



Building Bright Futures

Montessori Peaks Academy
2009-2010 Preschool

Student and Household Information Card

Office Use Only
Preschool Name
Student #
Enrollment Date
Birth Certificate?
PAM3 PAMMT PFD3 PFDMT PAM4 PFD4
Date of withdrawal
Reason for withdrawal

New Student to Jeffco Schools
Existing Student in Jeffco Schools

PLEASE FILL IN ALL INFORMATION- PRINT CLEARLY

Name on Birth Certificate is Legal Name

Table with fields: Student's Legal Last Name, Student's Legal First Name, Student's Legal Middle Name, Suffix, Home Phone Number, Street Address, City, State, Zip Code, County, Mailing Address, Gender, Birth Date, Race/Ethnicity, Other Ethnicity Comments, Birth Country, Nickname/Other Name.

Enrollment Status

Has student ever attended a preschool or Head Start?
Name of School

Student has been continuously enrolled in any school in the United States since (give date).

Student has been continuously enrolled in a Colorado public school since (give date).
Name of School

Is your student enrolled in Special Education Services?
Have you or your prior school developed a 504 plan for your student?

Name of elementary school child will attend kindergarten

Student's Name _____

Parent /Guardian A Who Resides with Student

Relationship to Child			Gender
Last Name			
First Name			M.I.
Contact Numbers	Work ()	Cell ()	Other ()
Employer Name			
Work Address			
Occupation	City	Zip Code	
Email Address			

Parent/Guardian B Who Resides with Student

Relationship to Child			Gender
Last Name			
First Name			M.I.
Contact Numbers	Work ()	Cell ()	Other ()
Employer Name			
Work Address			
Occupation	City	Zip Code	
Email Address			

Parent/Guardian Who Resides at Another Address

Home Phone Number () _____

Shared Parenting Responsibility _____ No Shared Parenting Responsibility _____

Is there a court order restricting a parent access to this student? Yes _____ No _____

If yes, a copy of the court order must be provided to the school.

Relationship to Child			Gender
Last Name			
First Name			M.I.
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()
Employer Name			
Work Address			
Occupation	City	Zip Code	
Email Address			

If a parent cannot pick the child up from preschool the following people have my permission.

First person to contact if parent cannot be reached:

Relationship to Child			Gender
Last Name			
First Name			M.I.
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()

Second person to contact if parent cannot be reached:

Relationship to Child			Gender
Last Name			
First Name			M.I.
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()

Student's Name _____

Third person to contact if parent cannot be reached:

Relationship to Child	Gender		
Last Name			
First Name	M.I.		
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()

Emergency Contacts

If a parent cannot be contacted, we will attempt to contact one of the following in the order listed below.

Special Instructions for reaching parents: _____

List at least one emergency contact person

First person to contact if parent cannot be reached:

Relationship to Child	Gender		
Last Name			
First Name			
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()

Second person to contact if parent cannot be reached:

Relationship to Child	Gender		
Last Name			
First Name			
Street Address			
	City	State	Zip Code
Contact Numbers	Work ()	Cell ()	Other ()

Sibling Information

Please list all other children in the household

Relationship to Guardian A/B	Last Name	First Name	Middle Initial	Birth Date	Gender (Male/Female)	School Attending (if Applicable)
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

Current Residence Status

Residency is important as it directly relates to Educational Rights under the McKinney-Vento Act

- House/Apartment/Condo/Duplex
- Hotel/Motel
- Transitional Housing/Emergency/Shelter
- Other (please describe) _____
- Campground/RV/Car
- Living with Relatives/Friends (due to loss of housing or economic hardship)

Student's Name _____

Home Language Survey

What language, other than English, is used most often between parent/guardian and child? _____

Please check one of the following to describe your student's language skills:

- No English spoken/understood
- Some English spoken/understood
- English and another language spoken/understood
- Mostly English spoken/understood
- Only English spoken/understood

Health Information

I understand that for those school health and health-related services that the Medicaid-eligible student may be receiving, including but not limited to: vision and hearing screenings, nursing services, speech therapy, occupational and/or physical therapy, the school district has the right to receive partial reimbursement from Medicaid for those services rendered.

Please circle the type of health insurance coverage you have for your student:

- CHP+
- Medicaid
- Private Insurance
- No Health Insurance

If the child is covered by Medicaid, what is the Medicaid Number? _____

Please list any student health concerns (allergies, asthma, attention deficit, bowel/bladder, diabetes, emotional/behavioral, heart, headaches, hyperactivity, seizures, feeding disorders, etc.)

Are the student's immunizations up to date? Yes _____ No _____

A current copy of student's immunization certificate must be provided to the school as required by Colorado Immunization Law.

Does your child use any of the following?

- Glasses
- Contacts
- Hearing Aids
- Prosthesis or Physical Aids

Is your child allergic to any medications? Yes _____ No _____

If yes, please list the name of medication and the reaction: _____

Please list medications your student currently receives:

	Name	Address	Phone
Physician			
Dentist			
Hospital			

Permission for Acetaminophen: Yes _____ No _____ Student Health Plan Yes _____ No _____

The school will attempt to reach one of the people listed on this card, but if none of these people can be reached, the school personnel have my permission to use discretion in securing medical aid in an emergency.

IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED. To the best of my knowledge, the above information is correct and I agree and approve all information.

Parent Signature _____ Date _____