

Pattonville Early Childhood Enrollment Checklist

Thank you for choosing us to serve your child's educational needs. Attached is our enrollment packet. We have included the following checklist which states all required documents that are needed to complete the registration process.

Only complete registration packets will be able to be processed for enrollment.

All registration packets must include:

- Completed Application
- Immunization Record
- Student Health History Form
- Emergency Contact Form
- Media Exclusion Form (District Required)
- Proof of Residency (Two documents are required 1) a mortgage statement or signed lease and 2) an unpaid utility bill or real estate tax bill. If you reside with someone else, please contact the Special Services office at (314) 213-8090 to complete residency verification forms. Students may enroll without Proof of Residency, but then non-resident tuition rates will apply.)
- \$50 Enrollment Fee (Cash, Check, or Money Order payable to Pattonville EC)

If new to the program please also include:

- Photocopy of an original birth certificate from a state or federal agency (not a hospital copy)
- Migrant Survey (District Required)

If applicable please also include:

- Dissolution decree or current legal documents which state custody rights/parenting plan

Pattonville Early Childhood Program

11097 St. Charles Rock Road

St. Ann, MO 63074

Phone: 314.213.8100 or 314.213.8105

Fax: 314.213.8696 or 314.213.8610

Pattonville Early Childhood Enrollment Placement System

Below is the placement system that is used when enrolling students each year.

Level 1	Level 1 includes families that have a child currently enrolled in a Pattonville Early Childhood classroom. An exclusive re-enrollment period is open to these families, prior to starting general community enrollment.		
Level 2	Level 2 includes families that do not have a child currently enrolled in a Pattonville Early Childhood classroom. These students are enrolled after level 1 families have been enrolled, if space is still available.		
Resident Families and District Employees Tuition Rates (2015-2016 Rates)		Non-Resident Families Tuition Rates (2015-2016 Rates)	
Monday-Friday Full Day 8:30-3:30 p.m.	\$653.50/month	Monday-Friday Full Day 8:30-3:30 p.m.	\$900.90/month
Mondays & Wednesdays Half Day	\$131.80/month	Mondays & Wednesdays Half Day	\$183.50/month
Tuesdays & Thursdays Half Day	\$138.50/month	Tuesdays & Thursdays Half Day	\$192.80/month
Monday-Thursday Half Day	\$269.50/month	Monday-Thursday Half Day	\$375.30/month
Before <u>or</u> After Care	\$15/week	Before <u>or</u> After Care	\$15/week
Before <u>and</u> After Care	\$30/week	Before <u>and</u> After Care	\$30/week
Before Care is 6:30-8:30		After Care is 3:30-5:30	

***Tuition fees for the 2016-2017 school year will be determined at a later time. These rates typically increase by approximately 2-3%.**

Pattonville Early Childhood

2016-2017 Application

To register your child, please complete this application, attach all necessary documents, and provide the \$50 registration fee.

Step 1 of 3: Information About Your Child	
Child's Legal Name: _____	Today's Date: _____
Name my Child Prefers to be Called: _____	
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Primary Language: _____ Child's Secondary Language: _____	
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (check all that apply)	
Are you enrolled in Parents as Teachers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your parent educator: _____	
Home Address: _____ City: _____ Zip Code: _____	
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other: _____	
Mother's First and Last Name: _____	
Home #: _____ Cell#: _____ Email: _____	
Father's First and Last Name: _____	
Home #: _____ Cell#: _____ Email: _____	
District Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, elementary attendance area _____	District Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
My Child is: <input type="checkbox"/> Presently Enrolled in the Pattonville EC Program - if applicable, please complete information below. Location: _____ Teacher: _____ <input type="checkbox"/> The Sibling of a Presently Enrolled Child - if applicable, please complete information below. Name of student currently enrolled: _____ <input type="checkbox"/> A New Enrollee - my child previously attended _____ preschool program.	

Note: Applications will be accepted on a first come/first serve basis; however, Pattonville School District residents will receive priority over non-residents. Tuition fees for the 2016-2017 school year will be determined at a later time.

*Continue to other side

Step 2 of 3: Select Your Class Location

*Please indicate your first and second choice by numbering "1" for first choice, and "2" for second choice.

Note: AM Sessions are designated for children that will be three years old on or before July 31, 2016.

PM Sessions are designated for students that will be four years old on or before July 31, 2016.

