

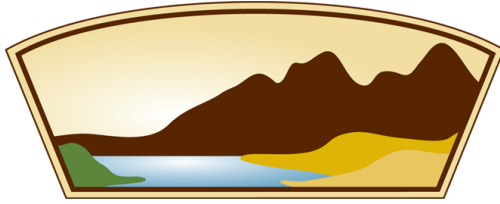
WASHOUGAL SCHOOL DISTRICT

Washougal School District/Community Education Preschools

The Washougal Community Education Preschools have served the community for over 30 years providing high-quality early learning programs that support the healthy development of our youngest students in an environment that enhances cognitive, physical, social and emotional growth.

- Washougal School District / Community Education Preschools are located at each district elementary school site – Cape Horn-Skye, Columbia River Gorge, Gause and Hathaway
- Preschools serve fully potty-trained students 3-5 years old
- Classes typically include 16 students and 2 classroom teachers
- Morning classes serve younger students (3-4 years old) and meet Tuesday, Thursday and Friday for 2.5 hours*
- Afternoon classes serve older students (pre-K) and meet Monday, Tuesday, Thursday and Friday for 3 hours*
- Curriculum is based on the Washington State Early Learning and Development Guidelines and includes social, emotional, academic, physical fitness and music instruction
- A healthy snack is provided during each class session
- Bussing may be provided within your school boundary in the morning to school and in the afternoon from school
- Registration is available online at: washougal.revtrak.net or in the Community Education office at Hathaway School, Portable D
- Contact Lisa Young at 360-954-3895 or lisa.young@washougalsd.org for additional tuition and registration information

(* - Class times vary based on school location.)



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: \$1725.00 annually**
10 monthly payments of \$172.50 due September 2017 through June 2018
- **Afternoon (older students) – 4 days/week: \$2300.00 annually**
10 monthly payments of \$230.00 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:** _____



WASHOUGAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

FOR OFFICE USE
School:
Start Date:
Key Pad #:

STUDENT LEGAL NAME: (Last First Middle)		Preferred Name:	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 ()	<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)
Email Address	Additional phones: () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
First Name Last Name	() <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		

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	
First Name Last Name	() <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 (provide copy to school)

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 / CAUCASIAN-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:	Does student have a Boundary Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what district: _____
Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	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: _____	
Does student have a probation officer or caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	

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 exist 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 ()

PLEASE LIST OTHER SIBLINGS ATTENDING WASHOUGAL PUBLIC SCHOOLS

Student Name	School	Grade

IS STUDENT BUSED TO/FROM CHILD CARE?

Before school After school Before & after school

CHILD CARE PROVIDER:

Address:

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