

East Central Early Childhood Registration Form



For Office Use Only Date Received: _____	Screening done: Y N	If no, scheduled for: _____
Immunizations on file: Y N	Birth Certificate on file: Y N	Start Date: _____ Teacher: _____

Program: Getting to Know You (MWThF) Terrific 3's (W am) ECFE (W am) ECFE (M pm)

Student Information

Legal Name: _____
 First _____ Middle _____ Last _____ Nickname _____
 Date of Birth: ____/____/____ Age as of 9/1/18: ____yrs ____mos Gender: Male Female
 Address _____
 Street _____ City/State _____ Zip _____

Language usually spoken at home _____ Previous educational program/location _____
 If your child has previously attended school, did he/she receive any additional services? ____Y ____N
 If yes, please specify. _____

Childcare Provider (first/last name) _____ Address (street/city) _____ Phone Number _____

Will your child eat breakfast at school? ____Yes ____No ____sometimes
 Will your child primarily eat lunch at school or bring lunch from home? ____school ____home
 Do you think your child will rest during nap time? ____Yes ____No ____not sure
 Will your child ride the bus to and from school primarily? ____Yes ____No
 If you selected yes, what is the physical address of your child to be...

Picked up in AM _____
 Dropped off in PM _____

If school closes early (due to weather or other circumstances), I would like my child to;
 ride their regular bus home/daycare contact me and I will pick him/her up other (please specify) _____

For Office Use Only: child will ride bus # ____ (home) # ____ (daycare) # ____ (other)

Parent/Guardian Contact Information

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____	Address: _____
City & Zip: _____	City & Zip: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Number: _____	Work Number: _____
Lives with? ____ Yes ____ No	Lives with? ____ Yes ____ No

If parents are divorced or are not together, is a court order available with custody agreement? ____Yes ____No

Student may be released to mother, father, and:	Student may not be released to:
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Siblings / Other Children in the Home							
Name	DOB	M/F	Birthplace	Age	Resides with?	Relationship	Teacher (if EC school)
<i>ex. Jane Doe</i>	<i>10/03/2007</i>	<i>F</i>	<i>Moose Lake, MN</i>	<i>10</i>	<i>Yes</i>	<i>sister</i>	<i>Ms. Green</i>

Previous School Attended (if applicable):		
Address	City, State & Zip	
Phone	Fax	Last date attended this school

Maintaining, Collecting and Reporting Racial & Ethnic Data

Maintaining, collecting and reporting racial and ethnic data to the U.S. Department of Education was published in the Federal Register (72 FR 5926) on October 19, 2007. States are required to report student and staff race and ethnicity. Additional information on this topic can be found at the following websites: www.ed.gov and www.nces.ed.gov/Forum

Is this student (or are you) Hispanic/Latino? (select 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).

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.

What is the student's (or your) race? (Choose one or more) This data is for the purpose of compliance with federal and state civil rights laws. Please check the appropriate blank below:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Hispanic or Latino

Other _____

Language usually spoken at home:

English

Other; please specify

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural or fishing work? __Y __N

Has your child attended Early Childhood / Preschool screening? __Y __N If yes, please provide info below.	
Name of school	Address, City, State & Zip
Phone Number	Fax Number

School Immunization Law

Minnesota requires children enrolling in early childhood and Early Childhood Special Education (ECSE) programs to show they have received immunizations or an exemption.

Children participating in early childhood programs need to submit a completed immunization form before starting classes.

Minnesota law requires that all licensed child care and early childhood program providers help make sure young children are immunized against serious diseases. A number of childhood diseases - such as measles, pertussis, and hepatitis A - still can spread rapidly among children who haven't received the proper shots. These diseases can cause serious illness, brain damage, and even death.

Child care and early childhood program providers must have records on file showing that each child 2 months of age and older either has been age-appropriately immunized against certain diseases or has a legal exemption. These diseases include: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hib (Haemophilus influenzae type b), hepatitis A and B, chickenpox (varicella), and pneumococcal disease.

These diseases include:

mumps	diphtheria	tetanus
pertussis	polio	measles
rubella	chicken pox	Hib
hepatitis A	hepatitis B	pneumococcal disease

Rotavirus and flu vaccines are not required but are highly recommended for all infants and young children.

If your child will not receive any of these immunizations for medical reasons or because of your conscientiously held beliefs, written, notarized proof of exemption is required. Contact the school health office (320-245-2931 ext. 6409) for the form.

Request for Student Social Security Number

Return completed & signed request to: East Central Early Childhood

Our school district is required to participate in a State of Minnesota computer reporting system. This system will provide data on each student to calculate our portion of state education dollars. Data from these systems will be totaled to also provide counts of students for state and federal reporting requirements. The new system will use student Social Security numbers as a means of accurately recording student data. We request that you fill out this form by printing all requested information. Please sign and return the form whether or not to provide the Social Security number so that we can meet state information needs.

