

ENROLLMENT INFORMATION FOR BELOIT ELEMENTARY SCHOOL

Student Name _____
Date of Birth _____ Student Gender: _____ Male _____ Female
Student's Place of Birth _____ Student's Social Security Number _____

2024-2025
Grade level you are enrolling your child in. _____

Father's Full Name _____ Birthdate _____
Mother's Full Name _____ Birthdate _____
Marital Status _____
Father's Address _____ City _____ State _____ Zip _____
Mother's Address _____ City _____ State _____ Zip _____
Primary Phone # for Automated System _____
Mother's Home Phone _____ Mother's Cell Phone _____
Mother's Work Phone _____ Place of Business _____
Father's Home Phone _____ Father's Cell Phone _____
Father's Work Phone _____ Place of Business _____
E-Mail Address _____

Emergency Contact

Person's Name and Relationship _____ Phone Number _____

Race and Ethnicity: (Both Part A and Part B of the question **must be** answered.)

Part A: **Is this student Hispanic/Latino?** _____ **No, not Hispanic/Latino** _____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Part B: **What is the student's race?** (choose one or more)

- _____ **White** (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)
_____ **American Indian or Alaska 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 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 or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

On which date did your child first enroll in school in the USA? _____

What language did your child first learn to speak/use? English _____ Spanish _____ Other _____

What language does your child most often speak/use at home? English _____ Spanish _____ Other _____

What language do you most often speak/use with your child? English _____ Spanish _____ Other _____

What language do the adults at home most often speak/use? English _____ Spanish _____ Other _____

In which language do you read/write? English _____ Spanish _____ Other _____

Is your child on a current IEP for special education if coming from another school? _____

Do you feel your child might need help from a special education class or Title I class? _____ YES _____ NO

If yes, which type of class? _____

Were you enrolled in another school last year? If so, please fill in the following information.

Name of school last attended: _____

Grade child was enrolled in during the 2023-2024 school year or grade your child was in when left the previous school _____

Date you left this school _____

Please list the names and birthdates of any children living with you that are not enrolled in school and are younger than 5

UNIFIED SCHOOL DISTRICT 273

HEALTH HISTORY FORM

2024/2025 Year

This form should be filled out by the child's parent or legal guardian. Return the completed to your child's school nurse.

Name of Child: _____ Date of Birth: _____ Sex: Male Female Grade: _____

MEDICAL HISTORY

Health concerns: Does your child have any health concerns the nurse needs to be aware of? Yes No
If YES, please describe: _____

Can your child participate in all school activities? Yes No

Allergies: Does your child have allergies? Yes No
If YES, what is your child allergic to? _____

Does your child carry an EpiPen? Yes No

Medication: Does your child currently take medications? Yes No
If YES, what medicine? _____

Past medical history: Date of last doctor's visit _____

Does or has your child received medical care of any of the following: No

- Asthma Diabetes Kidney Disease Orthopedic Seizure
 Heart Disease Mental Health Concussion/Head Injury Other _____

MEDICAL PROVIDER INFORMATION

Primary care provide: Name _____ Clinic/Practice Name _____

Dentist: Name _____ Clinic/Practice Name _____

Optometrist: Name _____ Clinic/Practice Name _____

Families are expected to provide coverage to meet the needs of their student. Families may choose to purchase a supplemental **STUDENT ACCIDENT INSURANCE** through the school. You may obtain applications from School Office. Applications for the **KANCARE are available from your school nurse, health department, and doctor's office or online at <http://www.kancare.ks.gov/index.htm>**

PARENT/GUARDIAN CONSENT

The school nurse has permission to give my child the following **over-the-counter medications**:
We will request parents/guardian to bring medication to be stored in nurse office to be dispensed if we give over 3 dosages during school year.

