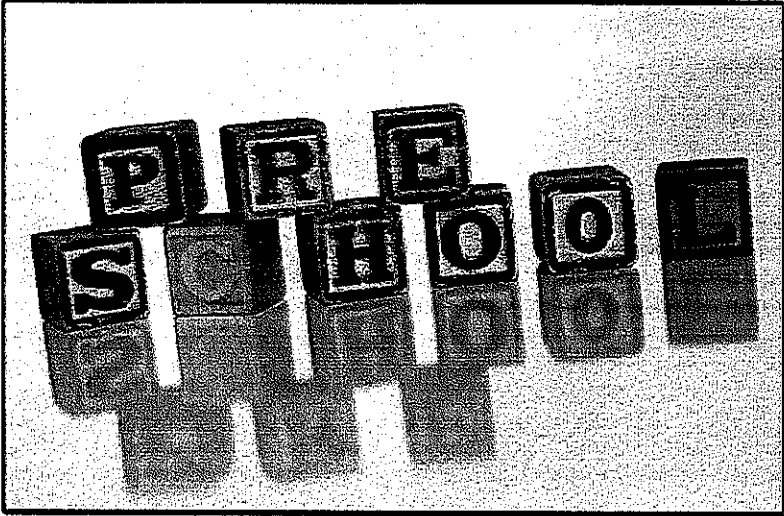


OFFICE USE ONLY

PLACED AM PM WAITING LIST

Packet Received: Date _____ Time _____

E-K Registration 2017-2018



CHILD'S NAME: _____

DATE OF BIRTH: _____

CLASS PREFERENCE: _____ A.M. _____ P.M.

Requirements for Placement Consideration:

- 1) You must **reside** in the Castle Rock School District.
- 2) Your child will be ³⁺ 4 years old by August 31st, 2017 (ready for Kindergarten the next year).
- 3) General enrollment is on a first come, first serve basis according to the date completed packets are returned with 2 proofs of residency, copy of birth certificate and immunization records.
- 4) Space cannot be guaranteed in the program as we must (by law) serve qualified special needs students first.
- 5) If you have a morning/afternoon preference, please be sure to indicate one or the other. We will try to honor an A.M. or P.M. choice, but cannot guarantee placement.

*****Please note: Vader EK classes will begin October 2017**

If you have any questions or concerns, please do not hesitate to call the Special Education Secretary Monday – Friday between 8:00am and 12:00pm at 360-501-5410.

CASTLE ROCK SCHOOL DISTRICT

ENTER-K PRESCHOOL

700 Huntington Ave. S.
Castle Rock, WA. 98611
360-501-5410

REGISTRATION:

Castle Rock School District is currently accepting Enter K registration packets. Completed packets may be brought to the Castle Rock School District Office or mailed to Castle Rock Elementary, Attn: Special Education Secretary, 700 Huntington Ave. S., Castle Rock, WA 98611.

IMMUNIZATIONS:

Washington State law requires children to have current immunizations or appropriate medical/personal exemption paperwork. If you have any questions, please check with your doctor or the Cowlitz County Health Department. Please provide a copy of their immunization record or waiver prior to September 30th, 2017. Students cannot attend class without the required documents.

SCHEDULE:

The schedule for the Enter-K (E-K) program will follow the Castle Rock School District calendar. Classes will be held on Monday, Tuesday, Thursday and Friday. (No school on Wednesday). There will be a morning session and an afternoon session. While we cannot guarantee the session your child will be placed into, we ask that you please indicate your preference and every attempt will be made to honor your choice. In association with RCW 46.61.685, we ask that you do not leave *any* children in the vehicle during these pick up and drop off times.

E-K will follow the Castle Rock School District decision for closures due to inclement weather. Please check the district website, crschools.org, local stations, or Flash Alert for updates.

TUTION AND FEES:

A one-time \$25.00 registration fee is due with your first payment in October.

