

# Little Honey Bees Preschool

Hamilton R-II School District Missouri Preschool Program

## Student Information

<b>Student (First, Middle, Last Name):</b>		
<b>Address:</b>	<b>Age:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Check one: O Male O Female</b>	<b>SSN#:</b>	
<b>Date of Birth:</b>		
<b>Potty Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<b>Ethnicity: (circle one) Hispanic/Latino Non-Hispanic Latino</b>		
<b>Race: (circle one or more) American Indian or Alaskan Native African American or Black White Asian Native Hawaiian or Pacific Islander</b>		

## Parent Information

<b>Primary Household Parent/Guardian #1 (Where Student Resides)</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

<b>Primary Household Parent/Guardian #2 (Where Student Resides)</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

<b>Secondary Household Parent/Guardian #1</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

<b>Secondary Household Parent/Guardian #2</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

Is there custody, parenting plan, or other legal documents that affect parent rights?

Y  N

Is there a restraining order against other individuals that pertain to this student?

Y  N

\*\*\*If a yes to either or both of these questions, please attach current copies of both documents.\*\*\*

**Emergency Contact Information**

<b>Emergency Contact #1</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

<b>Emergency Contact #2</b>	
<b>Name (First, Middle, Last Name):</b>	
<b>Relationship to Student:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Email:</b>
<b>Employer:</b>	<b>Work Phone:</b>

**Preschool Preference:** **FULL DAY**  **HALF DAY**  Circle AM / PM

**Special Services**

1. Has your child ever qualified for or been enrolled in a special education program? **Y**  **N**
2. Has your child ever qualified for or had a 504 plan? **Y**  **N**
3. Has your child ever participated in: **IEP OT/PT SPEECH THERAPY FIRST STEPS UCP**
4. Has your child participated in childhood screening? **Y**  **N**  If Yes when? \_\_\_\_\_
5. Has your child had any other previous schooling/day care? Please specify \_\_\_\_\_

**Transportation**

Transportation Needed: **Yes**  **No**

The school district will be providing transportation through the regular bus system. Please indicate whether your child will be riding the bus. Provide contact information and location if pick up/drop off is different than your home address:

Pick up location: \_\_\_\_\_

Child's Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Drop off location: \_\_\_\_\_

Child's Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Tuition** (Sliding fee scale available for those who qualify please fill out a lunch form to determine tuition)

**Full Day:**

**Tuition** \$13.00 per day

**Reduced fee** \$9.00 per day

**Free** \$0.00 per day

**Half Day:**

**Tuition:** \$6.50 per day

**Reduced fee** \$4.50 per day

**Free** \$0.00 per day

**Payment is due to the preschool director the last Friday of every month before the next month begins. The first payment is due the first day of school.**

Monthly fees will not change regardless if a student misses school for absences. Please request a free/reduced lunch form to see if you qualify for a sliding tuition scale.

**I have read the tuition information and understand that I am responsible for making payments on time. If payments are not made on time I understand my child is at risk of being removed from the program.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**McKinney-Vento Act: (Additional questions regarding residence)**

1. Are you sharing the housing of other persons due to the loss of housing, economic hardship, or a similar reason? **Y**  **N**
2. Are you currently residing in a hotel, motel, car, or at a campsite because your home has been damaged or because of economic reasons? **Y**  **N**
3. Are you currently residing in a shelter? **Y**  **N**
4. Are you currently living in temporary housing arrangement due to economic hardship? **Y**  **N**

**Student language Survey**

1. Was the first language this student learned English? **Y**  **N**
2. Can this student speak a language other than English? **Y**  **N**
3. Which language is used most often when this student speaks to friends? English  
Specify other \_\_\_\_\_
4. Which language is used most often when this student speaks to parents? English  
Specify other \_\_\_\_\_
5. Does anyone in your home speak a language other than English? **Y**  **N**   
Specify other \_\_\_\_\_

**Federal Migratory Worker Survey**

If the student is between the ages of 3-21 and if either the student or parent/guardian has moved from one school district to another school district with in the preceding 36

months, the student may be eligible for a special program of supplemental services. Please answer the following questions to help us determine eligibility.

1. Before the move, was the student or either parent/guardian employed in some form of temporary seasonal agricultural-related work? **Y**  **N**
2. Was the move from one school district to another made for the purpose of looking for or obtaining some form of seasonal agricultural work? **Y**  **N**
3. Has the student or either parent/guardian with the student, moved away during only the summer months to engage in crop harvesting or other seasonal agricultural work? **Y**  **N**

**Safe Schools Act (167.023 RSMo)**

The undersigned hereby certifies and represents to the Hamilton RII school district, for the purpose of the Missouri Safe Schools Act that the answers to the following two questions are true and correct the best of his/her knowledge and belief. Any person making a materially false statement or affirmation shall be guilty upon conviction of a class B misdemeanor.

1. Is the student currently suspended or expelled from any other charter school private school, parochial school, or public school in this state or any other state? ? **Y**  **N**
2. Has the student been convicted of or indicted for any of the following offences in adult court or charged with or adjudicated to have committed an act which if committed by an adult would be one of the following? ? **Y**  **N**

- |  |  |
|--|--|
| a. First degree murder (Sect. 565.020 RSMo)  | g. statutory sodomy (Sect. 566.062 RSMo)                     |
| b. Second degree murder (Sect. 565.021 RSMo) | h. Robbery in the first degree (Sect. 569.020 RSMo)          |
| c. First degree assault (Sect. 565.050 RSMo) | i. Distribution of drugs to a minor (Sect. 195.212 RSMo)     |
| d. Forcible rape (Sect. 566.030 RSMo)        | j. Arson in the first degree (Sect. 569.040 RSMo)            |
| e. Forcible sodomy (Sect. 566.060 RSMo)      | k. kidnapping classified class A felony (Sect. 565.100 RSMo) |

**If the answer is yes to question 1 or 2 the registration is stopped pending review of discipline by the principal and/or superintendent.**

**Parent/Guardian signature**

**Date:** \_\_\_\_\_

**Parents as Teachers Program**

Enrollment in the full day preschool also enrolls your child in the Parents as Teachers program. Students and parents will receive 2 home visits from the PAT educator to discuss their student’s progress in preschool. The parent and child should be present at the visit. This program is free of charge and demonstrates the high level of commitment that the school has in helping each child reach their full potential.

**I certify that the above information is correct and agree to participate and comply with all of Hamilton Elementary Preschool’s policies and conditions.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_