

PK 4 ___ A.M. ___ P.M. ___

Revised: 5/16/18 2:15 PM

Date Received: _____

Independence Area 4 Year-Old Preschool

Child's Legal Name

PARENT COMPLETES

Last _____ First _____ MI _____ (Nickname _____)

Birthdate ___/___/___ Sex: (M) (F) Age: ___ Language: English ___ Other _____

1. Ethnicity: Latino/Hispanic Yes ___ No ___

2. Race (choose one or more): ___ White ___ Black/African American ___ Asian
___ Native Hawaiian or other Pacific Islander ___ American Indian or Alaskan Native American

Birthplace City _____ State _____ Country _____ Date of Entry into US _____

Parent/Legal Guardian/Guardian Residing with Child

Last _____ First _____ MI _____ Birth Date ___/___/___

Relationship to Child _____ Language: English ___ Other ___

Home Address _____ Apt/Unit Number _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____ Email Address _____

Cell Phone _____ Employer _____ Work Phone _____

Additional Parent/Legal Guardian/Guardian

Last _____ First _____ MI _____ Birth Date ___/___/___

Relationship to Child _____ Language: English ___ Other ___

Home Address _____ Apt/Unit Number _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____ Email Address _____

Cell Phone _____ Employer _____ Work Phone _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Emergency Contact 1: Name _____ Relationship _____

Phone 1: _____ Phone 2: _____

Emergency Contact 2: Name _____ Relationship _____

Phone 1: _____ Phone 2: _____

Please list your child/ren and grade they will be in for the 2018-2019 school year at ICSD. This is used to link family members together for mailings and cross-checking demographic information.

****Additional information needed: Copy of Childs Birth Certificate and \$25 Registration Fee**

Other Information (COMPLETE FOR PK4 ONLY)

Special Education (AEA 267) Services Yes ___ No ___ Request: AM _____ PM _____

Independence Community Site preference (number 1-4): ICSD ___ Kidsville ___ St. John's ___ WeeCare ___

For grant reporting purposes, please check yearly family income level from the following:

___ \$10, 831 - \$14,570 ___ \$14,571 - \$18,310 ___ \$18,311 - \$22,050

___ \$22,051 - \$25,790 ___ \$25,791 - \$29,530 ___ \$29,531 and above

Parental Status (Circle One) O-one parent T-Two Parents F-Foster G-Grandparent N-Not Parent

Number of Persons: In Family _____ Number of Children: In Family _____ under 6

Child Name _____

I. Physical Habits:

Is your child left-handed or right-handed? _____

II. Social/Emotional Development:

Describe your child's previous group/play experience(s) with other children: _____

Does your child have a special interest? _____

What are your child's fears? _____

When does he/she show them? _____

When you find it necessary to discipline your child, what type of discipline do you find to be most effective? _____

How does your child respond to discipline? _____

III. Give any further information that you believe will be helpful to us in understanding your child (past health history, home-family situations, child's behavior, culture, speech or hearing problems, allergies, etc.)

Household pets/names? _____

Favorite TV show, movie, video(s) _____

Favorite play activity? _____

Word or phrase used for going to the bathroom? _____

(If you have any additional information, please use an additional sheet and attach it to this page)

IV. Transportation of Child to and from school:

How will your child go to and from school?

Will your child be riding the school district bus? ___ Yes ___ No

(NOTE: PK4/ECSE/JK students riding a bus will be dropped off on the south side of East and walked over by an adult to the ECC)

Arrive: _____

Depart: _____

Name of pick up designees: _____ Phone _____

_____ Phone _____

V. Parent involvement:

Would you like to be periodically involved in the program as a volunteer? _____

Would you be willing to drive for field trips? _____ When are you available? _____

Do you have any special talents, services, or a career you would be willing to share with us?

Would you be interested in becoming a parent representative on the Preschool Advisory Committee?

Yes _____ No _____

What would you most like your child to gain from preschool this year? _____

What influenced your decision to send your child to this preschool?

**Independence Community Schools
Health Information 2018-2019**

Parent Completes

Name of student: _____ Birthdate: _____ Grade: _____

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or bronchospasms | <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ADD/ADHD/Behavioral issues | <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Heart problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Migraine headaches |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Blood pressure problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Depression/Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Kidney/urinary problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Stomach/bowel problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wears glasses/contacts/Vision concerns | <input type="checkbox"/> Yes <input type="checkbox"/> No Other please list below |

Comments: _____

List ALL medications taken, whether given at school or at home.

Medication	Dosage	How often given	Diagnosis	Given at School?

