



Preschool Enrollment is Now Available 2020-2021 School Year

Please join us for our Preschool Round-Up
on Thursday, April 2, 2020
at 6:00-7:00 p.m. in the library.

We will have activities for your preschooler to do in our classrooms, so please
bring your child with you!

This is for any Kenesaw students ages 3-4 years old that will attend preschool next
school year.

3 Year Old/Part-Day Classroom—Children must be 3 by July 31st to be eligible

4 Year Old/Full-Day Classroom—Children must be 4 by July 31st to be eligible



Please check the school website for paperwork.
Bring in your completed packet by Friday, May 8th.
Kenesaw Early Learning Academy will be free to all in-district preschool-aged students.

Kenesaw Preschool Program

Student Name: _____

The following information needs to be returned to complete your application:

- ~**Birth Certificate (certified with seal)**
- ~**Immunization Records** (see attached requirements)
- ~**Physical** (recommended but not required)

Please check all that apply, sign and date. If none apply, leave blank and sign and date at bottom.

- _____ ***The child registering for preschool was born prematurely or with a low birth weight.***
- _____ ***One or both parents of the child registering for preschool were under the age of 18 at the time the child was born.***
- _____ ***The child registering for preschool currently receives special education services or has an ISFP.***
- _____ ***At home the family speaks a language other than English.***
- _____ ***The child registering for preschool is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard or Reserve Forces.***
- _____ ***The family income qualifies the family for free or reduced lunch and breakfast according to the Federal Income Chart. (See attached form. Please use gross income.)***

Parent /Guardian (PRINT) _____

Parent/Guardian Signature _____

Date _____

Race and Ethnicity Classification

Student's Legal Name: _____ Grade: _____
(First) (MI) (Last)
Student's Birthdate: _____ Student Number: _____

*This form must be filled out by Parent/Guardian

PART A: Is the student Hispanic/Latino?

_____ No, not Hispanic/Latino

_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by checking to indicate what you consider your student's race to be.

PART B: What is the student's race? (Choose one or more)

_____ **American Indian or Alaska 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.)

(Signature of person who filled out the form)

Date

Relationship to student

TO ENROLL YOUR STUDENT, YOU MUST RETURN THIS COMPLETED FORM TO THE SCHOOL.

KENESAW PRESCHOOL ENROLLMENT FORM

Student Name: _____

Date of Birth: _____ Place of Birth _____
City State County

Age: _____ Male _____ Female _____ Social Security Number _____

Mailing Address: _____
(PO Box if applicable) City Zip Code

Physical Address: _____
Street Address City Zip Code

ETHNICITY: Is the student Hispanic/Latino? (check one) Non-Hispanic Hispanic/Latino
 Black/African American Asian Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan White Other _____
Specify

Primary Language Spoken in the home: _____

Primary Parent/Guardian Information: Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name: _____ First Name: _____

Date of Birth _____ Highest Grade Completed: High School _____ Graduate Y/N College _____ Degree Y/N

Mailing Address _____

Email Address: _____ Phone #s _____
Home Cell

Employer: _____ Work Phone: _____

Parent/Guardian/Spouse Information: Father Step-Father Mother Step-Mother Foster Grandparent Guardian Other (Circle One)

Last Name: _____ First Name: _____

Date of Birth _____ Highest Grade Completed: High School _____ Graduate Y/N College _____ Degree Y/N

Mailing Address _____

Email Address: _____ Phone #s _____
Home Cell

Employer: _____ Work Phone: _____

Were/Are you a Teen Parent less than 18 years of age? Yes/No (circle)

Was the child enrolling born premature (38 weeks or less) or at a low birth weight? Yes/No (If yes, specify) _____

Which best describes your family: (please circle one)

Two-Parent Family Single Parent Family Teen Parent Other _____

A parent or guardian of this family is a member of the Armed Forces on active duty or on full-time National Guard duty? Yes/No

The student is an unaccompanied homeless youth; not in the physical custody of a parent or guardian? Yes/ No

Does anyone in the family have a disability? Yes/No Parent Child (specify if yes) _____

Does the child receive special education services or currently have an IEP/IFSP? Yes/ No

Has the child attended another preschool? Yes/No If yes, name of preschool _____

Do you have Medicaid or private insurance? (circle one)

Is your family currently experiencing, or has your family ever experienced any of the following:

Homelessness Teen Pregnancy Family Crisis If yes, please explain _____

Does the child/parent have any health concerns? (such as severe allergy, asthma, diabetes...) Yes/ No (circle one) If yes, explain:

Name: _____ Health Concern: _____

Name: _____ Health Concern: _____

Does your child wear glasses? Yes or No

Daily Medications being taken _____
(* A medication release form must be on file in the school office in order to receive medication at school. This includes both prescription and non-prescription medication.)

Student's Doctor _____ Phone# _____ Doctor's Address _____

****Please list two emergency contact people other than parents.****

#1 Emergency Contact Person's Name _____

Relationship to Student _____

Emergency Person's Home Phone _____ Work Phone _____ Cell Phone _____

#2 Emergency Contact Person's Name _____

Relationship to Student _____

Emergency Person's Home Phone _____ Work Phone _____ Cell Phone _____

Daycare or Babysitter Contact Information:

Name	Phone Number	Address
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Please list other children living in your household:

Name	Date of Birth	Sex: M/F	Name	Date of Birth	Sex: M/F
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Transportation Request Kenesaw Preschool

Full-day students outside village limits are eligible for pick-up and drop-off (outside village limits.)

Half-day students outside village limits are eligible for pick-up and drop-off.

All half-day students are eligible for drop-off.

