in Home | | |
| Educational Status (Circle One) HS 9 10 11 12 College 1 2 3 4 + | | |
| Marital Status | | |
| Step-Parent | | |
| Child Resides With | | |
| Phone Number | | |

*** (If applicable, please provide a copy of custody arrangement, whether legal or agreed upon between parents)

OTHER CHILDREN IN FAMILY

| | | | |
|------------|-----------------|--------------|-------------|
| Name _____ | Birthdate _____ | School _____ | Grade _____ |
| Name _____ | Birthdate _____ | School _____ | Grade _____ |
| Name _____ | Birthdate _____ | School _____ | Grade _____ |
| Name _____ | Birthdate _____ | School _____ | Grade _____ |
| Name _____ | Birthdate _____ | School _____ | Grade _____ |
| Name _____ | Birthdate _____ | School _____ | Grade _____ |

HEALTH HISTORY

Please check if your child has any of the following:

Frequent colds ____ Ear Infections ____ High Fevers ____ Strep Infections ____ Tonsillitis ____ Heart Disease ____

Has your child had any of the following childhood diseases?

Measles ____ Mumps ____ Rubella ____ Chicken Pox ____

Does your child have any of the following conditions? (Please explain)

Asthma _____

Allergies _____

Food Sensitivities _____

Is your child taking any medication? Yes ____ No ____ If yes, what medication and how often? _____

Will the child need to take medication at school? Yes ____ No ____ If yes, what medication and when? _____

Are there any other health concerns that we should be aware of? _____

CHILD DEVELOPMENT

Does your child have difficulty or slow development in any of the following areas? If yes, please explain.

Speech Yes ____ No ____ _____

Motor Development (walking, running, throwing, etc.) Yes ____ No ____ _____

Vision Yes ____ No ____ _____

Hearing Yes ____ No ____ _____

Has your child attended any pre-school programs? Yes ____ No ____

If yes, where? _____

Dates of attendance _____

Is your child enthused about attending school? Yes ____ No ____

Parent Signature

Date

Parent Signature

Date