Please list all allergies including foods, environmental allergies, latex or medications

Allergic to:	Reaction	Treatment

Explain any serious illness, injury or surgery that your child has had: _____

Does your child have any other health or emotional concerns? If yes, please explain: _____

Has your child had a: Dental visit in the last year? Yes No Dentist's name _____

Physical exam in the last year? Yes No Name of child's physician(s) _____

I give permission for my child to participate in health screenings such as height/weight/BMI/vision/hearing. Yes No
 I give permission for my child to receive basic first aid treatment at school. Yes No

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary to the closest medical or dental facility as needed. Yes No

I give permission to the school health office staff to share information relevant to my child's health condition with appropriate school personnel on as needed basis to meet my child's health and safety needs. I give permission to the above named medical professional(s) to exchange information regarding my child including, but not limited to: immunizations, medications and/or treatments, diagnosis and other significant health information. I give permission to the Independence Community Schools to give my child a weight appropriate dose of acetaminophen or ibuprofen, Midol, antacids, and over-the-counter topical ointments (antibiotic ointment, hydrocortisone, Caladryl, lip ointment, antifungal, etc.) if deemed necessary by school staff. If a student requires the above medications more than 15 times during a school year, further permission from a doctor will be required to give additional doses. No more than 30 doses will be given per year. Any over-the-counter medication that is taken long term at school must have an MD, DO, PA or ARNP's written approval on file at school. A chiropractor is not licensed in the state of Iowa to prescribe medication.

* _____

Signature of parent/guardian

Date

Emergency Phone: _____

If this number changes during the school year, notify the school office immediately.

Revised 12/9/16

Independence Area PK4/ECSE Preschool Illness Policy

We strive to prevent the spread of illnesses, and your cooperation with our policies will be of great help. The Preschool standards require policy is based on the U.S. Public Health Standards.

Guidelines:

Our employees must enforce the following policies:

1. All employees and enrolled children must wash their hands upon arrival.
2. If a child has a fever, or an episode of vomiting, or any other symptoms of a contagious illness, the child must stay home. Other factors, such as appearance, temperament and ability to take part in planned programming are also considered. Your child must be symptom free of any illness for at least 24 hours without medication, before returning. If your child becomes ill while at Preschool, you will be called to come and get your child.
3. If your child is too sick to go out outside with the classroom, then he/she is too sick to be at Preschool.

The following are just a few of the illnesses for which your child will be temporarily excluded from Preschool.

1. Head/Body Lice: Symptoms are lice and nits in the hair. Your child may return when adequate treatment to kill lice and hits has been done. Preschool staff will check your child before returning.
2. Erythema Infectiosum-5th Disease: Symptoms – brief low fever, followed by slapped cheek appearance and lace-like rash on arms and legs. Child may return when fever is gone.
3. Conjunctivitis –Pink Eye: Symptoms – tearing, redness and puffy lids with eye discharge. Child may return after 24 hours with medication.
4. Chicken Pox: Symptoms – fever, pox are blistery, develop scabs, mostly on covered parts of the body. Child may return when pox are scabbed over and no fever.
5. Fever: Child may return when he/she is fever free for 24 hours without the use of fever reducing medication.
6. Impetigo: Symptoms appear as blistery rash – child may return when there is no discharge or can blistered area can be kept covered and on medication for 24 hrs.
7. Scabies: Symptoms – a tine mite that burrows into the skins, causing a rash. Child may return 24 hours after treatment has been completed.
8. Strep Throat: Symptoms –severe sore throat, fever, swollen glands. Child may return after antibiotic therapy for at least 24 hours and no fever for 24 hours without medication.

THE PRESCHOOL RESERVES THE RIGHT TO MAKE FINAL DECISIONS ON WHETHER AN ILL CHILD MAY STAY OR NEEDS TO GO HOME.

PARENT SIGNATURE

DATE

Child's Name

Revised 12/9/16

**Independence Area Preschool
PERMISSION AND RELEASE FORM**

Circle do/do not for each of the statements below

I do/ do not give my permission for my child to leave the Preschool under the supervision of a staff member for neighborhood walks, or for field trips in school bus or van.

I do/ do not give my permission for my child to be photographed/videotaped/interviewed for use by Preschool in newspapers, newsletters, district website, other media, or to design instruction to train new or existing staff.

I do/ do not give my permission for my child to use all of the play equipment and participate in all of the activities for the Preschool.

I do/do not give permission for my child to wear sunscreen when going outside while attending Preschool (I understand that I must provide the sunscreen for my child's use).

I do/do not give my permission for my child to use insect repellent when going outside while attending Preschool (I understand that I must provide the repellent for my child's use).

Child's Name _____

Parent Signature _____

Date _____

Independence Area PK4/ECSE Preschools

Program Policies and Procedures

Signature Page

- I have read and understand this handbook containing the Independence Area PK4/ECSE Preschools' Program Policies and Procedures.

If you are a parent of a PK4/ECSE student, please sign here:

_____ Date _____

Parent Signature

Parent of _____
Print Child's Name

OR

If you are a staff member, please sign here:

_____ Date _____

Staff Member Signature