Student Name: _____

Parent Name: _____

Phone Number: _____

Pick-up Address: (*outside village limits)

Drop-off Address: _____

(*all Half-Day and All-Day students living outside village limits)

This is: (Circle One) Home Babysitter/Daycare

Contact # for Babysitter/Daycare Provider:

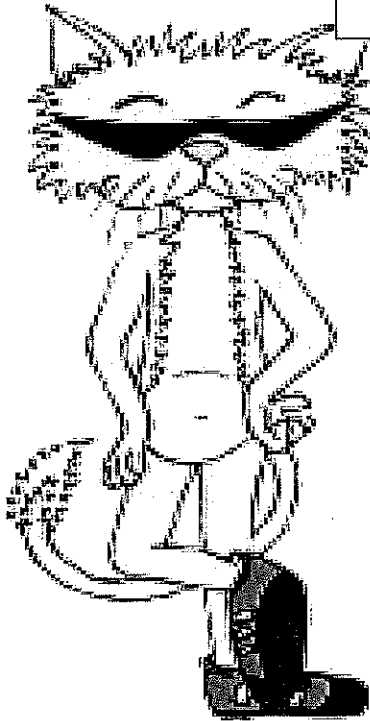
Special

Notes: _____



Hey cool cats - it's time to start
planning for...

Preschool



Kenesaw Public Schools

Healthy Habits start at Home!



Children need 10-11 hours of sleep every night. Have a regular bedtime. Adopt a nightly routine that includes quiet activities (no TV). Beware of hidden caffeine in things like cocoa.

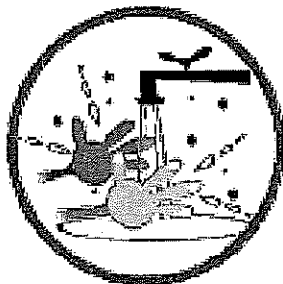
Eat a good breakfast. Offer your child a variety of foods each day. Include a mix of fresh fruits, veggies and low-fat dairy products. Limit sweets. Treats like candy and cake are just that - treats. Eat together. At mealtime, be a role model for proper eating habits. Don't label foods as "good" or "bad". Instead, talk about healthy portions and making smart food choices.

Yum...I can hardly wait to eat breakfast.



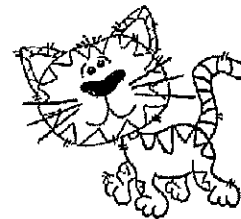
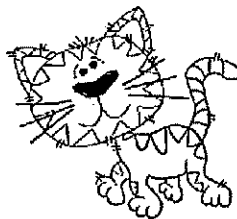
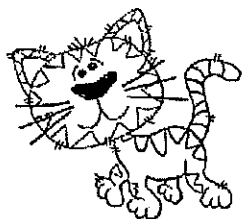
Brushing teeth should be a routine every morning and every night.

Always wear a seatbelt or sit quietly on the bus



Practice washing hands as long as it takes to sing Happy Birthday or the ABC song 2 times.

Go out and play! Toss a ball. Take a walk. Kids should be active at least 60 minutes a day. Don't drive when you can walk. Limit TV time.



Ill children...

If your child has vomiting/diarrhea or has a fever of 100 degrees or more - keep them home until they are 24 hours fever free without Tylenol or Ibuprofen and are free of symptoms of infection.



Hey, it's not cool to be sick!

Make your decision before school whether to keep your child home or send to school rather than giving your child the option to come home later. Inevitably, they will almost always want to come home later and then arrangements will have to be made to pick him/her up from school. Plus other students have been exposed to a possible infection.

Children must be well enough to attend school the entire day to participate in parties or after school activities.

Medication at school...

- Parents must furnish all medications including:

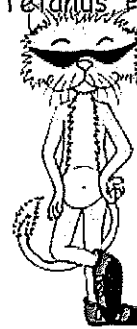
Tylenol or Ibuprofen, cough drops, etc. for Elementary



- ✓ Parent's note is needed for all medications
- ✓ Doctor's note is needed for prescription medications
- ✓ Medications must be sent in the original labeled container
- ✓ Medications can only be handled by adults

Immunizations - for everybody's protection

- ★ 4 doses DTaP, DTP, or DT vaccine (Diphtheria, Tetanus, Tetanus, Pe
- ★ 3 doses Polio vaccine
- ★ 3 doses of Hib vaccine or 1 dose of Hib given on or after 15 months of age
- ★ 3 doses of Hepatitis B vaccine (HBV)
- ★ 1 dose of MMR or MMRV given on or after 12 months
- ★ 1 dose of varicella (chickenpox) vaccine or MMRV given on or after 12 months of age. Written documentation (including year) of previous Chicken Pox Disease will be accepted from parent, guardian, or health care provider.
- ★ 4 doses of pneumococcal or 1 dose of pneumococcal given on/after 15 months of age
- ★ Your Doctor's office or a local immunization clinic (must meet requirements) can provide immunizations



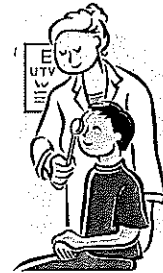
It's definitely *cool* to stay well!

Paperwork...



- ☆ Birth Certificate with the original seal. Memento birth certificates with a picture of the hospital and/or footprints, or triplicate copies from the hospital are not acceptable. Original birth certificates can be ordered via postal mail or online at:

<http://www.hhs.state.ne.us/vitalrecords/>



(This will be returned to you after we have made a copy)

- ☆ Updated immunization record
- ☆ Physical and Vision exam...recommended, but not required
- ☆ Personal Data Sheet - Fill out front & back sides

- Keep us up-to-date on:

- changes of phone numbers for home, work, contact person
- daycare provider/after school arrangements
- change of address

How can we contact you if we don't have your number?

