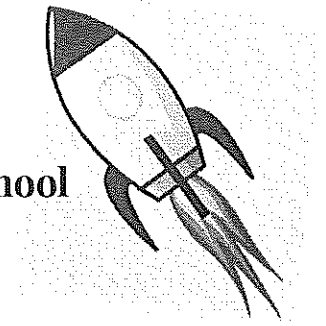


# Launch into Kindergarten!

## Summer Program for Kindergarten Children at Lincoln School



### Registration Form

This program is for children who plan on attending Kindergarten this fall in the Coquille School District.

Child's First and Last Name: \_\_\_\_\_

Custodial Parent(s) First and Last Names: \_\_\_\_\_

Custodial Parent(s) Telephone: \_\_\_\_\_

Check the session you would prefer:

\_\_\_\_\_ Morning Session: 8:00 - 11:00 AM

\_\_\_\_\_ Afternoon Session: 12:00 - 3:00 PM

**WHEN:** Monday through Friday, August 22 - August 26, 2022

**WHERE:** Lincoln School of Early Learning - Kindergarten Classrooms

During this week-long experience children will become familiar with Lincoln School, meet teachers, make new friends, and enjoy an introduction to the often asked question "What happens in Kindergarten?" Books, play, math, art, and music will be a part of the session curriculum. On Friday families will enjoy a barbeque lunch with their child, a classroom get together, and time to connect with other Kindergarten families. Children will be provided breakfast and a snack in the morning session, and lunch and a snack in the afternoon session. Students who attend must be able to provide their own transportation to and from the school for this program.

### Complete the attached forms and return to Lincoln School before 8/15/2022

- This launch registration form
- 22/23 Health Information Form (attached)
- 22/23 Registration Form (attached)

You will be contacted in mid-August with enrollment information.

For more information call Lincoln School at 541-396-2811

**2022/2023**  
**HEALTH INFORMATION FORM**  
 Lincoln Child Development Center

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gr/Teacher:** \_\_\_\_\_  
 Parent(s): \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 Emergency Contact other than parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Name and Phone Number: \_\_\_\_\_

*\*\*This information may be shared with appropriate school staff or health care provider\*\**

Please check (√) any conditions, disorders, or history of other health problems that apply:

\_\_\_ **ASTHMA:** \_\_\_ Mild \_\_\_ Persistent \_\_\_ Severe  
 Will student need to have a rescue inhaler at school? \_\_\_ Yes \_\_\_ No  
 Asthma Triggers: \_\_\_\_\_

\_\_\_ **ALLERGIES:** \_\_\_ **SEVERE:** \_\_\_ Bee Sting \_\_\_ Peanuts \_\_\_ Other: \_\_\_\_\_

Describe symptoms: \_\_\_\_\_  
 Is an Epi-Pen prescribed? \_\_\_ Yes \_\_\_ No

\_\_\_ **FOOD ALLERGIES:** What food(s)/symptoms? \_\_\_\_\_  
*\*\*An order from your health care provider is required for a food/drink substitution\*\**

\_\_\_ **MEDICATION ALLERGIES:** \_\_\_\_\_  
 \_\_\_ **OTHER ALLERGIES:** \_\_\_\_\_

\_\_\_ **DIABETES:** *\*\*A health care management plan must be in place before student attends school\*\**

\_\_\_ **SEIZURE DISORDER**

- |                                |  |                                       |
|--------------------------------|--|---------------------------------------|
| ___ Abdominal / Stomach        | ___ Concussions / Head injuries            | ___ Vision, Eye Problems/ Color Blind |
| ___ ADD / ADHD                 | ___ Emotional / Mental Health Issues       |                                       |
| ___ Auditory/ Hearing problems | ___ Headaches / Migraines                  | ___ Other _____                       |
| ___ Autism                     | ___ Immune Disorder                        | _____                                 |
| ___ Bladder / Kidney Problems  | ___ Muscle / Bone / Joint disease / injury | _____                                 |
| ___ Bleeding Disorder          | ___ Neurological Disorder                  | _____                                 |
| ___ Bowel Problems             | ___ Skin Disorder                          |                                       |
| ___ Cardiac / Heart Problems   | ___ Thyroid Problems                       | ___ <b>NONE OF THE ABOVE</b>          |

