

Union Ridge School District 86

Early Childhood Program Registration

Enrollment Form - Parent & Student Information

The information you provide on this form is strictly confidential. This form is important because it helps us determine the most appropriate level of service for your child. Although Union Ridge School's Early Childhood Program for 3 and 4 year old children is free of charge to parents, the District's state and federal funding levels are determined by the number of at-risk children enrolled. Please fill out the form as completely and accurately as possible.

I give Union Ridge School permission to conduct a program screening that includes a screening instrument, parent interview, and a vision/hearing screening.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Child's First Name:	<input type="text"/>	Child's Middle Name:	<input type="text"/>	Child's Last Name:	<input type="text"/>		
Child's Nick Name:	<input type="text"/>	(If applicable)					
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	Grade:	<input type="text"/>		
		Place of Birth:	<input type="text"/>				
Race/Ethnicity: Is Student Hispanic/Latino?	What is Student's Race? Check all that apply						
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
Address	<input type="text"/>				Home Phone:	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	First Contact:	<input type="text"/>

FATHER'S INFORMATION	Custodial Parent?	Highest Level of Education Completed?	<input type="text"/>			
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Home Phone:	<input type="text"/>	
Please provide address if different from child's						
Address	<input type="text"/>				Cell Phone:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	
Presently Employed?	Place of Employment:					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>					
E-mail Address:	<input type="text"/>	Work Phone:	<input type="text"/>			

MOTHER'S INFORMATION	Custodial Parent?	Highest Level of Education Completed?	<input type="text"/>				
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Maiden Name:	<input type="text"/>	Home Phone:	<input type="text"/>
Please provide address if different from child's							
Address	<input type="text"/>					Cell Phone:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>		
Presently Employed?	Place of Employment:						
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>						
E-mail Address:	<input type="text"/>	Work Phone:	<input type="text"/>				

Are both parents living in the home with this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, with whom does this child live?	<input type="text"/>	What is this person's relationship to the child?	<input type="text"/>		
Marital Status of Parents? Check all that apply	In the event that the parents are divorced a copy of the custody agreement must be filed with the school office.				
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried	<input type="checkbox"/> Father re-married	<input type="checkbox"/> Mother re-married	<input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased		
Yearly family income:	<input type="text"/>	Number of adults in household	<input type="text"/>	Number of children in household	<input type="text"/>

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Emergency Contact 1:	<input style="width: 95%;" type="text"/>	Relationship to Student:	<input style="width: 95%;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>	Cell Phone:	<input style="width: 95%;" type="text"/>
		Work Phone:	<input style="width: 95%;" type="text"/>
Emergency Contact 2:	<input style="width: 95%;" type="text"/>	Relationship to Student:	<input style="width: 95%;" type="text"/>
Home Phone:	<input style="width: 95%;" type="text"/>	Cell Phone:	<input style="width: 95%;" type="text"/>
		Work Phone:	<input style="width: 95%;" type="text"/>

Please list names of all people residing in the household:

Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>	Age:	<input style="width: 95%;" type="text"/>

Please check any agencies listed below with which your family is/was involved:

- | | | |
|---------------------------|---|--|
| Birth to 3 Program | <input type="checkbox"/> GED | <input type="checkbox"/> Social Security |
| Head Start | <input type="checkbox"/> Department of Human Services (DHS) | <input type="checkbox"/> Drug/Alcohol Rehab |
| Preschool for All (Pre-K) | <input type="checkbox"/> Dept. of Children and Family Services (DCFS) | <input type="checkbox"/> Alternate Education |
| County Health Department | <input type="checkbox"/> Private Preschool | <input type="checkbox"/> LASEC Special Education Program |
| Shriners | <input type="checkbox"/> WIC | |
| Department of Corrections | <input type="checkbox"/> Other | |

Developmental Background

Has anything happened that may be influencing your child's development? for example: divorce, separation, relocation, new baby, death, etc. Yes No

If yes, please explain:

Name of child's doctor:

Was this child premature at birth? Yes No If yes, how much? Child's birth weight in lbs. and oz.

Were there any complications or difficulties during pregnancy and/or birth of this child? Yes No The child began walking at how many months?

If yes, please explain:

Was this child exposed to drugs or alcohol before birth either through mother or father? (Including prescription drugs taken by the mother during pregnancy) Yes No

Is this child on medication? Yes No If yes, why and what is the medication?

