

**HAYWARD COMMUNITY SCHOOL DISTRICT
Hayward 4 Learning
Registration Information for School Year 2010-2011**

| | |
|--------------|----------------------|
| Student Name | Parent/Guardian Name |
|--------------|----------------------|

Hayward 4 Learning Provider Site Information

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|--|--|
| Grandma's Too Child Care Center Monday-Thursday, Half Day Program | ICAA Head Start – Hayward Monday-Thursday, Half Day Program |
| Star Bright Child Care II Monday-Thursday, Half Day Program | Waadookodaading Monday-Thursday, All Day Program |

Current Child Care Information

- My child attends ICAA Head Start – Hayward.
- My child attends Waadookodaading.
- My child attends Star Bright child Care II.
- My child attends Grandma's Too Child Care Center.
- My child does NOT currently attend any child care.
- My child attends child care at a non-4K provider site.

Name of Provider: _____

Address of Provider: _____

(for office use only)

To Register:

Please bring copies of the following with your child's Registration Form:

1. Child's Birth Certificate
2. Verification of physical address such as a utility bill, bank statement, or phone bill with current address
3. Child's immunization records
4. Child's completed physical examination form

Please return this form in person with the documentation listed above to:

Hayward Community School District, Central Office
15930 W Fifth Street
Hayward, WI 54843
715-634-2619, ext. 1001 •• 715-634-3560 Fax

Or

Northwest Connection Family Resources
16076W Highway 63
Hayward, WI 54843
715-634-2299

Date Registered: _____ Staff initials: _____

Hayward Community School District

Hayward 4 Learning

Registration Form for School Year 2010-11

Instructions: The parent / guardian shall complete this form and submit it to the district prior to the child's first day of attendance. Information on this form shall be kept current.

CHILD INFORMATION

| | | | | |
|--|---|--|-----------------------------------|-------------------|
| Name (Last, First, MI) | Address – Home (Street, City, State, Zip) | Telephone Number | Birthdate (mm/dd/yyyy) | Social Security # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Name child is to be called at school | Place of Birth (City, State) | Gender: | Ethnic Category: | |
| <input type="text"/> | <input type="text"/> | | | |
| Primary Language Spoken at Home: <input type="text"/> | | | | |
| In what school district does your child reside? <input type="text"/> | | Are there any court orders that the school should have on file? Attach court order, if any. | | |
| <input type="checkbox"/> My child is attending a Child Care Facility: (If yes, please fill out the information below) | | | | |
| Name of Provider <input type="text"/> | | | Contact Name <input type="text"/> | |
| Address <input type="text"/> | | | Phone <input type="text"/> | |
| <input type="checkbox"/> My child is not attending a Child Care facility. | | | | |
| Is your child currently receiving Special Education Services? | | | | |
| <input type="checkbox"/> Health Services <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Emotionally Handicapped <input type="checkbox"/> Cognitively Disabled <input type="checkbox"/> Adaptive Physical Education <input type="checkbox"/> Special Transportation <input type="checkbox"/> Speech/Language Impaired | | | | |
| Does your child have any physical disabilities? | | If yes, please explain: <input type="text"/> | | |
| Has your child had a history of hearing loss or visual impairment? | | If yes, please explain: <input type="text"/> | | |
| For office use only: Birth Certificate verified: No / Yes | | Staff initials: _____ | First Day of Attendance: | |
| | | | | |

PARENT OR GUARDIAN

All parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home/Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care. | Telephone No. |
|-----------------------|----------------------|---|-------------------------|---|----------------------|
| Mother | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Guardian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Guardian | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Person Completing This Form | If other: <input type="text"/> | Brothers and Sisters: <table border="1"> <thead> <tr> <th>Name</th> <th>School & Grade or age</th> <th>Boy / Girl</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> </tbody> </table> | Name | School & Grade or age | Boy / Girl | <input type="text"/> | <input type="text"/> | |
|---------------------------------------|--------------------------------|---|------------|-----------------------|------------|----------------------|----------------------|--|----------------------|----------------------|--|----------------------|----------------------|--|----------------------|----------------------|--|
| Name | School & Grade or age | | Boy / Girl | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| Parents are: | | | | | | | | | | | | | | | | | |
| Child lives with <input type="text"/> | | | | | | | | | | | | | | | | | |

PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD

Provide information requested for each person. If no one, write "None."

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home/Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|----------------------|---|-------------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

EMERGENCY CONTACT – Provide information for the person to contact when parents/guardians cannot be reached.

This person is authorized to pick up the child.

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home/Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|----------------------|---|-------------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

PHYSICIAN OR MEDICAL FACILITY

| | | |
|----------------------|----------------------|----------------------|
| Name | Address | Telephone No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

AUTHORIZATION

I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

I have had an opportunity to review the policies of the child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking

I have been informed of the number of pets in the center and their degree of contact with the enrolled children.

Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

| | |
|---------------------------------------|----------------------|
| SIGNATURE – Parent or Guardian | Date Signed |
| <input type="text"/> | <input type="text"/> |