Tuition is \$150.00 per month. ***Tuition is due by the 5th of each month from October –May (there is no tuition payment for the month of June).*** A late fee of \$10 will be assessed beginning on the 6th of the month. If payment is not made by the 15th of the month it will be considered non-payment. ***NON-PAYMENT WILL RESULT IN THE IMMEDIATE REMOVAL OF YOUR CHILD FROM THE PROGRAM & THE VACATED SPOT WILL BE FILLED FROM THE WAITING LIST.*** The district is working to introduce a sliding scale for monthly tuition.

ENTER-K PROGRAM
2017-2018 School Year
Basic Information

CHILD'S NAME: _____

Activities my child enjoys:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Crayons | <input type="checkbox"/> Blocks | <input type="checkbox"/> Glue/Paste |
| <input type="checkbox"/> Puzzles | <input type="checkbox"/> Scissors | <input type="checkbox"/> Finger Paint |
| <input type="checkbox"/> Pencil | <input type="checkbox"/> Telephone | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Listens to Stories | <input type="checkbox"/> Reading/Books | <input type="checkbox"/> Singing |

My child also enjoys the following activities:

Please indicate any areas of concern you may have about your child:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Health | <input type="checkbox"/> Eating Habits | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Intellectual Development | <input type="checkbox"/> Muscle Coordination | |

My child is taking the following medication(s):

My child is allergic to:

Does your child currently have a care plan from their pediatrician? YES NO

Is there a need for an Emergency Care Plan for your child?

Please explain:

CASTLE ROCK SCHOOL DISTRICT REGISTRATION FORM

DO NOT WRITE IN THIS AREA – OFFICE USE ONLY				Proof of Residency Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Entry Date	Grade	Home Room/Advisor	Bus Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Choice Form Complete	Records Requested on:
Other ID	School Year	Locker #	Medical Alert		

Student Information

Legal Last Name		First Name		Middle Name	
Birth Date (MMDDYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Birthplace: City	State	County
Has anyone in the family moved across school district lines to obtain seasonal or temporary work in any agricultural or fishing activity within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is a boundary exception needed for student to attend this school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, school district currently residing in: _____ Resident school: _____					

Special Services

Has your student ever been enrolled in any of the following programs? Yes No

Title Special Ed/IEP Gifted LAP ELL 504 Plan Other _____

Ethnicity and Race

1. Is your child of Hispanic or Latino Origin?
 - No, my child is not Hispanic or Latino (continue to next question)
 - Yes, child is Hispanic or Latino (check all that apply and continue to next question)
 - Cuban
 - Dominican
 - Spaniard
 - Puerto Rican
 - Mexican/Mexican American/Chicano
 - Central American
 - South American
 - Latin American
 - Other Hispanic/Latino

2. What race do you consider your child (check all that apply and continue to next question)

<input type="checkbox"/> African American or Black	<input type="checkbox"/> Thai	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Sauk-Suiattle
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hoh	<input type="checkbox"/> Shoalwater Bay
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Jamestown S'Klallam	<input type="checkbox"/> Skokomish
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Chinese	<input type="checkbox"/> Fijian	<input type="checkbox"/> Lower Elwa Klallam	<input type="checkbox"/> Spokane
<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Lummi	<input type="checkbox"/> Squaxin Island
<input type="checkbox"/> Hmong	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Makah	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Suquamish
<input type="checkbox"/> Japanese	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Swinomish
<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Laotian	<input type="checkbox"/> Tongan	<input type="checkbox"/> Port Gamble S'Klallam	<input type="checkbox"/> Upper Skagit
<input type="checkbox"/> Malaysian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Yakima
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Quileute	<input type="checkbox"/> Other Washington Indian Tribe
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Quinault	<input type="checkbox"/> Other American Indian Tribe or Alaska Native
<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Colville	<input type="checkbox"/> Samish	

Primary Language at Home

English Spanish Other _____

Previous School Name

Previous School Name _____ District Name _____

Previous School Address _____ Phone _____ Fax _____

Guardian Info (Primary household where student resides)

<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	Last Name _____	First Name _____	Middle Name _____	Primary Phone _____
	Guardian Employer _____	Email Address _____		Work Phone _____
<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	Last Name _____	First Name _____	Middle Name _____	Primary Phone _____
	Guardian Employer _____	Email Address _____		Work Phone _____
Street Address _____		City _____	State _____	Zip _____
Mailing Address if Different _____		City _____	State _____	Zip _____

