



Preschool/Prekindergarten Student Enrollment Form

Student ID: _____

School Year: _____

STUDENT:

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Nickname: _____ Birthdate: _____ Gender: Male Female

Designated Neighborhood School/District? _____

Student may be picked up by Mother Father Step-Mother Step-Father Other, name _____

Child lives with: Both Parents in same household OR Joint Custody OR Mother Only OR Father Only OR Other (specify) _____

Are you Hispanic/Latino? No Yes

Which of the following groups describe your race? American Indian Asian Black Native Hawaiian/Pacific Islander White

Is this student attending on a non-immigrant VISA? No Yes If yes, list type of VISA _____

Has this student ever received special education services, such as speech, occupational therapy, etc.? No Yes

If yes, is this student currently receiving special education services? No Yes

Has this student been screened by Child Find? No Yes

EMERGENCY CONTACTS: Please provide at least one (1) local emergency contact (emergency contacts are not the Parent/Guardian).

Contact #1 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #2 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Contact #3 Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Doctor Name: _____ Phone: _____

Name of Practice/Group: _____ Address: _____

Dentist Name: _____ Phone: _____

Name of Practice/Group: _____ Address: _____

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature

Date



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PERMISSIONS

I give permission for my child to participate in walking field trips while attending Carbon Valley Academy Preschool. No Yes

I give permission to have my child photographed for school pictures. No Yes

I give permission to have my child participate in news media coverage. No Yes

I give permission for the St. Vrain Valley School District (and any person or company authorized by the District) to use and copyright all photographs, film, video, and/or recordings taken of this student by District staff (or their representatives) and understand that the District may use reproductions, alterations, or additions to them. I also understand that these reproductions may include authorized District websites and school district publications. No Yes

Parent/Guardian Signature

Date