

**RSU #22  
Pre K Registration Form**

Please return to: Dawn Moore  
Smith School  
319 South Main St.  
Winterport, Me. 04496

Has the child ever been enrolled in RSU 22 schools?  
No \_\_\_ Yes \_\_\_ If yes, which school and grade(s):  
\_\_\_\_\_

**For School Use:**  
Birth Certificate Certified By: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Select Pre K Site Preference: (Please mark first choice with a 1 and second choice with a 2)

**\*Hampden- McGraw School**      \_\_\_ A.M. (7:30-11:00) Mon.-Thurs.  
   \_\_\_ P.M. (11:30-3:00) Mon.-Thurs.

**\*Highland Pre-School:**            \_\_\_ 9:00 a.m. - 2:30 p.m. (M, W, Fr ) (First preference is given to children who attended as a 3 year old. Eight slots are available. A lottery will be drawn if more then 8 applicants.)

**\*Newburgh - Newburgh Center:**    \_\_\_ 7:30 - 2:00 (Mon.-Thurs. )

The following documents must be submitted to complete this application:

1. A copy of your child's birth certificate
  2. A copy of your child's most recent immunization
  3. Proof of residency (any piece of mail with your name and physical address on it: license)
- Please visit website: <http://www.rsu22.us/our-schools/pre-k/> for more Pre K information.

**Student's Legal Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Grade: \_\_\_\_\_ Home Language: \_\_\_\_\_

**Guardian Information:**

|  | Mother/Guardian's Information | Father/Guardian's Information |
|--|-------------------------------|-------------------------------|
| Legal Name<br>(Last, First and Middle) |                               |                               |
| Address                                |                               |                               |
| City, State, Zip                       |                               |                               |
| Home Phone                             |                               |                               |
| Cell Phone                             |                               |                               |
| Place of Employment                    |                               |                               |
| Employer's Phone Number                |                               |                               |
| Email Address                          |                               |                               |

**Student's Primary Household Information:**

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|   |  |
|---|--|
| <p>In this household, child lives with:<br/>(check only one)</p> <p><input type="checkbox"/> Both Parents<br/> <input type="checkbox"/> Mother<br/> <input type="checkbox"/> Mother and Stepparent<br/> <input type="checkbox"/> Father<br/> <input type="checkbox"/> Father and Stepparent<br/> <input type="checkbox"/> Foster Parent(s)/Guardian(s)<br/> <input type="checkbox"/> Grandparent(s)<br/> <input type="checkbox"/> Other</p> | <p><u>Primary Household Information</u> Home Phone Number: _____</p> <p>Physical Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mailing Address (if different from above):</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Name of Foster Parent(s)/Guardian(s): _____</p> |
|---|--|

**Primary Household Members:** (list guardians, emergency contacts and siblings enrolled in RSU 22 schools)

| Name | Relationship to Student | Contact Phone Number<br>(if over 18 years of age) |
|------|-------------------------|---|
|      |                         |   |
|      |                         |   |
|      |                         |   |

**Non-Primary Resident Household Information:** (If Applicable)

|  |  |
|--|--|
| <p>Does this person have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this person allowed to pick child up at school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is <u>no</u> to either of the above questions, court documentation is required.</p> | <p><u>Non-Primary Resident Information</u></p> <p>Name of Parent: _____ Relationship: _____</p> <p>Home Phone Number: _____</p> <p>Physical Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mailing Address (if different from above):</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> |
|--|--|

**Additional Emergency Contacts NOT Living in Household:**

(In the event of a STUDENT emergency, the following may pick my student up from school and make dismissal arrangements.)

| Name | Relationship to Student | Home Phone Number | Cell Phone Number | Employer's Name and Phone Number |
|------|-------------------------|-------------------|-------------------|----------------------------------|
|      |                         |                   |                   |                                  |
|      |                         |                   |                   |                                  |

**Medical Information:**

Medical Conditions: \_\_\_\_\_

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Please return to: Dawn Moore  
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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician's Name, Phone Number and Address: \_\_\_\_\_

### **Enrollment Information:**

|   |   |
|---|---|
| <p><b><u>Home Language Survey</u></b><br/>(Please do not leave any questions unanswered.)</p> <p>1. What language(s) did your child first speak or understand?<br/>_____</p> <p>2. What language(s) does your child <b>most easily</b> speak or understand? _____</p> <p>3. What language(s) do those who interact with your child frequently use with your child? _____</p>  | <p>Hispanic: ___ Yes ___ No</p> <p><b><u>Ethnicity:</u></b><br/>Check All That Apply:</p> <p>___ American Indian/Alaskan Native<br/>___ Asian<br/>___ Black/African American<br/>___ Hawaiian/Pacific Islander<br/>___ White</p>  |
| <p><b><u>Maine Migrant Education Program Survey</u></b></p> <p>Please answer the following questions to find out if your child may qualify for <b>free services</b> such as <b>tutoring and free lunch</b>.</p> <p>Have your children moved with you across school district lines in the past 3 years? ___ Yes ___ No</p> <p>Did you or another person in your home work in agriculture (cattle, dairy, eggs, blueberry harvest, soil prep., lobstering, fruit and/or vegetable harvest, tree cultivation or greenhouse work) in the past 3 years?<br/>___ Yes ___ No</p> | <p><b><u>Military Family:</u></b> Are one or both of the student's parents a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard or a member of the National Guard or Reserve Forces?</p> <p>___ Active Duty<br/>___ National Guard or Reserve<br/>___ Not Military-Connected</p> |

|  |   |   |
|--|---|---|
| <p><b><u>For Transfer Students From Other Districts</u></b></p> <p>What school did the student last attend?<br/>_____</p> <p>Address: _____<br/>Length of Time at School: _____</p> <p>Has your child received Child Development Services (CDS)? Yes ___ No ___</p> <p>Does your child have an Individual Education Program (IEP)/Special Education? Yes ___ No ___</p> <p>Does your child have a 504 Accommodation Plan? Yes ___ No ___</p> | <p><b><u>For Pre-K/Kindergarten Enrollments</u></b></p> <p>Enter number of days per week your child attended:<br/>___ Daycare<br/>___ Pre-K/4-Year Old Program<br/>___ Head Start<br/>___ Nursery School<br/>Which One? _____</p> <p>Does your child have an Individual Education Program (IEP)/Special Education with Child Development Services (CDS)?<br/>___ Yes ___ No</p> | <p><b><u>Field Trips</u></b></p> <p>During the year, there are times when the teachers will take students on short field trips in the Winterport area. Are you willing to have your child take part in these field trips conducted by their teacher and approved by the principal?<br/>___ Yes<br/>___ No</p> |
|--|---|---|

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (mother, father, guardian, foster parent)