



Tiger Preschool Enrollment Packet

Lamar R-1 School

Child's Name _____

Parent (Guardian) Name _____

Please bring back the completed forms and checklist on April 5th from 8:00am – 1:00. 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 2018. Enrollment for 3's will be May 15th from 8:00-1:00. Please bring any court documents concerning this child with you the day of enrollment.

Enrollment Checklist:

- Enrollment Form complete with ALL information
- Authorization for Emergency Medical care with 3 signatures (pg.#4)
- Student Health Inventory (pg. #5&6)
- Tuition Determination Form (pg. # 7)
- Immunization Record (please photocopy)
- Birth Certificate (please photocopy)
- Social Security Card
- \$25.00 Activity Fee Check # _____ Cash _____

Class Assignment:

- Morning (7:40 – 10:40 AM)
No earlier than 7:35 and no later than 10:45 please
- Afternoon (11:50 – 2:50 PM)
No earlier than 11:45 and no later than 2:55 please

Monthly Tuition Fee: \$100 \$60 \$30

Tuition is due the beginning of each month.

Please make sure it is paid by the 15th.



Tiger Preschool Lamar R-1 School

Office Use Only	
Admitted	_____
Session	_____
Dismissed	_____

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?

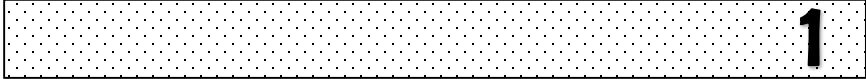
- Yes
- No

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 _____

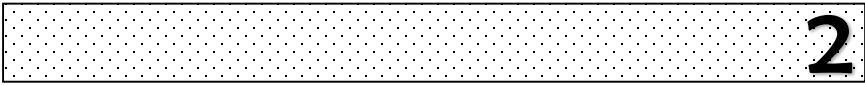
Trip and Activity Permission

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.

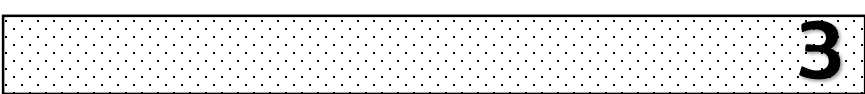
Parent Signature:  Date _____

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 _____

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:

AsthmaDoes 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: _____

AllergiesTo 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: _____

DiabetesTakes 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

Tiger Preschool

Student Name: _____ Grade: _____

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.

1. STUDENT NAME _____

2. HOUSEHOLD MEMBER AND MONTHLY INCOME:

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 Minimal Tuition	Monthly Maximum Income For Reduced Tuition
1	\$1276	\$1815
2	\$1726	\$2456
3	\$2177	\$3098
4	\$2628	\$3739
5	\$3078	\$4380
6	\$3529	\$5022
7	\$3980	\$5663
8	\$4430	\$6004
Each Additional	+\$389	+\$525

Monthly Tuition Rates	
Full	\$100
Reduced	\$60
Minimal	\$30

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 _____