

PORTAGE COMMUNITY SCHOOLS
PRESCHOOL (4K) STUDENT REGISTRATION FORM

INTENDED PRESCHOOL: (Check only ONE, this does NOT
Guarantee placement at your choice, please contact school
directly) _____Alphabet Express
_____Endeavor School _____Little School
_____Head Start _____St. John's
_____Learning Tree _____St. Mary School

Student Legal Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ Home Phone#: _____
Street/Apartment # City Zip Code

Gender: M F Date of Birth ____ / ____ / ____ Age _____ (4 by Sept 1st) Grade: 4K
Birth City _____ Birth State _____ Birth County _____ Birth Country _____

Student's Ethnicity: (Circle One) White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander
Is the student Hispanic or Latino: (Circle One) YES NO
Has the student attended preschool before? YES NO

If yes, Name of Previous School _____ Address _____ Phone _____

Father name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Father Email Address: _____

Mother name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Mother Email Address: _____

Guardian name(if not living with parents): _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Guardian Email Address: _____

Student resides with: (Circle One) Both Parents Mother Father Grandparent Foster Care Other _____

If father and mother do NOT reside at same address, do you want school mailings sent to BOTH addresses? YES NO

Physical Placement: _____ Sole custody: ___ Mother ___ Father (Court document required) ___ Joint Custody

EMERGENCY CONTACTS: OTHER THAN PARENTS OR GUARDIAN

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

STUDENT HEALTH

Health concerns school/teacher/nurse should know about: _____

Does student have: _____ Heart problem ___ Diabetes ___ Seizures ___ Asthma ___ Allergies Other: _____

If yes, describe symptoms and treatment: _____

Does student go into shock or have trouble breathing due to allergies? _____ If yes, it is the parent's responsibility to provide the school with any needed medication and a medication form signed by the parent and physician.

Does student take any medications? _____ If yes, name of medication (s): _____

A signed medication form is required if school personnel are to give medication to the student. Giving needed medication to the student is the parent's responsibility until forms are signed.

I, as parent/guardian/ give consent for this information to be shared with relevant staff in the event I cannot be reached. I hereby authorize the principal or other school employee to contact and/or transport my child to the doctor or dentist named above if any emergency exists or to a substitute doctor or dentist if mine is not available. In major emergencies, school authorities will call the nearest rescue squad. NOTE: A copy of this form will accompany your child if sent for emergency care.

PARENT/GUARDIAN SIGNATURE: _____ Date: _

Project Lifesaver ID _____ Transmitter# _____

DIGITAL MEDIA RELEASE

The Portage Community School District may use student photos, interviews, videos, and projects for educational and informational purposes. This media may be used in classroom projects, district newsletters, newspaper articles, school websites, District-sponsored social media sites, (Facebook, Twitter, YouTube, etc.), and for general media purposes. Students appearing in large group or public area gatherings where the student is not clearly identified may be used without parent/guardian permission. Students appearing in a small group or identified by name must have a parent/guardian signature giving permission to use on the annual registration form.

I give permission for my child's picture/video/project to be used.

Parent/Guardian Signature: _____ Date: _____

Siblings or other children in the home:

Name	Date of Birth	School/Grade/Teacher
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please return this completed and signed form along with a Home Language Survey and Immunization Records to:

John Muir Elementary
Attn: Preschool – Teresa Dyal
2600 Woodcrest Drive
Portage, WI 53901

Note: This does not guarantee your choice of preschool; we will make every effort to accommodate your wishes. Please contact the preschool directly for reservations.