Is this child prone to ear infections? Yes No

Has this child had an ear/hearing exam? Yes No If yes, where? When?

Results:

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Has this child had a vision exam?

Yes No

If yes, where?

When?

Results

Is there a history of any serious health problems in the child's family?

Yes No

If yes, please explain:

Do you notice, or has a doctor reported, any of the following in this child? Check all that apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nose bleeding | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Chronic ear infection |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Stomach aches | <input type="checkbox"/> Serious blows to the head | <input type="checkbox"/> Lack of consciousness | <input type="checkbox"/> Lack of coordination |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Frequent fevers | <input type="checkbox"/> Overtired/lack of energy | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Other physical problems (please explain) | |

Explanation

Does this child have siblings in special education?

Yes No

Does this child have siblings experiencing academic failure?

Yes No

Is any member of the household chronically ill?

Yes No

Is there difficulty communicating/separating with child?

Yes No

Is there a disabled family member living in the household?

Yes No

Is there another language other than English spoken at home?

Yes No

If yes, what language?

Is this child's mother currently 21 years of age or younger?

Yes No

Is either parent currently balancing work and school?

Yes No

Are this child's parents divorced?

Yes No

Has this child been a victim of, or witness to domestic violence?

Yes No

Is either parent on active duty in the military?

Yes No

Is this child/family receiving counseling?

Yes No

Has this child's family moved schools recently?

Yes No

What were the ages of this child's parents at the time of his or her birth?

Mother?

Father?

Today's Date:

Form completed by:

If you have any developmental concerns regarding your child, please explain on a blank sheet.

THANK YOU

For Office Use Only

BC

Fee

RES

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UNION RIDGE SCHOOL STUDENT ENROLLMENT Home Language Survey

The state of Illinois requires the school district to collect a home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

YOUR CHILD WILL BE GIVEN THE STATE ACCESS TEST EVERY YEAR UNTIL HE/SHE MEETS THE STATE RÉQUIREMENTS.

Please answer the question below and return this survey to your child's school as soon as possible.

Student's Name: Grade:

Is a language other than English spoken in your home? Yes No

If yes, what language?

Does your child speak a language other than English? Yes No

If yes, what language?

How many years has your child attended school in the United States?

What year did your child start school in the United States?

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

UNION RIDGE SCHOOL District 86 _____

4600 N. Oak Park Avenue
Harwood Heights, IL 60706

Phone (708) 867- 5822
FAX (708) 867-5826
www.urs86.k12.il.us

Julie Borner
Principal

CONSENT FOR RELEASE OF INFORMATION

Student Name	<input type="text"/>	Grade	<input type="text"/>
Student Name	<input type="text"/>	Grade	<input type="text"/>
Student Name	<input type="text"/>	Grade	<input type="text"/>
Student Name	<input type="text"/>	Grade	<input type="text"/>

I hereby authorize School District 86 to **RELEASE** information concerning the above named student(s) to:

Name/Agency:

Address:

Telephone: Fax:

I hereby authorize School District 86 to **OBTAIN** information concerning the above named student(s).

When sending records to District 86, please address to:

Mrs. Julie Borner, Principal
Union Ridge School District 86
4600 N. Oak Park Avenue
Harwood Heights, IL 60706

Please check all that apply:

All Student Records Health

IEP Other

Information NOT to be released

I understand, upon written request, that I have the right to inspect, copy, and challenge the information contained in the records prior to release. This includes the right to release all or part of my child's record.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

**Union Ridge School District 86
Early Childhood Program Registration
Internet Publishing Consent and Waiver Form**

Please fill out one sheet for each student you are registering.

This form is a request for permission to publish your child's work or photograph on the Union Ridge District 86 web site at www.urs86.org.

Student's Name:

I understand that this consent and waiver form give District 86 permission to publish the above named student's work/photograph on the Internet at the District's web site, and/or related web sites, and in various media sources where school business is published. I understand that information and/or videos published on the Internet, or information used in newspapers, magazines, and other media sources, may be viewed by anyone around the world. I understand that the published work/photograph will not be identified by first name and last name. I release District 86 from any liability resulting from or connected with the publication of this information.

Permission to publish this work will stay in effect until cancelled by a parent or guardian.

I give consent

I do not give consent

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

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Acceptable Use Policy

Student Contract

Please fill out one sheet for each student you are registering.