Learning Center	AM	PM
	___ AM M/W - 8:20-11:20	___ PM M/W - 12:30-3:30
	___ AM T/TH - 8:20-11:20	___ PM T/TH - 12:30-3:30
	___ AM M-TH - 8:20-11:20	___ PM M-TH - 12:30-3:30
Parkwood Elementary	AM	PM
	___ AM M/W - 8:30-11:30	___ PM M/W - 12:30-3:30
Remington Traditional	AM	PM
	___ AM M/W - 8:20-11:20	___ PM M/W - 12:30-3:30
	___ AM T/TH - 8:20-11:20	___ PM T/TH - 12:30-3:30
	___ AM M-TH - 8:20-11:20	___ PM M-TH - 12:30-3:30
Rose Acres Elementary	AM	PM
	___ AM M/W - 8:20-11:20	___ PM M/W - 12:30-3:30
	___ AM T/TH - 8:20-11:20	___ PM T/TH - 12:30-3:30
	___ AM M-TH - 8:20-11:20	___ PM M-TH - 12:30-3:30
Learning Center	FULL DAY	
	___ Full Day M-F - 8:30 a.m. - 3:30 p.m.	
Any Location	<input type="checkbox"/> Please check this box if you are willing to accept any available location/session.	

Step 3 of 3: Please ensure you have included the following:

- Completed Application
- \$50.00 Registration Fee
- Copy of Updated Immunization Record
- Proof of Residency
- Copy of Birth Certificate (New Enrollment Only)



Pupil Health & Emergency Information

School Year 2016-2017

IF ANY OF THIS INFORMATION CHANGES DURING THE SCHOOL YEAR, I WILL NOTIFY THE SCHOOL IMMEDIATELY.

ID# _____

StudentServices/0804/1/PP

Student's Name _____ Sex _____ Grade _____
Last Name First Name Middle

Social Security Number _____ Date of Birth _____

Address _____ City _____ Zip _____
Home Phone (____) _____
Unlisted? ____Y ____N

Father's Name _____ Home (____) _____
Employer _____ Work (____) _____
E-Mail _____ Cell (____) _____

Mother's Name _____ Home (____) _____
Employer _____ Work (____) _____
E-Mail _____ Cell (____) _____

Person With Whom Pupil Lives _____ Home (____) _____
(if other than parent) Employer _____ Work (____) _____
E-Mail _____ Cell (____) _____

Doctor's Name _____ Phone # (____) _____

Dentist's Name _____ Phone # (____) _____

Month/Year of Last Tetanus Shot _____

Allergies (Food, Medication or Other) _____

Medical Condition Which May Require Treatment Over Several Days _____

My Child Takes The Following Medication(s) on a Regular Basis: _____

	Name of Medication	Medical Dosage	Frequency	Reason	
MEDICAL HISTORY <i>Does your child have any of the following:</i>	Vision Problems <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Speech Problems <input type="checkbox"/>	Heart Problems <input type="checkbox"/>
	Dizziness or fainting <input type="checkbox"/>	Convulsions <input type="checkbox"/>	Allergies (please specify) <input type="checkbox"/>	_____	
	Food Restrictions (please specify) <input type="checkbox"/>	_____			
	Other (please specify) <input type="checkbox"/>	_____			

IN CASE OF EMERGENCY, I GIVE MY PERMISSION TO THE FOLLOWING PERSON(S) TO TAKE RESPONSIBILITY FOR THE PHYSICAL CUSTODY OF MY CHILD.	NAME _____	RELATIONSHIP _____	ADDRESS _____	PHONE _____
	NAME _____	RELATIONSHIP _____	ADDRESS _____	PHONE _____
	NAME _____	RELATIONSHIP _____	ADDRESS _____	PHONE _____

My child may not be released to: _____
(If a parent, you must file a custody order from court).

EMERGENCY AUTHORIZATION: IN AN EMERGENCY, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO CONTACT ME, I HEREBY AUTHORIZE THE SCHOOL TO MAKE SUCH ARRANGEMENTS AS SEEM NECESSARY. FURTHERMORE, I AUTHORIZE THAT MY CHILD BE TAKEN _____ HOSPITAL, OR THE NEAREST HOSPITAL, AND THE PHYSICIAN(S) TO RENDER EMERGENCY MEDICAL TREATMENT TO MY CHILD. I WILL ACCEPT FULL FINANCIAL RESPONSIBILITY FOR CHARGES CONNECTED WITH THE USE OF AN AMBULANCE AND CHARGES CONNECTED WITH THE HOSPITAL CARE.

NAME OF INSURANCE COMPANY _____ POLICY # _____

PARENT/GUARDIAN SIGNATURE _____ Date _____

Pattonville School District

Health History Form

Date _____

The School Nurse will review this form and may be contacting you for additional information, if necessary.