Please mark or check medications' that approved to dispense by nurse or delegated staff

- Acetaminophen (same ingredient as TYLENOL) Cough Drops
 Ibuprofen (same ingredient as ADVIL) Aloe Vera or Burn Spray for burns
 Triple Antibiotic Ointment Hydrocortisone Cream
 Calamine Lotion or Anti-itch spray for rash

VACCINATIONS

Has your child received any recent vaccinations? Yes No

If YES, please list and provide a copy of report: _____

Statement of Consent: This information will be held in confidence and disclosed to school personnel to the extent necessary to protect the health of the student. In order to better serve the health needs of my child, I hereby give permission for the transfer of health information to school and other appropriate health professionals, including immunizations status to state and local authorities as requested. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature: _____ Print Name Here: _____ Date: _____

ENROLLMENT INFORMATION FOR BELOIT ELEMENTARY SCHOOL

Student Name _____
Date of Birth _____ Student Gender: _____ Male _____ Female
Student's Place of Birth _____ Student's Social Security Number _____

2024-2025 3 year old Pre-K
Number your choices #1 & #2 _____ AM Preschool _____ PM Preschool

Father's Full Name _____ Birthdate _____
Mother's Full Name _____ Birthdate _____

Marital Status Mother: Married Single Divorced Widowed Father: Married Single Divorced Widowed

Father's Address _____ City _____ State _____ Zip _____

Mother's Address _____ City _____ State _____ Zip _____

Primary phone # for automated system _____

Mother's Home Phone _____ Mother's Cell Phone # _____

Mother's Work Phone _____ Place of Business _____

Mother's Email _____

Father's Home Phone _____ Father's Cell Phone # _____

Father's work Phone _____ Place of Business _____

Father's Email _____

Emergency Contact

_____ Name and Relationship _____ Phone Number

Race and Ethnicity: (Both Part A and Part B of the question **must be** answered.)

Part A: Is this student Hispanic/Latino? _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Part B: What is this student's race? (Choose one or more)

_____ White (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)

_____ American Indian or Alaska 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 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 or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

On which date did your child first enroll in school in the USA? _____

What language did your child first learn to speak/used English Spanish Other _____

What language does your child most often speak/use at home? English Spanish Other _____

What languages do you most often speak/use with your child? English Spanish Other _____

What language do the adults at home most often speak/use? English Spanish Other _____

In which language do you read/write? English Spanish Other _____

Is your child on a current IEP for special education? _____

ENROLLMENT INFORMATION FOR BELOIT ELEMENTARY SCHOOL

Student Name _____
Date of Birth _____ Student Gender: _____ Male _____ Female
Student's Place of Birth _____ Student's Social Security Number _____

2024-2025 4 year old Pre-K
Number your choices #1 & #2 _____ AM Preschool _____ PM Preschool

Father's Full Name _____ Birthdate _____
Mother's Full Name _____ Birthdate _____

Marital Status Mother: Married Single Divorced Widowed Father: Married Single Divorced Widowed

Father's Address _____ City _____ State _____ Zip _____

Mother's Address _____ City _____ State _____ Zip _____

Primary phone # for automated system _____

Mother's Home Phone _____ Mother's Cell Phone # _____

Mother's Work Phone _____ Place of Business _____

Mother's Email _____

Father's Home Phone _____ Father's Cell Phone # _____

Father's work Phone _____ Place of Business _____

Father's Email _____

Emergency Contact

Name and Relationship

Phone Number

Race and Ethnicity: (Both Part A and Part B of the question **must be** answered.)

