



WASHOUGAL SCHOOL DISTRICT

2017 - 2018 Preschool Registration

Return completed form with deposit to:

Mailing Address: WCER, Attn: Lisa Young, 4855 Evergreen Way, Washougal WA 98671

Office Address: Hathaway School, Portable D, 630 24th St., Washougal WA 98671

Telephone: 360-954-3895 **Email:** lisa.young@washougalsd.org

A \$50.00 non-refundable deposit is due at time of registration.

Student Information:

Student's Name: _____

Fee Information:*

*(*Subject to change.)*

- **Morning (younger students) – 3 days/week: \$1825.00 annually**
10 monthly payments of \$182.50 due September 2017 through June 2018
- **Afternoon (older students) – 4 days/week: \$2400.00 annually**
10 monthly payments of \$240.00 due September 2017 through June 2018

Please check the preschool location of your choice:*

*(*Subject to change.)*

Gause Hathaway Cape Horn-Skye Columbia River Gorge

Circle session requested:

Morning / Afternoon

Circle bussing needed:

Yes / No

I understand that the Washougal Community Education Program does not provide insurance to its participants. I certify that my child is physically and mentally able to participate in this program. I, intending to be legally bound, waive and release all rights and claims for damages that I may accrue against any and all sponsors of this program.

Parent Signature: _____ **Date:** _____

STUDENT NAME: Legal Name (First, Middle Last)		Also known as:	Grade Level
BIRTHDATE (Month/Day/Year)	BIRTHPLACE (City/State/Country)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
PRIMARY LANGUAGE STUDENT SPEAKS AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other:			

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES PARENT/GUARDIAN		PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system (include area code)		STUDENT RESIDES WITH	
First Name	Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell ()			
Email Address		Additional phones: () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
First Name		Additional phones: () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address:		() <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
PHYSICAL ADDRESS WHERE FAMILY RESIDES – Required		City	State		Zip
MAILING ADDRESS – If different from physical address		City	State		Zip
<input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Family Member <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (specify)					

USE THIS SECTION TO PROVIDE INFORMATION FOR STUDENTS WITH A SECOND HOUSEHOLD

SECONDARY HOUSEHOLD PARENT/GUARDIAN		PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system (include area code)		Relationship to student
First Name	Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell ()		<input type="checkbox"/> Emergency Contact
Email Address		Additional phones: () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
First Name	Last Name	Additional phones: () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Relationship to student
Email Address:		() <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Emergency Contact
PHYSICAL ADDRESS WHERE FAMILY RESIDES		City	State	Zip
MAILING ADDRESS – If different from physical address		City	State	Zip

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) RESTRAINING ORDER AGAINST: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL OR REMOVING THE STUDENT FROM THE SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)
IS THERE A LEGAL RESTRICTION PREVENTING THE SCHOOL FROM SENDING COPIES OF REPORT CARDS TO 2nd HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City & State)
DID STUDENT FORMALLY WITHDRAW: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of withdrawal: _____		
HAS STUDENT EVER ATTENDED WASHOUGAL PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school attended: _____		
If enrolling from out of state, has student ever attended Washington State Public Schools? If yes, name of school & district: _____		

