

First Day Registration 3 Year Old Pre-K Program  
Watervliet City School District

**Student Information**

**Student ID #**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ NY, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Students Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Male  Female  Social Security Number (optional) \_\_\_\_\_

Ethnic Category: White (not Hispanic)  Black (not Hispanic)  Hispanic

American Indian/Alaskan  Asian  Pacific Islander

Students Home Language: English \_\_\_\_\_ Other \_\_\_\_\_

Residence Type: Own  Rent  Lease  Unknown

**Family History**

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Parents: Married  Divorced  Separated  Widowed  Single

If parents are separated, what legal arrangements are in place?

Joint Custody  Sole Custody  Visitation Rights  Foster Students

**NOTE: A complete certified copy of the court custody decision bearing its case number and including the official stamp and signature are required**

If child is **NOT** living with a parent, please indicate guardian's name \_\_\_\_\_

Guardian's relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Guardian's mailing address \_\_\_\_\_

**Brothers or Sisters in School**

- 1. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**EMERGENCY DATA**

In case of an emergency, illness, accident or removal from school due to discipline issues we will contact the parent/guardian first. If we are unsuccessful the following adults listed will be contacted. Please inform these people that are listed as emergency contacts for your child. If your child needs to leave school, only the following adults, including the parents, will be allowed to sign him /her out:

**In case of early dismissal or a "go home" drill, where should your child go?** If not dismissed to home, then please list the location and responsible adult's name. \_\_\_\_\_

**PLEASE NOTE: Please indicate with your emergency contacts if the phone is home, work or cell.**

- 1. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)
- 2. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)
- 3. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)

Physician to Be Called in an Emergency \_\_\_\_\_ Phone # \_\_\_\_\_

In Case Of an Emergency, Hospital Preferred \_\_\_\_\_

**Please list any serious illness such as Heart Disease, Diabetes, Epilepsy, severe allergies, eye or ear problems or any chronic condition, etc. Please include any operation or serious injury, eg. fractures, severe laceration requiring sutures, etc.** \_\_\_\_\_

Does student have an IEP or 504 Plan with Special Education? YES [ ] NO [ ]

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Watervliet City School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E Felony); and I may be prosecuted on criminal charges for such false information.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

