

# Porter Lakes Preschool 2019 ~ 2020 Registration

Play, Learn, Grow 

Name ~ Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: **Male** **Female**

Address: \_\_\_\_\_ Home Phone# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

► Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email: \_\_\_\_\_

► Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Child : \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email: \_\_\_\_\_

► **All Preschoolers must be able to take care of their own bathroom needs.**

• Students who will be 3 years-old by August 1, 2019 will attend pre-school 2 days a week.

☐ Students who will be 4 years-old by August 1, 2019, please circle your class preference:

**3 Day**

**5 Day**

We will offer 5 Day only if we have enough interest. If we cannot offer it, then you will automatically have a spot in the 3 Day class.

In the spring, we will call families in the order we have received your registration to fill morning or afternoon time slots.



# WELCOME

- REGISTRATION/SUPPLY Fee is due when registering your child.
- The REGISTRATION/SUPPLY fee is a one-time, non-refundable fee. **This is \$60**
- Tuition Rates:
  - 2 days a week- \$110 per month
  - 3 days a week- \$156 per month
  - 5 days a week- \$270 per month
- TUITION contract payments can be arranged.
- Classes begin the same day as all PTSC Schools.
- To withdraw your child, a two-week written notice is required.
- You may contact the preschool at the Porter Lakes office, 219-306-8076

## Emergency Contacts

In the absence of parent/guardian, the child may be released to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

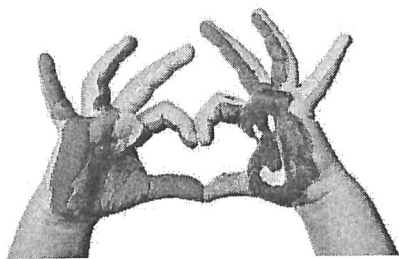
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional Information which may be helpful to our teaching staff:





# Porter Lakes Preschool 2018~2019 Health Info

♡ Play, Learn, Grow ♡

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Allergies: Please list all allergies including medications, foods, insect/bite/stings, etc.

Treatments: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Illnesses/Diseases: Please check all those that have been diagnosed by a physician:

\_\_\_\_ Asthma      \_\_\_\_ Attention Deficit Disorder      \_\_\_\_ Cardiac Disorder      \_\_\_\_ Diabetes  
\_\_\_\_ Depression      \_\_\_\_ Eating Disorder      \_\_\_\_ Hyperventilation      \_\_\_\_ High Blood Pressure  
\_\_\_\_ Seizures      \_\_\_\_ Other, (name of disease/illness) \_\_\_\_\_

Treatment/restrictions as they apply to the above:

Daily Medication: \_\_\_\_\_ Time: \_\_\_\_\_  
Reason: \_\_\_\_\_

Please keep the PLE school nurse/Preschool Teacher informed of all newly diagnosed health conditions.

Health information may be shared with significant school personnel to ensure continuity of care.

## Emergency Contacts

In the absence of parent/guardian, the child may be released to:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

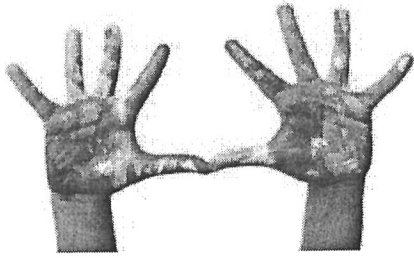
Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_





Porter Lakes Preschool  
2018 ~ 2019 Photo/Name Release

♡ Play, Learn, Grow ♡

Student Name: \_\_\_\_\_  
(LAST) (FIRST)

**PHOTOGRAPHY/NAME RELEASE FORM**

(To Remain on File For Duration of Enrollment at Porter Lakes Preschool)  
(Any Changes Must be Dated and Submitted in Writing)

I give permission for Porter Lakes Preschool and Porter Township School Corporation to release my child's photo and/or name for the following purposes:

**NEWSPAPER:**

I give permission for my child's picture and/or name to appear in the local newspaper and/or school newsletters for school related events.

**WEB PAGE:**

I give permission for my child's photograph and/or name to appear on our school or corporation web page.

**YEARBOOK:**

I give permission for my child's picture and name to appear in our school yearbook.

**TWITTER/FACEBOOK:**

I give permission for my child's picture and/or name to appear on our school or corporation Twitter and/or Facebook page.

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(date)





DEPARTMENT OF EDUCATION

**Dr. Jennifer McCormick**  
Superintendent of Public Instruction

*Working Together for Student Success*

## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT or WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the native language of the student? \_\_\_\_\_
2. What language(s) is spoken most often by the student? \_\_\_\_\_
3. What language(s) is spoken by the student in the home? \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Please Print

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(LAST) (FIRST)

### Required Ethnicity/Race Identification

The U.S. Department of Education has established new guidelines regarding the collection of data on race and ethnicity for public school students and staff. The purpose of the new guidelines is to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications in more than one racial category. The new ethnicity and race categories will be used in the same manner that such information is currently used and will replace all existing categories for use in state and federal data collections requiring this information starting this fall. The new race and ethnicity information will be asked of all newly enrolled students and all current students.

### You must answer both questions – Ethnicity and Race

Ethnicity: Is your student Hispanic or Latino? (Choose only one) (See definitions below.)

☐ No ☐ Yes

Race: What is your student's race? (Choose one or more) (See definitions below.)

☐ Am. Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hawaiian /Other Pac Islander  
☐ White

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

❖ *Ethnicity: Is your student Hispanic or Latino? (Choose only one)*

➤ No, not Hispanic/Latino

➤ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

❖ *Race: What is your student's race? (Choose one or more)*

➤ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

➤ Asian: (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

➤ Black or African American: (A person having origins in any of the black racial groups of Africa.)

➤ Native Hawaiian or Other Pacific Islander: (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

➤ White: (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)