Part A: Is this student Hispanic/Latino? _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican South or Central America, or other Spanish culture or origin, regardless of race)

Part B: What is this student's race? (Choose one or more)

_____ White (A person having origins in any of the original peoples of Europe, Middle East, or North Africa)

_____ American Indian or Alaska 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 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 or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

On which date did your child first enroll in school in the USA? _____

What language did your child first learn to speak/used English Spanish Other _____

What language does your child most often speak/use at home? English Spanish Other _____

What languages do you most often speak/use with your child? English Spanish Other _____

What language do the adults at home most often speak/use? English Spanish Other _____

In which language do you read/write? English Spanish Other _____

Is your child on a current IEP for special education? _____

**USD #273 Beloit Preschool – PBIS (Positive Behavioral Intervention and Supports)
CONSENT FOR THE RELEASE OF INFORMATION**

Child's Name _____ Child's DOB _____
Parent/Guardian _____

The purpose of this release is to be able to share written and verbal information with agencies who work with you and/or your child. We work with the following agencies on a regular basis and ask that you give us permission to share information. You are welcome to add any agency you would like information to be shared with.

By my signature below, I give permission for the agencies I initial to share verbal and written information regarding my child who is enrolled at the USD #273 Beloit Preschool. I also understand that this agreement is good for one year from the date of signature and can be terminated in writing at any time.

(INITIALS) _____ Positive Behavioral Support Team, includes: Beloit Early Childhood Special Education Director and staff; Mitchell County Partnership for Children (MCPC) Director, Social Work Consultants, and School Readiness Specialist; and preschool teachers within the Beloit Early Childhood Special Education service area of Mitchell, Jewell and Lincoln counties. Written and verbal communication and interactions include classroom observations of child, modeling behavior management techniques, sharing of assessment results, and direct consultation with teachers.

(INITIALS) _____ I understand that MCPC social workers and school readiness specialist may at any time work with my child on social emotional and academic skill development.

(INITIALS) _____ I understand that should my child score in the monitoring or referral area of the ASQ-3 or ASQ:SE-2 questionnaires, my child's teacher will discuss with me, my options for further assessment provided through either Infant/Toddler or Early Childhood Special Education service providers. At that time I can choose to either accept or decline further assessment.

(INITIALS) _____ I grant permission for my child to have his/her picture taken, to have photos and name published in the newspaper, and to have videos taken while enrolled at USD#273 Beloit Preschool.

(INITIALS) _____ * _____, _____, _____
(Agency) (Address) (Telephone)

(INITIALS) _____ * _____, _____, _____
(Agency) (Address) (Telephone)

I understand this information will be kept confidential and shared with the agencies marked and staff of USD #273 Beloit Preschool while my child is enrolled.

Parent or Guardian Relationship to Child Date

* You will be notified prior to our contacting any outside agencies.

State Qualifiers for 3 & 4 year old preschool

Student's Name _____

From the criteria listed below, please check the ones that apply to your child. If none of them apply please leave them blank.

_____ The family qualifies for the free lunch program
(must fill out free & reduced lunch application)

_____ The custodial parent is unmarried at the time of enrollment

_____ The student has been referred by the Division of Children's Services for educational services.

_____ At least one parent was a teen when the student was born

_____ At least one parent is lacking a GED or high school diploma at the time of enrollment

_____ The student qualifies for services under the Migrant Education Program

_____ The student has limited English proficiency

_____ Child experiencing homelessness

_____ IEP Initial service date _____

Office use only

Parent Signature

Date

Office Use Only

_____ Developmentally or academically delayed based on assessments

Date verified _____



DAISEY

connecting the first five years to a lifetime of success

Intake and Demographic Form for Child Profiles

CHILD

CHILD

CHILD

Child Information

Child First Name _____ Child Last Name _____

Child Date of Birth _____ Enrollment Date _____

Number of weeks premature _____ (0=not premature)

Does the child have an IEP or IFSP? IEP IFSP None

Name of primary caregiver (parent/guardian): _____

Child's relationship to primary caregiver (select one)

- Son Daughter Niece Nephew
 Sibling Foster Child Grandchild Other

Was this child referred to your program by the Department for Children and Families?