ETHNICITY AND RACE - PLEASE ANSWER BOTH QUESTIONS 1 AND 2			
BOTH RESPONSES ARE PER WASHINGTON STATE AND FEDERAL REQUIREMENTS			
Question 1: Is your child of Hispanic or Latino origin? → (Check all that apply)	Answer: <input type="checkbox"/> NOT HISPANIC-10 <input type="checkbox"/> CENTRAL AMERICAN-75 <input type="checkbox"/> CUBAN-55	<input type="checkbox"/> DOMINICAN -60 <input type="checkbox"/> LATIN AMERICAN-85 <input type="checkbox"/> MEXICAN / CHICANO / MEXICAN AMERICAN-30	<input type="checkbox"/> PUERTO RICAN-70 <input type="checkbox"/> SOUTH AMERICAN-80 <input type="checkbox"/> SPANIARD-65 <input type="checkbox"/> OTHER HISPAN./LATIN-90
Question 2: What race do you consider your child? → (Check all that apply)	Answer: <input type="checkbox"/> AFRICAN AMER./BLACK-200 <input type="checkbox"/> WHITE / CAUSCASIAN-300 <input type="checkbox"/> ASIAN INDIAN-505 <input type="checkbox"/> CAMBODIAN-507 <input type="checkbox"/> CHINESE-510 <input type="checkbox"/> FILIPINO-520 <input type="checkbox"/> HMONG-525 <input type="checkbox"/> INDONESIAN-530 <input type="checkbox"/> JAPANESE-535 <input type="checkbox"/> KOREAN-540 <input type="checkbox"/> LAOTIAN-545 <input type="checkbox"/> MALAYSIAN-550 <input type="checkbox"/> PAKISTANI-555 <input type="checkbox"/> SINGAPOREAN-560 <input type="checkbox"/> TAIWANESE-565 <input type="checkbox"/> THAI-570 <input type="checkbox"/> VIETNAMESE-575 <input type="checkbox"/> OTHER ASIAN-599	<input type="checkbox"/> NATIVE HAWAIIAN-605 <input type="checkbox"/> FIJIAN-615 <input type="checkbox"/> GUAMANIAN/CHAMORRO-620 <input type="checkbox"/> MARIANA ISLANDER-625 <input type="checkbox"/> MELANESIAN-630 <input type="checkbox"/> MICRONESIAN-632 <input type="checkbox"/> SAMOAN-635 <input type="checkbox"/> TONGAN-640 <input type="checkbox"/> OTHER PACIFIC ISLAND-699 <input type="checkbox"/> ALASKAN NATIVE-405 <input type="checkbox"/> CHEHALIS-410 <input type="checkbox"/> COLVILLE-416 <input type="checkbox"/> COWLITZ-416 <input type="checkbox"/> HOH-418 <input type="checkbox"/> JAMESTOWN-421 <input type="checkbox"/> KALISPEL-424 <input type="checkbox"/> LOWER ELWHA-427 <input type="checkbox"/> LUMMI-430 <input type="checkbox"/> MAKAH-433 <input type="checkbox"/> MUCKLESHOOT-436	<input type="checkbox"/> NISQUALLY-439 <input type="checkbox"/> NOOKSACK-442 <input type="checkbox"/> PORT GAMBLE CLALLAM-445 <input type="checkbox"/> PUYALLUP-448 <input type="checkbox"/> QUILEUTE-451 <input type="checkbox"/> QUINAULT-454 <input type="checkbox"/> SAMISH-457 <input type="checkbox"/> SAUK-SUIATTLE-460 <input type="checkbox"/> SHOALWATER-463 <input type="checkbox"/> SKOKOMISH-466 <input type="checkbox"/> SNOQUALMIE-469 <input type="checkbox"/> SPOKANE-472 <input type="checkbox"/> SQUAXIN ISLAND-475 <input type="checkbox"/> STILLAGUAMISH-478 <input type="checkbox"/> SUQUAMISH-484 <input type="checkbox"/> TULALIP-487 <input type="checkbox"/> YAKAMA-490 <input type="checkbox"/> OTHER WA INDIAN-495 <input type="checkbox"/> OTHER AMER. IND.-499

STUDENT PROGRAMS/ADDITIONAL INFORMATION		Are there any school activities in which your student should not participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information to school in writing on a separate sheet.
Indicate if student has ever been enrolled in the following programs:		
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	Does student have a Boundary Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what district: _____ Has student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade? _____
504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Title/Lap	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
ELL	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Gifted/HiCap	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Has student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Has student ever been long-term suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Has student ever had a drug violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Has student ever had an alcohol violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
Has student ever been adjudicated or had diversion agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Parent/Guardian Signature _____ Date _____

*If health exemptions exists based on religious beliefs, please list those here: _____

If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child (local area only please). If you wish to add more than 4 emergency contacts, please list on an additional page.

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed below.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()

Does student have a probation officer or caseworker? Yes No Name: _____

PLEASE LIST OTHER SIBLINGS ATTENDING WASHOUGAL PUBLIC SCHOOLS		
Student Name	School	Grade

IS STUDENT BUSED TO/FROM CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & after school	CHILD CARE PROVIDER: Address: _____
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Phone: _____

DOES THE STUDENT HAVE ANY LIFE THREATENING HEALTH CONDITIONS? If yes, please list:

(More detailed information will be requested on Student Health Inventory Form)

VERIFICATION OF ENROLLMENT: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Washougal School District.

Student Name

Parent/Legal Guardian/Adult Student Signature

Date

6/2015