

AU SABLE VALLEY CENTRAL SCHOOL DISTRICT/ ACAP Head Start

PRE-KINDERGARTEN ENROLLMENT FORM

Date Rec'd	_____
ID#	_____
Site	_____
For Office Use only	

Student's Name:
(Last) _____ (First) _____ (Middle) _____

Date of birth: ____/____/____ Birth Place _____ M _____
F _____

Date entering: ____/____/____

Students Physical Address _____

Mailing Address (if different) _____

District of residence: _____ County: _____ Bus Info: AM _____ PM _____

Description of residence: (for bus purpose) _____

Where is the Student currently living? (Please check 1)

- In permanent housing with
 Father only Mother only Both Foster Parents Other
- In a shelter
- With another family or person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe): _____

Ethnicity (Voluntary):				
Hispanic (circle one)	yes	no		
Race: (circle one)	American Indian or Alaska native	Asian	Black or African American	Native
	Hawaiian/Other Pacific Islander	White		

Family Information:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Not Married, living in the same household <input type="checkbox"/> Widow (er)
Father/Guardian: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell phone: _____ Email address: _____
Occupation: _____ Place of employment: _____ Work phone: _____
Mother/Guardian: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Cell phone: _____ Email address: _____
Occupation: _____ Place of employment: _____ Work phone: _____
Legal Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody
Proof of Custody: <input type="checkbox"/> Yes (documentation must be presented) <input type="checkbox"/> No

If PARENT/GUARDIAN is not available: in case of an emergency and/or school related issue, please list in priority, at least (3) names of people (including your babysitter) you authorize and who would be willing and able to pick up your child during school hours.

Name _____ Address/city _____ Telephone number _____ Relationship _____

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Census Information:

Number in Household including adults: _____

List names of all persons (first and last name) living in household:

1. Name _____ DOB _____ Birthplace _____ Male/Female _____

Relationship to child _____ **If in school:** Building _____ Grade _____

2. Name _____ DOB _____ Birthplace _____ Male/Female _____

Relationship to child _____ **If in school:** Building _____ Grade _____

3. Name _____ DOB _____ Birthplace _____ Male/Female _____

Relationship to child _____ **If in school:** Building _____ Grade _____

4. Name _____ DOB _____ Birthplace _____ Male/Female _____

Relationship to child _____ **If in school:** Building _____ Grade _____

Proof of Residency

Proof of residency within the AuSable Valley Central School is required at the time of student registration. Please note that 2 forms of residency verification are needed, one from group 1 and one from group 2. *Proof of residency must include name and address of a parent/guardian and must be dated within the last 30 days. Items must have a physical address, items with a P.O. box are not a valid proof of residency.*

Group 1 ___ Copy of residential lease, deed or mortgage ___ Contract for purchase of home ___ Affidavit by a third party landlord, owner or tenant

Group 2 ___ Utility bill (electric, gas, fuel, cable) ___ Voter registration card ___ Car or home insurance policy (current) ___ Tax bill

___ Social Security statements ___ Income tax forms ___ DSS documents ___ Payroll stub

The following information is required for grant purposes and must be filled out

Number in Household _____

Household income: (please provide income verification such as a W2 form, pay stub, etc.)

___ \$0-11,770 ___ \$11,771-15,930 ___ \$15,931-20,089 ___ \$20,090-24,249 ___ \$24,250-24,809 ___ \$24,810-32,569

___ \$32,570-36,729 ___ \$36,730-40,889 ___ \$40,890-45,049 ___ \$45,050-49,203 ___ \$49,204-or more

Is the child in foster care: ___ Yes ___ No

Social Services Received:

___ TANF (Temporary Assistance for Needy Families) ___ SNAP (Supplemental Nutrition Assistance Program) ___ MD (Medicaid)

Does anyone in the household receive SSI? ___ Yes ___ No If so, who? _____

Did your child participate in a preschool, Pre-K, or Head Start Program? If so, which one? _____

If not, did your child participate in Daycare? ___ Yes ___ No If so, was the daycare registered? ___ Yes ___ No ___ Don't know

Does your child have an IEP through CPSE or early education services? ___ Yes ___ No

Do you have any health concerns regarding your child's development?

___ Yes, Please explain: _____

Does your child have any special needs?

Picture Permission

During the school year, informal photographs are occasionally taken of the children in their classrooms. In addition, at times classes are videotaped for student teacher evaluations and for classroom activities.

___ Yes, I give my permission for my child to have his/her picture taken for display at school, on the school website, in the media (Television, Newspaper, etc.) and in the yearbook.

___ Yes, I give my permission for my child to be videotaped for student teacher evaluations and for classroom activities.

___ No, I do not give my permission for my child to have his/her picture taken for display at school, on the school website, in the media (Television, Newspaper, etc.) and in the yearbook.

___ No, I do not give my permission for my child to be videotaped for student teacher evaluations or for classroom activities.

Blanket Permission Slip for Class Trips within Walking Distance of School

Please allow my child _____ to participate in any local walking trips scheduled by the Pre K teacher for the current school year. These may include, but are not limited to, trips to the fire station, post office, park, nature walk etc. I understand that all such trips will be within walking distance of the school and no vehicles will be involved in the transportation of students.

Parent/Guardian Signature _____ Date: _____

My signature attests that the information I have provided is accurate. I understand that if I provided inaccurate information about my district of residence or if I move out of the AVCS district, that my child may be removed from the AVCS district and will have to attend at his/her district of residence.

_____ **Date**

_____ **Signature of Parent or Guardian**