- Yes No

Contact Information

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Child Demographics

Child Gender: Male Female

Child Ethnicity: Hispanic/Latino/Spanish Origin Non-Hispanic/Non-Latino/Not Spanish Origin

Child Race (select all that apply):

- African American or Black American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander
 White Other

CHILD

Does this child speak a language other than English at home? Yes No

Child Primary Language (select one):

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal Language |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other | | |

Child Insurance Status (select one):

- Medicaid/State Medical Insurance Program (Title XXI/CHIP)
- No Insurance Coverage
- Private or other
- Tri-care (Military Insurance)

At-Risk Criteria

Is the child participating in Part B Assistance for Education of All Children with Disabilities?

- Yes No

Is the child participating in Part C Early Intervention services?

- Yes No

CHILD

CHILD



Intake and Demographic Form for Caregiver Profiles

CAREGIVER
CAREGIVER
CAREGIVER

Caregiver Information

Caregiver First Name _____ Caregiver Last Name _____

Caregiver Date of Birth _____ Enrollment Date _____

Is this the primary caregiver of the child? Yes No

If 'No,' write the primary caregiver's name here : _____

Caregiver's relationship to primary caregiver (select one)

- Self
- Parent
- Niece
- Spouse
- Grandparent
- Nephew
- Partner
- Aunt
- Sibling
- Child
- Uncle
- Other

Contact Information

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Caregiver Demographics

Caregiver Gender: Male Female

Caregiver Ethnicity: Hispanic/Latino/Spanish Origin Non-Hispanic/Non-Latino/Not Spanish Origin

Caregiver Race (select all that apply):

- African American or Black
- Asian
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Caregiver Education (select one):

- Currently enrolled in high school
- Of high school age, not enrolled
- Less than HS diploma
- GED
- HS diploma
- Some college/training
- Technical training certification/Associate degree
- Bachelor degree or higher

Caregiver Employment Status (select one):

- Employed full-time Employed part-time Not employed

Is the caregiver a migrant worker? Yes No

Caregiver Marital Status (select one):

- Never married Married Divorced Widowed

Caregiver Insurance Status (select one):

- Medicaid/State Medical Insurance Program (Title XXI/KanCare)
 No Insurance Coverage
 Private or other
 Tri-care (Military Insurance)

Caregiver Military Status (select one):

- Current Armed Forces Member Former Armed Forces Member None

Primary and/or secondary caregiver military status (select one):

- Current Armed Forces Member Former Armed Forces Member None

Does this caregiver speak a language other than English at home? Yes No

Caregiver Primary Language (select one):

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tribal Language |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other | | |

Household Information

of people in household (include everyone): _____ # of children under 18 in household: _____

Housing Arrangement (select one):

- Stable housing Temporary housing Homeless/living in a shelter

In the last year, has your family had to sleep in a temporary living arrangement? Yes No

