



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

Revised 1/2017

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?	Occupation	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.

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|---------------------------------------|---|-------------------------------|
| _____ Building Blocks Learning Center | _____ Grant Elementary | _____ Grove Elementary |
| _____ Mead Elementary Charter | _____ St. Lawrence Early Childhood Center | _____ THINK Academy (Rudolph) |
| _____ Woodside Elementary | _____ Biron Head Start (Head Start Students Only) | |
| _____ Humke Elementary 4K (Nekoosa) | _____ Lots of Tots w/BBLC | |

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 801 Second Street Port Edwards, WI 54469	Office Use only First Day in Attendance _____	Reg. Rank # _____ Session Preference A.M. _____ P.M. _____
	Birthdate Verified (Initial) _____	

Race and 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 both questions below.

1. Is this student Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) *Choose only one*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

2. Is this student: *(Choose one or more. You must select at least one.)*

- American Indian or Alaskan 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 / 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.)