

Student Information

Does your child have health insurance? ☐ Yes ☐ No Policy # _____

Health Insurance Carrier ☐ Husky ☐ BC/CS ☐ Health Net ☐ Other _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Racial and Ethnic Background

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No
☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Education History

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Student Registration Form

Pre-School Registration Only

Program Preferred: ☐ AM (8:45-11:30) ☐ PM (12:30-3:15)
☐ Full Day (7:00-5:00) ☐ School Day (8:45-3:15) ☐ KCS School Day (8:00-2:45)

Kindergarten Registration Only

Did your child attend preschool in the year prior to entering Kindergarten? ☐ Yes ☐ No
 Did your child receive childcare in the year prior to entering Kindergarten? ☐ Yes ☐ No
 If Yes, ☐ Full Day ☐ Half Day ☐ KPS Pre-School ☐ Head Start ☐ Other _____

Killingly High School Only

☐ I request that my child's, name, address, and telephone number not be released to Armed Forces, Military Recruiters, or Military Schools.

Household Information

Has the family moved across state boundaries in the past 36 months for a parent/guardian to obtain seasonal or temporary work in agriculture, dairy or fishing? ☐ Yes ☐ No

Is a parent or guardian currently a member of the Armed Forces on active duty (Army, Navy, Air Force, Marine Corps and Coast Guard), or serving on full-time National Guard duty? ☐ Yes ☐ No

Please provide the name, year born, and school attending of any school-age siblings of this student:

Is there anything about your family arrangement that we should be aware of? (split/joint/sole custody, guardianship, foster, etc.

Court Document Required.) Please explain: _____

Provide contact information for BOTH custodial and non-custodial parents and legal guardians; for after-school caretakers, and emergency contacts. Please include *at least one other contact* besides parents/guardians.

List contacts—including parents—in the order they should be called in an emergency situation.

Primary Guardian/Contact (to be contacted first)

Name: _____ Employer: _____
Last, First, Middle Initial

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: _____ Relationship to Student: _____

Residence Address: _____
Street (No P.O. Box) City State Zip Code

Mailing Address: _____
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Student Registration Form

Note: It is not necessary to provide address information for people serving only as emergency contacts.

Second Guardian/Contact (to be contacted *second*)

Name: _____ Employer: _____

Last, First, Middle Initial

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: _____ Relationship to Student: _____

Residence Address: _____
Street (No P.O. Box) City State Zip Code

Mailing Address: _____
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Additional Contact Information

Name: _____ Employer: _____

Last, First, Middle Initial

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: _____ Relationship to Student: _____

Residence Address: _____
Street (No P.O. Box) City State Zip Code

Mailing Address: _____
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Additional Contact Information

Name: _____ Employer: _____

Last, First, Middle Initial

Preferred Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work
(First to call)

Second Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Third Phone: _____ ☐ Cell (OK to text? ☐ Yes) ☐ Home/Landline ☐ Work

Email: _____ Relationship to Student: _____

Residence Address: _____
Street (No P.O. Box) City State Zip Code


Mailing Address: _____
(if different) Street or P.O. Box City State Zip Code

☐ Has Legal Authority/Responsibility ☐ Emergency Contact ☐ School Pickup Allowed ☐ Receives Mail

☐ Lives With Days: ☐ All or check all that apply: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Student Registration Form

Authorizations



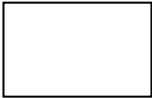
Parent/Guardian Initials

The **Killingly Public School District** is hereby authorized to obtain and/or release any photograph(s), video(s), or other form(s) of photography or video technology of my child for school related or informational purposes. All photography and video recording will be obtained during officially sanctioned school activities on or off school property.



Parent/Guardian Initials

I give my child _____, permission to use computers and access the internet at the **Killingly Public School District**. Pursuant to the Student/Parent Handbook.



Parent/Guardian Initials

I have reviewed or will review the Student/Parent Handbook (available online at www.killinglyschools.org, then select the appropriate school). If you do not have internet access in your home, please check this box ☐ to receive a copy of the Student/Parent Handbook.



Parent/Guardian Initials

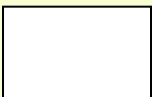
I, the undersigned, do hereby authorize officials of the **Killingly Public School District** to contact directly the medical personnel named on this form and do authorize them to render such treatments to this child as may be deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care or transportation of this child.

Goodyear Early Childhood Center Only



Parent/Guardian Initials

I give my child _____, permission to attend and participate in any activities conducted in the general neighborhood of the Goodyear Early Childhood Center, including but not limited to, trips to the local post office, nature walks, visits to other building spaces, the garden area in the backyard, etc... I understand these "mini" excursions will be supervised, as are all the extended field trips.



Parent/Guardian Initials

I understand and accept the policies and procedures set forth in the handbook and I have thoroughly reviewed the program's discipline policy.

I confirm that the information contained on this registration is current and accurate.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date