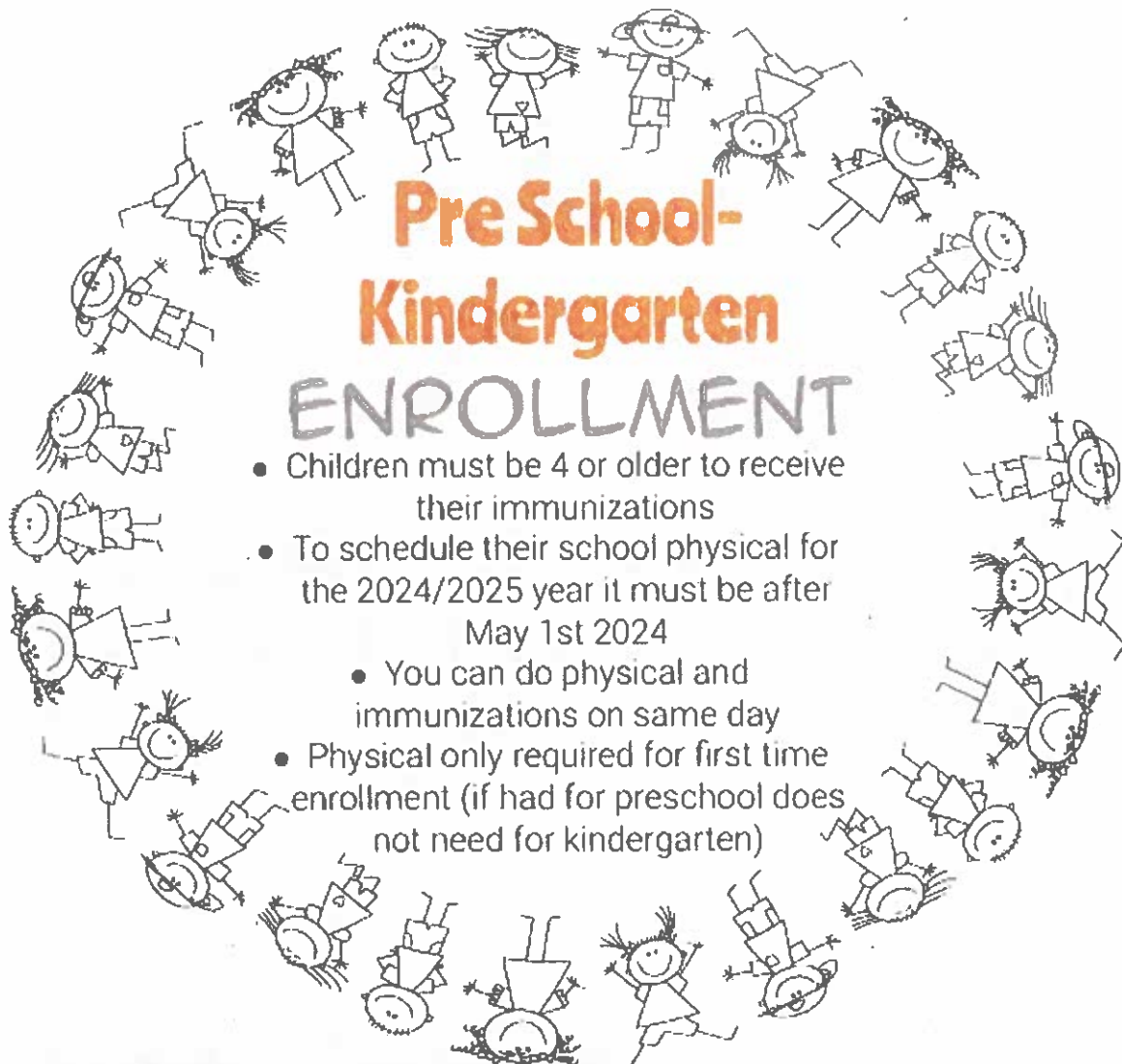
Household Income Sources

Income sources for the household (select all that apply):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security | <input type="checkbox"/> Supplemental Security Insurance (SSI) |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Temporary Assistance to Needy Families |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Agricultural | (TANF) |
| | <input type="checkbox"/> Other | |

Total Yearly Household Income (select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> Greater than \$100,000 |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 | |



Pre School- Kindergarten

ENROLLMENT

- Children must be 4 or older to receive their immunizations
- To schedule their school physical for the 2024/2025 year it must be after May 1st 2024
 - You can do physical and immunizations on same day
- Physical only required for first time enrollment (if had for preschool does not need for kindergarten)

Early Childhood Program
Operated by a School
Ages 4 Years and Under

Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses
IPV (polio)	3 doses
MMR (measles, mumps, rubella)	1 dose
Varicella (chickenpox)	1 dose*
Hepatitis A	2 doses
Hepatitis B	3 doses
Hib (haemophilus influenza type B)	4 doses**
Prenvar (pneumococcal conjugate)	4 doses**

These are the required school immunizations for Kansas. For any questions please feel free to call the Mitchell County Health Department 785-737-5175



**Mitchell County
Health Department**
310 W. 8th St. Seloit, KS 67420
785-738-5175