

District 518 Worthington Kindergarten Registration 2020-2021

Child's name: \_\_\_\_\_ Name used for school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Place of Birth: \_\_\_\_\_ Entry date into US: \_\_\_\_\_

Family Background: Language: \_\_\_\_\_ Ethnic Group \_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Names of other children in family:	Date of Birth:	Age:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I need written translations: \_\_\_\_\_ Yes \_\_\_\_\_ No

I need an interpreter: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Medical Information:**

Allergies: Please list:

Medical concerns: (asthma, seizures, heart, etc.) \_\_\_\_\_

**Social Experience & Development:**

Has there been a divorce, death, or illness in the family that might affect your child? (If yes, please indicate)

Is there any other information you would like to share with us about your child: \_\_\_\_\_

Student has attended: \_\_\_\_\_ Sunny Days \_\_\_\_\_ Head Start \_\_\_\_\_ Hi Ho \_\_\_\_\_ Kids R It \_\_\_\_\_ ECSE

\_\_\_\_\_ Even Start \_\_\_\_\_ We Care Day Care \_\_\_\_\_ School Readiness \_\_\_\_\_

Other (please list) \_\_\_\_\_

**Contacts:**

**Child Care Provider:**

First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact:**

First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_