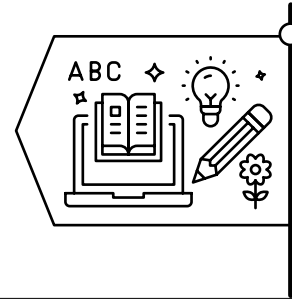


SITE:



FREE **four-year-old** STATEWIDE VOLUNTARY

Preschool Program

REGISTRATION PACKET | **» 2023-2024**

WELCOME TO PRESCHOOL!

Students enrolling in the FREE four-year-old voluntary preschool program must meet two requirements:

1. The child **MUST** reside in the State of Iowa
2. The child **MUST BE** four years old by September 15, 2023

Every child qualifies if they meet the two requirements above.

There are no financial restrictions. Space may be limited in some facilities and is not guaranteed. Enrollment for preschool is not based on geography and all sites are open to residents within the Dubuque Community School District.

» Go to www.dbqschools.org/preschool for a complete list of providers.

HOW TO REGISTER **STEPS 1-2** must be completed at registration.



1 Complete and return this form to the preschool you wish to register your student

You may complete the paperwork in advance for convenience, but all registrations are on a first-come, first-served basis at the school when registration begins.

2 Submit required information when you register your student

Bring the following when you return this form:

- Proof of Age** (birth certificate preferred)

3 Complete required paperwork

Return the following by the first day of school:

- Medical Examination Form + Immunization Certificate** (schedule your student's physical now and be sure to ask your healthcare provider to include your student's most recent immunization record; **students will NOT be allowed to attend school without BOTH documents on file**)

Be advised that at any time the Iowa State Legislature may consider proposals that could reduce or eliminate funding for some preschool programs. Proof of the child's age is required upon enrollment.



Dubuque COMMUNITY SCHOOLS
and Community Preschool Partners

STUDENT INFORMATION

LEGAL NAME » LAST:		FIRST:	MIDDLE:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):	
IN WHICH COUNTY DOES THE STUDENT RESIDE?		IS THE STUDENT IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE STUDENT RECEIVING SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, type of service:</i>			
IN WHICH SCHOOL DISTRICT DOES THE STUDENT RESIDE? <input type="checkbox"/> DUBUQUE <input type="checkbox"/> WESTERN DUBUQUE <input type="checkbox"/> BELLEVUE <input type="checkbox"/> OTHER <i>Please specify:</i>			
HAS THE STUDENT ATTENDED ANY SCHOOL IN THE STATE OF IOWA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please complete the following for the most recent school attended in Iowa:</i>			
NAME OF SCHOOL:		CITY:	

RACE AND ETHNICITY INFORMATION

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.

IS THE STUDENT OF HISPANIC, LATINO OR SPANISH ETHNICITY (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)? YES NO
If yes, you may also check one or more of the following racial categories listed below. If no, please check one or more of the following racial categories.

WHAT IS THE STUDENT'S RACE? (check all that apply)

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 / 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.)

PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)

PRIMARY HOUSEHOLD PHONE (home or cell):

HOME ADDRESS:	CITY:	STATE:	ZIP:
IS MAILING ADDRESS SAME AS PRIMARY HOUSEHOLD HOME ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the following:</i>			
ADDRESS:	CITY:	STATE:	ZIP:

PARENT / GUARDIAN INFORMATION**LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 1 (WITH WHOM THE STUDENT RESIDES)**

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):		<i>Used only to detect duplicate accounts and for no other reason (i.e. individual already has an existing account in Infinite Campus).</i>
CELL PHONE:	WORK PHONE:	OTHER PHONE:		
EMAIL:		EMPLOYER:		

LEGAL PARENT / GUARDIAN » PRIMARY CONTACT 2

NAME » FIRST:		LAST:		RELATIONSHIP TO STUDENT:
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		DATE OF BIRTH (mm/dd/yyyy):		<i>Used only to detect duplicate accounts and for no other reason (i.e. individual already has an existing account in Infinite Campus).</i>
CELL PHONE:	WORK PHONE:	OTHER PHONE:		
EMAIL:		EMPLOYER:		

