



WASHOUGAL  
SCHOOL  
DISTRICT

**2018 - 2019 Preschool Registration**

**Return completed form to:**

**Mailing Address:** WCER, Attn: Lisa Young, 4855 Evergreen Way, Washougal WA 98671

**Office Address:** Hathaway School, Portable D, 630 24<sup>th</sup> St., Washougal WA 98671

**Telephone:** 360-954-3895    **Email:** lisa.young@washougalsd.org

**Student Information:**

Student's Name: \_\_\_\_\_

**Fee Information:**

- **\$50.00 non-refundable deposit due at time of registration**
- **Morning Preschool (3 - 4 years old) – 3 days/week: \$1825.00 annually**  
10 monthly payments of \$182.50 due September 2018 through June 2019
- **Afternoon Pre-K (4 - 5 years old) – 4 days/week: \$2400.00 annually**  
10 monthly payments of \$240.00 due September 2018 through June 2019

Payment can be made online at: washougal.revtrak.net, mailed or brought to the WCER office.

**Boundary School Preschool\*:**

\*Out-of-boundary requests will be reviewed on a space available basis.

Cape Horn-Skye       Columbia River Gorge       Gause       Hathaway

**Preschool Session Requested:**

Morning / Afternoon

**Busing Requested:**

Yes / No

I understand that the Washougal Community Education Program does not provide insurance to its participants. I certify that my child is physically and mentally able to participate in this program. I, intending to be legally bound, waive and release all rights and claims for damages that I may accrue against any and all sponsors of this program. I agree to fulfill the payment requirements as specified for continued enrollment and participation in the preschool program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# WASHOUGAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

<b>FOR OFFICE USE</b>
<b>School:</b>
<b>Start Date:</b>
<b>Key Pad #:</b>

<b>STUDENT LEGAL NAME:</b> (Last                      First                      Middle)		Preferred Name:	Grade Level
BIRTHDATE (Month/Day/Year)	BIRTHPLACE (City/State/Country)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
PRIMARY LANGUAGE <b>STUDENT</b> SPEAKS AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other:			

<b>PRIMARY HOUSEHOLD WHERE STUDENT RESIDES PARENT/GUARDIAN</b>		<b>PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system</b> (include area code)		<b>STUDENT RESIDES WITH</b>
First Name	Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell (     )		
Email Address		Additional phones (     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
		(     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
First Name	Last Name	Additional phones (     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email Address		(     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>PHYSICAL ADDRESS WHERE FAMILY RESIDES – Required</b>		City	State	Zip
MAILING ADDRESS – If different from physical address		City	State	Zip

**USE THIS SECTION TO PROVIDE INFORMATION FOR STUDENTS WITH A SECOND HOUSEHOLD**

<b>SECONDARY HOUSEHOLD PARENT/GUARDIAN</b>		<b>PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system</b> (include area code)		Relationship to student
First Name	Last Name	<input type="checkbox"/> Home <input type="checkbox"/> Cell (     )		
Email Address		Additional phones (     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Emergency Contact
		(     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
First Name	Last Name	Additional phones (     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student
Email Address		(     )	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Emergency Contact
<b>PHYSICAL ADDRESS WHERE FAMILY RESIDES</b>		City	State	Zip
MAILING ADDRESS – If different from physical address		City	State	Zip

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) RESTRAINING ORDER AGAINST: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____
IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL OR REMOVING THE STUDENT FROM THE SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)
IS THERE A LEGAL RESTRICTION PREVENTING THE SCHOOL FROM SENDING COPIES OF REPORT CARDS TO 2nd HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)

<b>SCHOOL PREVIOUSLY ATTENDED</b>	<b>SCHOOL DISTRICT PREVIOUSLY ATTENDED</b>	<b>PREVIOUS SCHOOL LOCATION (City &amp; State)</b>
DID STUDENT FORMALLY WITHDRAW: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of withdrawal: _____		
HAS STUDENT EVER ATTENDED WASHOUGAL PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school attended: _____		
If enrolling from out of state, has student ever attended Washington State Public Schools? If yes, name of school & district: _____		

**ETHNICITY AND RACE - PLEASE ANSWER BOTH QUESTIONS 1 AND 2**  
BOTH RESPONSES ARE PER WASHINGTON STATE AND FEDERAL REQUIREMENTS