2nd Household (Guardian whom student doesn't live with)

Should this household receive report cards? Yes No

<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	Last Name _____	First Name _____	Middle Name _____	Primary Phone _____
	Guardian Employer _____	Email Address _____		Work Phone _____
Use as Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address _____		
<input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	Last Name _____	First Name _____	Middle Name _____	Primary Phone _____
	Guardian Employer _____	Email Address _____		Work Phone _____
Street Address _____		City _____	State _____	Zip _____
Mailing Address if Different _____		City _____	State _____	Zip _____
Use as Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address: _____		

Discipline Information

Does your student have a history of disciplinary actions? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any current or pending disciplinary actions for your student? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your student have a history of violent behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your student have a criminal offense related to: <input type="checkbox"/> Controlled substance <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Arson <input type="checkbox"/> Assault <input type="checkbox"/> Firearm Date of incident for firearm: _____
--	---

Custody Information

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports or removing your student from school? Yes No
 If yes, legal papers must be on file with the school for enforcement.

Are there any current Washington State restraining orders in effect? Yes No If yes, against whom? _____ Relationship _____
 If yes, legal papers must be on file with the school for enforcement.

Emergency Contact Information: (LOCAL AREA ONLY, PLEASE.) If an injury, illness, or other non-emergency situation occurs involving your student, we want to be able to reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your student.

#1 Contact- Last Name _____	First Name _____	Middle Name _____	Address (City, State, Zip) _____	
Primary Phone _____	Work Phone _____	Cell Phone _____	OK to pick student up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____
#2 Contact- Last Name _____	First Name _____	Middle Name _____	Address (City, State, Zip) _____	
Primary Phone _____	Work Phone _____	Cell Phone _____	OK to pick student up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____
#3 Contact- Last Name _____	First Name _____	Middle Name _____	Address (City, State, Zip) _____	
Primary Phone _____	Work Phone _____	Cell Phone _____	OK to pick student up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____

STUDENT RELEASE AUTHORIZATION: In the event that school is unable to contact the parent/guardian, I authorize that my child may be released to the Emergency Contacts listed above.

LEGAL PARENT/GUARDIAN

SIGNATURE: _____

DATE: _____

Student Residency

The following questions can help determine the services your student may be eligible to receive under the Title I Part A and/or Federal McKinney-Vento Act 42 U.S.C. 11435. Eligibility can be determined by completing this confidential questionnaire. The purpose of this information is to ensure the rights of your student/s under the McKinney-Vento Act. **This information is confidential.**

- | | |
|--|--|
| 1. Is this student's home address a temporary living arrangement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is this student in a temporary foster care placement or awaiting foster care? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Unknown nighttime residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is the student an unaccompanied youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If you answered NO to all of the above questions, you are done.

If you answered YES to any of the above questions, please complete 8A, 8B and 8C.

- | | | | |
|--|---|---|--------------------------------------|
| 7. Where is this student currently living? | <input type="checkbox"/> In a motel | <input type="checkbox"/> Group home | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> In a shelter | <input type="checkbox"/> With more than one family in a house/apt | |
| | <input type="checkbox"/> Moving from place to place | <input type="checkbox"/> In a location not designated for sleeping accommodations such as car, park or campsite | |

Please complete 8A, 8B or 8C	8A. Address of current residence	
	8B. Name of motel/shelter of current residence	
	8C. Name of "general area" of current residence	

Phone number or contact number:	Name of contact:
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Print name of parent/legal guardian(s):
(Or unaccompanied youth)

Signature of parent/legal guardian: (Or unaccompanied youth) _____	Date: _____
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AUTHORIZATIONS

I authorize the release of my student's photo(s) and video(s) for Castle Rock School District use:	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____
For use beyond Castle Rock School District (example, television, newspaper, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

LEGAL PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Castle Rock School District.

