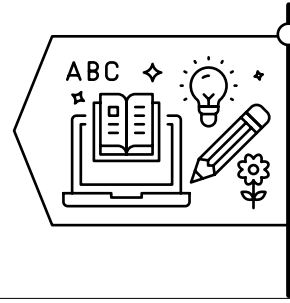


SITE:



FREE **four-year-old** STATEWIDE VOLUNTARY

# Preschool Program

**REGISTRATION PACKET** | **» 2022-2023**

## WELCOME TO PRESCHOOL!

Students enrolling in the FREE four-year-old voluntary preschool program must meet two requirements:

1. The child **MUST** reside in the State of Iowa
2. The child **MUST BE** four years old by September 15, 2022

**Every child qualifies if they meet the two requirements above.**

There are no financial restrictions. Space may be limited in some facilities and is not guaranteed. Enrollment for preschool is not based on geography and all sites are open to residents within the Dubuque Community School District.

» Go to [www.dbqschools.org/preschool](http://www.dbqschools.org/preschool) for a complete list of providers.

## HOW TO REGISTER

**STEPS 1-2** must be completed at registration.



**1**  **Complete and return this form to the preschool you wish to register your student**

You may complete the paperwork in advance for convenience, but all registrations are on a first-come, first-served basis at the school when registration begins.

**2**  **Submit required information when you register your student**

Bring the following when you return this form:

- Proof of Age**  
(birth certificate preferred)

**3**  **Complete paperwork**

Return the following by the first day of school:

- Medical Examination Form + Immunization Certificate**  
(schedule your student's physical now and be sure to ask your healthcare provider to include your student's most recent immunization record; children will not be allowed to attend school without an immunization record on file)



**Dubuque COMMUNITY SCHOOLS**  
and Community Preschool Partners

**STUDENT INFORMATION**

LEGAL NAME » LAST:	FIRST:	MIDDLE:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	DATE OF BIRTH (mm/dd/yyyy):	IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i>		
IN WHICH COUNTY DOES THE STUDENT RESIDE?		
IN WHICH SCHOOL DISTRICT DOES THE STUDENT RESIDE? <input type="checkbox"/> DUBUQUE <input type="checkbox"/> WESTERN DUBUQUE <input type="checkbox"/> BELLEVUE <input type="checkbox"/> OTHER <i>Please specify:</i>		
DID THE STUDENT ATTEND A DIFFERENT PRESCHOOL WITHIN THE 12 MONTHS PRIOR TO THIS ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, school:</i>		

**RACE AND ETHNICITY INFORMATION**

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

IS THE STUDENT OF HISPANIC, LATINO OR SPANISH ETHNICITY (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?  YES  NO  
*If yes, you may also check one or more of the following racial categories listed below. If no, please check one or more of the following racial categories.*

WHAT IS THE STUDENT'S RACE? (check all that apply)

## RACIAL CATEGORIES:

- American Indian or Alaska Native  
 (Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.)
- Asian  
 (Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.)
- Black or African American  
 (Origins in any of the black racial groups of Africa.)
- Native Hawaiian / Other Pacific Islander  
 (Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White  
 (Origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**HOME LANGUAGE INFORMATION**

WAS THE STUDENT BORN IN THE UNITED STATES?  YES  NO *If yes, which state? If no, in what other country?*

HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED STATES FOR ANY THREE YEARS DURING THEIR LIFETIME?  YES  NO *If yes, please complete the following:*

NAME OF SCHOOL:	STATE:	DATES ATTENDED:
NAME OF SCHOOL:	STATE:	DATES ATTENDED:
NAME OF SCHOOL:	STATE:	DATES ATTENDED:

WHAT LANGUAGE IS SPOKEN BY YOU AND YOUR FAMILY MOST OF THE TIME AT HOME?

IF AVAILABLE, IN WHAT LANGUAGE WOULD YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL?

IS THE STUDENT'S FIRST-LEARNED OR HOME LANGUAGE ANYTHING OTHER THAN ENGLISH?  YES  NO *If yes, please complete the following:*

WHAT LANGUAGE DID THE STUDENT LEARN WHEN HE/SHE FIRST BEGAN TO TALK?

WHAT LANGUAGE DOES THE STUDENT MOST FREQUENTLY SPEAK AT HOME?

WHAT LANGUAGE DO THE PARENTS/GUARDIANS MOST FREQUENTLY SPEAK TO THE STUDENT?

*Father/Guardian:*

*Mother/Guardian:*

PLEASE DESCRIBE THE LANGUAGE UNDERSTOOD BY THE STUDENT. (check only one)

- A.  Understands only the home language and no English.
- B.  Understands mostly the home language and some English.
- C.  Understands the home language and English equally.
- D.  Understands mostly English and some of the home language.
- E.  Understands only English.

**PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)**

PRIMARY HOUSEHOLD PHONE (home or cell):

HOME ADDRESS:	CITY:	STATE:	ZIP:
---------------	-------	--------	------

IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS?  YES  NO *If no, please complete the following:*

ADDRESS:	CITY:	STATE:	ZIP:
----------	-------	--------	------

**PARENT / GUARDIAN INFORMATION**

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (WITH WHOM THE STUDENT RESIDES)

NAME » FIRST:	LAST:	RELATIONSHIP TO STUDENT:
---------------	-------	--------------------------

DATE OF BIRTH (mm/dd/yyyy): *This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.*

CELL PHONE:	WORK PHONE:	OTHER PHONE:
-------------	-------------	--------------

EMAIL:	EMPLOYER:
--------	-----------

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 2

NAME » FIRST:	LAST:	RELATIONSHIP TO STUDENT:
---------------	-------	--------------------------

DATE OF BIRTH (mm/dd/yyyy): *This information is required to confirm if the individual already has an account existing in Infinite Campus. It will be used only to detect duplicate accounts and for no other reason.*

CELL PHONE:	WORK PHONE:	OTHER PHONE:
-------------	-------------	--------------

EMAIL:	EMPLOYER:
--------	-----------

DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT?  YES  NO *If no, please complete the following:*

HOME ADDRESS:	CITY:	STATE:	ZIP:
---------------	-------	--------	------

MAILING ADDRESS:	CITY:	STATE:	ZIP:
------------------	-------	--------	------

DO THEY WISH TO RECEIVE SCHOOL MAILINGS?  YES  NO

**EMERGENCY CONTACT INFORMATION** *Contacts should be available to pick up your student within 30 minutes.*

EMERGENCY CONTACT 1 »	EMERGENCY CONTACT 2 »	EMERGENCY CONTACT 3 »
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME:	LAST NAME:	LAST NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
HOME PHONE:	HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:	WORK PHONE:

**OTHER STUDENT(S) IN HOUSEHOLD** *List all children in preschool through grade 12.*

STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
STUDENT NAME:	GRADE:	SCHOOL ATTENDING:

**PLEASE SIGN BELOW**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*Be advised that at any time the Iowa State Legislature may consider proposals that could reduce or eliminate funding for some preschool programs. Proof of the child's age is required upon enrollment.*

» PLEASE RETURN COMPLETED FORMS TO the preschool you wish to register your student.

The Statewide Voluntary Preschool Program for Four-Year-Old Children  
is funded by the State of Iowa and facilitated locally by the  
Dubuque Community School District.