Rules for using technology help everyone. By following the rules and AUP listed on the form, everyone can use the Internet to learn more about the world and communicate with others. Only students who follow these rules may use the Internet and other telecommunication tools.

Using the Internet is a responsibility and a privilege, not a right. Inappropriate use will result in a cancellation of those privileges or result in limited or banned computer use, and/or disciplinary consequences.

To understand the expectations of Union Ridge school, District 86, students and their parents/guardians are responsible for reviewing the district Acceptable Use Policy located on our website.

To review or read the Acceptable Use Policy click the link below

District's AUP - Student Technology Handbook

https://docs.google.com/document/d/12rKLG_HkC7DZTSMWA614zxC-3dg7M5whMYnUtUInbQ/edit?usp=sharing

Student Device Contract

- Teachers and staff may view any student communication at any time in order to support the student's development as a responsible citizen.
- Students are responsible for thoughtful, considerate behavior on computers, chromebooks, or iPads as they are for their general classroom behavior.
- Students are prohibited from using inappropriate, offensive, pornographic, and/or objectionable language and materials.
- Students will respect the computer equipment, computer system, and computer network at Union Ridge School.
- Intentional damage or misuse will result in loss of computer privileges.
- Students will adhere to the following: Is this activity safe? Is this activity respectful? Is this activity appropriate?
- Students will respect the privacy and rights of other network users. Trespassing into files of others is strictly prohibited.
- Student use of the Internet is restricted to education, research related to school assignments, the exchange of educational information or to the discretion of the Instructor and/or Supervisor.
- Students are prohibited from using inappropriate, offensive, pornographic and/or objectionable language and material.
- Disciplinary action will be taken against users found sending or acquiring objectionable material over the Internet or developing material on school equipment.
- Students are prohibited from violating copyright laws. Students will not download software, shareware or freeware at school. Computer viruses must not be created, introduced, or disseminated by anyone. Intentional damage will result in the student paying the cost to fix the damage, the loss of computer privileges for the remainder of the academic year, and possible expulsion from school.
- Students are responsible for their passwords: they must guard and protect their passwords as a personal possession. A password must never be shared with anyone.
- Students will properly log on and log off computers.
- Students will NEVER give out personal information such as last name, home address, or telephone number for themselves or others over the Internet.
- Students will be mindful of school resources of paper and ink cartridges and use them at the direction of their teachers. All work will be spell checked, proof read and print previewed BEFORE printing.
- Students are strictly prohibited from attempting to access and/or alter student grades or records, files, or documents. Any such attempt will result in suspension and possible expulsion from school.
- Students are responsible for equipment borrowed from the school. Parents/Guardians will be responsible for replacement or repair cost should it become damaged, lost or stolen.
- Students must be familiar with these rules before using the computer equipment. These rules apply at all times and to all computers at Union Ridge School.

I have read and agree to follow these rules and to use the internet and school computers in a responsible way to further my education.

Student's Name:

STUDENT SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Early Childhood Family Registration Checklist

Please use the checklist below to verify that all the required documents have been filled out and submitted to the Registration Office.

DONE

- Fill out Enrollment Form
- Fill out Home Language Survey
- Fill out Internet Publishing Consent
- Fill out Data Sharing Consent
- Have all Medical Documents
 - Vaccination Record
 - Physical Examination
 - Medical History
 - Lead Screening/test
- Fill out Acceptable Use Policy
- Fill out Google & Education Apps Consent Fill out Home Internet Survey
- Pay Registration Fees
- Fill out Consent For Release of Information

Upon submission of the above forms, a parent or guardian must also provide (by bringing to the school) the following:

Student's birth certificate

Parent/Guardian Picture ID

Custody documents(if applicable): court order agreement, judgment or decree that gives custody of the child to any person, including divorce decrees to one or both parents

Illinois State "Good Standing" Transfer Form (Students transferring from Illinois public schools, grades 1-8)

Current physical/immunization record on the Illinois Department of Human Services (OHS) form.
EC NEW STUDENTS ONLY: Proof of Income is required. Examples Include, Pay stubs, CCAP, WIC, SNAP, TANF, Medicaid benefits. Most recent tax return or letter from employer. Signed written statement from the family, only if you have no income source.

4 proofs of Residency i.e., utility bills, mortgage information, real estate taxes, car insurance, credit card bills, proof of village vehicle sticker purchase
Certified Original Birth Certificate