Thank you for your assistance!

Student's full name (Last, First, Middle)

East Central Early Childhood Program at East Central School District, ISD 2580

School of attendance

_____/_____/_____
Birth Date (month, day, year)

_____-_____-_____
Social Security Number

I verify that the information provided above is accurate.

Printed name (Parent/Guardian)

Signature (Parent/Guardian)

Date

East Central Preschool Medical History & Emergency Contact Form

Please list Emergency phone contacts of 2-3 persons authorized to pick up child if parent(s) cannot be reached

Name	Relationship	Phone

Physician		
Name	Address	Phone

Dentist		
Name	Address	Phone

For your child's safety and optimal learning experience, it is very important for Health Services to be informed. Please provide the following information.

Allergies		
Type	Epi-Pen needed	Describe Reaction
<input type="checkbox"/> food <input type="checkbox"/> med <input type="checkbox"/> environmental <input type="checkbox"/> animal <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> food <input type="checkbox"/> med <input type="checkbox"/> environmental <input type="checkbox"/> animal <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medication(s)			
Is your child on daily medication? <input type="checkbox"/> Y <input type="checkbox"/> N <i>(A doctor's note is needed if medication is to be administered at school)</i>			
Medication Name	Purpose	Dosage	How often taken

Has your child been hospitalized since birth for any reason? Y N (If yes, please give details/dates(age):

I give the permission to the East Central School ISD 2580 nursing staff to administer Tylenol to my child if needed.

permitted not permitted

Parent/Guardian Signature

Date

Medical History: Check Yes or No. If Yes, please provide details/dates:

__Y__N	Asthma	_____
	Will an inhaler need to be used at school?	__Y__N
__Y__N	Diabetes	_____
__Y__N	Seizures (type)	_____
__Y__N	Chicken Pox (year)	_____
__Y__N	Hearing Problems	_____
__Y__N	Vision Problems (wears glasses, etc.)	_____
__Y__N	Heart Problems	_____
__Y__N	Kidney problems	_____
__Y__N	Mumps	_____
__Y__N	Skin problems (eczema, etc.)	_____
__Y__N	Bone/joint problems	_____
__Y__N	Other	_____
__Y__N	Bowel or Bladder problems	_____
__Y__N	Dietary Restrictions	_____

Emergency Authorization:

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse/significant other/child's parent or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of an emergency.

I understand that East Central Independent School #2580 does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child, which may occur as a result of such illness or injury.

Signature Parent/Guardian

Date

All About My Child

Child's Name: _____ Birthdate: _____

Nickname: _____ Age: _____

How many hours per day does your child watch TV, videos or play video games? _____

How often does your child play with other children? _____

Has your child had previous experience in early childhood settings (daycare, preschool, etc.)? Y/N

If yes, please explain. _____

Has anyone ever had any reasons for concerns about your child's behavior? Y/N

If yes, please explain. _____

What do you like to do with your child? _____

What things can your child do well? _____

What things are difficult for your child? _____

Does your child have any fears? Y/N If yes, please explain. _____

How does your child express anger? _____

What is your child's favorite indoor activity? _____

What is your child's favorite outdoor activity? _____

Special interests or hobbies: _____

Favorite stories or books: _____

Is your child afraid of going to school? Y/N

Does your child often ask when he/she will go to school? _____

Is your child extremely shy or quiet? Y/N

What types of behavior control or interventions are most frequently used at home?

Is there anything else you'd like us to know about your child? _____

East Central Early Childhood Bus Route Assignment Sheet

Directions to home of student



Please give directions to the elementary school from your residence. Use township road, county road, street number and any other specific information that will help us.

Bus route # (if known): _____

Township you live in: _____

Do you live in the East Central School District (#2580)? Y / N

Student name: _____

Grade: _____

Parent(s) name(s): _____

Home/cell phone: _____

Address: _____

City / State / Zip: _____

East Central Early Childhood Permissions Form

Medical Release

To the best of my knowledge, my child _____, is in good health, and I assume all responsibility for the health of my child. In the event of a medical emergency, I give permission for my child to be transported to the nearest hospital or medical facility for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature

Date Signed

Field Trip Release

I give permission for my child, _____ to participate in field trips within walking distance of the school. I understand I will be notified before each activity.

For longer trips - such as going to Duluth, Twin Cities, neighboring towns, etc., information and separate permission slips will be sent home at that time. It is very unusual that we would take more than one, if any, of these field trips throughout the year.

Parent/Guardian Signature

Date Signed

Picture Release

I give my permission to have my child appear in any media coverage approved by East Central Early Childhood and East Central School District. This includes bulletin boards, classroom use, EC website, EC and EC mini eagles Facebook page, and local news or media.

If at some point, you wish to change the status of this form, please contact your child's teacher at 320-245-2931.

Parent/Guardian Signature

Date Signed