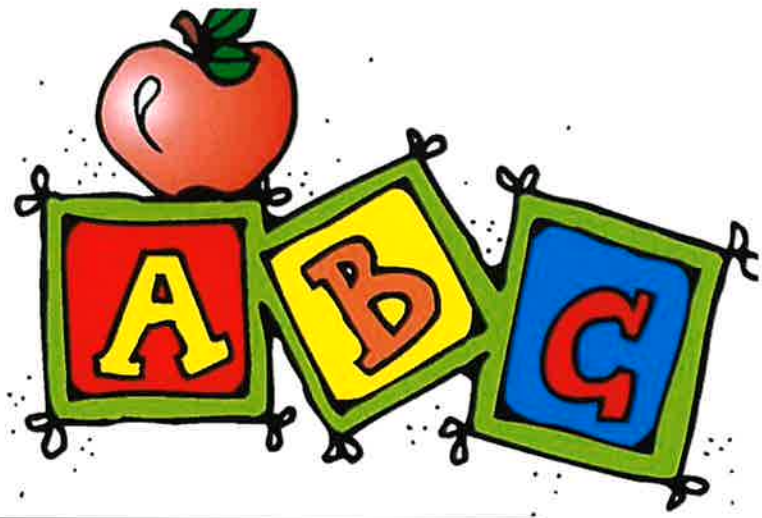


Student/Parent Information



Child's Name: _____

Do they prefer a Nickname? _____

Birthday: _____

Parent(s)/Gardian(s) Name: _____

Address: _____

Parent Contact Numbers: _____

How will your child get to school? _____

How will your child get home from school? _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Does your child have any allergies or medical conditions I should be aware of? _____

Please tell me something special about your child: _____

Preschool Health and Safety Record **Information**

Health and Safety information is collected about students from families and maintained on file for each child in the school office. The files are kept current and updated as needed. The content of the file is confidential, but is immediately available to:

1. administrators or teaching staff
2. the child's parent or legal guardian
3. regulatory authorities, upon request.

Please sign below to give consent for the above to have access to your child's records.

Child's Name: _____

Parent signature: _____

Date: _____

Pick Up/Drop Off/Dismissal Permission Form

1. All parents will be asked to complete a pick up/drop off permission form. Any changes to the pick up form must be done in writing as soon as possible! A parent may telephone the office or your child's teacher to have someone else pick up their child, but that person must be listed on the pick up/drop off form. In an emergency, a parent may phone a request that someone not listed be allowed to pick up the child. They must follow up with a written change to the form as soon as possible.
2. Anyone picking up a child **MUST** be listed on the pick up form and show identification when asked. Staff is required to ask for identification if they do not know the person picking up the child.
3. A child cannot be picked up by anyone other than a responsible adult. A responsible adult is defined as a parent/legal guardian or individual of at least 18 years of age.
4. Staff may release a child to either biological parent listed on birth certificate, **UNLESS** we have a copy of custody orders or court documents on file. If there is no court document available or there is any doubt that the child should leave with other parent, the following precautionary steps may be taken: call the parent or legal guardian that the child lives with or call the police department.
5. Children will not be allowed to arrive at school before scheduled start time. Parents will be charged for childcare if student is brought before 7:45am.
6. When bringing or picking up your child at school, you are required to walk him/her into the classroom and sign them in and out each day. This will assure the safe arrival of your child.

Adult's Name:

**Relation to Child (ex. Grandma, brother,
friend, etc.)**

Diagonal Preschool Permission Form

Child's Name: _____

Yes No I give my permission for:

___ ___ Diagonal Preschool staff to monitor height, weight, and administer developmental screenings, and assessments.

___ ___ Iowa Lions to do a vision screening.

___ ___ Green Hills AEA to do speech and hearing screenings, classroom observations, and consultation.

___ ___ Staff to administer sunscreen to my child. I have the option to bring my own sunscreen if my child has a certain skin condition that may cause rash or reaction, but I must notify staff of the condition.

___ ___ Staff to apply insect repellent containing DEET when it is recommended by public health authorities due to a high risk of insect-borne disease.

___ ___ Preschool Staff to take my child on field trips scheduled by the program. I understand that I will be notified, in advance, of each trip.

___ ___ Use of photos, films, and/or recordings of my child by Diagonal School. These photos can be posted to the school website or used in the school yearbook.

