

2016-2017 Connecting Kids Registration Form

STUDENT INFORMATION (Please print)

Birthdate: _____

Student's Name _____
(last) (first) (middle) Sex M F

Address _____
(street) (city/state/zip)

Home Phone _____ Home School: Central Harper McKenzie
 Romona

Cell Phone _____

Ethnicity (Select one): Hispanic/Latino Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian or Pacific Islander White Two or more races

Mother _____
(name) (day address) (day phone)

Father _____
(name) (day address) (day phone)

Family Email _____

Emergency Contact _____
(name) (relationship) (phone)

Physician _____
(name) (phone)

Is the student taking any medication? Yes No If so, what? _____

Does the student have any special medical needs or special diets? Yes No

Is there any information about your child that should be known in case of an emergency (allergies, asthma, etc.) Yes No

Attach an additional sheet if necessary: _____

Parent's Signature _____ Date _____

DISTRICT 39 STAFF MEMBER

COURSE SIGN-UP INFORMATION

A lottery will be held on February 3, 2016 if there are more registrants than spots available.

Session Preference. *Please indicate 1st and 2nd & 3rd preference

AM - 9:05-11:25

* AM Multi age 3, 4, 5 year olds (Mon-Thurs) FEE IS \$3355.00

PM - 12:40-3:00

* PM 4 day - Multi age 3, 4, 5 year olds (Mon-Thurs) FEE IS \$3355.00

* PM 5 day - Multi age 3, 4, 5 year olds (Mon-Friday) FEE IS \$4180.00

A deposit of \$100 will secure your spot for students starting in the fall. For ongoing enrollment, parents may hold a spot one month in advance. For students with a start date more than a month out, full tuition will be required to hold a spot. Payable by check or credit card.

Remaining Tuition Payment Options:

Make checks payable to Wilmette Public Schools District 39

One payment due on August 1, 2016

Monthly payments due on the 15th of each month beginning August 2016.

Two payments due on August 1, 2016 and January 15, 2017.

Make online payments at <http://wilmette.revtrak.net/tek9.asp>

Charge to credit card: Mastercard or Visa (circle one) Expiration Date: _____

Card number _____

Print cardholder's name _____

Signature _____

Return registration form to:
Mikaelian Education Center
Attn: Kathy Hughes
615 Locust Road
Wilmette, IL 60091

(Please include your deposit with your registration form)



***You will be charged \$4.95 for each credit card transaction.

Registration Due: January 29, 2016 or ongoing until spots are filled.
Revised 11/18/15

Information for Connecting Kids Preschool

Today's Date _____

Child's Name _____
 first middle last

D.O.B. _____

Address _____

Home Phone # _____

Parent/Guardian _____ **Parent/Guardian** _____

cell phone # _____ cell phone # _____

email address _____ email address _____

Ethnicity: __Hispanic/Latino __Black or African American
 __American Indian/Alaskan Native __Native Hawaiian or Pacific Islander
 __Asian __White
 __Two or more races

Child's primary language _____ Language(s) spoken at home _____

Parent's primary language _____

Siblings: Name Age

Who are other **important people in** your child's life? _____

With whom does your child spend most of his/her time? _____

Where will your child attend kindergarten? _____

Which preschool and/or preschool activities does your child attend?

Days and time of attendance _____

Program/School phone number _____

Your child's teacher _____

Teacher contact info: phone # _____ email address _____

Has your child received services through CFC? Yes No

If so, when? _____ Which services? _____

Service Coordinator _____ phone # _____

Any past and/or current services/private therapies that your child receives:

When: _____ Where: _____

Therapist: _____ phone/email _____

When: _____ Where: _____

Therapist: _____ phone/email _____

Do you have concerns about your child's development or speech? Yes No

Please explain _____

Has anyone expressed concerns about your child's development or speech? Yes No

Please explain _____

Do you have concerns about your child's eating, sleeping, or toileting habits? Yes No

If so, please explain _____

Is there anything that worries you about your child? Yes No

If so, please explain _____

What things do you enjoy most about your child?

Do you think your child hears well? Yes No

Do you think your child talks like other children his/her age? Yes No

Can you understand most of what your child says? Yes No

Do you think your child walks, runs, and climbs like other children his/her own age?
Yes No

Does either parent have a family history of childhood deafness or hearing impairment?
Yes No

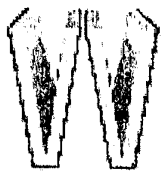
Do you have any concerns about your child's vision? Yes No

Has your child had any medical problems in the last several months? Yes No

Does anything about your child worry you? Yes No

Are you receiving T.A.N.F. or S.N.A.P.? Yes No

Thank you for completing this questionnaire.



HOME LANGUAGE SURVEY

The state requires the 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.

Please answer the questions below and return this form to your child's school.

Date _____ School _____

Student's Name _____

1. Is a language other than English spoken in your home? (Check one)

Yes _____ No _____

If you checked yes, what language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

If you checked yes, what language? _____

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

Parent/Legal Guardian Signature

Date