

Preschool Registration Form Check-List:

- **DeSales Preschool Registration Form**
- **Ossian DeSales Preschool Information Form**
- **Parent Permission Form**
- **Authorization and Release Media Form**
- **Home Language Survey**
- **Authorization for Prescription and Non-Prescription Medication**
- **Infant, Toddler, Preschool Age - Child Health Exam Form (this form should be given to your child's doctor to be filled out during their physical exam)**

DE SALES PRESCHOOL

Registration

3 & 4 Year-Old Program
Monday through Thursday
8:15 a.m.-3:25 p.m.

Child's Full Name (first, middle, last) _____

Date of birth: _____ Place of Birth: _____

Child's Religion: _____

Name of Father _____ Name of Mother _____

Responsible party other than parent:

Name of Male Guardian _____ Name of Female Guardian _____

A copy of Court custodial documents is needed, if applicable.

Home Address _____

Home Phone _____ County of Residence: _____

School District of Residence: _____

Attended Preschool last year? Yes or No If so, where: _____

Preferred email address(es) for school notes/info: _____

Father/Male Guardian:

Mother/Female Guardian:

Cell Phone: _____

Cell Phone: _____

Employer _____

Employer _____

Empl. City _____

Empl. City _____

Business Phone _____

Business Phone _____

Emergency Contact(s):

Name: _____ Relationship: _____

Phone: _____ Physician: _____

Ossian De Sales Preschool Information

I. Student Information

Name: _____ Sex _____ Birth Date _____
Last First Middle

Address: _____ Phone: _____

II. Parent Information

Mother _____ Phone: _____
Name Place of Employment

Father _____ Phone: _____
Name Place of Employment

III. Family History

Marital Status of parents: Married _____ Separated _____ Divorced _____

Other children at home (list name and age)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

IV. Social Skills

How does your child get along with children his/her own age? _____

Previous group experiences: Sunday School _____ Play Group _____
Preschool _____ If so, where? _____

V. Emotional Development

Is your child affectionate? _____ To whom? _____

Does your child accept new people easily? _____

What are your child's fears, if any? _____

Is your child usually happy? _____ How does your child usually express anger? _____

Is this method acceptable to you? _____

Does your child have any nervous habits? _____ If so, what are they? _____

VI. Interests

What activities does your child enjoy most? _____

Does your child have a pet? _____ If so, what is it? _____

VII. Foods

Is your child allergic to any food? _____ If so, what? _____

What foods are his/her favorite? _____

What are his/her least favorite? _____

VIII. Give any further information which will help us to better understand your child.

Please return this form the first day of preschool.

Parent Permission Form Ossian De Sales Preschool

1. I will assume all responsibility for my child between his/her place of residence and the Ossian De Sales Preschool classroom.

2. _____ has the authority to pick up my child if I cannot.

3. I grant permission for my child to leave the Preschool under staff supervision for walks to the park, downtown, or other special places.

4. In the event emergency medical care is necessary by a physician and obtaining permission would cause a delay in treatment that could be harmful to my child, I authorize Kristin Kriener and/or any other staff member to act in my behalf in granting permission for my child to receive emergency treatment.

5. People who may NOT pick up my child or visit my child at Preschool are:

6. I grant my permission for my child's picture and name to be used in the newspaper from time to time.

I have read and fully understand the above information for which I have given my permission.

Signature

Child's Name

_____ _____
Home Phone Work Phone

Emergency Name and Phone

Doctor and Phone

Authorization and Release to Media

Student Name(s) Grade

_____	_____
_____	_____
_____	_____
_____	_____

Schools ask parents/guardians to sign a Release and Authorization form for the use of any video tapes, photographs, or similar items used by the media or on a school web page/facebook page.

RELEASE AND AUTHORIZATION

I understand that by signing this Release and Authorization I hereby grant authority to De Sales School for the use of any video tapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display, or sale of public service announcements.

Parent/Guardian Signature

OR

I do not grant authority to De Sales School for the use of any video recordings, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display, or sale of public service announcements. I understand that it is my responsibility to advise my child/children to absent themselves from any team/group pictures which might be used for publication. It is not my intent to block the use of a team/group picture in which my child/children appear. I do desire, however, that my child/children be allowed to absent themselves upon request without consequence from group pictures and that their individual photos not be used for publication.

Parent/Guardian Signature

St. Francis de Sales School

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____
7. What language does your child most frequently speak at home? _____
8. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
9. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

St. Francis de Sales School

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

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

**AUTHORIZATION FOR PRESCRIPTION
AND NON-PRESCRIPTION MEDICATION
OSSIAN DESALES PRESCHOOL**

List all medication your child is taking at Home:

At School (including inhalers, injections, etc.):

Circle type of Health Insurance: None Hawk-I Private Medicaid

Doctor's Name: _____ Doctor's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Is your child allergic to any of the following? Please check all that apply.

Food (list what types of food): _____

Medicine: _____

Describe what happens with the reaction:

Does your child need an Epi-Pen at school? _____ Yes _____ No

(If yes, the parent is required to supply school with an Epi-Pen)

Is your child currently being treated for any of the following? Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma/Reactive Airway | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Bone/Muscle Disease | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health Condition (i.e., depression, anxiety) | | |

Does your child experience any of the following? Please check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Frequent ear aches | <input type="checkbox"/> Overweight for age |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> tires easily | <input type="checkbox"/> Frequent stomachaches | <input type="checkbox"/> Underweight for age |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other: _____ |

Comments: _____

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

I hereby give DeSales School staff permission to administer any of the following medications/prescription that are checked to my child. Over the counter medication will be administered to the directions on the label.

- Antibacterial Soap (such as Dial)
- Baby Wipes (such as Wet Ones)
- Antiseptic Wipes (such as Curad/Wash n Dry)
- Wound Cleansing Towelette (such as Benzalkonium Cl)
- Hand Lotion (such as Water Babies/Coppertone)
 If yes, please supply.
- Anti-itch Cream (such as Hydrocortisone/Benadryl)
 If yes, please supply.
- Insect Repellant (such as Off Skintastic/Cutters)
- Other: _____
- Other: _____
- Other: _____

Child's Name: _____

Center: DeSales School

Parent/Guardian Signature: _____

Date: _____

De Sales School

Permission for Medication During School Hours

If your child is to receive any medications during the school day, please complete and return this form to the office for our records.

Student's Name: _____ Grade _____

Medication: _____ (circle one) Tablet Liquid Ointment

Dosage: _____

Time to be Given: _____

Other Instructions: _____

Reason for medication: _____

Side effects of which school staff should be aware (drowsiness, irritability, nausea, unable to participate in P.E., etc.)

Medication prescribed by: _____

Physician's name (address, and telephone if not local): _____

This permission form is in effect from _____, 20____, to _____, 20____.

(Parent/guardian signature)

(Date)

Please send the original medication container to school. Any other container must be clearly labeled. Please include the student's name and grade, name of medication, and dosage instructions.

Students requiring aspirin, Tylenol, cough/cold medicine, or other over-the-counter medications must also have a completed medication form for our records.

State law mandates that no medications may be dispensed by school officials without parental/guardian permission. This includes aspirin and Tylenol. De Sales School does not keep these medications on hand. Students should bring these and all medications to the school office.

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