

# Frenchtown Elementary School Kindergarten Registration

Complete the attached registration forms and return them to the elementary secretary.

- ✓ Prior to the first day of school in the fall, you will need to provide the following:  
**Birth Certificate** (Child must be 5 on or before September 10, 2012).  
**Immunization Records:** 4 doses of **DPT** vaccine, one after the 4<sup>th</sup> birthday  
3 doses of **Polio** vaccine, one after the 4<sup>th</sup> birthday  
2 doses of **MMR** vaccine  
(It is recommended the child also have two Hepatitis A and three Hepatitis B vaccinations.)
  
- ✓ A Kindergarten Round-Up and classroom visit is scheduled for Thursday May 10 at 6:00 P.M. The child will visit a kindergarten classroom and parents will participate in an informational meeting.
  
- ✓ You will need to bring your child in for kindergarten screening and parent interview during the week of May 29<sup>th</sup> – June 1st. Please schedule this with the elementary secretary when you return your registration packet. This information will help us better plan for the needs of all our new students as they begin their kindergarten experience.

Child's Name: \_\_\_\_\_

Interview/Screening Date: \_\_\_\_\_ Time: \_\_\_\_\_



# Frenchtown Public School

## New Student Registration

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Child Lives with: (check one)

Both parents \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other \_\_\_\_\_

If other, please explain:

Has anyone other than the parents had a substantial roll in rearing this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How many schools has this child attended? \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Number living in the home: \_\_\_\_\_

Do both parents have legal custody? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please attach legal documentation.

Name, location, and phone number (if know) of previous school/teacher:

\_\_\_\_\_

\_\_\_\_\_

**ACADEMIC INFORMATION**

SUBJECT	HIGH	AVERAGE	BELOW AVE.	LOW
Math				
Reading				
Science				
Language				
Social Studies				
PE/Health				

Special strengths of this child:

---

---

---

**SOCIAL INFORMATION**

(check if yes)

- Does this child have behavioral; problems in school?
- Has this child ever been retained?
- Is this child easily distracted?
- Is this child shy or withdrawn?
- Does this child have difficulties in making friends?
- Has this child lived somewhere other than the home?
- Has or is this child currently being medicated for behavior or mood?

Areas of concern for this child: (if applicable, please give details)

Special Education:
Speech Therapy
Chapter I - Tutorial Help:

**Frenchtown School District #40**  
Screening and Consent Form

Today's Date: \_\_\_\_\_

Student's Full Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(city) (state)

**Ethnic Origin:** Native American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

Student's Home Phone # \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Student's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Mother's Name:** (last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

**Father's Name:** (last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**Student Lives With:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_ Other \_\_\_\_\_

Name of other Adults in the home: \_\_\_\_\_

Legal Guardian: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Local Emergency Contact:** Must be filled out to act on behalf of you if you are not available

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Health History**

**Allergies:** if any allergies please list.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**List medications taken daily:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Life long health issues:** (i.e. asthma, diabetes, orthopedic, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Physical restrictions or health issues that may require special seating or bathroom privileges:**

Special diet or food restrictions:

Wear \_\_\_\_\_ glasses or \_\_\_\_\_ contacts                      Last appointment:

Other family health issues:

**Has your child ever received any of the following services:**

- 1. Special Education                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
- 2. Speech Therapy                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
- 3. Chapter / Title                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
- 4. Gifted / Talented Program                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
- 5. Counseling Program                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Authorization:** I understand the Frenchtown School does not offer insurance for students participating in school activities. I understand that injury can result from participation in such activities: Please initial: \_\_\_\_\_

**Check your choice:** \_\_\_\_\_ YES or \_\_\_\_\_ NO permission for authorized personnel of the school to seek medical attention for our child from a licensed medical doctor and/or treatment facility in the event the child is injured or becomes ill if I/we cannot be reached. In granting permission I/we accept full financial responsibility for all costs associated with treatments and relieve the school and all its agents from all liability associated with the treatment. If I/we do not give permission for authorized personnel of the school to get medical treatment for our child, I/we accept full responsibility for the consequences. Please initial: \_\_\_\_\_

**Fluoride Program:** Students in Grades K-6 participate in a fluoride rinse program to reduce decay and promote dental health. Do you give permission for your child to participate in the program? YES \_\_\_\_\_ NO \_\_\_\_\_

**Authorization for Treatment:**

Frenchtown School policy requires your consent in order to administer medications described below:

- 1. Administer prescription medication needed utilizing the District Medication Policy.
- 2. Use antibacterial soap and antibiotic ointment on cuts/abrasions.
- 3. In grades K-8 administer Tylenol as needed according to weight. Tylenol will be provided by the school and cannot be given more than twice a day.
- 4. Use sterile saline as needed for eye irrigations.

\_\_\_\_\_ I DO GIVE permission to the school nurse or designee \_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ I DO NOT GIVE permission to the school nurse or designee \_\_\_\_\_ Parent/Guardian

**Kindergarten Registration Information for 2009-2010**  
**Frenchtown School District #40**

**Bus Transportation Information**

Please complete the following:

Pick-up address: \_\_\_\_\_

Drop-off address: \_\_\_\_\_

Alternate pick-up/drop-off (if any): \_\_\_\_\_

Day care provider (if any): \_\_\_\_\_

Authorized person(s) to pick up your child:

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## **General Kindergarten Supply List**

This is a general list - your child's teacher may give you a list for his/her class, which may require a few additional items. \*Gym shoes stay at school and can be old shoes as long as they are clean and fit well.

- 1 box of 16 crayons**
- 3 glue sticks**
- 1 bottle of white Elmer's school glue**
- 1 backpack (large enough for library books)**
- 1 large package of paper napkins**
- 1 large box of facial tissues**
- 1 bath towel (for rest time)**
- 1 box of Ziploc baggies**
- 1 pair of gym shoes\***
- 1 container of Clorox Wipes**
- 1 bottle of hand sanitizer**