



PORT EDWARDS PUBLIC SCHOOLS REGISTRATION FORM FOUR-YEAR-OLD HALF-DAY KINDERGARTEN

Revised 1/3/22

Child's Legal Name: _____ Gender: M _____ F _____
Last First Middle

Birthdate: _____ Birth Place: _____ Home Phone: _____
(Must be four on/before Sept. 1st) City County State

Mother Cell: _____

Child's Address: _____ Father Cell: _____
Street City Zip

Ethnic Origin : Please complete back side of form. Name to be used in class, if different from legal name: _____

Is child right-handed or left-handed? Right _____ Left _____ Unsure _____ Is child toilet trained? Yes _____ No _____

First Name	Last Name	Living?	Email	Business Phone
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Father: _____ Y N _____

Mother _____ Y N _____

Step Parent _____ Y N _____

Legal Guardian _____ Y N _____

Child living with _____

Four-Year-Old Kindergarten will be held at the John E. Alexander South Wood County YMCA. Transportation will be provided within the district. There may be openings at the Wisconsin Rapids and Nekoosa sites listed below. In the event your child is put on a waiting list for the YMCA site, number your 2nd & 3rd choices. Sites are subject to change.

- _____ Building Blocks Learning Center
- _____ Grant Elementary
- _____ THINK Academy (Rudolph)
- _____ YMCA
- _____ St. Lawrence Early Childhood Center
- _____ Woodside Elementary
- _____ Biron Head Start (Head Start Students Only)
- _____ Pitsch Early Learning Center (one BBLC & one BBLC w/LOT classroom)
- _____ Humke Elementary 4K (Nekoosa)

Is your child currently enrolled in a preschool, Head Start, day care, or early childhood program? Yes _____ No _____

If yes, where? _____

Will your child require day care before or after the 4-year-old kindergarten program? Yes _____ No _____

Will your child utilize the bussing to and from school provided by the school district? Yes _____ No _____

Residence child to be **picked up** at: (An adult **MUST** be present with the child at pick up and drop off locations.)

(Name) (Address) (Phone)

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

(Name) (Address) (Phone)

Child's rank in family _____ Number of sisters _____ Number of brothers _____

Names & birthdates of other children in family (beginning with oldest)

Name _____ Birthdate _____

Parent Signature: _____ Today's Date: _____ Time: _____

Please return to: Port Edwards Public Schools Attn: Tina Melvin 951 5 th Street Port Edwards, WI 54469	Office Use only	
	First Day in Attendance _____	Reg. Rank # _____
	Birthdate Verified (Initial) _____	Session Preference A.M. _____ P.M. _____

RACE/ETHNICITY

The U.S Department of Education requires all public schools to collect data on the race and ethnicity of all students and staff. Please answer the questions below.

Part I: Ethnicity Designation

Is the person Hispanic or Latino? Must choose one.

- Hispanic or Latino *[If selected go to Question I-A]*
 Not Hispanic or Latino *[If no, go to Question Part II]*

Optional Question I-A: If Hispanic or Latino was chosen above, select all that apply from the list below:

- Columbian Ecuadorian Guatemalan
 Mexican Puerto Rican Salvadoran
 Spaniard/Spanish/Spanish-American Decline to indicate
 Unknown Other

Part II: Race Designation

Select one or more of the following categories that apply to this person:

- American Indian or Alaska Native *[If selected go to question II-A]*

Optional Question II-A: If chosen, select only one tribal affiliation

- Bad River Band Forest County Ho-Chunk
 Lac Courte Oreilles Lac du Flambeau Menominee
 Oneida Nation (Wisconsin) Red Cliff Sokaogon
 St. Croix Stockbridge Brothertown
 Other *Please select value from this Tribal Affiliation List* _____

- Asian *[If selected go to question II-B]*

Optional Question II-B: If chosen, select all that apply from the list below:

- Burmese Chinese Filipino
 Hmong Indian Karen
 Korean Vietnamese Decline to indicate
 Unknown Other

- Black or African American *[If selected go to question II-C]*

Optional Question II-C: If chosen, select all that apply from the list below:

- African-American Ethiopian-Oromo Ethiopian-Other
 Liberian Nigerian Somali
 Decline to indicate Unknown
 Other

- Native Hawaiian or Other Pacific Islander

- White

4-YEAR-OLD KINDERGARTEN MEDICAL RECORD

Student Name: _____ Sex: _____ Date of Birth: _____ Age: _____

Parent/Legal Guardian: _____

Address _____

Family Physician: _____

MEDICAL HISTORY (check items child has had)

Bronchitis	_____	Chicken Pox	_____	Diabetes	_____
Ear Infections	_____	Epilepsy	_____	Heart Disease	_____
Kidney Infection	_____	Measles	_____	Mumps	_____
Pneumonia	_____	Premature Birth	_____	Rheumatic Fever	_____
Scarlet Fever	_____	Whooping Cough	_____		

Other _____

Vision Problem (explain) _____

Does your child wear glasses? Yes _____ No _____

Hearing Problem (explain) _____

Allergies: _____

Food: _____

Animal: _____

Seasonal: _____

Does your child require an EpiPen/antihistamine (Benadryl)? Yes _____ No _____

Respiratory Difficulties (Asthma): _____

Serious accidents: _____

Operations (what and when): _____

Is your child toilet trained? Yes _____ No _____

Does your child take prescribed medication (home or school)? Yes _____ No _____

What medication: _____

For what reason: _____

Are there any special medical or other concerns that the school should be aware of to enable us to design an educational program for your child? _____

Would you like to be contacted by the school nurse before school starts? Yes _____ No _____