

Maquoketa Community School District
4-YEAR-OLD PRESCHOOL REGISTRATION FORM
2022-2023

Child's Legal Last Name

Legal First Name

Middle Name

Date of Birth

Gender

Primary Phone Number

County

Street Address

APT #

PO Box

City/State/Zip

Does this child have an IEP (**I**ndividual **E**ducation **P**lan)? Yes No

Is this child Hispanic/Latino? (*Choose only one*) No, not Hispanic/Latino Yes, Hispanic/Latino

What is this child's race? (*Choose all that apply*) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Birth Country _____ Date of entry to USA _____ Primary Language Spoken in the Home _____

Language Spoken by Child First Four Years of Life if Not English _____

Please give name and information about the adults living at the address listed above.

Relationship (**circle one**): Mother Father Step-mother Step-father Foster parent Legal guardian Grandparent Other

Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

Relationship (**circle one**): Mother Father Step-mother Step-father Foster parent Legal guardian Grandparent Other

Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Employer _____ Work Phone _____

Parents divorced? Yes No Parents separated? Yes No Father deceased? Yes No Mother deceased? Yes No

If divorced or separated, is there an additional person to contact? Yes No Send Mailings to this Person? Yes No

Person's Name _____ Relationship _____ Email Address _____

Mailing Address _____ Phone _____

Who has legal custody of this child? _____ Are there any legal restrictions? Yes No

If yes, please provide legal documentation on any restrictions as required.

CONTINUED ON REVERSE



Medical Information

Family Doctor _____ City _____ Phone # _____

Does this child have any allergies (for example: food, medications, insects)? Yes No

If yes, please specify _____

Does this child have any ongoing illnesses or medical conditions other than allergies listed above? Yes No

If yes, please specify _____

Does this child have any speech, vision, hearing or learning difficulties the school should know about? Yes No

If yes, please specify _____

Family Dentist _____ City _____ Phone # _____

Family Eye Doctor _____ City _____ Phone # _____

Emergency Contacts (Please list only those contacts who would be able to pick up this child in case of sickness or other emergency)

Do not include parent contacts listed on the front of this form. An attempt will always be made to contact a parent first.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Siblings (Please list ALL siblings of child)

Name Birth date Gender School Currently Attending

Name Birth date Gender School Currently Attending

Name Birth date Gender School Currently Attending

MEDIA RELEASE: I hereby do ____/do not ____ give consent to have my child photographed or videotaped for use by the District and preschool centers in newspapers, publicity, advertisement, or for educational purposes. _____ (initial)

Restrictions:

TRAVEL AND ACTIVITY AUTHORIZATION: I hereby do ____/do not ____ give permission for my child to leave the above named facility for field trips to special places traveling by car, public transportation, or walking. I understand that I will be notified in advance of each activity. _____ (initial)

Restrictions: