



# Tiger Preschool Enrollment Packet

Lamar R-1 School  
2019-20 school year

Must be 4 before  
August 1, 2019

Child's Name \_\_\_\_\_

Parent (Guardian) Name \_\_\_\_\_

Please bring back the completed forms and checklist on May 13 from 1:00-2:30. Please enter through the outside door of Tiger Preschool classroom (white gate in front of East Primary School). We will be enrolling 4-5 year old students that will be entering kindergarten in the fall 2020. Please bring any court documents concerning this child with you the day of enrollment. Any questions please call Mary McWilliams at 417-681-0613 ext 711.

## Enrollment Checklist:

- Enrollment Form complete with ALL information
- Authorization for Emergency Medical care with 3 signatures (pg.#4)
- Student Health Inventory (pg. # 6&7)
- Tuition Determination Form has to be completed to consider the application to be completed. (pg. # 8)
- Attendance Policy signed (pg. #5)
- Immunization Record (please photocopy)
- Birth Certificate (please photocopy)
- Social Security Card

Must be 4 before  
August 1, 2019

## Class Schedule

All day Drop off no earlier 7:45 – Pickup starting 2:30 no later 2:40  
We will have class size of 20, but we will start a waiting list.

**Monthly Tuition Fee: \$0**

**\*\*Although you will have to pay for breakfast and lunch.**

**\$25.00 Activity Fee Due: August 16<sup>th</sup> and January 15<sup>th</sup>**





# Tiger Preschool Lamar R-1 School

Must be 4 before  
August 1, 2019

Name \_\_\_\_\_

First

Middle

Last

**M F**

Date of Birth

Gender

Social Security Number

Address \_\_\_\_\_

Street

City

State

Zip

Parents **Father** \_\_\_\_\_

Guardian First & Last Name

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home/Cell Work

Address: \_\_\_\_\_  
Street

City State Zip

Work \_\_\_\_\_  
Company Hours

Address

**Mother** \_\_\_\_\_

Guardian First & Last Name

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home/Cell Work

Address: \_\_\_\_\_  
Street

City State Zip

Work \_\_\_\_\_  
Company Hours

Address

Persons allowed to remove child from faculty:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact *other than parent*: must have at least one:

Name	Address	Relationship	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

Sibling Names and ages: \_\_\_\_\_

**Lives with:**

Child's name \_\_\_\_\_

(Check all that apply)

- Both Parents
- Father
- Mother
- Stepfather \_\_\_\_\_ (name)
- Stepmother \_\_\_\_\_ (name)
- Grandparents
- Uncle
- Aunt
- Brother
- Sister
- Foster Parents
- Other \_\_\_\_\_

**Marital status of Parents**

- Married
- Divorced
- Separated

If there is shared custody of your child, please give the non-custodial parent's information if we need to mail information regarding their child and Tiger Preschool activities.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Do you have any concerns about a non-custodial parent or relative trying to pick up child from Tiger Preschool?

- Yes
- No

## Authorization for Emergency Medical care

I understand that I will be notified at once in case of accident or illness of my child, and I will make arrangement for the medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangement, or in a critical emergency requiring medical care, I hereby authorize Tiger Preschool, Lamar R-1 Schools, to contact:  
Doctor/Clinic

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
For Emergency Medical Treatment of my child, my preferred hospital is:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Signature:  Date \_\_\_\_\_

### Trip and Activity Permission

I  do  do not give consent for my child to participate in properly supervised field trips.  
I will be notified of trips.

I  do  do not give consent for my child's picture to be published in awareness programs.

### Agreements

- a) The provider and I have agreed on a plan for continuing communication regarding my child's development, etc.
- b) When my child is ill, it is understood and agreed that she/he will not be accepted for care.
- c) I will received a copy of the Tiger Preschool's Parent Handbook outlining policies and procedures during enrollment.

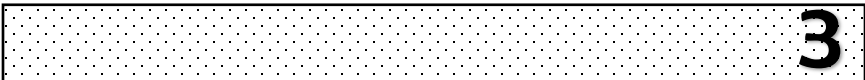
Parent Signature:  Date \_\_\_\_\_

### Child's Health History and Current Health Problems

Any allergies, special medical conditions, including chronic health problems or disabilities:

Any special medications and/or restrictions:

**THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE FROM DISABILITIES THAT WOULD ENDANGER HIM/HER OR ANY OTHER CHILD IN PRESCHOOL.**

Parent Signature:  Date \_\_\_\_\_

# Tiger Preschool Attendance Policy

Preschool attendance is not mandatory in Missouri, those students who are enrolled are expected to attend regularly. Absences that are determined excused can be found in Tiger Preschool handbook.

