


Porter Lakes Preschool

Registration

Play, Learn, Grow 

Date: \_\_\_\_\_

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

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

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

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

School Corporation in which you live \_\_\_\_\_

▶ 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 of the current year, please circle your class preference:

**2 Half-Days**

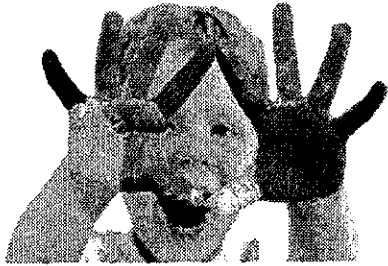
**2 Full-Days**

Students who will be 4 years-old by August 1 of the current year, please circle your class preference:

**3 Half-Days**

**2 Full-Days + 1 Half-Day**

**3 Full-Days**



## Porter Lakes Preschool Health Information

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

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

\_\_\_\_\_

Treatments for Allergies: \_\_\_\_\_

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 Medications: \_\_\_\_\_

Time taken: \_\_\_\_\_ Reason: \_\_\_\_\_

- ▶ Please keep the PLE school nurse/Preschool Teacher informed of all newly diagnosed health concerns or 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: \_\_\_\_\_

**Please Print**

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

**INTERNET USAGE FORM**

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

Please check all appropriate items:

- \_\_\_\_\_ I give permission for my child to use the Internet with direct supervision of a teacher or authorized adult.
  
- \_\_\_\_\_ I give permission for my child to work independently on the Internet for school projects.
  
- \_\_\_\_\_ I give permission for my child to view teacher selected Internet sites for school projects/lessons.
  
- \_\_\_\_\_ I do not give permission for my child to work on the Internet at school for school related projects.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

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.)