Parent/Guardian's Signature: _____

Date: _____

Diagonal Preschool Family Survey

Child's Name: _____
 (First) (Middle) (Last)

Date of birth: _____

Date of School entrance: _____

Person completing survey: ___Mother ___Father ___Grandparent
 ___Guardian ___Other. If so, who: _____

Who lives in your household?
Name Age Relationship to Child

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language is spoken in your home? If more than one language list all the languages.

Where was your child born?

Was your child born premature?

What country or countries are most important to your family's cultural background?

What does your preschooler call his/her mother/guardian?

What does your preschooler call his/her father/guardian?

What name do you use for your child? _____ If you would like us to call your child a different name, please specify: _____

Please list any schooling your child attended before coming to our program:

List foods your child likes to eat?

List foods your child does NOT like to eat?

Does your child enjoy looking at books?

Do you have children's books available in your home in your child's language?

Does your family have religious beliefs?

Are there holidays that your family does not celebrate?

What are your child's strengths? Weaknesses?

What do you want your child to learn this year?

Signature: _____ Date: _____

Confidentiality Policy

While volunteering in the classroom, all observations concerning the children and families in the program are kept confidential!

Diagonal Preschool program requires files and records to be completed on your child and you may review these records at any time.

Your child's complete file is kept in a locked cabinet in the office.

Agencies/personnel that view my child's file:

- Diagonal School District Administration
- Diagonal School District Financial
- Area Education Association Mental Health Professional
- Area Education Association Audiology (hearing) specialists
- Area Education Association Speech and Language specialists
- Diagonal Preschool Staff

NO VOLUNTEER WORKER WILL HAVE ACCESS TO THESE FILES!

Only with a parent's written consent will any information be shared with any other agency or unauthorized persons. Information shared will be used for the purpose of needed services and the developmental needs of the below named child.

This is to verify that I have received the Diagonal Preschool Confidentiality Policy. I have read the above policy, it has been explained and I understand the procedure.

Child's Name: _____
(Print Clearly)

Signature of
Parent or Guardian: _____

Date: _____

Preschool Family Visits

Dear Preschool Parents,

Preschool is such an exciting time for students, families, and teachers! It is the beginning of your child's school career. Family visits provide an excellent opportunity for teaching staff, the student and families to get to know each other and bond before the school year starts. We want your child to feel comfortable and safe entering preschool for the first time and hope these visits make their transitions into school much easier.

We will be conducting these family visits before preschool starts for the 2021-2022 school year. They will be held **August 24th – August 30th**. Please fill out the **Family Visit Form** for what days/times are most convenient for you and we will be in contact with you to set up our visit!

We are looking forward to meeting with all of you and getting this school year off to a great start! ☺

See you soon,
Mrs. Reese and Ms. Davis

Family Visit Form
August 24th - August 30th, 2021

Name: _____

Child's Name: _____

Phone Number: _____

Email: _____

Please mark which form(s) of communication work best for you:

- Call
- Text
- Email

Please mark any day(s) that work best for a family visit for you:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- No Preference

Please mark what time(s) of day work best for a family visit for you:

- Morning (8:00am-12:00pm)
- Afternoon (12:00pm-5:00pm)
- Evening (5:00pm-7:00pm)
- No Preference

Iowa Department of Education
Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Iowa Department of Education HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

9. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

**Diagonal Community School
Student Personal Information
2021-2022**

Please fill out one form per family

Student Name Birthdate Gender Grade **Student Phone** e-mail

Primary Language Spoken in Home _____

Mother's Name _____

Mother's Address _____

Mother's Phone # _____ Cell Phone # _____

Mother's e-mail _____

Mother's place of employment _____ Phone # _____

Father's Name _____

Father's Address _____

Father's Phone # _____ Cell Phone # _____

Father's e-mail _____

Father's place of employment _____ Phone # _____

Are we permitted to send student reports and info to this email? Y or N
Best way to get information, (Circle all that apply) Text, E-mail, or Mail

EMERGENCY CONTACT:

Please list two people that we may contact, if parents cannot be reached, for medical, weather, or early dismissal.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Have these people agreed to assume this responsibility? Y or N

Please indicate if there is anyone that does NOT have permission to pick up your child from school:

Name _____

Parent/Guardian Signature and Date

Diagonal School Health Form

Student Health Registration Form

Legal Last	First Name	Middle Initial	Gender	Birthdate	Grade	Other
				/ /		

Please contact your school nurse if your student has any health concerns that need to be addressed in the school setting.

Medical History

Is your child currently being treated for any of the following? Please check all that apply.

<input type="checkbox"/> Asthma/Reactive Airway	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bone/muscle disease	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Mental health condition (i.e., depression, anxiety, eating disorder)		<input type="checkbox"/> Other _____

Does your child experience any of the following?