Please initial each blank signifying that I understand and have no questions about attendance.

\_\_\_ an enrolled child is expected to attend preschool regularly.

\_\_\_ A child who is absent from preschool should present a note upon return explaining the nature of absence. A doctor's note will be considered an excused absence.

\_\_\_ If the student will be absent for more than 2 days, the parent or guardian should contact the preschool or teacher informing them of the nature of the absence.

\_\_\_ Child cannot miss more than 5 unexcused absences per semester. (1<sup>st</sup> Semester August – December and 2<sup>nd</sup> Semester January – May)

\_\_\_ A child may be withdrawn from preschool if absences are significant. Reenrollment will be determined by the director or principal on a case by case basis.

**Parent Signature**

**Date** \_\_\_\_\_

**Lamar R-1 Student Health Inventory**

Your child's learning depends upon good health. To assist in providing health services at school, this form must be completed EACH year & returned to the school's health office.

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*If parent/guardian cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, 911 will be called & treatment will be at your expense.

Does your child ride a Lamar R-1 bus? \_\_\_Yes \_\_\_Occasionally \_\_\_No

Health Insurance: Private? \_\_\_Yes \_\_\_No MOHealthnet/Medicaid? \_\_\_Yes \_\_\_No ID# \_\_\_\_\_

Primary Healthcare provider's name: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Dental exam within last year?: \_\_\_Yes \_\_\_No Orthodontist?: \_\_\_Yes \_\_\_No

Miles for Smiles (Bolivar, MO)  Community Health Center of SEKS (Pittsburg, KS)  Smile Clinic (Nevada, MO)



**Complete the following regarding health concerns and X any of the conditions that pertain to your child:**

Asthma .....Does your child take DAILY asthma medication OR have symptoms 2 or more times per week? \_\_\_Yes \_\_\_No  
 Inhaler?..... At SCHOOL in Health Office? \_\_\_Yes \_\_\_No Uses ONLY at home? \_\_\_Yes \_\_\_No  
 CARRIES inhaler AT SCHOOL? \_\_\_Yes \_\_\_No If YES, student MUST have an Asthma Action Emergency Plan on record  
 in the school health office. (This is in accordance with the Safe Schools Act.) See school nurse/health clerk to obtain form.  
 Name of inhaler: \_\_\_\_\_ How often used? \_\_\_\_\_  
 Other meds taken for asthma: \_\_\_\_\_

Allergies .....To food, insects (bee sting), drugs, other? List \_\_\_\_\_  
 Has the allergy required emergency action in the past? \_\_\_Yes \_\_\_No Difficulty breathing? \_\_\_Yes \_\_\_No  
 Need emergency treatment? (please circle) Benadryl / Epi-pen / ER  
 Comments: \_\_\_\_\_

Diabetes .....Takes medication? \_\_\_Yes \_\_\_No Type & dosage: \_\_\_\_\_  
 Dietary instructions \_\_\_\_\_

Seizure Disorder ... Describe seizure: \_\_\_\_\_  
 Date of last seizure: \_\_\_\_\_ Medication: \_\_\_\_\_

Heart Condition ... Describe: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Physical restrictions? \_\_\_\_\_

Bone/Joint Condition ... Describe \_\_\_\_\_  
 Medication: \_\_\_\_\_ Physical restrictions? \_\_\_\_\_

Emotional/Mental Health Conditions .... Describe: \_\_\_\_\_  
 Psychiatrist/Counselor: \_\_\_\_\_

EYES:  glasses  contacts  distance  crossed  lazy eye  special seating  
 Date of last eye exam: \_\_\_\_\_ Name of Optometrist seen: \_\_\_\_\_

EARS:  frequent infections  tubes  hearing difficulty Explain: \_\_\_\_\_  
 hearing aid  right  left  wear at school  special seating Other: \_\_\_\_\_

OTHER CONCERNS:  stomach  bowel  bladder  kidney  dental  menstrual  eating  sleeping  
 ADD/ADHD  headaches  nosebleeds  blood pressure  pregnancy (estimated due date) \_\_\_\_\_

SPECIAL PROCEDURES required at school? Please list: \_\_\_\_\_

# Health form continues from page 6

**Tiger Preschool 2019-20**

Student Name: \_\_\_\_\_

**Sharing of Medical Information:**

If your child has any medical condition in which special accommodations, procedures or testing might need to be done in the school setting, it is very important that the health staff and your child's healthcare provider be able to communicate regarding changes in your child's health status, medication dosages, blood testing results, etc. In order to care for your child at school, medical information must be shared between parents, educational and medical professionals. This information might include medical conditions through a physician's diagnosis, medications, immunizations, or other health concerns.