DOES THIS PERSON RESIDE AT THE SAME PRIMARY HOUSEHOLD HOME ADDRESS AS THE STUDENT? YES NO *If no, please complete the following:*

HOME ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
DO THEY WISH TO RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMERGENCY CONTACT INFORMATION *Contacts should be available to pick up your student within 30 minutes.*

EMERGENCY CONTACT 1 »	EMERGENCY CONTACT 2 »	EMERGENCY CONTACT 3 »
FIRST NAME:	FIRST NAME:	FIRST NAME:
LAST NAME:	LAST NAME:	LAST NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
HOME PHONE:	HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:	WORK PHONE:

OTHER STUDENT(S) IN HOUSEHOLD *List all children in preschool through grade 12.*

STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
STUDENT NAME:	GRADE:	SCHOOL ATTENDING:
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STUDENT NAME:	GRADE:	SCHOOL ATTENDING:

HOME LANGUAGE SURVEY (HLS) **NOTE: If your student has attended a school in the state of Iowa, you have already completed this survey and may skip this section.**

The state of Iowa values the diversity represented throughout Iowa, home of more than 200 languages. We collect information on the home language survey from all students to make decisions to ensure *all* students receive equitable access to education. These questions have been approved by the U.S. Department of Education Office for Civil Rights (OCR) and the U.S. Department of Justice (DOJ) and are the required HLS questions for all students enrolling into Iowa’s K-12 schools beginning the 2022-23 school year.

WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME, REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT? (check only one)

- English
 Marshallese
 Spanish
 Bosnian
 Arabic
 Chinese
 Filipino
 Vietnamese
 Pushto
 Urdu
 Other *If other, please specify:*

WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDENT? (check only one)

- English
 Marshallese
 Spanish
 Bosnian
 Arabic
 Chinese
 Filipino
 Vietnamese
 Pushto
 Urdu
 Other *If other, please specify:*

WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED? (check only one)

- English
 Marshallese
 Spanish
 Bosnian
 Arabic
 Chinese
 Filipino
 Vietnamese
 Pushto
 Urdu
 Other *If other, please specify:*

If answer to any question above is a language other than English, please complete the remaining questions.

ADDITIONAL REQUIRED INFORMATION » Please answer all of the following questions. Your responses may give us information about your student’s knowledge and skills allowing us to better support your child’s educational needs. All information collected is needed for district data and funding and is completely unrelated to immigration and citizenship.

WAS THE STUDENT BORN IN THE UNITED STATES? YES NO *If yes, which state? If no, in what other country?*

HAS THE STUDENT ATTENDED ANY SCHOOL IN THE UNITED STATES FOR ANY THREE YEARS DURING THEIR LIFETIME? YES NO *If yes, please complete the following:*

NAME OF SCHOOL:	STATE:	DATES ATTENDED:
NAME OF SCHOOL:	STATE:	DATES ATTENDED:

RIGHT TO TRANSLATION AND INTERPRETATION SERVICES » Your response will help the school provide communication in a language you prefer.

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE WRITTEN INFORMATION FROM SCHOOL? (check only one)

- English
 Marshallese
 Spanish
 Bosnian
 Arabic
 Chinese
 Filipino
 Vietnamese
 Pushto
 Urdu
 Other *If other, please specify:*

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE SPOKEN INFORMATION FROM SCHOOL? (check only one)

- English
 Marshallese
 Spanish
 Bosnian
 Arabic
 Chinese
 Filipino
 Vietnamese
 Pushto
 Urdu
 Other *If other, please specify:*

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

INTERPRETER NAME (if applicable)

» **PLEASE RETURN COMPLETED FORMS TO** the preschool you wish to register your student.

The Statewide Voluntary Preschool Program for Four-Year-Old Children
is funded by the State of Iowa and facilitated locally by the
Dubuque Community School District.