<b>Question 1:</b> Is your child of Hispanic or Latino origin? → (Check all that apply)	<b>Answer:</b> <input type="checkbox"/> NOT HISPANIC-10 <input type="checkbox"/> CENTRAL AMERICAN-75 <input type="checkbox"/> CUBAN-55	<input type="checkbox"/> DOMINICAN -60 <input type="checkbox"/> LATIN AMERICAN-85 <input type="checkbox"/> MEXICAN / CHICANO / MEXICAN AMERICAN-30	<input type="checkbox"/> PUERTO RICAN-70 <input type="checkbox"/> SOUTH AMERICAN-80 <input type="checkbox"/> SPANIARD-65 <input type="checkbox"/> OTHER HISPAN./LATIN-90
<b>Question 2:</b> What race do you consider your child? → (Check all that apply)	<b>Answer:</b> <input type="checkbox"/> AFRICAN AMER./BLACK-200 <input type="checkbox"/> WHITE / CAUCASIAN-300 <input type="checkbox"/> ASIAN INDIAN-505 <input type="checkbox"/> CAMBODIAN-507 <input type="checkbox"/> CHINESE-510 <input type="checkbox"/> FILIPINO-520 <input type="checkbox"/> HMONG-525 <input type="checkbox"/> INDONESIAN-530 <input type="checkbox"/> JAPANESE-535 <input type="checkbox"/> KOREAN-540 <input type="checkbox"/> LAOTIAN-545 <input type="checkbox"/> MALAYSIAN-550 <input type="checkbox"/> PAKISTANI-555 <input type="checkbox"/> SINGAPOREAN-560 <input type="checkbox"/> TAIWANESE-565 <input type="checkbox"/> THAI-570 <input type="checkbox"/> VIETNAMESE-575 <input type="checkbox"/> OTHER ASIAN-599	<input type="checkbox"/> NATIVE HAWAIIAN-605 <input type="checkbox"/> FIJIAN-615 <input type="checkbox"/> GUAMANIAN/CHAMORRO-620 <input type="checkbox"/> MARIANA ISLANDER-625 <input type="checkbox"/> MELANESIAN-630 <input type="checkbox"/> MICRONESIAN-632 <input type="checkbox"/> SAMOAN-635 <input type="checkbox"/> TONGAN-640 <input type="checkbox"/> OTHER PACIFIC ISLAND-699 <input type="checkbox"/> ALASKAN NATIVE-405 <input type="checkbox"/> CHEHALIS-410 <input type="checkbox"/> COLVILLE-416 <input type="checkbox"/> COWLITZ-416 <input type="checkbox"/> HOH-418 <input type="checkbox"/> JAMESTOWN-421 <input type="checkbox"/> KALISPEL-424 <input type="checkbox"/> LOWER ELWHA-427 <input type="checkbox"/> LUMMI-430 <input type="checkbox"/> MAKAH-433 <input type="checkbox"/> MUCKLESHOOT-436	<input type="checkbox"/> NISQUALLY-439 <input type="checkbox"/> NOOKSACK-442 <input type="checkbox"/> PORT GAMBLE CLALLAM-445 <input type="checkbox"/> PUYALLUP-448 <input type="checkbox"/> QUILEUTE-451 <input type="checkbox"/> QUINAULT-454 <input type="checkbox"/> SAMISH-457 <input type="checkbox"/> SAUK-SUIATTLE-460 <input type="checkbox"/> SHOALWATER-463 <input type="checkbox"/> SKOKOMISH-466 <input type="checkbox"/> SNOQUALMIE-469 <input type="checkbox"/> SPOKANE-472 <input type="checkbox"/> SQUAXIN ISLAND-475 <input type="checkbox"/> STILLAGUAMISH-478 <input type="checkbox"/> SUQUAMISH-484 <input type="checkbox"/> TULALIP-487 <input type="checkbox"/> YAKAMA-490 <input type="checkbox"/> OTHER WA INDIAN-495 <input type="checkbox"/> OTHER AMER. IND.-499

<b>STUDENT PROGRAMS/ADDITIONAL INFORMATION</b> Indicate if student has ever been enrolled in the following programs:	Are there any school activities in which your student should not participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information to school in writing on a separate sheet.
Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	Does student have a Boundary Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what district: _____  Has student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade? _____
504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Title/Lap <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
ELL <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Gifted/HiCap <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Has student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever been long-term suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever had a drug violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever had an alcohol violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever been adjudicated or had diversion agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Does student have a probation officer or caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

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

\*If health exemptions exist based on religious beliefs, please list those here: \_\_\_\_\_

**If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child (local area only please). If you wish to add more than 4 emergency contacts, please list on an additional page.**

**Student Release Authorization:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed below.

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

<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone ( ) Cell Phone ( ) Work Phone ( )
<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone ( ) Cell Phone ( ) Work Phone ( )
<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone ( ) Cell Phone ( ) Work Phone ( )
<b>EMERGENCY CONTACT</b> (Other than parent/guardian) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b>	Home Phone ( ) Cell Phone ( ) Work Phone ( )

**PLEASE LIST OTHER SIBLINGS ATTENDING WASHOUGAL PUBLIC SCHOOLS**

Student Name	School	Grade

**IS STUDENT BUSED TO/FROM CHILD CARE?**

Before school     After school     Before & after school

**CHILD CARE PROVIDER:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**DOES THE STUDENT HAVE ANY LIFE-THREATENING HEALTH CONDITIONS? If yes, please list:**

\_\_\_\_\_  
(More detailed information will be requested on Student Health Inventory Form)

**VERIFICATION OF ENROLLMENT:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Washougal School District.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Legal Guardian/Adult Student Signature

\_\_\_\_\_  
Date