

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: _____

▶ With these documents, please send in a copy of your child's Birth Certificate, Proof of Residency (copy of a front page of a bill or a copy of your drivers' license with the correct address), and Immunization Records.

▶ 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

3 Full-Days

5 Full-Days

Welcome Information

- The REGISTRATION/SUPPLY fee is a one-time, non-refundable fee due at registration. **This is \$75** and can be paid by cash or check to Porter Lakes Elementary.
- Tuition Rates:
 - 3-year-old students:
 - 2 half-days per week- \$130 per month
 - 2 full-days per week- \$250 per month
 - 4-year-old students:
 - 3 half-days per week- \$175 per month
 - 3 full-days per week- \$325 per month
 - 5 full-days per week- \$525 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:

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 Phillipine 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.)

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: _____

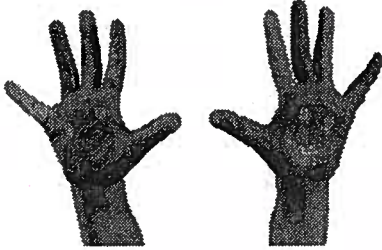
By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent 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: _____



Porter Lakes Preschool Photo/Name Release

Date: _____

Student Name: _____ Grade: _____
(LAST) (FIRST)

PHOTOGRAPHY/NAME RELEASE FORM

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

I give permission for Porter Lakes Elementary 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)

***** If you DO NOT wish for one or all of these items to be allowed, please come in to the school office and we will be glad to discuss the matter with you.**

OFFICE USE ONLY:

NO PERMISSION

___ np

___ wp

___ yrb

___ t/f

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)

Porter Lakes Elementary is a "1 : 1" school. This means that administration allows each enrolled student to use an electronic device in order to access the Internet, digital course materials, and digital textbooks.

- Your child will use the Internet with direct supervision of a teacher or authorized adult.
- Your child to work independently on the Internet for school projects.
- Your child will view teacher selected Internet sites for school projects/lessons.

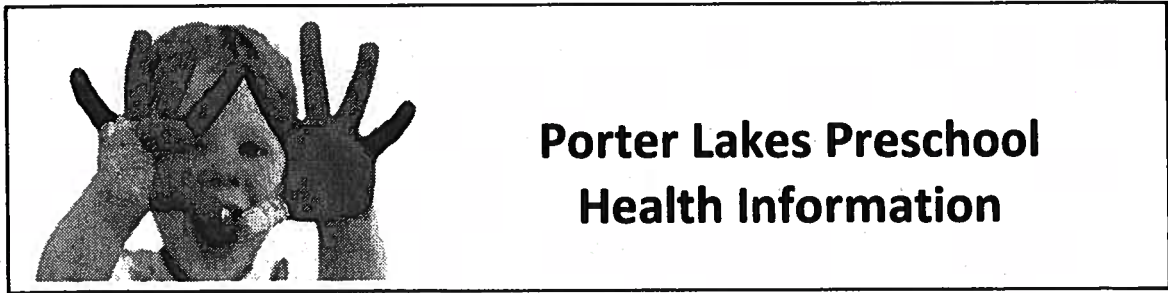
Your signature acts as an agreement with the above statements.

(Parent Signature)

(Date)

If you do not agree with the above statements, please come in to the school office and we will be glad to discuss the matter with you.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM



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)

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(parent signature) (date)

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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

OFFICE USE ONLY: NO PERMISSION ____ np ____ wp ____ yrb ____ t/f