



Chawanakee Unified Cougar Cubs Co-op Preschool

Who is Eligible for Preschool?

- 2018-2019 school year child must have their 3rd birthday on or before September 1.
- Child must be toilet trained.
- Cost - \$100 per month per child.

Preschool Registration Packet Instructions

Step 1: Complete all forms in the Preschool Registration Packet

- CUSD Pupil Registration Form
- CUSD Emergency Procedure Card
- Child's Preadmission Health History

Step 2: Collect the following documents:

- Birth Certificate
- Current Proof of Address
- Immunization Record for Preschool student must include the following:
 - 3 – Polio 4 – Dtap 1 – HIB
 - 3- Hepatitis B 1 – MMR 1 – Varicella
 - Documentation of TB Test or TB Risk Assessment
 - Current Physical for preschool student dated within 1 year

Step 3: Call (559) 877-6209 ext. 209

Room 21 Cougar Cubs Co-op Preschool
33087 Road 228, North Fork, CA 93643

Chawanakee Unified School District
P.O. Box 400, North Fork, CA 93643
(559) 877-6209

PRE-SCHOOL ENROLLMENT FORM
2018-2019 School Year

STUDENT IDENTITY INFORMATION

(Please Print Clearly)

LEGAL NAME:

LAST: _____ FIRST: _____ MIDDLE: _____ SUFFIX: _____

Former/Preferred Name: Last: _____ First: _____ Middle: _____

Gender: Male Female Birth Date: ___/___/___ Grade Level: _____

Birthplace: City _____ State _____ Country _____

Student's Home Phone: (____) _____

Address: (Physical) _____

City: _____ State: _____ Zip: _____

Address: Mailing _____

City: _____ State: _____ Zip: _____

Student's Ethnicity:(federally mandated information) Please check one: Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE (federally mandated information) You may mark up to 5 racial categories:

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxed to indicate what you consider the student's race to be.

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native(100) | <input type="checkbox"/> Laotian(206) | <input type="checkbox"/> Samoan(303) |
| <input type="checkbox"/> Chinese(201) | <input type="checkbox"/> Cambodian(207) | <input type="checkbox"/> Tahitian(304) |
| <input type="checkbox"/> Japanese(202) | <input type="checkbox"/> Hmong(208) | <input type="checkbox"/> Other Pacific Islander(339) |
| <input type="checkbox"/> Korean(203) | <input type="checkbox"/> Other Asian(299) | <input type="checkbox"/> African American or Black(600) |
| <input type="checkbox"/> Vietnamese(204) | <input type="checkbox"/> Hawaiian(301) | <input type="checkbox"/> White(700) |
| <input type="checkbox"/> Asian Indian(205) | <input type="checkbox"/> Guamanian(302) | |

PARENT EDUCATION- Check the response that describes the education level of the **most educated parent.**
(federally mandated information)

- | | |
|---|---|
| <input type="checkbox"/> Graduate Degree of Higher | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> Some College or Associate's Degree | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Not a High School Graduate | |

Residence – where is your child/family currently living? (federally mandated information) Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home) (200)
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss) (120)
 In a shelter or transitional housing program (100) In a motel/hotel (110) Unsheltered (car/campsite) (130)
 Foster Care or Kinship Placement (210)
 Other (please specify) (300)

Parent /Guardian Information (with whom the student lives)- check all that apply

Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home Other _____
 Is the above (checked) person(s) the student's LEGAL guardian? Yes No **If no, please complete a "Caregiver Affidavit"**
If yes, and there is a legal custody agreement regarding this student, please check type: Joint custody Sole Custody Guardian

PLEASE COMPLETE THE INFORMATION BELOW FOR PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES.

Primary Head of Household (Last Name) _____

Name: _____ DOB: _____
 Relationship to Student: _____ Legal Guardian: Yes No
 Employer: _____ Bus. Phone: (____) _____
 Cell Phone: (____) _____ Email: _____

Name: _____ DOB: _____
 Relationship to Student: _____ Legal Guardian: Yes No
 Employer: _____ Bus. Phone: (____) _____
 Cell Phone: (____) _____ Email: _____

Duplicate mailing: If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, phone number and email.

Name: _____ DOB: _____
 Relationship to Student: _____ Legal Guardian: Yes No
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Bus. Phone: (____) _____ Cell Phone: (____) _____ Email: _____

SIBLINGS: Full name of Brothers and Sisters (oldest first) living in this household

1.	DOB ____/____/____	4.	DOB ____/____/____
2.	DOB ____/____/____	5.	DOB ____/____/____
3.	DOB ____/____/____	6.	DOB ____/____/____

HOME LANGUAGE SURVEY

Which language did the student learn when he/she first began to talk? _____
 What language does the student most frequently use at home? _____
 What language do you use most frequently to speak to your student? _____
 What language is most often spoken by the adults at home? _____
 Has the student ever been enrolled in a US school for 3 or more full years? Yes No

Signature of Parent/Legal Guardian

Relationship to Student

Date

Emergency Contact Information

Please list three (3) emergency contacts (local if possible) other than Parent/Guardian, to call if parent/guardian cannot be reached, or who can transport child home or for medical help in an emergency.

Your child will ONLY BE RELEASED TO PERSONS LISTED BELOW.

Contact 1:		
Last Name _____	First _____	Initial _____
Home Phone (____) _____	Work Phone (____) _____	Cell Phone (____) _____
Relationship to Student _____		
Contact 2:		
Last Name _____	First _____	Initial _____
Home Phone (____) _____	Work Phone (____) _____	Cell Phone (____) _____
Relationship to Student _____		
Contact 3:		
Last Name _____	First _____	Initial _____
Home Phone (____) _____	Work Phone (____) _____	Cell Phone (____) _____
Relationship to Student _____		

Health Problems: Please check if this child has any of the following:

- Allergy to Medication (specify): _____
- Diabetes Bee Sting Reaction
- Epilepsy (convulsions) Heart Condition
- Asthma Other Condition If this child has a serious health problem, either marked above or different, please describe and provide instructions for the school: _____

Medication Taken Regularly: _____ Tetanus Shot (Date): _____

Health Insurance: Yes No Carrier/Policy# _____ Medi-Cal _____

I (We), the undersigned, parent(s), guardian(s) of _____, a minor, do hereby authorize the Chawanakee Unified School District as agent(s) for the undersigned, in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by, and is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood, this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25-8 of the Civil Code of California.

This authorization shall remain in effect until revoked in writing and delivered to said agent(s).

Signature of Parent/Guardian

Date