

Please fill out completely and accurately.

DeForest Area School District

* Required field for State or District reporting

Get Together for Kids (GT4K) Registration Form

STUDENT INFORMATION:

BC / PR / Imm/ID#

*Last Name: *First Name:

*Middle Name (Full): Name to use in classroom:

*Address (where student resides 50% or more of the time):

City: Zip: Township: Co.: Dane Columbia

*Date of Birth: *Gender: M or F *Grade Entering: 4K

*Birthplace: *City *County *State

*Ethnicity: Is your student Hispanic or Latino? Yes No *Primary Home Language: English Spanish

*What is your student's race? (Please mark all that apply)

Hmong Other:

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

1. Does the student speak a language other than English at home? Yes No
2. Does the student hear a language other than English at home? Yes No
3. Has the student ever lived in an environment where he/she used or heard a language other than English? Yes No

*Has this student ever received: Special Education Services -- Does your student have a current IEP? Yes No
Last 4K Program Attended: City/State

FAMILY INFORMATION: *(Primary Parent/Guardian #1 - who student resides with 50% or more of the time)

*Last Name: *First Name: *Middle Name:

Gender: M or F *Relationship: *Primary Phone: ()

Cell Phone: () *Email:

*Address: *City: *Zip:

Work Phone: () Employer:

*(Primary Parent/Guardian #2 living at same address)

*Last Name: *First Name: *Middle Name:

Gender: M or F *Relationship: *Primary Phone: ()

Cell Phone: () *Email:

Work Phone: () Employer:

ADDITIONAL FAMILY INFORMATION: (Parent/Guardian #1 NOT residing at primary residence)

*Last Name: *First Name: *Middle Name:

Gender: M or F *Relationship: *Primary Phone: ()

Cell Phone: () *Email:

*Address: *City: *Zip:

Work Phone: () Employer:

***(Parent/Guardian #2 living at same address as #1 NOT residing at primary residence)**

*Last Name: _____ *First Name: _____ *Middle Name: _____

Gender: M or F *Relationship: _____ *Primary Phone: (____) _____

Cell Phone: (____) _____ *Email: _____

Work Phone: (____) _____ Employer: _____

Additional Family Receives Report Cards and Forms? Yes No

Are there legal/court ordered restrictions on a member of the additional family? Yes No

EMERGENCY/HEALTH INFORMATION:

*Physician: _____ *Phone: (____) _____

*Hospital: St. Mary's Meriter UW Hospital

*Medical/Health Information: *(Check all that apply)*

Asthma Use inhaler? Yes No If yes, where will the inhaler be kept? _____

Allergies: food (to what?) _____
 medication (which one[s]?) _____
 seasonal (i.e. hayfever, etc.) _____
 environmental (to what?) _____
 bee stings Does your student need an epi-pen? Yes No
 animals (which one[s]?) _____

Diabetes Heart problems Other _____

Will your student take any daily medication at school? Yes No If yes, what medication? _____

Emergency contacts: (i.e. parent/guardian, grandparent, sibling, aunt, uncle, friend, neighbor)

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

List all siblings 0 to 3 years old?

Full Name: _____ D.O.B.: _____ Birth City/State: _____ Gender M/F: _____

The following information is necessary to complete registration. These will be viewed at the Early Learning Fair, August registration or provide to Gayle McFarlane, 4K Secretary, at Eagle Point Elementary School.

1. Your child's birth certificate *(for verification only-we don't keep it);*
2. Proof of Residency (i.e., utility bill, lease agreement, home purchase document, landline phone bill; driver's license) *(for verification only-we don't keep it)*
3. Your child's immunization record *(we keep)*

Signed _____ Relationship to student _____ Date _____

Contact information: Eagle Point Elementary School, 201 N. Cleveland Ave., DeForest, WI 53532
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