

UBLY COMMUNITY SCHOOLS KINDERGARTEN REGISTRATION FORM

The information contained herein is for professional use and will be used in assisting the teacher to best help your child to learn. This information is considered privileged and will be kept in your child's confidential school record.

STUDENT			GENDER
Last	First	Middle	M F

ADDRESS:

Street	City	State	Zip
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BIRTH DATE	BIRTH PLACE
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ETHNICITY

Is this student Hispanic/Latino? (Choose One)

 No, not Hispanic/Latino

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

RACE

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

 American Indian/Alaskan Native

Asian American

Native Hawaiian/Pacific Islander

Black/African American

White

MICHIGAN'S REVISED HOME LANGUAGE SURVEY

Michigan welcomes families of all language backgrounds. Speaking more than one language is a valuable asset! Please answer the two questions below. If your response to either question is a language other than English, the school district will give an assessment to see if your student may benefit from English language support.

What language is used most at home? _____

What language is used most by the student?_____

FAMILY DATA

MOTHER

FATHER

Name _____

Country/State of Birth

Language in Home _____

Educational Status (Circle One) HS 9 10 11 12 College 1 2 3 4 +

Marital Status

Step-Parent _____

Child Resides With

Phone Number _____

School District in which the child resides

Parent Email _____

*** (If applicable, please provide a copy of custody arrangement, whether legal or agreed upon between parents)

OTHER CHILDREN IN FAMILY

Name	Birthdate	School	Grade
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Name	Birthdate	School	Grade
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Name	Birthdate	School	Grade
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Name	Birthdate	School	Grade
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Name	Birthdate	School	Grade
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Name	Birthdate	School	Grade
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HEALTH HISTORY

Please check if your child has any of the following:

Frequent colds ____ Ear Infections ____ High Fevers ____ Strep Infections ____ Tonsillitis ____ Heart Disease ____

Has your child had any of the following childhood diseases?

Measles ____ Mumps ____ Rubella ____ Chicken Pox ____

Does your child have any of the following conditions? (Please explain)

Asthma _____

Allergies _____

Food Sensitivities _____

Is your child taking any medication? Yes ____ No ____ If yes, what medication and how often? _____

Will the child need to take medication at school? Yes ____ No ____ If yes, what medication and when? _____

Are there any other health concerns that we should be aware of? _____

CHILD DEVELOPMENT

Does your child have difficulty or slow development in any of the following areas? If yes, please explain.

Speech Yes ____ No ____ _____

Motor Development (walking, running, throwing, etc.) Yes ____ No ____ _____

Vision Yes ____ No ____ _____

Hearing Yes ____ No ____ _____

Has your child attended any pre-school programs? Yes ____ No ____

If yes, where? _____

Dates of attendance _____

Is your child enthused about attending school? Yes ____ No ____

Parent Signature

Date

Parent Signature

Date