**Describe any concern noted above:** \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATIONS taken regularly at home/school:** \_\_\_\_\_  
 \_\_\_\_\_

*\*\*An MD order and/or written instructions from parent are required for administration of medication at school\*\**

**PERMISSION FOR EMERGENCY TREATMENT**

If I cannot be located, in case of an emergency, school officials are authorized to call an ambulance and/or transport my child to a medical facility to be treated by the doctor on duty. The doctor on duty is authorized to give consent for any procedure of hospital care deemed advisable.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Lincoln School of Early Learning

## REGISTRATION FORM 2022-23

**STUDENT INFORMATION:** (Please print) Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Homeroom \_\_\_\_\_

Name: \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle

Legal Name: \_\_\_\_\_ Language Spoken in Home: \_\_\_\_\_  
(If different than above)

Ethnic Group \_\_\_\_\_  
(Hispanic, Caucasian, Black, Asian, Native American)

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### HOUSEHOLD PARENT/GUARDIAN INFORMATION (Lives With)

#### ***1<sup>st</sup> Parent***

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
(Guardian - Contact)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Circle Relationship: Mother Father Guardian Step-Parent Grandparent Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
(If different from mailing address)

#### ***2<sup>nd</sup> Parent***

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
(Guardian - Contact)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Circle Relationship: Mother Father Guardian Step-Parent Grandparent Other: \_\_\_\_\_

(Address: \_\_\_\_\_ ONLY IF DIFFERENT THAN ABOVE)

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### NON-RESIDENT PARENT INFORMATION

1 - Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
(Parent/Guardian)

Circle Relationship: Mother Father Guardian Step-Parent Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

2 - Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
(Parent/Guardian)

Circle Relationship: Mother Father Guardian Step-Parent Other: \_\_\_\_\_

***OVER – Please sign and date the back of this form.***

**EMERGENCY CONTACTS:** Please list in the order to be contacted in an emergency. These Contacts will also be able to pick up and drop off your student.

Name	Relationship	Primary Phone	Other Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Military Connected Student –Is a parent or guardian *currently* an active member of the Armed Forces or National Guard? YES or NO**

**Educational Background**

Has your student been identified for Special Education/IEP?	<b>Yes</b>	<b>No</b>
Has your student attended Pre-K program? Where? _____	<b>Yes</b>	<b>No</b>
Has your student been identified for a 504 Plan?	<b>Yes</b>	<b>No</b>
Has your student been Homeschooled?	<b>Yes</b>	<b>No</b>
Has your student been identified for Talented and Gifted (TAG)?	<b>Yes</b>	<b>No</b>
Does your child take medication at school _____ at home _____	<b>Yes</b>	<b>No</b>
Does your child have a severe food allergy	<b>Yes</b>	<b>No</b>
My child has been seeing a counselor	<b>Yes</b>	<b>No</b>
My child has a behavior problem	<b>Yes</b>	<b>No</b>
My child has special needs	<b>Yes</b>	<b>No</b>
My child may be released to either parent	<b>Yes</b>	<b>No</b>
Are custody papers on file for your child?	<b>Yes</b>	<b>No</b>
My child needs to wear glasses	<b>Yes</b>	<b>No</b>
My child has a hearing problem	<b>Yes</b>	<b>No</b>

**Mark special services** your child was receiving at previous school:

\_\_\_ Speech \_\_\_ Special reading \_\_\_ IEP \_\_\_ 504 \_\_\_ Indian Education

\_\_\_ English as a Second Language \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date