



Notice of Non-Discrimination-public notice: It is the policy of the Fairfield Community School District not to illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact the district's Equity Coordinator, Chuck Benge, Director of Curriculum Fairfield Community School District ACT Office, 403 South 20th St., Fairfield, IA 52556 Telephone : (641) 472-2655 Email: chuck.benge@fairfieldfuture.org

2019-20 Preschool Registration Packet

Dear Parent/Guardian,

Welcome to Fairfield Community School District! We are excited to have you and your family join us. Our staff works toward a growth mind set and wants your experience to be positive. So if you can see any areas where we can improve your experience, please let us know.

Once enrolled your child will have an exciting experience within our schools. They will develop skills that will support them throughout their school year and beyond.

Thank you for choosing Fairfield Community Schools.

Dr. Laurie J. Noll
Superintendent

Additional Forms and Documentation Needed:

- * Proof of Student Birthdate ex: birth certificate, attending physician's certificate, passport.
- * Immunization Certificate or Immunization Exemption Certificate. (Ask if you need the Exemption Certificate.)
- * Current Physical Form, completed by your doctor.
- * Cumulative Folder & Health Information Form.
- * Completion of Free/Reduced Lunch Application & Waiver. (Optional - for lunches)
- * Completion of the Early Childhood Iowa Area Preschool Scholarship Application. (Optional - for 3 year old students)
- * Students moving from a country outside the U.S. needs to have TB Test Results.
- * Legal Documentation (Only if this pertains to your family situation.)
 - * Court approved Guardian or notarized parent approved power of attorney documents.
 - * Court documentations such as restraining orders, no contact.

Additional Information:

- * Students must turn 3 either on or before September 15, 2019 to be enrolled in our 3 year old class.
- * Students must turn 4 either on or before September 15, 2019 to be enrolled in our 4 year old class.
- * Classes are 2 days a week either Tuesday & Thursday or Wednesday and Friday.
- * Students with special needs will also attend on Mondays.
- * Classes run all day from 8:30 a.m. to 3:30 pm.
- * Lunches are served family style in the student's classroom, at a daily charge to the parent/guardian. Assistance with lunch costs may be available if qualifying for the Free/Reduced Lunch Program.
- * 4 year old students' tuition is currently covered by a grant received from the state.
- * 3 year old students' tuition is \$70.00 per month, invoiced to the parent/guardian a monthly. (This also applies to students that are 5 years of age and attending preschool instead of kindergarten.)
 - * Assistance with tuition cost may be available if qualifying for The Early Childhood IA Area Preschool Scholarship.
- * Bussing is available for qualifying families, a Request For Bus Transportation form is included.

FAMILY INFORMATION:

Primary Household – Where student lives majority of time. **Required Proof of residency, ex: purchase/rental agreement, copy of a current utility/water/mortgage/property tax bill.*

Physical Address _____	City _____	State _____	Zip _____	Home Phone _____
Mailing Address (If different from above) _____				Resident County (if not Jefferson) _____
<i>*Open Enrollment required if address is not in Fairfield CSD & your Preschooler has special needs.</i>				

Parent(s)/Guardian(s) Residing with Student at the above address:

Name _____	Name _____
Relationship to Student(s) _____	Relationship to Student(s) _____
Primary Language Spoken _____	Primary Language Spoken _____
Preferred language for school communication _____	Preferred language for school communication _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Active Military Duty in US Military Services? YES / NO	Active Military Duty in US Military Services? YES / NO
Sign up for a Parent Portal Account? YES / NO	(see insert Parent Portal Letter)
List name & age of other children in this household: _____	

Secondary Household – Parent(s)/Guardian(s) **NOT** living at Primary Household.