Child's Name _____ Birth date _____ Grade _____

Mother's Name _____ Age _____ Education _____

Mother's Phone number _____ Cell or other number _____

Father's Name _____ Age _____ Education _____

Father's Phone number _____ Cell or other number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Date of child's last physical exam _____

Did child attend preschool? Yes _____ No _____ Where? _____

Previous School(s) attended _____

Siblings Names and Ages:

_____ Age _____ Birth date _____

_____ Age _____ Birth date _____

_____ Age _____ Birth date _____

Was your child's growth and development (sitting, walking, talking etc) within the normal range?

Yes _____ No _____ If delayed, explain: _____

Is your child's growth and development different from other children in your family?

Yes _____ No _____ If yes, how? _____

Does your child appear to be more active than other children? Yes _____ No _____

Did mother have problems during pregnancy or during labor and delivery? Yes _____ No _____

If yes, explain _____

Birth weight _____ Was child premature? Yes _____ No _____ How many weeks early? _____

Continued on back page

Has child been hospitalized since birth? Yes ___ No ___ Explain: _____

Has child had surgeries? Yes ___ No ___ Explain: _____

Has child had fractures? Yes ___ No ___ Explain: _____

Has child had blood transfusions? Yes ___ No ___ When? _____

Has child had high temperatures > 104 degrees? Yes ___ No ___
If yes, explain: _____

Does your child have any medical concerns (asthma, seizures etc.)? Yes ___ No ___

If yes, please list: _____

List any allergies to medicines, foods or insects _____

What do you do for the allergies? _____

Medications your child is taking: _____

Does your child have physical limitations? Yes ___ No ___ If yes, explain: _____

Does your child have any of the following:

- | | | | |
|----------------------------|-------|------------------------|-------|
| Trouble with eyes/eyesight | Y / N | Nervous habits | Y / N |
| Wears glasses | Y / N | Abnormal fears | Y / N |
| Trouble hearing | Y / N | Frequent colds/illness | Y / N |
| Tubes in ears | Y / N | Stomachaches | Y / N |
| Trouble eating | Y / N | Seizures | Y / N |
| Toileting or bladder, | | Headaches | Y / N |
| bowel problems | Y / N | Accident prone | Y / N |
| Rashes | Y / N | Toothaches | Y / N |
| Excessive thirst | Y / N | Wheezing | Y / N |
| Sleeping Difficulties | Y / N | | |

Please explain _____

Are there any other health or developmental concerns? _____

****Please include a copy of immunization records.**

Parent signature _____ date _____

Only complete this form if you DO NOT want your child to be involved in one or more of the areas listed in the checklist below.

**Pattonville School District
2016-2017 Media Exclusion Form**

During the school year, there are times when photos or videos of your child may be taken or when your child may be interviewed while at school to showcase an event, award or classroom activities. These photos, videos or interviews may be displayed in school or district newsletters or other district publications, on the Pattonville or school Web sites or published in newspapers, on TV or in online news Web sites. Some examples of items that may be publicized in this manner include students who earn an award (i.e, honor roll, science fair winners), student athletic competitions, students taking part in a classroom project, graduation ceremonies or students involved in community service. *This form is ONLY for parents who DO NOT want their child's name or likeness included in any of the above media activities. Please fill this out ONLY IF you wish to deny the use of your child's name, photograph or video images in any of these media-related communications.*

Name of student _____

Student's grade level _____ Teacher's name _____

Name of school your child attends _____

Name of parent/guardian _____

Address _____ Zip _____

E-mail address _____

Home Phone _____ Work Phone _____

Check all that apply:

I **do not** want my child's name, photograph or video being published by Pattonville or the newspaper, television or radio media for the purpose of news coverage and publicity or for district or school publications, Web site or videos. *Please note that this denial shall not apply to photos or video of large groups of unidentified students in public areas of the school property or at school-sponsored activities or events and shall not apply to school yearbooks. Please contact your child's school if you do not want him or her included in the yearbook.*

(HIGH SCHOOL ONLY) I **do not** want my child's name, address or phone number to be released to representatives of post-secondary educational institutions (universities, community colleges, etc.).

(HIGH SCHOOL ONLY) I **do not** want my child's name, address or phone number to be released to military recruiters.

Signature of parent/guardian

Date

Please return this form to your child's school office ONLY IF you wish to exclude your child's participation in any of the above areas.

This form should be completed annually to continue any such exclusions in future school years.