

Preschool Student Registration Form

Child's Information

First name: _____ Middle name: _____ Last name: _____

(This is the child's legal name as it appears on their birth certificate)

Child's nickname/preferred name for school: _____

Birth Date: _____ City/Country of Birth: _____ Sex: M ___ F ___ Other _____

Preferred Pronouns: _____

Parent/Guardian's Information

First & Last Name: _____

Relationship to Child (circle one): Biological parent Adopted parent Foster parent Other: _____

Given Name if Changed: _____

Preferred Pronouns: _____

Home Address/City/State: _____

Place of Employment (if applicable): _____

Preferred Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Step Parent's Name (if applicable): _____

Parent/Guardian's Information

First & Last Name: _____

Relationship to Child (circle one): Biological parent Adopted parent Foster parent Other: _____

Given Name if Changed: _____

Preferred Pronouns: _____

Home Address/City/State: _____

Place of Employment (if applicable): _____

Preferred Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Step Parent (if applicable): _____

With whom does the child live with? (please circle 1)

Both guardians listed above Guardian 1 Guardian 2 Other: _____

Who has custody of the child? (please circle 1)

Both guardians listed above Guardian 1 Guardian 2 Other: _____

If there is shared custody, what is the custody schedule? _____

Please list names, relationship to the child, and ages of other people that live in the home:

Transportation

Child Transportation

Please circle the school district that your child's primary residence resides in.

Alexander Amesville Athens (East) Athens (Morrison-Gordon)
Coolville Chauncey Trimble Meigs
Southern Local (Perry) Southern Local (Meigs) Other: _____

If you prefer to send your child out of district, please list that district: _____

Please understand that not all school districts accept open-enrollment requests.

Please mark your preferred method of transportation for your child:

Transportation to school:

Bus

Guardian will provide transportation

Transportation home:

Bus

Guardian will provide transportation

*Later in the document there will be space for you to write down the names of the people who have permission to pick your child up from school and those who do not.

If you do want bus transportation please fill out the following. If you do not want bus transportation, you can leave the next section blank.

Pick Up Address: _____ Drop Off Address: _____
Contact Person: _____ Contact Person: _____
Phone #: _____ Phone #: _____

If your child has a shared-custody schedule that impacts their transportation, please fill out the following information for their secondary household. If they do not, please leave the next section blank.

Pick Up Address: _____ Drop Off Address: _____
Contact Person: _____ Contact Person: _____
Phone #: _____ Phone #: _____

Family Transportation

Does your family have access to transportation to and from your child's school and home? YES NO

If you marked no, please answer the following questions. If you marked yes, please skip this section.

- Does your child need transportation to their house if they get sick while at school? YES NO
- Does your family need transportation to school events including, but not limited to Preschool Orientation, Parent Teacher Conferences, and other school events? YES NO

Child & Family Information

Child's Ethnicity (circle all that apply):

White Native Hawaiian or Other Pacific Islander Asian

Black or African American American Indian or Alaska Native

Household Language

What is the primary language used in your household? _____

Are any other languages spoken in your household? _____

If another language besides English is spoken, do you need translated papers sent home? YES NO

Do you need an interpreter in attendance for meetings or other school events? YES NO

Preferred School-Home Communication

What is your preferred method of communication? (circle all that apply)

Text (Remind app) Phone Call Email Note sent home Other: _____

Do you have cell phone service at your house? YES NO

Do you have internet access at your house? YES NO

Community Involvement

Is your family involved in the community? (church, town groups, clubs, volunteer activities, etc.) If so, please list: _____

Culture & Religion

Is there anything about your child/family's culture and/or religion that you would like to share? _____

Interests/Hobbies

What activities and hobbies does your family do together? _____

What is your child interested in? _____

Other

Have there been any changes that your child has recently experienced or are currently experiencing? (divorce, new home, new siblings, death of a loved one, etc). _____

Developmental History/Information of Child

Was your child born prematurely or were there any complications before/during/after birth? If so, please explain: _____

Potty Trained

Is your child toilet trained (they can use the bathroom independently, including pulling down their pants/underwear, sitting on the toilet, wiping, pulling up their pants/underwear, flushing, and washing hands)

Circle one: YES NO Partial, explain: _____

Experience with Materials

Circle all of the materials that your child has used before:

Crayons Markers Pencils/Colored Pencils Glue Scissors Playdough Paint

Physical Ability

Does your child use any adaptive equipment to move? If so, explain: _____

Is your child able to walk independently? YES NO If so, what age did they begin walking? _____

Child's Communication

Which of the following ways does your child communicate with you and others? (check all that apply)

___ Verbal Speech (circle which one they can do): full sentences phrases words babbles

___ Sign Language ___ Gestures/Pointing ___ Facial Expression ___ Eye Gaze

___ Picture Exchange (example: PECS) ___ Speech-generating device

If they do communicate using verbal speech, what age did they start talking using eligible words? _____

Food

Does your child have any food allergies, aversions to foods, or any religious/cultural practices related to food that we should be aware of? If so, please explain: _____

Self-Care Skills (color in the ability that best describes what your child can do independently)

	Always	Sometimes	Rarely
Puts on their coat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts on their shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wipes their nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washes their hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

Does your child exhibit any sensory seeking or sensory avoiding behaviors to any sounds, tastes, sights, etc.?

If so, please explain: _____

What are your child's strengths? _____

How do you comfort your child when they are upset? _____

What actions do you take when your child does not listen or demonstrates challenging behaviors? _____

Do you have any of the following concerns about your child? Check all that apply.

___ **Challenging behaviors:** extreme or long tantrums, unable to accept limits, resists rules/refuses to comply with adults, etc.

___ **Socialization difficulties:** does not play well with other children, does not easily separate from parent/guardian in familiar settings/situations, etc.

___ **Attention difficulties:** easily distracted, short attention span, moves from one activity to another (doesn't stay with one activity at a time for at least 5 minutes)

___ **Speech/language difficulties:** speech is difficult to understand by yourself or others, difficulty expressing wants, incomplete language structure, often needs simple instructions repeated

___ **Developmental delays:** does not appear to be learning at an average rate, delays in developmental milestones

___ **Motor difficulties:** appears clumsy, difficulty using tools, poor hand/eye coordination, poor control of body movement

___ **Hearing difficulties:** has trouble hearing, asks you to repeat or speak louder, favors one ear over the other, startles as sudden noises

___ **Vision difficulties:** eyes turn in or out, squints to see things

If you checked any of the concerns above, please elaborate (you can use the back of this paper if you need more space):