<input type="checkbox"/> nose bleeds	<input type="checkbox"/> frequent earaches	<input type="checkbox"/> overweight for age	<input type="checkbox"/> physical disability
<input type="checkbox"/> poor appetite	<input type="checkbox"/> frequent stomach aches	<input type="checkbox"/> frequent headaches	<input type="checkbox"/> fainting spells
<input type="checkbox"/> tires easily	<input type="checkbox"/> underweight for age	<input type="checkbox"/> learning disability	<input type="checkbox"/> other _____

Allergies:

Is your child allergic to anything? Yes NO If yes, please check all that apply.

<input type="checkbox"/> Food- You will have an additional form to fill out if a food allergy persists
<input type="checkbox"/> Medicine (list what types of medicine)
<input type="checkbox"/> Other- please list

Describe what happens when your child has an allergic reaction:

Medical Contact

Name of Student's Doctor: _____ Phone: _____
 Name of Student's Dentist: _____ Phone: _____

Other information-

Medication

Please list all of your student's medications.

Name of Medication	Time medication is given	Reason for medication

Over the counter medication

I give permission for my child to receive OTC and topical medication for complaints of discomforts during the summer program. This includes but not limited to Tylenol, itch cream, tums, etc. _____ Initial

Emergency Release

I give permission to the appropriate personnel of the Diagonal Community School District to secure and authorize emergency medical care and treatment for my child that in their judgment is necessary in the best interest of my child while under their supervision. I also agree to assume and pay for the fees for the emergency medical treatment as authorized in this statement. I understand that this health information sheet is confidential but the information will be shared with other Diagonal Community School personnel as needed.

I DO or DO NOT give permission for the summer program to post pictures of my child on social media or the Diagonal paper.
 (circle one)

Parent/Guardian Signature: _____ Date Signed: _____

INTERNET ACCESS PERMISSION LETTER TO PARENTS

Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____
Student Name _____	Grade _____

If you have granted your child Internet access, please have them respond to the following:

I have read the expected network etiquette (as printed in the current student handbook) and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges.

I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved or damage that may occur to a computer assigned to me. **INITIAL** _____

Code No. 605.6E2

Tylenol and Over the Counter Medication

I give permission for the school to apply a mask to my child if he/she is sick/coughing as determined by school nurse/staff. **Yes or No**

I give my child permissions to receive Tylenol/Acetaminophen for complaints of discomfort at school from the school nurse and the office staff at their discretion for this school year. **Yes or No**

Over the counter medication: I give permissions for the use of topical antibiotic ointment, cough drops, tums, antifungal ointment, hydrocortisone cream, loratadine and caladryl as needed by the discretion of the health office staff. **Yes or No**

When school officials are requested to administer drugs, the following guidelines are applicable:

Each order must include:

- a. The student's name.
- b. The name of the medication ordered.
- c. The dosage of the medication.
- d. The hours it is to be administered.
- e. The route of administration.
- f. Specific instructions needed to administer correctly.
- g. And sometimes a starting and stopping date.

- h. All prescription drugs and over the counter medications must be maintained in the original container.
- i. A parental signature on a statement requesting and authorizing school personnel to administer the medicine in accord with the prescription shall be on file at the student's attendance center.
- j. **If your child becomes ill during school hours you are allocated 30 minutes to have your child picked up.**

INITIAL _____

Photo Release Permission

I, _____ (Parent/Guardian) allow my child's or children's photos to be published in the local and surrounding newspapers or other school advertising.

I, _____ (Parent/Guardian) do NOT allow my child's or children's photos to be published in the local and surrounding newspapers or other school advertising.

Child/Children's Name:

Ala-carte

It is the parent's responsibility to discuss with their child whether or not they may charge extra food or milk. Extra food or milk are charged regardless if you are a free or reduced family. Parents will be responsible for payment of seconds.

School personnel will also work to discourage students from getting seconds if you wish.

_____(Student names)

MAY or MAY NOT (circle one) get seconds for breakfast and lunch.

Blanket Field Trip Permission Slip

_____ Yes, I give permission for my child to go on field trips for the school year 2021-2022 within a 30-mile radius from the school. If the trip is longer, a permission slip will be sent home.

_____ No, I do not wish to give permission for my child to go on field trips for the school year 2021-2022 within a 30 mile radius from the school.

I have read and agreed to all of the above, if I did not, I have stated otherwise on that section.

Parent's/Guardian's Signature _____ Date _____

Iowa Department of Education
Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Iowa Department of Education HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

9. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	