I hereby authorize the school nurses/health clerk to receive (from) and release (to) my child's healthcare provider pertinent medical information regarding the medical status of my child for the purpose of establishing a plan of care in the school setting.

\_\_\_\_\_  
Signature of legal parent/guardian

\_\_\_\_\_  
Date



\*Pertinent medical information will ONLY be shared with appropriate individual(s) who are part of your child's educational process.

**MEDICATIONS -HOME and SCHOOL:**

**HOME:** Please list any **prescription** medications that your child takes at home:

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Reason for Medication</u>
_____	_____	_____	_____
_____	_____	_____	_____

**SCHOOL: Medication Administration Policy:**

If your child requires medication to be given during the school hours, the following requirements **MUST** be met:

- A "Permission Form for Medication" **MUST** be signed by a parent/guardian. These forms may be obtained from the school nurse/health clerk in your child's building.
- All medications must be delivered to the school principal or school nurse/health clerk by an adult.
- Medication must be brought to school in a current, pharmacy-labeled bottle and kept in the health office with the exception of inhalers that have been prescribed for the child to carry with him/her.
- Morning (7 or 8 AM) medications should be given at home unless the healthcare provider's order indicates that it is to be given at school.
- Medication will be disposed of within one week following discontinuation of the medication OR one week past the last day of the current school year.

*Medications may not be given if the above conditions are not met.*

Please list the medications your child will need to take during the school day.

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Reason for Medication</u>
_____	_____	_____	_____
_____	_____	_____	_____

**OVER-THE-COUNTER (OTC):** In an effort to keep your child at school, standing orders by local healthcare providers allow the district's nursing staff to give your child OTC medications **WITH** your authorization; at the nursing staff's discretion. If your child needs an OTC medication on a regular basis, a "Permission Form for Medication" authorization is required and you will need to provide the medication. The following OTC's are also provided in the health office to be used at the nursing staff's discretion for injuries/symptoms that occur during the school day: 1% Hydrocortisone cream, Aloe Vera gel with Lidocaine, topical antibiotic ointment, saline eye drops, Tums, cough/throat lozenge (menthol 9.1 mg - grades 3-12 only)

**Please X the medication(s) that you approve for your child to receive while at school; once per day.**

*If your child is seen on a regular basis for pain reliever, you may be notified and a primary care provider note may be required along with a supply of medication for your child.*

\_\_\_\_\_ Acetaminophen (Tylenol)      \_\_\_\_\_ ibuprofen (Advil/Motrin)

Comments: \_\_\_\_\_

**I authorize appropriate school personnel to administer the above medication(s) to my child.**

\_\_\_\_\_  
Signature of legal parent/guardian

\_\_\_\_\_  
Date



# Tiger Preschool Tuition determination Form

To apply for reduced or minimal tuition to Tiger Preschool, complete this application, sign your name and return the application upon enrollment.

**I understand that I will have to fill out another free and reduce form in August when school starts.**

1. STUDENT NAME \_\_\_\_\_

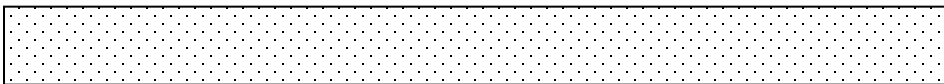
2. HOUSEHOLD MEMBER AND MONTHLY INCOME:

All Names of Household Members

GROSS monthly Earnings  
(Before deductions)

(Adults and Children)	Job 1	Job 2	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

5. SIGNATURE. I certify that the above information is true and correct and that all income is reported. I understand that the information is confidential and will be used only to determine eligibility for tuition discounts for Tiger Preschool, a part of Lamar R-1 Schools.



Date: \_\_\_\_\_

Signature of Adult Household Member

Tuition Discount Qualifications:

Household Size	Monthly Maximum Income For <b>Minimal Tuition</b>	Monthly Maximum Income For <b>Reduced Tuition</b>
1	\$1316	\$1872
2	\$1784	\$2538
3	\$2252	\$3204
4	\$2720	\$3870
5	\$3188	\$4536
6	\$3656	\$5202
7	\$4124	\$5868
8	\$4592	\$6534
Each Additional	+\$468	+\$665



# TELL US ABOUT YOUR CHILD

Use this sheet to tell us a few things about your child.

All information on this sheet will remain confidential

What are your expectations for the upcoming school year?

Foods, toys, games, activities, books your child

Likes

Dislikes

List anything we should know about your child's personal history.

Is your child potty trained?

Yes

No (Must be by August 1, unless medical)

Does your child still have accidents?

Once a day

Once a week

Once a month

Almost never

Previous Educational Experiences:

First Steps

Parents as Teachers

Head start

Early Childhood Special Education

Other Preschool \_\_\_\_\_