LEGAL PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Notice of Release of Directory Information: Directory information for elementary and middle school students is defined as student's name, height and weight for members of athletic teams, date of birth, participation in activities and sports, dates of attendance, awards received, current and the most recent school attended. For high school students, directory information includes the above, plus the student's major field of study and the addresses and names of parents. When members of the public (example: media reporters, military recruiters, and institutions of higher learning) request directory information it will be released unless the parent or student (if the student is 18 years or older) has requested annually in writing that the information not be released.

MILITARY PARENT OR GUARDIAN AFFILIATION

Please check all that apply

Family #1

- (A) A parent/guardian of the student above is a member of the US Armed Forces active duty
- (G) National Guard Member
- (M) More than one member of Armed Forces / National Guard
- (N) No Affiliation
- (R) A parent/guardian of the child above is a current member of the US Armed Forces Reserves
- (X) Data not available
- (Z) No response / refuse to state

Family #2

- (A) A parent/guardian of the student above is a member of the US Armed Forces active duty
- (G) National Guard Member
- (M) More than one member of Armed Forces / National Guard
- (N) No Affiliation
- (R) A parent/guardian of the child above is a current member of the US Armed Forces Reserves
- (X) Data not available
- (Z) No response / refuse to state

The Castle Rock School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, religion, national origin, families with children, marital status, gender, age, sexual orientation, disability, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability and will provide equal access to the Boy Scouts of America and other designated youth groups.

Inquiries regarding compliance and/or grievance procedures may be directed to the district's Title IX/RCW 28A.640 Officer James Mabbott and / or Section 504/ADA coordinator Bryan Keatley at (360) 501-2940.

Castle Rock School District
600 Huntington Avenue S • Castle Rock WA 98611 • Phone (360) 501-2940 • Fax (360) 501-3140
Castle Rock School District is an Equal Opportunity Employer

**CASTLE ROCK SCHOOL DISTRICT
ENTER-K PRESCHOOL 2017-2018
Parent Permission Form**

Dear Parent/Guardian,

Throughout the school year we will be taking the children on several short field trips. We will walk to areas within a few blocks of the school. We will give you advance notice when we take a walk of more than a couple of blocks so that you can send your child with the appropriate clothing.

Please complete and return the field trip permission form below for the upcoming school year. If you have any questions, please feel free to contact us at 360-501-5412.

Thank You,

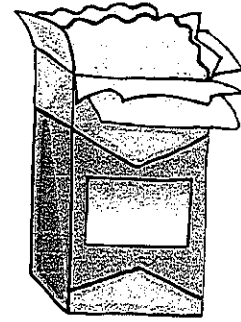
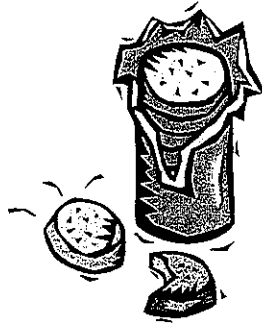
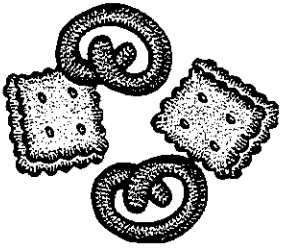
E-K Staff

**ENTER-K PRESCHOOL
Parent Permission Form**

My child _____, has my permission to go on class field trips for the upcoming school year. I understand that the class will walk to areas within a few blocks of the Castle Rock Elementary School on these trips.

Signature of Parent/Guardian

Date



2017-2018 Suggested Snack & Supply List

**No perishable items allowed*

Crackers

Fruit Snacks

Graham Crackers

Dry Cereal

Pretzels

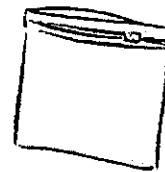
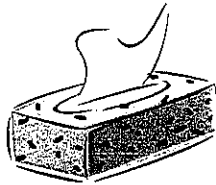
Microwave Popcorn

Ranch Dressing

Uncut Fruit & Vegetables

Fruit or apple sauce cups

Please bring enough snacks for 15 children & kindly remember us at the grocery store when you shop.



- Kleenex
- Napkins
- 4oz or 5oz paper cups (*no plastic please*)
- Box of resealable sandwich bags (PM Class)
- Box of resealable gallon bags (AM Class)
- Plastic Spoons