Physical Address _____	City _____	State _____	Zip _____	Home Phone _____
Mailing Address (If different from above) _____				
Send school mailings to this secondary household? YES / NO				

Parent(s)/Guardian(s) Residing at Secondary Household:

Name _____	Name _____
Relationship to Student(s) _____	Relationship to Student(s) _____
Primary Language Spoken _____	Primary Language Spoken _____
Preferred language for school communication _____ (If available)	Preferred language for school communication _____ (If available)
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Active Military Duty in US Military Services? YES / NO	Active Military Duty in US Military Services? YES / NO
Sign up for a Parent Portal Account? YES / NO	(see insert Parent Portal Letter)

STUDENT INFORMATION:

Office Use Only: Student # & Start date _____

Name _____
Legal Last Legal First Middle Nickname

Gender: M / F Birthdate: ___/___/___ Birthplace: _____ Grade _____
Month Day Year City State

**Proof of Birth date is required, such as birth certificate, passport or signed hospital records.*

Birth Country _____ Date Entered US ___/___/___ 1st Entered US School on ___/___/___
(If not USA) Month Day Year Month Day Year

State Required Language Information: *(Home Language Survey)*

Primary Language _____ What language is spoken by you & your family most of the time at home? _____

Is the student's first learned language or home language anything other than English? English? YES / NO

If "YES" Please answer the next 4 questions.

What language did your student learn when they first began to talk? _____

What language does your student most frequently speak at home? _____

What language do you most frequently speak to your student? _____

Father

Mother

Describe the language understood by your child.

(Please mark with an "x" one of the following)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and some English
- Understands mostly English and some of the home language.
- Understands only English.

Federally Required Ethnicity Information:

Is the student Hispanic/Latino? (Spanish culture/origin, regardless of race) YES / NO

Student Race *(Please mark with an "x" all that apply)*

White Black/African American Asian Native American/Alaskan Native

Native Hawaiian/Other Pacific Islander

Special Services:

Is the student receiving any special services? (IEP, 504 Plan, Speech) YES / NO Service _____

STUDENT PERMISSIONS: *[See insert, Explanation of Student Permissions]*

Mark with an "x" if permission is denied for the student, if permission is given then leave blank.

- Permission is denied for the school to release student directory information.
- Permission is denied for the school to release student directory information to parents for the purpose of planning parties.
- Permission is denied for the student to have internet access at school. (This does not include classroom activities or lessons requiring participation of all students.)
- Permission is denied for the student to have a district email account.
- Permission is denied for the school to publish photos of the student in the school newspaper, yearbook, community newspaper or on FCSD web site.
- Permission is denied for the school to publish works of the students' on the FCSD web site.
- Permission is denied for the school to publish video of the student on the FCSD web site and on FPAC – Fairfield Public Access
- Permission is denied for the school to release information requested by military recruiters Channel or other public video channels.
- Permission is denied for the student to go on school-sponsored field trips.

Emergency Contacts: Parent(s)/Guardian(s) will be contacted first, if they cannot be reached emergency contacts will be called.

1.) _____
Name Relationship to Student Phone Work Phone

2.) _____
Name Relationship to Student Phone Work Phone

Please list any health or behavioral concerns: _____

Does your Child separate easily? YES / NO

Does your child have opportunities for large group play? YES / NO

If "YES", please describe: _____

Do you feel your child responds to emotional situations as a normal 3 or 4 year old? YES / NO

What do you hope your child will gain from attending a preschool program? _____

Do you want your child to have sunscreen and/or bug repellent applied when going outdoors? YES / NO

If "Yes", parent/guardian will need to provide.

Does your child live in a single parent home? YES / NO

Did your child weigh less than 5 lbs at birth? YES / NO

Does your child have special health concerns? YES / NO

Does your child have a parent who did not complete high school? YES / NO

Was your child born with a parent being 19 years of age or younger? YES / NO

Does your family have difficulty with speech or language? YES / NO

Does your child have a sibling that attended FCSD Preschool? YES / NO

Does your child have an immediate family member who has been incarcerated? YES / NO

Does your child have an immediate family member who has been or currently are a substance abuser? YES / NO

Does your child have an immediate family member who is disabled? YES / NO

Has your child been abused? YES / NO

Does your child have an adult family member who cannot read above the 5th grade level? YES / NO

Does your child have a motor/movement problem? YES / NO

Are you a foster or guardian family for this child? YES / NO

I affirm, to the best of my knowledge that all information provided on this form is correct and that I will notify the school each time there is a change. Also I will make sure all necessary documentation has been turned in. This signature also authorizes FCSD Preschool Program access to any and all records generated from AEA Early Childhood Screening.

Parent/Guardian Signature

Date

We will need to see Parent/Guardian Photo ID.