



**FOUR YEAR OLD HALF DAY  
KINDERGARTEN REGISTRATION**



Student **Legal** Name: \_\_\_\_\_  
**AS ON BIRTH DOCUMENT** (Last Name) (First Name) (Full Middle Name) (Suffix – Jr. III, etc.)

Place of Birth: \_\_\_\_\_  
 (City) (State) (County)

Birth Date: \_\_\_\_\_ (must be 4 on or before September 1) Mother Name on Birth Document: \_\_\_\_\_

Gender:  Male  Female Father Name on Birth Document: \_\_\_\_\_

**Office Only:**  
 Birth document verified by (full name): \_\_\_\_\_  
 Document type:  Birth Certificate  Baptismal Certificate  Passport  Immigration Certificate

66.03: \_\_\_\_\_ Open Enroll: \_\_\_\_\_

**RACE:** (Federal regulations require **both questions must be answered**)

1. Is this student Hispanic or Latino?  Yes  No

**AND**

2. Choose one or more, but at least one:  Asian  American Indian or Alaska Native  
 Black or African American  Native Hawaiian or Other Pacific Islander  White

Please state your site preference below, indicating your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice by placing a number in front of the location listed. **Site assignments will be based on prior program enrollment, need for child care services, place of residence, date of registration, bus routes, and whether or not openings are available at the site you have selected. Sites could change. The site your child attends for 4K in no way indicates where he/she will attend 5K. **\*\*There is no guarantee that your child will be placed in the same building as siblings.****

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Building Blocks Learning Center | <input type="checkbox"/> Mead Elementary Charter         | <b>Head Start Students Only:</b>          |
| <input type="checkbox"/> Grant Elementary                | <input type="checkbox"/> St Lawrence Early Childhood Ctr | <input type="checkbox"/> Biron Head Start |
| <input type="checkbox"/> Grove Elementary                | <input type="checkbox"/> THINK Academy                   |   |
| <input type="checkbox"/> LOT w/BBLC (Pitsch Location)    | <input type="checkbox"/> Woodside                        |   |

Do you prefer  a.m. or  p.m.? (some sites don't offer both) Is your child toilet trained?  Yes  No

Will your child attend day care before or after the 4K program?  No  Yes – where? \_\_\_\_\_

Do you have any other children at the site you have chosen?  No  Yes – Name/age or grade of other children at the site you have chosen: \_\_\_\_\_

Will your child also attend Head Start?  No  Yes – where? \_\_\_\_\_

Is your child in an Early Childhood Special Education program?  No  Yes If yes, only this form and the *District Student Information Form* needs to be completed.

Will your child need district busing?  No  Yes – complete pickup/drop off information below:  
**(Busing is only available within the attendance area of the 4K site your child attends. Transportation routes will take priority in determining your child's site location and time. An adult MUST be with the child at pickup and drop off location.)**

Residence child to be **picked up** at:

\_\_\_\_\_  
 (Name/Relationship) (Address) (Phone)

Residence child to be **dropped off** at:

\_\_\_\_\_  
 (Name/Relationship) (Address) (Phone)

**PLEASE TURN FORM OVER AND COMPLETE BACK SIDE**

**MIGRANT INFORMATION**

Have you moved within the preceding thirty-six (36) months for the purpose of finding seasonal or temporary employment directly related to the producing or processing of crops or livestock, dairy farm employment, planting or harvesting trees, or catching shell fish or fish in natural waters?

- YES       NO → **IF YOU CHECK "NO," skip the questions below and go straight to LANGUAGE INFORMATION area of the form below.**

If yes:

When did you move? \_\_\_\_\_

From where did you move? \_\_\_\_\_

To where did you move? \_\_\_\_\_

- Did any children from birth to twenty-one (21) years of age move with you, or move to join you, related to this work search or employment?

- YES       NO

- Are you under twenty-two (22) years of age?

- YES       NO

- May local or state education staff visit with you at your home for more information from you about migratory children in your household?

- YES       NO

Best time of availability: \_\_\_\_\_

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**LANGUAGE INFORMATION**

1. Is a language other than English spoken in the student's home on a regular basis?     YES     NO  
*If YES,* what language is spoken?     Hmong     Spanish     Other: \_\_\_\_\_
2. Does the student use language other than English on a regular basis?     YES     NO  
*If YES,* what language is it?     Hmong     Spanish     Other: \_\_\_\_\_
3. Is the student currently receiving "English Language Learner" services?     YES     NO
4. Do you want a translator available at school conferences?     YES     NO
5. Do you require a sign language interpreter at school activities?     YES     NO

.....  
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

- If English is the first or primary language and child is not a migrant, file registration form in student file.
- If Language Question 1-3 is "YES," file the original and send a copy to Jill Piatt in Pupil Services.
- If the student is a migrant, change the status for migrant on the WI/NCLB tab in Skyward to "yes," file the original survey in the student file, and send a copy to San Juanita Rodriguez at Grove.