

Student ID #: _____

Entry Date: _____

Building: _____

A.M. P.M.

Date Received: _____

Time Received: _____

Home School: AES CES MES

Number of Siblings at Home School: _____

Camden Central School District Pre-K Registration Packet

Child's Name

Last

First

Middle

Date of Birth:

Address:

Number and Street Name

City

State

Zip

County

Mailing Address if different from above:

Mother's Name:

Address:

Home Phone:

Work Phone

Cell Phone

Father's Name:

Address:

Home Phone:

Work Phone

Cell Phone

Town of Residence: Camden, (CES) • Florence, (CES) • Osceola, (CES) • Annsville, (CES) • Lee, (CES)

Vienna, (MES) • Constantia, (MES)

Why do you feel your child needs a Pre-K program? _____

OFFICE USE ONLY

CHILD'S HOME SCHOOL:

CES

MES

Coverlet Completed: **YES** **NO** | **Birth Certificate Provided** | **Custody Paperwork (if applicable)**

- | | |
|--|--|
| <input type="checkbox"/> Proof of Immunization | <input type="checkbox"/> Immunization Record Checked by: _____ |
| <input type="checkbox"/> Pre-K Checklist [Page 1] | <input type="checkbox"/> Use of Student Photo [Page 12] |
| <input type="checkbox"/> Health History [Page 4] | <input type="checkbox"/> Pre-K Transportation Form [Page 13] |
| <input type="checkbox"/> Lead Screening [Page 5] | <input type="checkbox"/> Transportation Form [Page 14] |
| <input type="checkbox"/> A Note From The Nurse [Page 6] | <input type="checkbox"/> Housing Questionnaire [Page 15] |
| <input type="checkbox"/> NYS School Health Exam Form (2 sided) [Page 7] | <input type="checkbox"/> Legal Guardianship [Page 16] |
| <input type="checkbox"/> Dental Health Certificate [Page 8] | <input type="checkbox"/> Proof of Age and Identity [Page 17] |
| <input type="checkbox"/> Pre-K Questionnaire [Page 9] | <input type="checkbox"/> Standard Residency Agreement [Page 18] |
| <input type="checkbox"/> Pre-K Program Information Form [Page 10] | <input type="checkbox"/> Student Racial and Ethnic Identification [Page 3] |
| <input type="checkbox"/> Registration Form [Page 11] | <input type="checkbox"/> Home Language Questionnaire (HLQ) [Page 4] |
| | <input type="checkbox"/> Eligibility Screen for Migrant Education Services [Page 5] |

COMMENTS: _____