

FOUR-YEAR-OLD PRESCHOOL PROGRAM STUDENT REGISTRATION FORM

FOR 2017-2018

OFFICE USE ONLY: AM PM

The child must be four years old by September 15, 2017.

STUDENT INFORMATION

LEGAL NAME » LAST:		FIRST:	MIDDLE:	
DATE OF BIRTH (mm/dd/yyyy):	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	HOME PHONE:		
IN WHICH SCHOOL DISTRICT DOES THE STUDENT RESIDE? <input type="checkbox"/> Dubuque <input type="checkbox"/> Western Dubuque <input type="checkbox"/> Bellevue <input type="checkbox"/> Other <i>Please specify:</i>				
IN WHICH COUNTY DOES THE STUDENT RESIDE?		IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i>				
IS THE STUDENT HISPANIC OR LATINO (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WHAT IS THE STUDENT'S RACE? (check all that apply)				
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White				
HOME ADDRESS:		CITY:	STATE:	ZIP:
IS MAILING ADDRESS SAME AS HOME ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>				
ADDRESS:		CITY:	STATE:	ZIP:
PRIMARY LANGUAGE:				
DID THE STUDENT ATTEND A DIFFERENT PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO THIS ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				
HAS YOUR STUDENT ATTENDED A DUBUQUE COMMUNITY SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>				

PARENT / GUARDIAN INFORMATION

PRIMARY CONTACT 1 (with whom the student lives)

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:		
EMAIL:	EMPLOYER:			

PRIMARY CONTACT 2

NAME » FIRST:		LAST:	RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:	
EMAIL:	EMPLOYER:			

If the student DOES NOT live with this parent / guardian, do they wish to receive school mailings? YES NO

If there are additional adults in the same household as the student (i.e. stepparent, grandparent, etc.), please see the reverse side.

» PLEASE COMPLETE BOTH SIDES

OFFICE USE ONLY

STUDENT ID NUMBER:	ENROLLMENT DATE:	AREA / NEIGHBORHOOD:
PRESCHOOL CATEGORY:		

ADDITIONAL PARENT / GUARDIAN INFORMATION (I.E. STEPPARENT, GRANDPARENT, ETC.)

PRIMARY CONTACT 3

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			
ADDRESS:		CITY:	STATE:	ZIP:	
EMAIL:			EMPLOYER:		

If the student **DOES NOT** live with this parent / guardian, do they wish to receive school mailings? [] YES [] NO

PRIMARY CONTACT 4

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			
ADDRESS:		CITY:	STATE:	ZIP:	
EMAIL:			EMPLOYER:		

If the student **DOES NOT** live with this parent / guardian, do they wish to receive school mailings? [] YES [] NO

EMERGENCY CONTACT INFORMATION (CONTACTS SHOULD BE AVAILABLE TO PICK UP YOUR CHILD WITHIN 30 MINUTES)

EMERGENCY CONTACT 1

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

EMERGENCY CONTACT 2

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

EMERGENCY CONTACT 3

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:	
HOME PHONE:	CELL PHONE:	WORK PHONE:			

OTHER CHILDREN IN HOUSEHOLD

CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:
CHILD NAME:	GRADE:	SCHOOL ATTENDING:

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

Be advised that at any time the Iowa State Legislature may consider proposals that could reduce or eliminate funding for some preschool programs. Proof of the child's age is required upon enrollment.



The Statewide Voluntary Preschool Program for Four-Year-Old Children is funded by the State of Iowa and facilitated locally by the Dubuque Community School District.