

Grand Ronde Kindergarten-Third Grade Registration Form 2016-2017

(Students must be five years old by Sept. 1st, 2016 for K.)
Applications can be turned in to Ali Holsclaw or Esther Stewart

Half days Monday – Friday

| Please circle one: Kindergarten - 1 st Grad | $de - 2^{nd} Grade - 3^{rd}$ | Grade | |
|--|------------------------------|-------|--|
| Child's First & Last Name: | | | |
| Middle Name | Nickname | | |
| Male:Pemale:Date of Birth: Mo | onthDay | Year | |
| Street Address: | | | |
| Mailing Address: (if different from street | address) | | |
| City:Zip: | | | |
| Parent/Guardian: | Relation: | | |
| Home Phone:Work: | Cell: | | |
| Parent/Guardian: | _ Relation: | | |
| Home Phone:Work: | Cell: | | |
| Is email a good form of communication for Email: | • | | |
| Is your child a member of a federally reco If no, is your child a descendant? YES Tribal Affiliation Triba | NO | No | |
| Parent/Guardian Signature: | Date: | | |

HEALTH FORM

| List all household members by n | ame: | |
|---|-----------------------------------|---|
| Child's Allergies: | | |
| Do any of your child's allergies | require an epi-pen? YES or NO | |
| Does your child have Asthma? | YES or NO | |
| Does your child carry an inhaler | ? YES or NO | |
| | ma? Exercise, seasonal, or other. | _ |
| Any ongoing medication:Are your child's immunizations | up to date? YES or NO | _ |
| Physical: | our child in the following areas? | |
| Child's Doctor: | Doctor's Phone: | |
| Insurance Provider: | Group#: | |

Family Questionnaire (please complete)

| Primary language spoken at home: |
|--|
| Preschool/Daycare previously attended: |
| What are your child's strengths and interests? |
| Anything we should know about your child? (shy, fears, habits, behaviors, concerns socially or academically, etc.) |
| What cultural activities does your family enjoy? |
| Please tell us why you would like your child to be in our program? |
| How will you support and encourage your child's language learning? |
| What will your family do to learn chinuk wawa along with your child? |
| In what way would you (parent/guardian), be willing to contribute to the program? (volunteer in class, prep material, help plan an event, read to kids, take adult language classes, demonstrate a cultural skill/knowledge, sit on parent board etc.) |
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