

MORAVIA CENTRAL SCHOOL DISTRICT
UNIVERSAL PREKINDERGARTEN PROGRAM
CHILD ENROLLMENT APPLICATION

Child's Name _____ Date of Application ____ / ____ / ____

Address _____ City _____ Zip _____

Date of Birth ____ / ____ / ____ Age on December 1st _____ years Sex M F

Please provide copy of birth certificate Place of Birth _____

(City, State)

Mother's Name _____ Father's Name _____

Address _____ Address _____

Mailing address (if different) _____

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone # _____

Work Phone # _____ Work Phone # _____

Babysitter's name _____ Address: _____

Babysitter's Phone # _____

If You Are Not the Child's Natural Parent, Please Fill Out the Following:

Name _____ Relationship to Child _____

Address _____

Length of time child has been in your care _____

Home Phone # _____ Work Phone # _____

Employer _____ Work Hours _____ to _____

Has your child ever attended another childcare or preschool program? Yes No

If yes, please state when and where: _____

Is your child currently attending another childcare or preschool program? Yes No

If yes, please explain.

Do you suspect that your child may have a disability or learning problem? Yes No

If yes, please explain.

Does your child currently receive special services? Yes No

If yes, please explain

Is your child's primary language English? Yes No

If no, please state child's primary language. _____

Sibling(s) and their grade level(s):

Health issues? _____

Any additional information that may affect your child at school? _____

Please list the people who will be allowed to pick your child up from school:

Adult's name

Relationship

Phone #

1. _____

2. _____

3. _____

Please be advised that this application is strictly confidential and voluntary. Any information regarding sex, ethnicity, education, or disability is gathered for research purposes only. The Moravia Central School District does not discriminate in any way in the provision of services.

HEALTH REGISTRATION

Moravia Middle/High School

Grade Entering: _____

Gender: M F
(Circle One)

Child's Name: _____
Last First Middle

Street Address: _____
Street City Zip Code

Mailing Address: _____
Include Post Office Box City Zip Code

Home Phone #: _____

Date of Birth: _____

Mother's Name: _____
Last First Maiden Name

Father's Name: _____
Last First

FAMILY PHYSICIAN:

Name: _____ Phone Number: _____

MEDICAL HISTORY: Give the dates which your child has had the following diseases or conditions.

_____ Chicken Pox	_____ Asthma	_____ Diabetes
_____ 3-Day Measles	_____ Allergies	_____ Epilepsy
_____ Regular Measles	_____ Pneumonia	_____ Surgery
_____ Mumps	_____ Rheumatic Fever	_____ Serious Injury
_____ Heart Disease	_____ Scarlet Fever	_____ Other

Does your child have a vision problem? _____

Does your child have a hearing problem? _____

Does your child have a Speech or Language problem? _____

Does your child have any other medical problems which we should know about? _____

Has your child been examined by a specialist? Give name of specialist and year of examination:

Name	Year(s)	Name	Year(s)
Pediatrician: _____	_____	Psychologist: _____	_____
Neurologist: _____	_____	Psychiatrist: _____	_____
Ophthalmologist: _____	_____	Speech Clinic: _____	_____
Optometrist: _____	_____	Other Clinic: _____	_____
Dentist: _____	_____	Others: _____	_____

Is your child on any medication(s): Y N
(Circle One)

If Yes, list medication(s): _____

REMINDER: Proof of immunizations must be furnished before entry of school.

TRANSPORTATION FORM

Moravia Central School District

Grade Entering: _____

Gender: M F
(Circle One)

The completion of this form will enable us to locate your child and plan our bus routes. If your address changes between the time of registration and the first day of school, please inform the school. **Please complete this form even though your child may not be a bus student.**

Child's Legal Name: _____
Last *First* *Middle*

Street Address: _____
Street *City* *Zip Code*

Mailing Address: _____
Include Post Office Box *City* *Zip Code*

Mother's Name: _____
Last *First* *Maiden Name*

Father's Name: _____
Last *First*

Phone Numbers: _____
Home Phone # *Mother's Work Phone #* *Father's Work Phone #*

_____ *Mother's Cell Phone #* *Father's Cell Phone #*

Other Contact Numbers: _____
Person's Name *Phone #* *Relationship to Child*

_____ *Person's Name* *Phone #* *Relationship to Child*

DIRECTIONS FOR BUS TO LOCATE YOUR HOUSE:

Exact location: _____
House Number and Street *City*

Name of neighbors, nearest intersection, road or other landmark: _____

CHILD CARE PROVIDER INFORMATION: Complete this portion only if child will be riding a bus to/from this location regularly.

Name: _____ Phone Number: _____

Exact Location: _____
House Number and Street *City*

Name of neighbors, nearest intersection, road or other landmark: _____

Child will be staying at child care provider's house: ____ Before School ____ After School ____ Both

LIST OTHER CHILDREN IN HOUSEHOLD WHO ATTEND MORAVIA CENTRAL SCHOOLS:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

FOR SCHOOL USE ONLY: Bus Number: _____ AM _____ PM



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name:
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

¹ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.