



### Carmi-White County PreK Enrollment Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Middle First Suffix

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Race: *Please check all applicable:*

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

**Parents/Guardians 1:** *List parents/guardians living with student (i.e., mom & dad or mom & stepdad)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____	<i>(mom &amp; dad, mom&amp; stepdad, etc)</i>

**Is there anyone, by court order, who is not allowed to pick up this student? If so, who?\***

\_\_\_\_\_

\_\_\_\_\_

*\* The school must have legal documents on hand in order to enforce if the person listed is a parent*

**Parents/Guardians 2:** *(Other Parent Household, if applicable)*

Name 1: _____	Name 2: _____
Cell#1: _____	Cell# 2: _____
Workplace: _____	Workplace: _____
Work#2: _____	Work# 2: _____
Email: _____	Email: _____
Address: _____	
Relationship to student _____	<i>(mom &amp; dad, mom&amp; stepdad, etc)</i>

Does your child have an IEP?

Yes

No

**Please complete the following regarding your child's current living situation:**

- Are you and your child living with relatives or others? Yes No
- Are you or your child living in a motel/shelter/campground? Yes No
- Is your gas, electric or water currently turned off? Yes No
- Are you a student not currently living with your parent? Yes No
- If you answered yes, does the person you are living with have a court ordered guardianship or have you been adopted? Yes No
- Are you in foster care? Yes No

**Please list emergency contacts other than parents.** Include additional contact numbers on a separate sheet, if needed.

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this student have school-aged brothers and sisters living in the same household? If so, please list their names and schools they attend. (If more space is needed, please use a separate piece of paper.)

\_\_\_\_\_  
\_\_\_\_\_

**CARMI-WHITE COUNTY PREK C.U.S.D. NO. 5**

**Parental Authorization for 2018-2019**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Field Trip Authorization** – My child has my permission to go with his/her class on any field trips the class might take during school hours. Should any emergency arise, and in the event reasonable attempts to contact me at the telephone numbers listed below are unsuccessful, I hereby give my consent for the administration of emergency medical treatment to my child.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Permission to Publish on the Internet** – I hereby give permission for my photograph, picture, and/or project to be published on the Internet. I understand that my last name will not be used with the published photograph, picture or project.

(Please Initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Involvement** - I hereby give permission to be contacted by class or extracurricular sponsors for the purposes of volunteering for various activities.

(Please Initial) \_\_\_\_\_ Yes \_\_\_\_\_ No

**School Messaging Service (For Weather Related School Cancellations and School Notifications)**

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Primary Email

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Secondary Email

**Parental Insurance Waiver** – As a service to students and their families, a student accident insurance plan and/or dental plan is being made available for your child at a very nominal cost through Gerber Life Insurance Co.

**REASONS TO PURCHASE THIS COVERAGE:**

1. Deductible and co-pays in your health plan. Many health plans have increased the amount of out-of-pocket expenses. This plan will provide benefits for medical expenses incurred because of an accident. If you have other insurance, benefits can be applied to your deductible or co-pays.
2. No other insurance. If you have no other insurance, this will become your primary accident plan.

If you want to purchase coverage, student insurance applications are available online at [www.k12specialmarkets.com](http://www.k12specialmarkets.com) or you can obtain an application from the school office.

If you already have adequate insurance, please initial below.

\_\_\_\_\_ I hereby acknowledge that I have adequate insurance to protect my son/daughter in the case of an accident and waive the accidental coverage. (Please Initial)

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Student Signature: \_\_\_\_\_



CARM-WHITE COUNTY C.U.S.D. #5  
ANNUAL HEALTH INFORMATION FORM

Student's Last Name	First Name	Date of Birth	Grade Level
Physician's Name			

Check (✓) the box if your child has no history of medical problems, illness, or allergies and complete signature below.

No history of medical problems, illness or allergies.    Immunization Exempt     Yes     No    May share with IDPH     Yes     No

Check (✓) the box(es) if your child has a history of any medical problems &/or illness.

Asthma: Triggered by: \_\_\_\_\_ Uses inhaler     Yes     No    Uses Nebulizer     Yes     No  
 Severity:     Mild/Intermittent     Moderate     Severe

Seizures: Date of last: \_\_\_\_\_ Has your child been prescribed Diastat?     Yes     No  
 Type:     Grand Mal     Petit Mal     Partial Complex

Diabetes: Age Diagnosed: \_\_\_\_\_ Requires Carb Counting     Yes     No    Takes Insulin     Yes     No

A plan of care must be in place – contact the district nurse.

Frequent Ear Infection: Tubes     Yes     No

Hearing Problems: Hearing Aids     Yes     No

Vision Problems: Wears Glasses     Yes     No    Wears Contacts     Yes     No

Skin Disorders:     Eczema     Psoriasis     Other: \_\_\_\_\_

Has your child had chicken pox:     Yes     No

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> In counseling: List physician's name and diagnosis _____	
<input type="checkbox"/> Anxiety/Panic/Emotional Disorder	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Autism / Aspergers	<input type="checkbox"/> Frequent Strep Throat	<input type="checkbox"/> Stomach / Bowel Disorders
<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Headaches / Migraines	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Braces / Dental Appliances	<input type="checkbox"/> Kidney / Urinary Disorders	

Check (✓) the box(es) if your child has a history of any allergies.

Allergy:	Please List:	Reaction:	
<input type="checkbox"/> Latex	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Medication	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Foods	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Insect Stings	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Animals	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Rash <input type="checkbox"/> Other: _____

Has your child been prescribed an EpiPen:     Yes     No

A note is required from the doctor for any allergy restrictions at school.

Please list any medication your child is currently taking.

Name of Medication:	Reason for Taking:	Home	School	Emergency
1. _____	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has a serious illness/allergy that requires medication, it is important to keep the medication at school.

A medication authorization form must be completed by the parent/guardian and doctor to be kept on file at school.

I consent that information on this form may be shared with appropriate school personnel for health and educational purposes. The school nurse may consult with your child's physician regarding medical conditions and/or medications when necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Carmi-White County Unit #5  
Prekindergarten Consent to Enroll**

I give permission for my child, \_\_\_\_\_,  
to be enrolled in the Carmi-White County Prekindergarten program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Teacher \_\_\_\_\_  
Start Date \_\_\_\_\_ AM \_\_\_ PM \_\_\_  
Check if Update \_\_\_

Carmi-White County Child Pick-Up and Health Information  
School Year 2018-2019

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_  
(street and/or 911 address required)

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

List all those who may pick up your child from school:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Directions to your home if on a rural route:

List any health information needed for emergencies (allergies, illnesses, etc):



# LIBRARY CONTRACT

If your family would like to check out children's books from our classroom library please indicate so below. Families will be responsible for the books they check out. If a book is lost or damaged, it will need to be replaced. Your teacher will be able to inform you of the cost in those situations.

\*Circle the appropriate response and return\*



YES! Our family would like to participate.

NO. Our family would not like to participate.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_