

GREGORY PUBLIC SCHOOLS PRESCHOOL REGISTRATION FORM

Child's Legal Name: _____ Gender: _____

Child's Address: _____

Home Telephone: _____ Date of Birth: _____

How would you like your child to spell their first name at school? _____

School District in which you reside: _____

TO RECEIVE PHONE MESSAGES FROM Gregory SCHOOL DISTRICT:

Primary Contact Phone: _____ Alternate Contact Phone: _____

First Contact Name: _____ **Relationship:** _____

Address (if different): _____

Place of Employment _____ Work Phone: _____

Cell Phone: _____ Can this phone be used for text messages? Yes ☐ No ☐

Home Phone: _____ Email address: _____

Second Contact Name: _____ **Relationship:** _____

Address (if different): _____

Place of Employment _____ Work Phone: _____

Cell Phone: _____ Can this phone be used for text messages? Yes ☐ No ☐

Home Phone: _____ Email address: _____

Student Resides With: Both Parents _____ Mother _____ Father _____ Legal Guardian _____ Other _____

LIST NAMES OF SCHOOL-AGED BROTHERS/SISTERS:

_____ Grade _____

_____ Grade _____

_____ Grade _____

LIST ALL BROTHERS/SISTERS NOT YET IN SCHOOL:

_____ Age _____

_____ Age _____

_____ Age _____

What days would you like your child to attend preschool?

_____ Monday and Wednesday 8:15 – 11:00

_____ Tuesday and Thursday 8:15 – 11:00

_____ or either works

We will try to work with you on this schedule but we **can not** guarantee your choice.

If there is a reason these days will work better for you please explain. Example: car pooling, work schedule, etc.

Are there any medical facts we should be aware of? If so please list below:

Medicines: _____

Food allergies: _____

Non food allergies: _____

Other medical facts: _____

Child Pick-up Release

Please list below the individuals who have permission to pick up your child either during or after the preschool program. Your child will only be released to those listed below. If changes need to be made, notify the school or preschool teacher as soon as possible.

Name:

Phone number to be easily reached at:

Special Education Information:

Has your child been on an IEP or been tested for Special Education? Yes ☐ No ☐

If yes, is he/she currently receiving Special Education Services? Yes ☐ No ☐

Answer BOTH Questions:

1. Is this student Hispanic or Latino? (Choose one only)
 - ☐ No, not Hispanic or Latino
 - ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).
2. What is the student's race? (Regardless of how you answered the first question, choose one or more).
 - ☐ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).
 - ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
 - ☐ Black or African American (A person having origins in any of the black racial groups of Africa).
 - ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
 - ☐ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa).

Home Language Survey:

What language(s) is (are) spoken in your home? _____

Which language did your child learn first? _____

Which language does your child use most frequently at home? _____

Which language do you most frequently speak to your child? _____

In what language would you prefer to get information from the school? _____

I do give my permission for my child to go on school-supervised excursions and fieldtrips. Yes____ No____

Signature of Parent or Guardian

Date

The Gregory School District #26-4 does not discriminate on the basis of race, national origin, sex, disability, age, or religion in admission or access to or treatment or employment in its programs and activities. Any person having inquiries concerning the District's compliance with Title VI, Title IX, Section 504, or the Americans With Disabilities Act (ADA) is directed to contact the Superintendent of Schools, 505 Logan Ave., Gregory, SD 57533, telephone number: (605) 835-9672, who has been designated by the Gregory School District School Board to coordinate the District's efforts to comply with the regulations implementing these sections.